Community and ICJ Link Worker Joint Networking Event

9 September 2025

MACMILLAN CANCER SUPPORT

Our objectives



Reach everyone, while focusing on those who need the most support.



Reduce health inequities within cancer treatment and care.



Support those with cancer and other long-term conditions.



Reduce variation in cancer treatment and care.

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Macmillan Improving the Cancer Journey



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The Outcomes

For people with cancer:

Early intervention and support lead to:

- Improved quality of life
- Increased self-management capability
- Decreased levels of distress
- Preventative measures to support better outcomes in social care domains (housing, finances, transport)

For workforce and systems:

- Increased reach into communities, particularly those with the greatest need
- Improved resource management across integrated health and social care system
- Release of clinical capacity to focus on those with greatest clinical needs
- Integrated care across settings
- Improved and earlier access to support for social and emotional needs

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Macmillan Public

ICJ Principles

What it is …

1. Support is **systematic** and **proactively** offered to everyone diagnosed with cancer
2. An opt-out model of referral
3. Every concern has a **route into a support** service (clinical, financial, social etc)

How it is delivered …

1. **Place-based** non-clinical care model with service based in an out-of-hospital setting (inc social care/council setting/primary/community care)
2. Built locally through **co-design** with beneficiaries – people with cancer & communities
3. Built on a foundation of community Support & Information services
4. Supported by **local community assets**

What is needed …

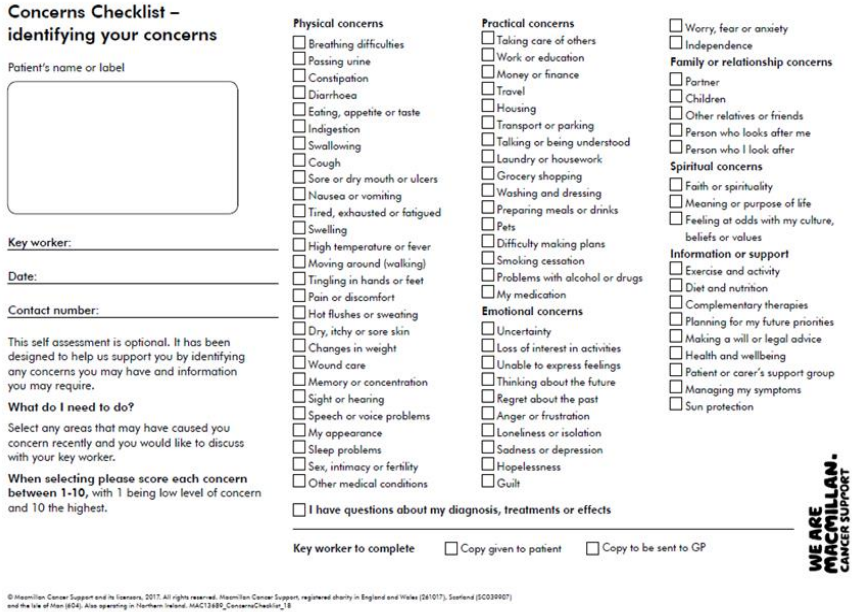
1. Senior **leadership buy in & system readiness** as essential enablers
2. A **coordinated** approach across settings with data sharing agreements in place
3. Data to drive better quality decisions & service improvements

What is Holistic Needs Assessment (HNA)



What is eHNA?

- a key intervention of personalised care for people living with cancer
- Macmillan's electronic approach to holistic needs assessment is simple but effective and closely follows the format of the paper version of Macmillan's Concerns Checklist.
- a web-based application that allows people affected by cancer to select their concerns and rate them on a scale of 1 to 10. This means an assessment can be undertaken anywhere: clinic, ward or at home.
- The assessment information is encrypted and sent to a secure website.
- Concerns are grouped under different domains: Physical, Practical, Emotional, Family Spiritual/Religious and Information



Concerns Checklist – identifying your concerns

Patient's name or label

Key worker:

Date:

Contact number:

This self assessment is optional. It has been designed to help us support you by identifying any concerns you may have and information you may require.

What do I need to do?

Select any areas that may have caused you concern recently and you would like to discuss with your key worker.

When selecting please score each concern between 1-10, with 1 being low level of concern and 10 the highest.

Physical concerns
- ☐ Breathing difficulties
- ☐ Passing urine
- ☐ Constipation
- ☐ Diarrhoea
- ☐ Eating, appetite or taste
- ☐ Indigestion
- ☐ Swallowing
- ☐ Cough
- ☐ Sore or dry mouth or ulcers
- ☐ Nausea or vomiting
- ☐ Tired, exhausted or fatigued
- ☐ Swelling
- ☐ High temperature or fever
- ☐ Moving around (walking)
- ☐ Tingling in hands or feet
- ☐ Pain or discomfort
- ☐ Hot flushes or sweating
- ☐ Dry, itchy or sore skin
- ☐ Changes in weight
- ☐ Wound care
- ☐ Memory or concentration
- ☐ Sight or hearing
- ☐ Speech or voice problems
- ☐ My appearance
- ☐ Sleep problems
- ☐ Sex, intimacy or fertility
- ☐ Other medical conditions

Practical concerns
- ☐ Taking care of others
- ☐ Work or education
- ☐ Money or finance
- ☐ Travel
- ☐ Housing
- ☐ Transport or parking
- ☐ Talking or being understood
- ☐ Laundry or housework
- ☐ Grocery shopping
- ☐ Washing and dressing
- ☐ Preparing meals or drinks
- ☐ Pets
- ☐ Difficulty making plans
- ☐ Smoking cessation
- ☐ Problems with alcohol or drugs
- ☐ My medication

Emotional concerns
- ☐ Uncertainty
- ☐ Loss of interest in activities
- ☐ Unable to express feelings
- ☐ Thinking about the future
- ☐ Regret about the past
- ☐ Anger or frustration
- ☐ Loneliness or isolation
- ☐ Sadness or depression
- ☐ Hopelessness
- ☐ Guilt
- ☐ Worry, fear or anxiety
- ☐ Independence

Family or relationship concerns
- ☐ Partner
- ☐ Children
- ☐ Other relatives or friends
- ☐ Person who looks after me
- ☐ Person who I look after

Spiritual concerns
- ☐ Faith or spirituality
- ☐ Meaning or purpose of life
- ☐ Feeling at odds with my culture, beliefs or values

Information or support
- ☐ Exercise and activity
- ☐ Diet and nutrition
- ☐ Complementary therapies
- ☐ Planning for my future priorities
- ☐ Making a will or legal advice
- ☐ Health and wellbeing
- ☐ Patient or carer's support group
- ☐ Managing my symptoms
- ☐ Sun protection

☐ **I have questions about my diagnosis, treatments or effects**

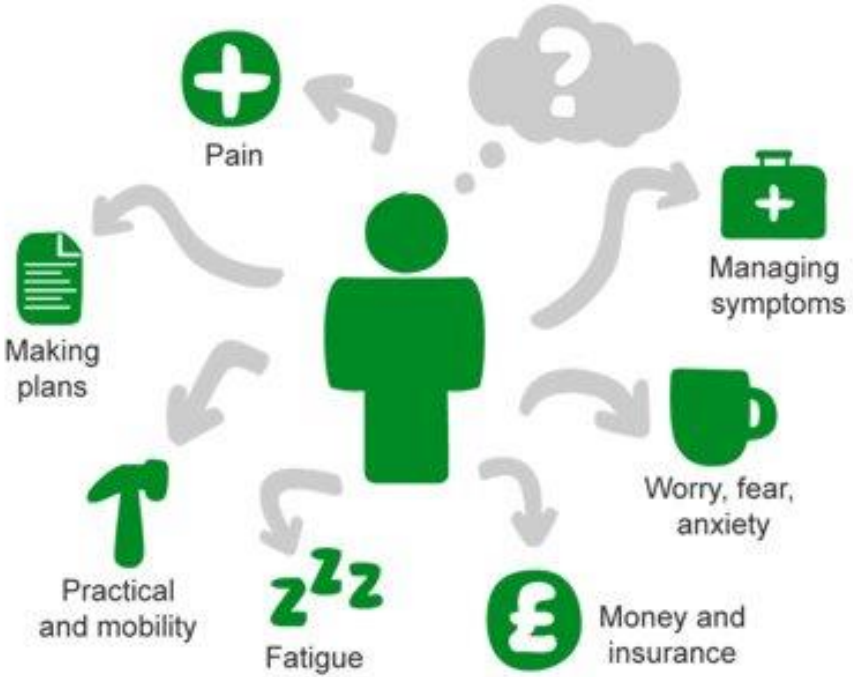
Key worker to complete ☐ Copy given to patient ☐ Copy to be sent to GP

WE ARE MACMILLAN. CANCER SUPPORT

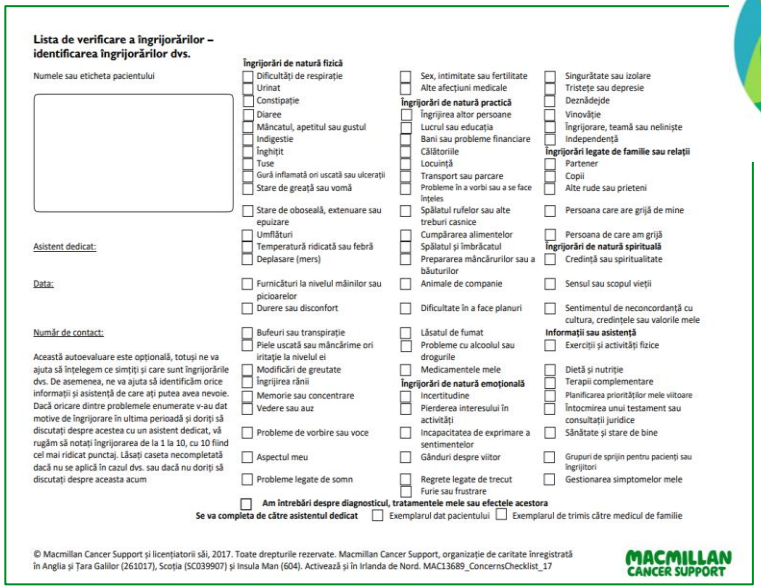
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What is Holistic Needs Assessment (HNA)



Holistic Needs Assessment (HNA)



Lista de verificare a îngrijorărilor – identificarea îngrijorărilor dvs.

Numele sau eticheta pacientului

Asistent dedicat:

Data:

Număr de contact:

Această autoevaluare este opțională, totuși ne va ajuta să înțelegem ce simțiți și care sunt îngrijorările dvs. De asemenea, ne va ajuta să identificăm orice informații și asistență de care ați putea avea nevoie. Dacă oricare dintre problemele enumerate v-au dat motive de îngrijorare în ultima perioadă și doriți să discutați despre acestea cu un asistent dedicat, vă rugăm să notați îngrijorarea de la 1 la 10, cu 10 fiind cel mai ridicat punctaj. Lăsați caseta necompletată dacă nu se aplică în cazul dvs. sau dacă nu doriți să discutați despre aceasta acum

Îngrijorări de natură fizică

- Dificultăți de respirație
- Urinat
- Constipație
- Diaree
- Mâncatul, apetitul sau gustul
- Indigestie
- Înghițit
- Tuse
- Gură inflamată ori uscată sau ulcerații
- Stare de greață sau vomă
- Stare de oboseală, extenuare sau epuizare
- Umflături
- Temperatură ridicată sau febră
- Deplasare (mers)
- Furnicături la nivelul mâinilor sau picioarelor
- Durere sau disconfort
- Bufeuri sau transpirație
- Piele uscată sau mâncărime ori iritație la nivelul ei
- Modificări de greutate
- Îngrijirea rănii
- Memorie sau concentrare
- Vedere sau auz
- Probleme de vorbire sau voce
- Aspectul meu
- Probleme legate de somn
- Sex, intimitate sau fertilitate
- Alte afecțiuni medicale

Îngrijorări de natură practică

- Îngrijirea altor persoane
- Lucrul sau educația
- Bani sau probleme financiare
- Călătoriile
- Locuință
- Transport sau parcare
- Probleme în a vorbi sau a se face înțeles
- Spălatul rufelor sau alte treburi casnice
- Cumpărarea alimentelor
- Spălatul și îmbrăcatul
- Prepararea mâncărurilor sau a băuturilor
- Animale de companie
- Dificultate în a face planuri
- Lăsatul de fumat
- Probleme cu alcoolul sau drogurile
- Medicamentele mele

Îngrijorări de natură emoțională

- Incertitudine
- Pierderea interesului în activități
- Incapacitatea de exprimare a sentimentelor
- Gânduri despre viitor
- Regrete legate de trecut
- Furie sau frustrare
- Singurătate sau izolare
- Tristețe sau depresie
- Deznădejde
- Vinovăție
- Îngrijorare, teamă sau neliniște
- Independență

Îngrijorări legate de familie sau relații

- Partener
- Copii
- Alte rude sau prieteni
- Persoana care are grijă de mine
- Persoana de care am grijă

Îngrijorări de natură spirituală

- Credință sau spiritualitate
- Sensul sau scopul vieții
- Sentimentul de neconcordanță cu cultura, credințele sau valorile mele

Informații sau asistență

- Exerciții și activități fizice
- Dietă și nutriție
- Terapii complementare
- Planificarea priorităților mele viitoare
- Întocmirea unui testament sau consultații juridice
- Sănătate și stare de bine
- Grupuri de sprijin pentru pacienți sau îngrijitori
- Gestionarea simptomelor mele

☐ **Am întrebări despre diagnosticul, tratamentele mele sau efectele acestora**

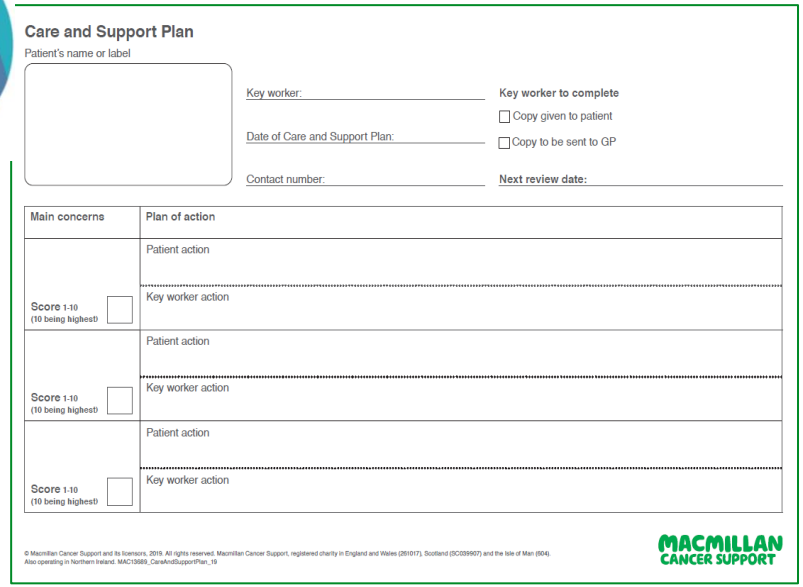
Se va completa de către asistentul dedicat ☐ Exemplarul dat pacientului ☐ Exemplarul de trimis către medicul de familie

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Concerns Checklist





Care and Support Plan

Patient's name or label

Key worker: **Key worker to complete**

☐ Copy given to patient

Date of Care and Support Plan: ☐ Copy to be sent to GP

Contact number: **Next review date:**

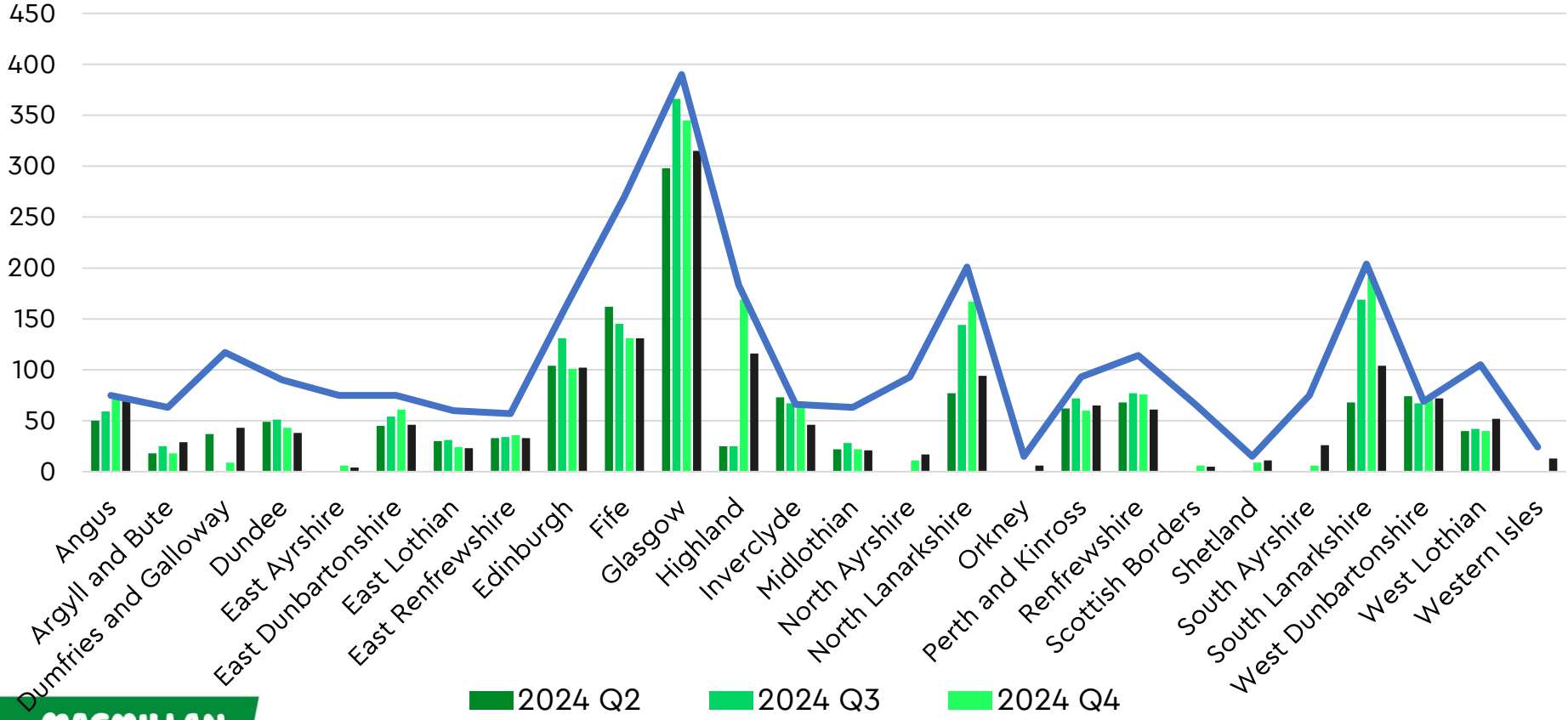
Main concerns	Plan of action
Score 1-10 (10 being highest) ☐	Patient action Key worker action
Score 1-10 (10 being highest) ☐	Patient action Key worker action
Score 1-10 (10 being highest) ☐	Patient action Key worker action

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Care and Support Plan

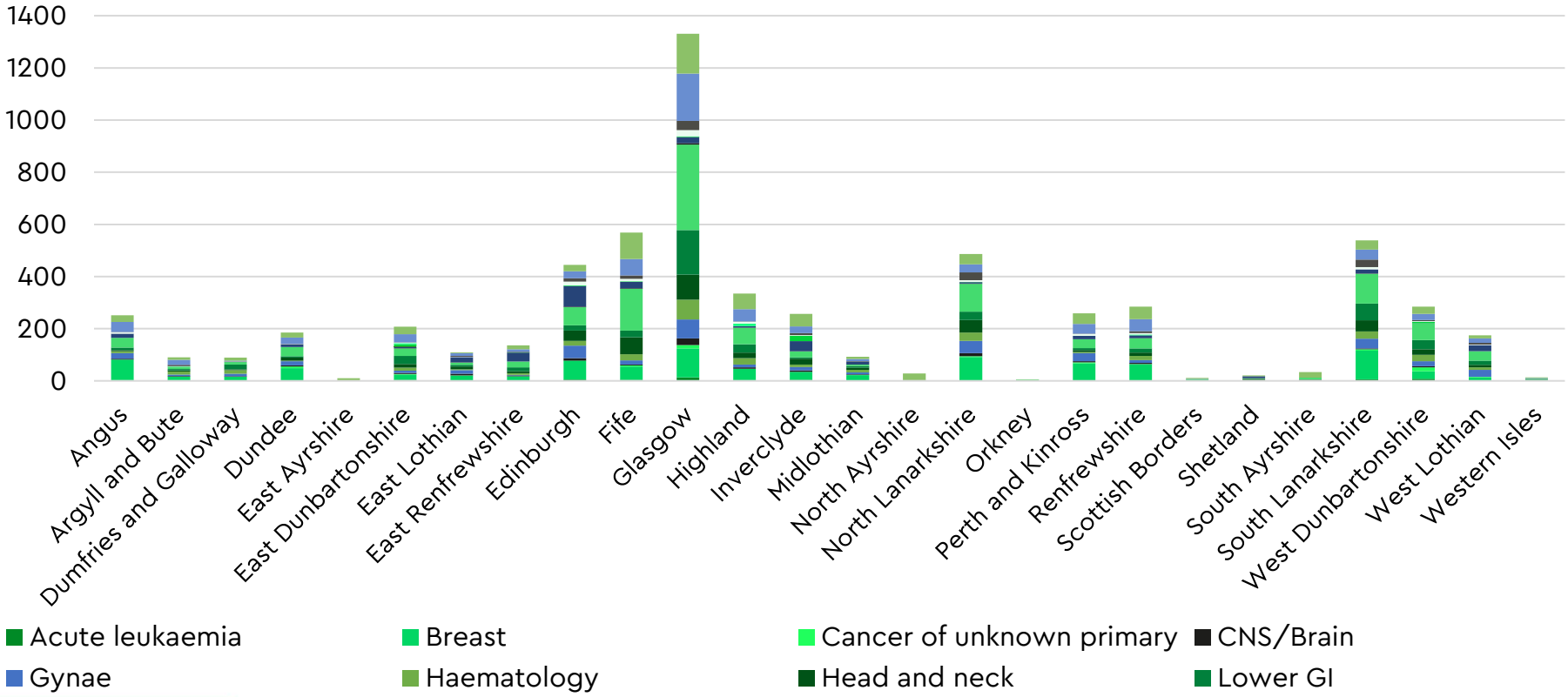
Activity (2024/5) : unique by quarter, by service – target



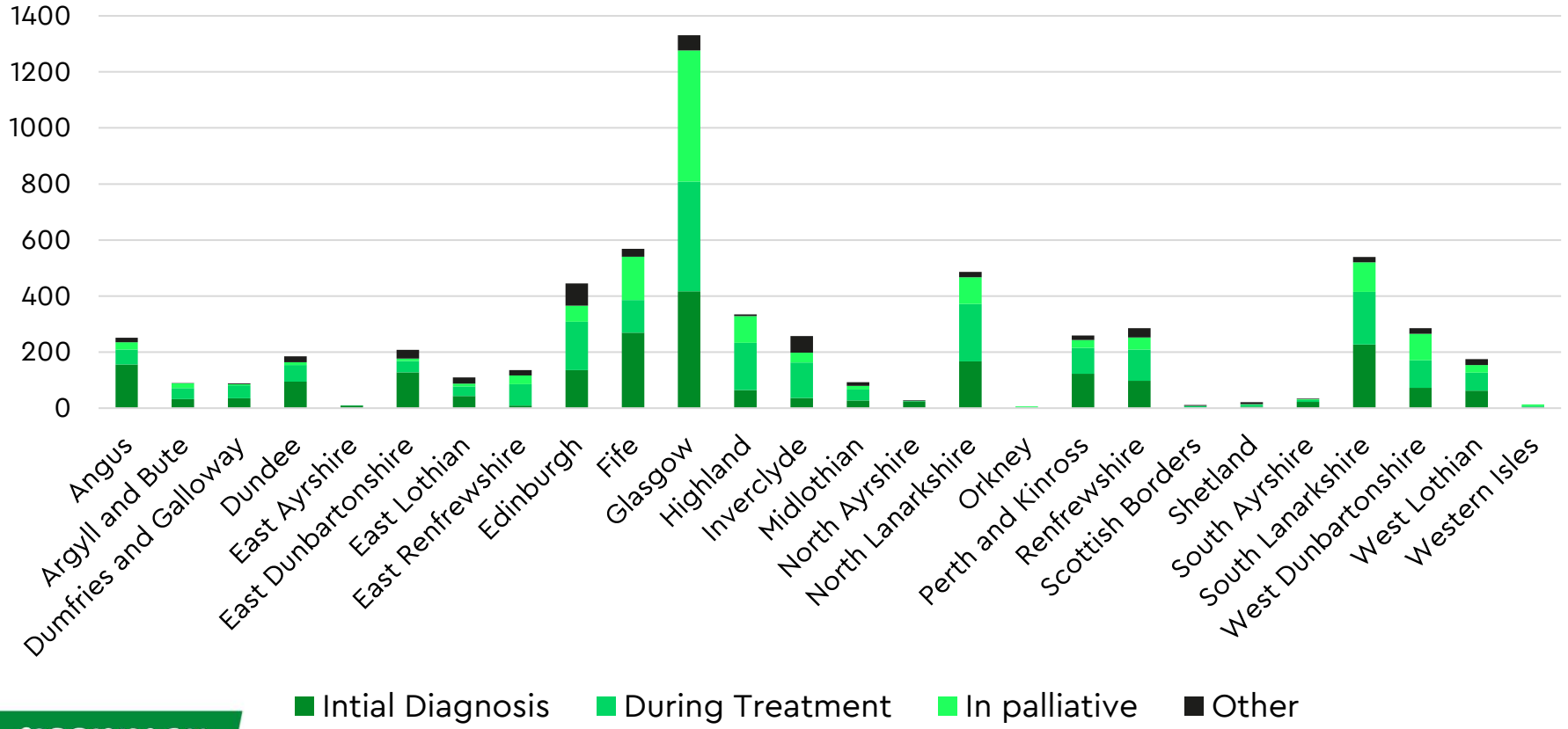
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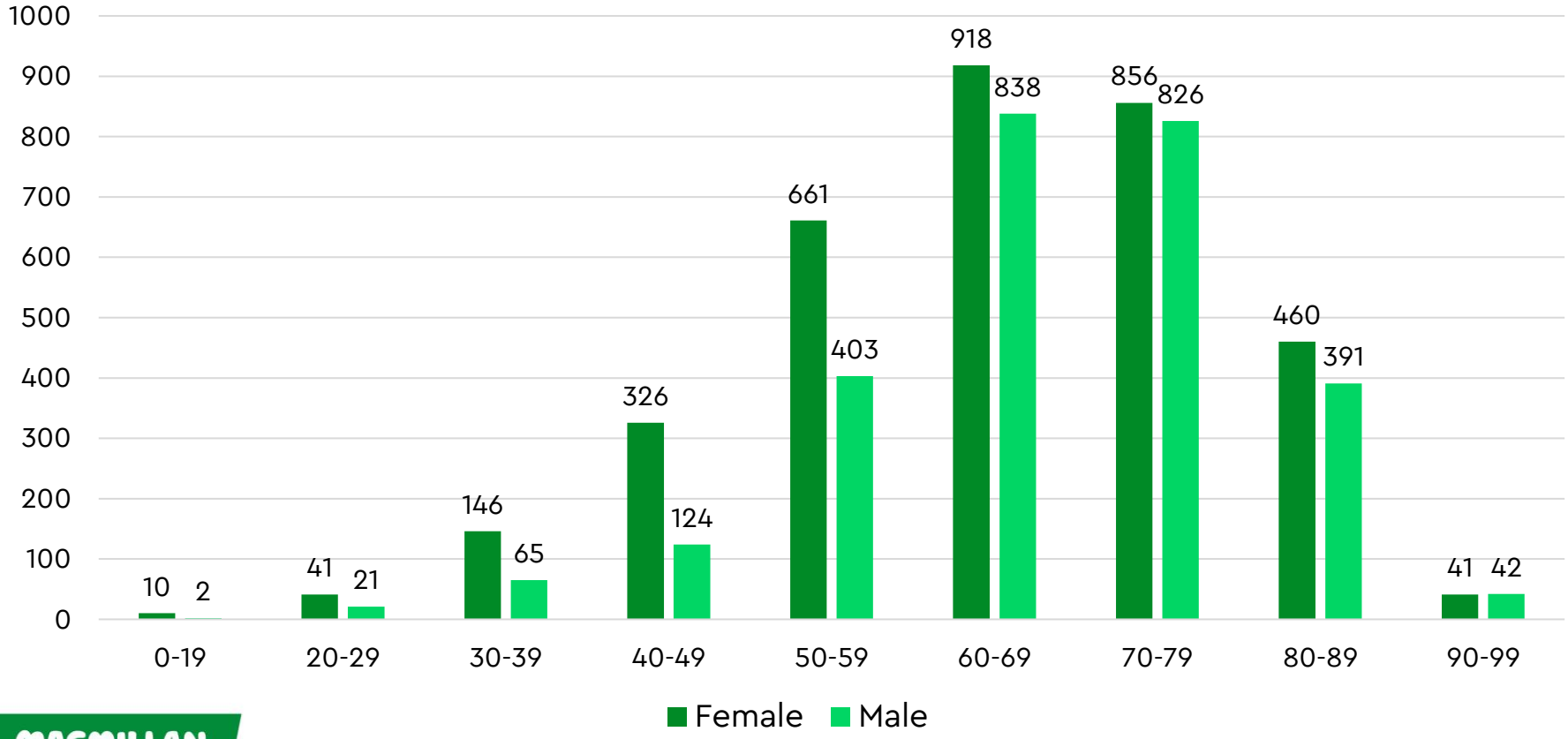
Activity (2024/5): unique, by service – cancer type



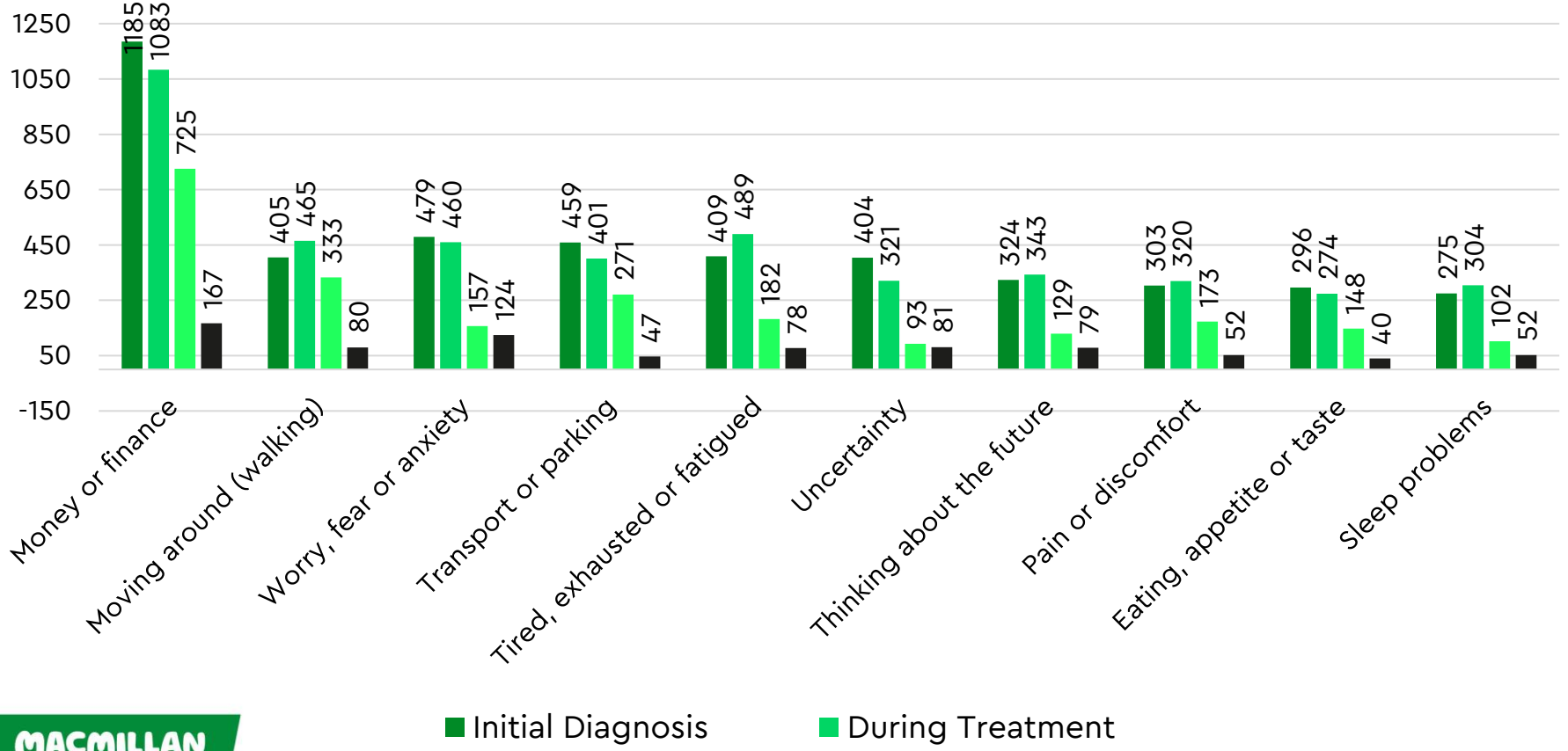
Activity (2024/5): unique, by service – pathway stage



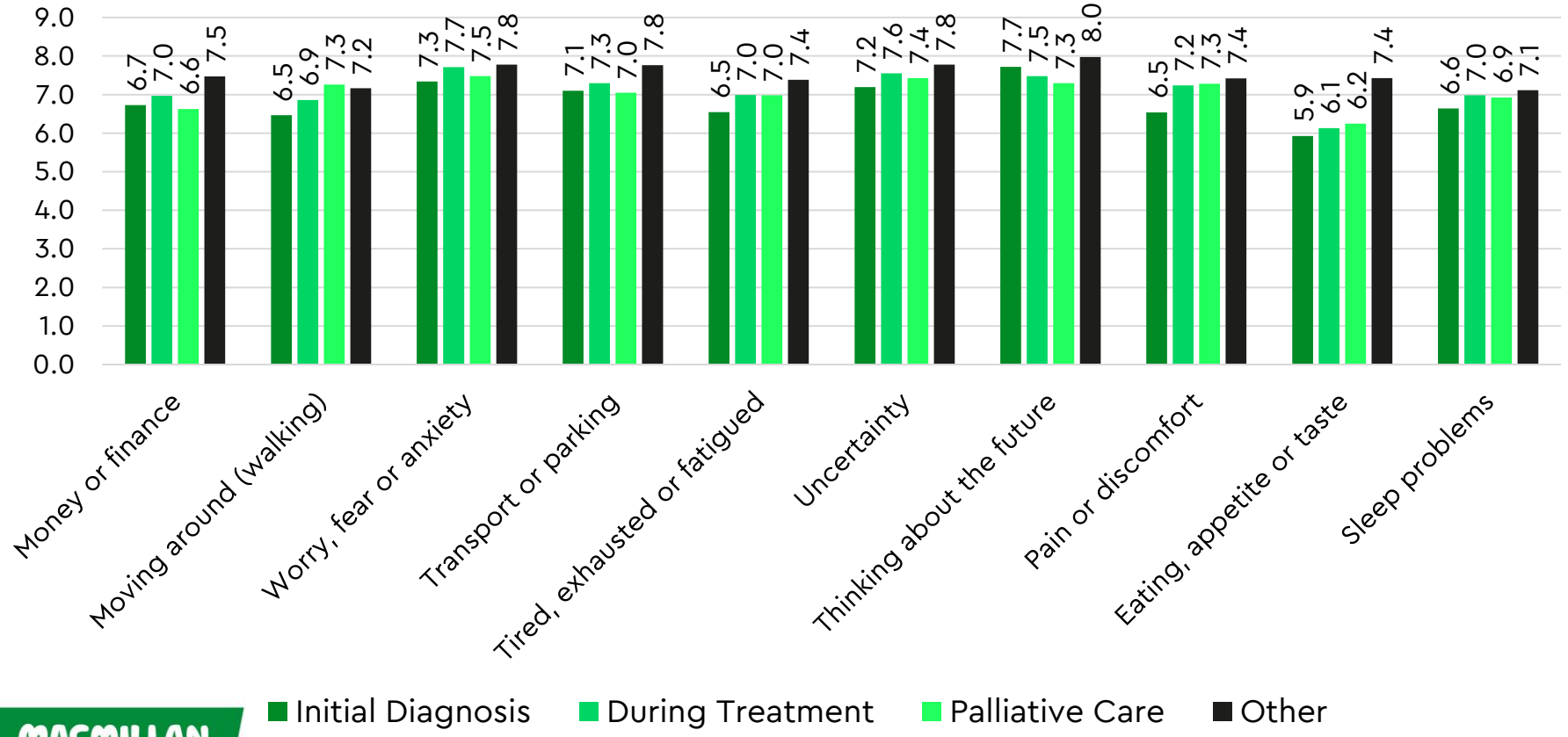
Activity (2024/5): unique, by service – age/sex



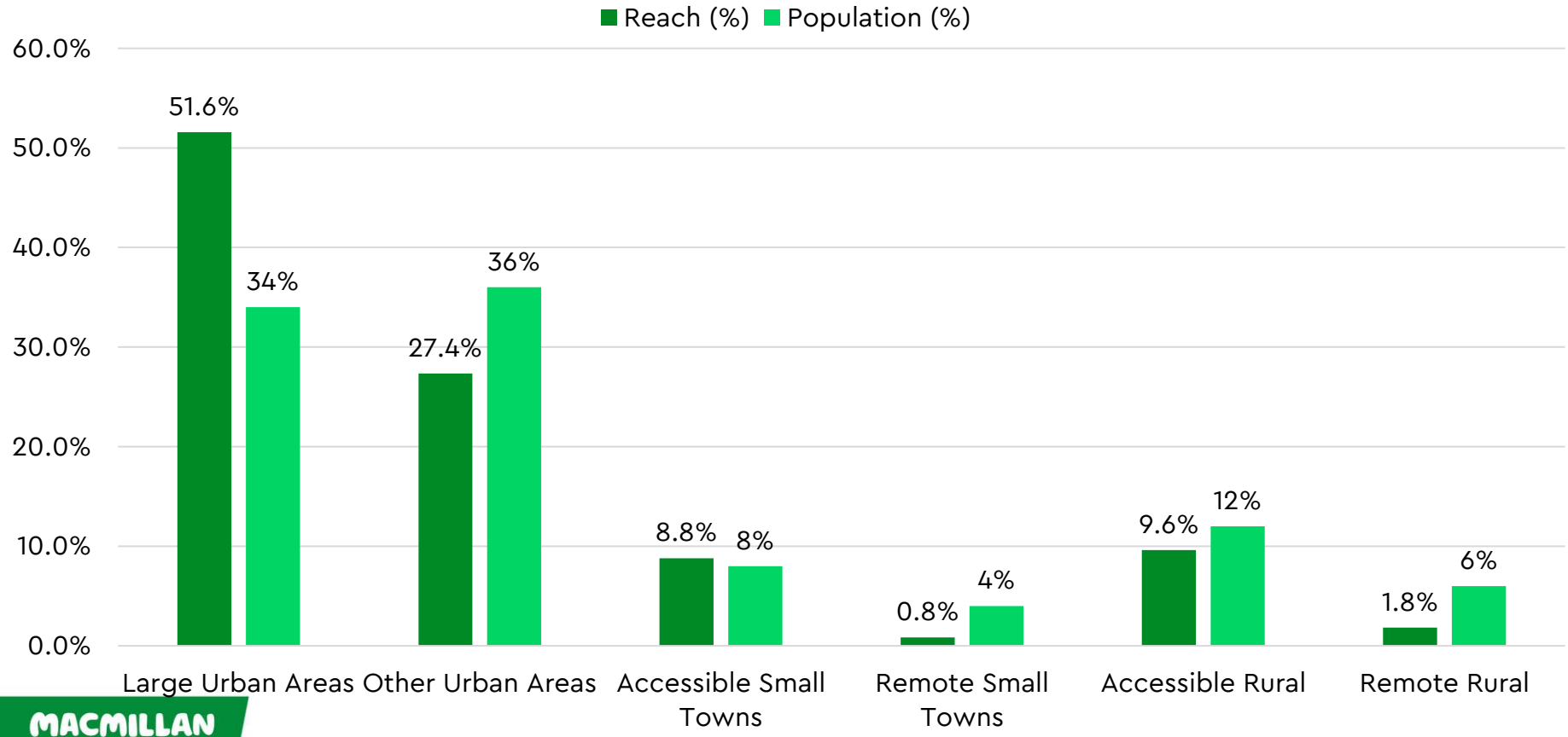
Concerns (2024/5): all services, Top 10 by pathway stage by number



Concerns (2024/5): all services, Top 10 by pathway stage by score

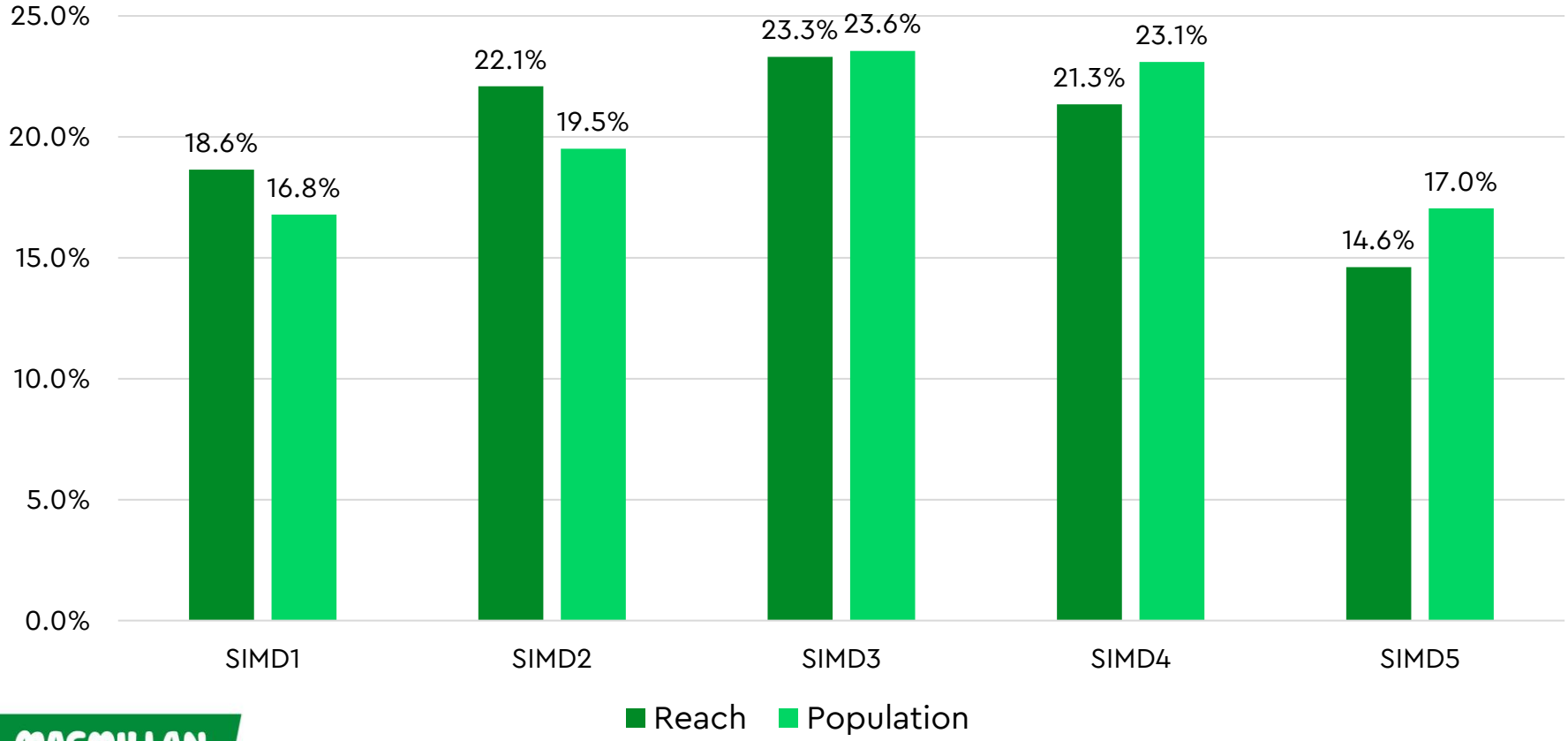


Activity (2024/5): unique, all services – urban rural reach/population



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Activity (2024/5): unique, all services – SIMD reach/population



Thank you

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