



Isle of Man
Government

Reiltys Ellan Vannin



The National Cancer Plan for the Isle of Man 2012-2022

Progress Report

March 2014

Contents

1. Introduction	3
2. Cancer Intelligence	4
2.1 Somerset Cancer Register Sub-Group	4
2.2 Challenges	5
2.3 Priorities for the Coming Year	5
3. Prevention and Early Diagnosis	6
3.1 Health Improvement Programmes	6
3.1.1 Stop Smoking Service and Tobacco Legislation	6
3.1.2 Safe in the Sun	8
3.1.3 Physical Activity on Referral Schemes	8
3.1.4 Skipping Programme	9
3.1.5 Workplace Zumba Sessions	10
3.2 Health Protection Programme	10
3.2.1 Human Papilloma Virus (HPV) Programme	10
3.3 Screening Programmes	11
3.3.1 Bowel Screening	11
3.3.2 Breast Screening Programme – 2012-2013	12
3.3.3 Cervical Screening Programme	12
3.3.4 Challenges	14
3.3.5 Priorities for the coming year	14
4. Improving Clinical Outcomes for Cancer Patients	15
4.1 Multi-Disciplinary Teams (MDT) Sub-Group	15
4.2 Care Pathways Sub-Group	16
4.3 Communication Sub-Group	17
4.3.1 Visit to Clatterbridge Cancer Centre	17
4.4 Cancer Waiting Times	18
4.4.1 Background	18
4.4.2 Local Figures	18
4.4.3 Comments on waiting times	19
4.5 Ongoing Improvements to Cancer Services from 2009	20
4.6 Challenges	21
4.6.1 MDT Sub-Group	21
4.6.2 Cancer pathways	21

4.6.3	Communication Sub-Group	22
4.7	Priorities for the coming year	22
5.	Children and Young People with Cancer.....	22
5.1	Update	22
5.2	Challenges	23
6.	Living with, and beyond, Cancer.....	23
6.1	Cancer Survivors Sub-Group	23
6.2	Challenges	24
6.3	Priorities for the coming year	24
7.	Palliative Care Services	25
7.1	Hospice Isle of Man	25
7.1.1.	End-of-Life Care after the Liverpool Care Pathway (LCP) for the Dying Patient	25
7.1.2	'Drop-in Day'	26
7.1.3	Other clinical activity at Hospice in 2013:.....	26
7.1.4	Challenges	27
7.1.5	Priorities for the coming year	28
7.2	Manx Cancer Help	28
7.2.1	Psycho-Oncology Service through Manx Cancer Help	28
7.2.2	Challenges - Professionals	30
7.2.3	Priorities for the coming year	30
8.	Third Sector	31
8.1	Macmillan Information Centre - Noble's Hospital	31
8.1.1.	Macmillan Project Manager Post	34
8.2	Cancer Services User Forum Isle of Man.....	34
8.3	Bowel Cancer Isle of Man	35
8.4	Isle of Man Anti-Cancer Association	35
8.4.1	Cancer Awareness Work	35
8.4.2	Funding facilities or services used by Manx patients	36
8.5	Isle of Man Breast Care	36
	Conclusion	38
	Acknowledgements.....	38
	References	39

1. Introduction

The National Cancer Plan for the Isle of Man 2012-2022 seeks to ensure the efficient and effective use of resources and to provide a quality-assured Cancer Service for the Isle of Man.

The Plan focuses on intelligence, prevention and early diagnosis, improving clinical outcomes, including children and young people, living with and beyond cancer and palliative care services.

Vision

To provide a comprehensive service for patients from the Isle of Man, initially on a par with the best region in the UK.

Aim

Our aim is to reduce cancer incidence, morbidity and mortality for the population of the Isle of Man and to improve the experience and outcomes of cancer patients and their carers.

The Department of Health and Social Care has a significant role in leading cancer services for the Isle of Man. However, it is important to recognise that there is a number of Third Sector organisations which also provide high-quality innovative support services for cancer patients and their carers.

Partnership-working with these organisations assists in providing care and support for patients, carers and their families throughout the cancer journey.

A multi-agency group was created to implement The National Cancer Plan for the Isle of Man 2012-2022 shortly after its launch in April 2012.

The group identified five priority areas:

- Somerset Cancer Register
- Multi-Disciplinary Team Meetings
- Communication
- Care Pathways
- Cancer Survivors.

Five separate sub-groups were then created.

Each group is led by a clinical/non-clinical professional experienced in the field depending on their area of expertise. Each group produced a project plan to work towards achieving the priorities identified for 2012/13 and 2013/14.

This is a long-term plan; therefore, priority areas will change as the project progresses to achieve the objectives and key targets documented in the Cancer Plan.

2. Cancer Intelligence

Cancer Intelligence refers to analysing and interpreting cancer data. The Somerset Cancer Register (SCR) Sub-Group was set up to implement the SCR in the Isle of Man.

2.1 Somerset Cancer Register Sub-Group

The Somerset Cancer Register is a single database application, designed to be used as a tool to assist in the diagnosis and management of the patient and to reduce duplication of information collected at different points on the patient pathway.

Following extensive project work the SCR went live in September 2012.

The following projects have been accomplished or are ongoing and will continue throughout 2014/15:

- a) Breast Care Pilot concluded at the end of March 2013; report on outcome produced.
- b) Breast Care Multi-Disciplinary Team (MDT) meetings are to continue and data inputted into the SCR on behalf of the Breast Team. A full-time member of staff is temporarily employed to input data into SCR for Breast Cancer.
- c) Data from MDTs is inputted into SCR; there continue to be breaches in the cancer waiting times policies - these are due to lack of theatre spaces and colonoscopy, all other targets being met.
- d) Work in progress continues on inter-Hospitals transfer policies and on development of Communication and Referral Protocol (CARP) forms to improve communication between the Isle of Man Hospital and tertiary centres in respect of cancer care and treatment.
- e) The Somerset Cancer Register Policy has been written and sent to Patient Safety and Governance for approval.
- f) Work in progress continues, with Isle of Man Government Technology Services (GTS) and Somerset Health Informatics testing various software upgrades.
- g) Meetings, discussions and presentations have been delivered on the function of SCR with the Women and Children's Division in respect of planning and inputting cancer data into SCR.
- h) A project plan is in place to implement Lung Cancer data collection and inform the MDT, via SCR.

- i) SCR training and updates to all staff involved in cancer data collection, continues.
- j) Chemotherapy data is collected and inputted on behalf of the Cancer Nurse Specialists (CNS).

2.2 Challenges

- Resources - staffing to run MDTs for the Tumour sites.
- Maintenance of the Somerset Cancer Register and accurate data collection.
- Ensuring all staff follow policies and this is audited.
- MDT operational policy and other policies in relation to Cancer.
- Maintenance of meetings in respect of the SCR Sub-Group to enable specific work to be undertaken to drive the Cancer Plan forward in a timely manner.
- Obtaining the necessary support from GTS to progress SCR updates, as the system is making data collection more challenging.

2.3 Priorities for the Coming Year

- Lung Cancer MDT – project management, entering lung cancer data onto SCR, managing Lung Cancer MDT via SCR.
- Delivering training to clinical and non-clinical staff in the use and function of SCR.
- Presentation to the North West Midlands Review Team on the Isle of Man Cancer Services.
- Consideration and implementation of the West Midlands Quality Review Service (WMQRS)¹. Recommendations to meet the required standards for the cancer services reviewed.
- Re-audit of cancer waiting time data.
- Audit – quality assurance of the SCR data.
- Upload data to enable benchmarking against other trusts throughout the UK such as the Royal Colleges, The National Lung Cancer Audit, (LUCADA), The National Bowel Cancer Audit Project (NBOCAP), NWCI North West Cancer Intelligence.
- Analysing cancer data captured within SCR as evidence base for Isle of Man service improvement and development.

- Looking at options for re-evaluating national Cancer Patient Experience Survey.
- Bridging the data collection gap between the Isle of Man and tertiary centres; some work has been undertaken with Clatterbridge Centre for Oncology.

3. Prevention and Early Diagnosis

Improving health outcomes and quality of life are key priorities and major focus points of the Strategy for the Future of Health Services in the Isle of Man. We need to work in partnership across Government, private sector and Third Sector to create an environment that encourages the population to make healthy choices.

Leading an inactive lifestyle substantially increases the risk of contracting a broad range of chronic diseases, such as coronary heart disease (CHD), diabetes, stroke and some cancers. Incorporating physical activity into the daily routine can help towards prevention, and recovery from ill-health².

Much is already being done in the Isle of Man with regard to health improvement and health protection programmes. Health improvement interventions and healthy lifestyle factors are supported by various existing and emerging strategies and programmes.

Furthermore, screening for some types of cancer is well-established and remains the most effective way of early detection. The Isle of Man at present has three screening programmes - breast, bowel and cervical - which fulfil the criteria proposed by the World Health Organisation (WHO).

3.1 Health Improvement Programmes

3.1.1 Stop Smoking Service and Tobacco Legislation



- The Island's free Stop Smoking Service, Quit4You, continues to run 5 weekly clinics in Douglas, Peel, Ramsey and Port Erin. Due to staff changes and resource constraints, the Peel clinic changed from a drop-in clinic to an appointment-only service in January 2014. This is currently being monitored.



- One-to-one Quit4You appointments are also provided at Public Health, Cronk Coar, for pregnant women, family and partners; Government staff; and any other referrals who cannot attend clinics. Occasionally, a one-off home visit is offered for those at high risk who are too physically unwell to attend clinics. These are followed up by telephone support to ensure accessibility of the Quit4You service for all.

- 'Opt-out' referral pathway for pregnant women, and people in their household who smoke, continues. All are contacted three times and invited to attend the service.
- Following the success of the implementation of Noble's Hospital Stop Smoking Service pilot with the Medical Division, this has now begun to be extended to the Surgical Division. Training sessions have been provided to Ward 11 and 12 staff (orthopaedics).
- Other areas of development for the Service have included: working with Geddyn Reesht to develop group sessions for mental health clients; and delivering sessions as part of the pulmonary rehabilitation group programme.
- Quit4You sessions were delivered in workplaces for staff who smoke (including Friends Provident and Colas).
- The online training package by National Centre for Smoking Cessation and Training (NCSCT) for 'national accreditation as stop-smoking practitioner' was invested in again (as it has been more cost-effective than for Consultants delivering courses on-Island).
- Smoking cessation training sessions (to Noble's doctors) and updates (to all community advisors) delivered by Tobacco Lead.
- A media programme has been implemented, with various initiatives for No Smoking Day, and radio interviews as requested throughout the year.
- A new policy has been written and approved regarding banning electronic cigarettes on the Hospital sites.
- New tobacco legislation (regarding smoking in cars with children present, and banning point-of-sale tobacco displays and vending machines) is still on the agenda; however, there have been delays in drafting the necessary legislation.

3.1.2 Safe in the Sun



Overexposure to ultraviolet (UV) radiation from the sun or sunbeds is the main cause of skin cancer. There are two main types of skin cancer: non-melanoma skin cancer, which is very common, and malignant melanoma which is less common but more serious. Over 8 out of 10 melanomas in the UK (around 11,100 cases every year) are linked to too much exposure to UV rays from sunlight or sunbeds. (Ref: Cancer Research UK).

- **Sunbed Legislation**

The Sunbed Act 2013 came into force in the Isle of Man in November 2013.

For a copy of the Act, use the following link:

http://www.legislation.gov.im/cms/images/LEGISLATION/PRI NCIPAL/2013/2013-0011/SunbedsAct2013_1.pdf

- **Annual Safe in the Sun Campaign**

The DH Public Health Directorate runs an annual 'Safe in the Sun' campaign to raise awareness of the risks of over-exposure to the sun, along with information on how to enjoy the sun safely, whether at home or abroad.

3.1.3 Physical Activity on Referral Schemes



There are two schemes - Physical Activity on Referral for adults, and Fit 4 the Future for children. Both schemes aim to support adults and children who have decided to take a positive step towards a healthier lifestyle by becoming more active. Both schemes are led by the Manx Sport and Recreation Team.

Physical Activity on Referral (Adults):

2012/13 – 431 referrals received.

2013/14 – 438 referrals received so far.

- 8% have been referred to the Service before.
- 63% have taken up the Programme.
- Male – female split is even.
- Average age – 46.
- 122 Service Users are currently within their 12-week block.

All figures are correct as of 3rd March 2014 – Ref: DCCL, Manx Sport and Recreation

Fit 4 the Future (F4F) Children:

- Overall, F4F has received 133 referrals –
 - 55.8% of whom have improved their BMI.
 - 54 participants are currently attending for weight management, social/behavioural and fundamental motor skills –
 - 42.6% of whom were referred for weight management.
 - 47.6% of these have already improved their BMI.

All figures are correct as of 3rd March 2014 – Source: DCCL, Manx Sport and Recreation

3.1.4 Skipping Programme



The Public Health Directorate supports skipping in schools as a way of encouraging pupils to be more physically active in a fun, non-competitive environment. Rope skipping can increase levels of fitness, improve muscle strength, co-ordination and balance, and build up bone strength. It is also a fantastic activity as it can take place in the playground or in lessons, on your own, with a friend or with a very large group.

The Isle of Man Anti-Cancer Association provided the funding to set up the Programme and in recent years Britannia International has sponsored the scheme.

Representatives from the Isle of Man Anti-Cancer Association are invited guests to the annual 'Celebration of Skipping' event and members of the Association still take a keen interest in the initiative.

3.1.5 Workplace Zumba Sessions



In 2012, staff in the Department of Health were offered the chance to participate in Zumba taster sessions with a view to introducing sessions on a permanent basis. The taster sessions were supported by the Isle of Man Anti-Cancer Association.

The taster sessions proved very popular and the Zumba programme was established. In 2013, the Programme was extended to include staff from the Department of Social Care and from April 2014 staff from the Department of Education and Children will have the opportunity to join the Programme. The initiative aims to increase the health and well-being of the workforce by increasing their daily amount of physical activity.

3.2 Health Protection Programme

3.2.1 Human Papilloma Virus (HPV) Programme



The Isle of Man launched the HPV vaccination programme in 2010. HPV vaccination is offered to all girls aged 12 to 13 to help protect them from cervical cancer in the future.

Isle of Man Uptake – HPV Programme 2011 to 2013

Year	Eligible for Vaccination	Commenced the course	Completed 3 doses
2011/12	532	491 (100%)	98.5%
2012/13	445	403 (100%)	97.2%

The HPV provisional data for England as of 31st August 2012 shows an overall uptake of 96% with 86.8% completing the course of three doses. The North West Strategic Health Authority (SHA) uptake is 93.7% with 91% completing the three doses.

In comparison, the HPV provisional data for England as of June 2013 shows an overall uptake of 90.4% with 80.8% completing the course of 3 doses. This is a slight reduction compared to 2012. Interestingly, this reduction is also reflected in the North West SHA statistics for 2013 - uptake is 92.6% with 80.1% completing the three doses.

3.3 Screening Programmes

3.3.1 Bowel Screening

The Bowel Screening Programme was introduced in July 2011. Bowel Screening aims to detect bowel cancer at an early stage - before people are experiencing any symptoms - when treatment is more effective. Bowel cancer is the third most common cancer in the UK and Isle of Man, after lung and breast cancer. It is the second most common cause of cancer death after lung cancer. Between 2008 and end of March 2014, 492 patients were admitted to Noble's Hospital with confirmed bowel cancer (this figure does not include patients attending for Chemotherapy).

Since the Programme commenced, 16 cancers have been detected. The Department of Health is exploring the possibility with the 'hub' in Rugby to pilot screening by GP practice. This would enable targeted promotion in relevant areas and hopefully lead to a higher uptake.

The Bowel Screening Programme was extended to cover up to age 75 years with effect from January 2014.

Bowel Cancer Screening Statistics (BCSS)

The statistics below show all figures since the commencement of the Programme:



Bowel Cancer Screening Statistics as of 31 March 2014 (all figures since Programme start)	
Number of subjects sent an initial test kit (normal invitations, opt-ins and self-referrals, excluding re-test kits) (FIRST EPISODE)	14,044
Number of subjects sent an initial test kit (normal invitations, opt-ins and self-referrals, excluding re-test kits) (2 nd or SUBSEQUENT EPISODE)	2,414
Number of subjects returning initial test kit (normal invitations, opt-ins and self-referrals, excluding re-test kits)	9,562
Number of patients attending one or more positive screening test practitioner clinics	140
Number of patients undergoing a colonoscopy	110
Number of patients diagnosed with cancer	16
Percentage uptake for screening programme	68%

There is a notable increase in the demand for further investigations since the introduction of screening, to meet NICE guidance and Cancer targets, and also due to the cessation of barium follow-up investigations. These have all impacted on the ability of the Service to meet the demand for colonoscopy. This situation has been prioritised as an urgent matter to address and work is ongoing to reduce the current waiting times with increased planned activity.

3.3.2 Breast Screening Programme – 2012-2013



One in eight women will develop breast cancer at some time in their lives. Breast cancer is more common in women over 50. Breast screening can help to find small changes in the breast before there are any other signs or symptoms. If changes are found at an early stage, there is a good chance of a successful outcome.

The Breast Screening Statistics for 2012-2013 are as follows:

Breast Screening Statistics 2012 – 2013	
Number of women invited to attend a screening appointment	6,185
Number of women attending the appointment	4,709
Number of recalls	209
Number of positive results	30
Number of patients diagnosed with cancer	30
Percentage uptake on Breast Screening	76%

3.3.3 Cervical Screening Programme



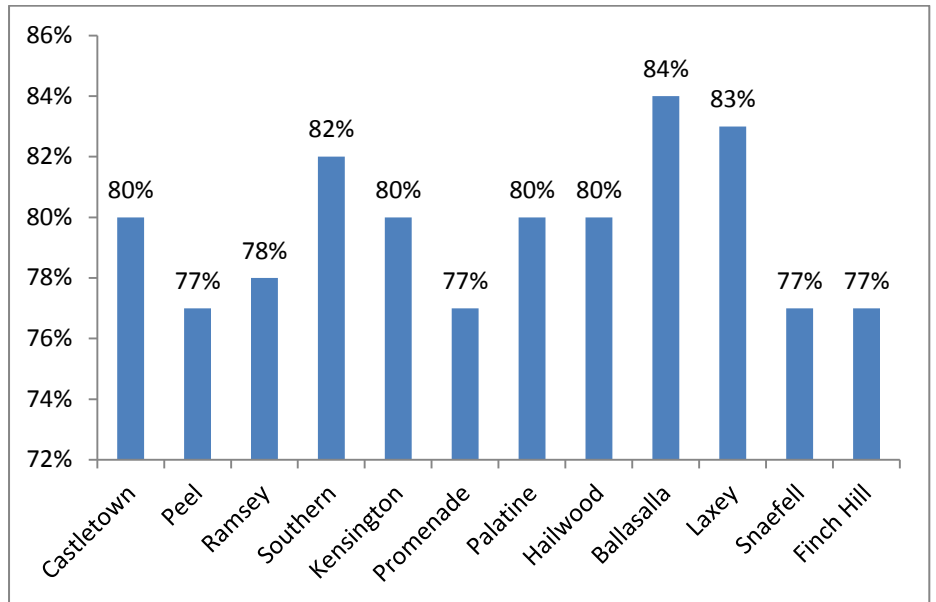
Cervical screening is not a test for diagnosing cervical cancer. It is a test to check the health of the cervix (neck of the womb) and reduces the risk of developing cancer. The test will show changes in the cells of the cervix.

Most of these changes will not lead to cervical cancer. It is the most effective test available to give an indication of the risk of developing cervical cancer.

Cervical screening statistics are not available in the format used for the breast and bowel screening programmes. It is envisaged that this data will be available to document in future reports.

Figure 1: Data from Cervical Screening Programme

Percentage of Eligible Women attending GP Practices for Cervical Screening during 2013



(Ref: Department of Health, Community Health Services)

Staywell Clinic Cervical Screening Programme



The Staywell Clinic provides out-of-office hours cervical screening tests in female-staffed clinic, to reduce the number of barriers to women attending screening.

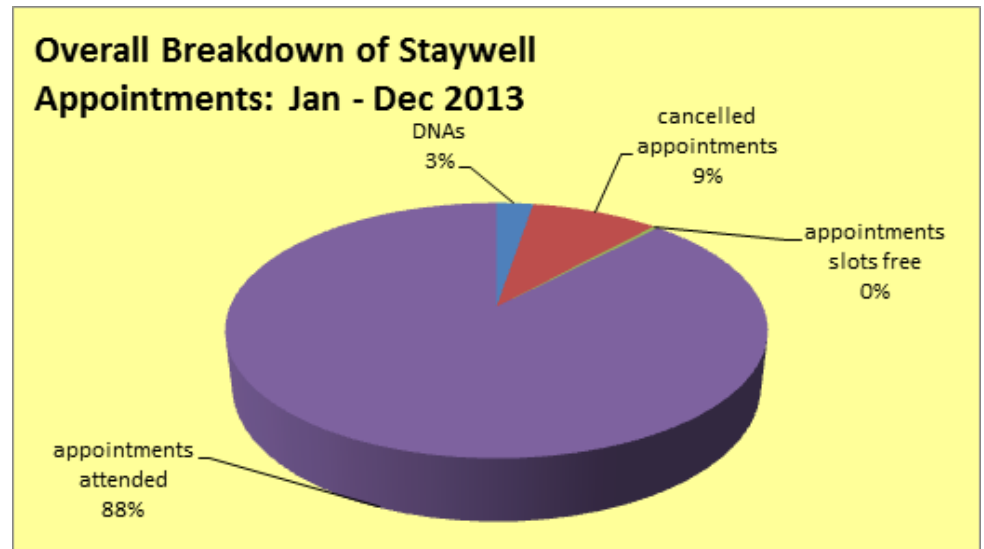
This Service is fully funded and staffed by the Isle of Man Anti-Cancer Association, and remains a very popular choice for women taking part in screening. The Staywell Clinic will be celebrating its 50th year during 2014.

During 2013, the Staywell Clinic saw 11% of the total number of women who went for cervical screening on the Island.

A total of 88 Clinics were held during 2013, which meant there were a possible 880 appointment slots available.

The pie chart shows a breakdown of how the Staywell appointments were utilised overall during 2013:

Figure 2: Breakdown of Staywell Appointments



(Ref: Isle of Man Anti-Cancer Association)

3.3.4 Challenges

- To continue funding the Physical Activity on Referral Schemes.
- The logistics of delivering the HPV programme to boys.
- To meet growth demand for colonoscopy

3.3.5 Priorities for the coming year

- Further increase the uptake rate for the Bowel Screening Programme.
- Increase the uptake rate for participation in the Breast Screening Programme.
- Increase the uptake rate for participation in the Cervical Screening Programme especially in GP practices where the uptake is below average.
- Implement recommendations suggested by the External Review of the Cervical Cytology service.
- Increase the capacity to meet the demand for colonoscopy

4. Improving Clinical Outcomes for Cancer Patients

Ensuring that all cancer patients receive the appropriate treatment, delivered to a high standard, is critical for improving cancer outcomes. The quality of cancer treatment has improved significantly with access to the latest forms of surgery, radiotherapy, drugs and the establishment of multi-disciplinary teams.

Two sub-groups have been set up to work on the identified priority areas to improve clinical outcomes for cancer patients and achieve the strategic objectives of the National Cancer Plan.

4.1 Multi-Disciplinary Teams (MDT) Sub-Group

Multi-Disciplinary Team (MDT) working has led to improved decision-making, more co-ordinated patient care, and improvement in the overall quality of care. MDTs bring together staff from all sectors and disciplines, with the necessary knowledge, skills and experience to ensure high-quality diagnosis, treatment and care for patients with cancer, and support for their carers.

The following have been achieved since the launch of the National Cancer Plan in April 2012:

- a) Video link with Clatterbridge Cancer Centre and PACS link with most North West hospitals were established in 2011/2012. Facilities for an additional video link for specialist MDT with North West Hospitals are available as per clinical needs.
- b) MDT Operational Policy³ was submitted to Noble's Clinical Governance Committee in October 2013.
- c) Document on guidelines for governance and communication⁴ between Noble's Hospital and Specialist Multi-disciplinary Teams (SMDT) in UK was submitted to Noble's Clinical Governance in October 2013.
- d) Business plan was submitted to Macmillan in 2012 - Post funded for WTE Multi-Disciplinary Team (MDT) Co-ordinator in 2013 - person recruited and entered Post in July 2013. In addition - one WTE bank MDT co-ordinator funded by the Surgical Division. There is an agreement to recruit an MDT co-ordinator for lung cancer - 0.5 WTE head has been found and a business case for funding for an additional 0.5 WTE is in progress to make this Post full-time.
- e) Dedicated Cancer MDT Room is established at Pathology Seminar room with all modern equipment.
- f) Implementation and pilot project Colorectal MDT was set up with the surgical team, (Pilot April 2013 to April 2014).

- g) Lung cancer MDT to be started soon - provisional date is June 2014.
- h) Lung cancer – Cancer Nurse Specialist (CNS) Post head identified, Post advertised, person recruited, with provisional start date at end of May 2014.
- i) Service Level Agreement with Clatterbridge Cancer Centre (CCC) for the provision of oncology services to the Isle of Man due to take place soon. First brainstorming meeting among interested parties arranged by Medical Divisional Manager took place at Noble’s Hospital on 25 March 2014. Medical Divisional Manager is going to keep in touch with CCC for further discussion.
- j) West Midland’s Quality Review is to look at Cancer Services as part of the review of Noble’s Hospital; provisional date is in October 2014.

4.2 Care Pathways Sub-Group

The steps for the diagnosis and treatment of different cancers are largely predictable. Clinical care pathways are being developed for all cancers so that patients will know that they are moving swiftly through the right steps to ensure an accurate diagnosis and that the most appropriate treatment is provided on time.

Advancements in this work are as follows:

- a) NICE-recommended proforma⁵ was introduced for all cancer referrals by GP to Noble’s in 2010. Guideline has been introduced for the procedure for suspected cancers detected incidentally by healthcare professionals other than GPs.
- b) Guideline has been introduced for the procedure for suspected cancers⁶ detected incidentally in A&E at Noble’s Hospital.
- c) Cancer clinical pathways for each cancer site are close to finalisation. The associated ‘Cancer Clinical Pathway Operational Policy’ is ready and will be presented to the Clinical Governance Committee at Noble’s Hospital. All but the urology cancer pathways have been finalised. Once the urology pathways are agreed then the document will be ready for submission to Noble’s Clinical Governance Committee in April/May 2014.
- d) The ‘Cancer Target Escalation Policy⁷’ has been approved by the Patient Safety and Governance Committee at Noble’s Hospital and Hospice Isle of Man, and has been presented to the Primary Care Clinical Governance Committee; there were no comments.
- e) A guideline with a proforma⁶ to notify the GP about confirmed cancer diagnosis has been introduced.
- f) The development of ‘Advanced Care Planning’ policy and documentation is a target for 2014.

- g) In light of the negative publicity surrounding the Liverpool Care Pathway (LCP), Hospice Isle of Man and the Department of Health stopped using the LCP in August 2013 and therefore the specific LCP targets were removed from the Implementation Plan. The End-of-Life Guidance was produced. The principles of good end-of-life care continue to be promoted whilst moving away from pathway care onto more individualised care plans.

4.3 Communication Sub-Group

Information is central to the drive for better outcomes. Access to good quality information underpins stronger commissioning and patient choices, helping the public to make the right decisions to reduce their risk of cancer and to support them in accessing screening, diagnosis, treatment, survivorship and end-of-life care.

The Communication Group has undertaken the following tasks:

- a) Audit of information which is available to patients, carers and the public has been undertaken. The results of the audit established that there is a lot of information in the public domain - some excellent and some out-of-date. Steps are being put into place to update the outdated information.
- b) Communication matrix (primary, secondary and tertiary care) completed. Gaps in the Service identified; the next steps are to address the issues and improve the services to meet and exceed patients' and carers' expectations.
- c) The Oncology Social Worker at Clatterbridge Cancer Centre (CCC) gave an interesting presentation on the Development of their Discharge Policy (October 2013). This has helped in planning the discharge of Isle of Man patients from CCC.
- d) An 'Advanced (Masterclass) Level Communication Skills Course' has been approved by the Federation of the Royal Colleges of Physicians of the United Kingdom for 12 category 1 (external) CPD credit(s).

4.3.1 Visit to Clatterbridge Cancer Centre

The visit to Clatterbridge Cancer Centre to meet with the Assistant Director of Nursing and the team took place on 4 March 2014. The purpose of the meeting was to address some of the issues raised at the presentation given by the Oncology Social Worker at Clatterbridge Hospital, and from members of the National Cancer Plan Implementation Group, with a view to improving services for cancer patients and their carers.

The meeting was very productive; areas for improvement were highlighted as the discussions progressed. The next step is to discuss the findings in more detail with the Implementation Group and develop an action plan for 2014/15 for implementing changes to improve services for patients and their carers.

4.4 Cancer Waiting Times

4.4.1 Background:

The waiting times for patients with cancer (suspected and confirmed) are routinely published in the UK. There are three indices which are of interest:

- 2-week wait: Percentage of patients with a suspected cancer who are seen in Outpatients within 2 weeks of referral by a GP.
- 31-day wait: Percentage of patients who have their initial treatment within 31 days of diagnosis of cancer being confirmed.
- 62-day wait: Percentage of patients with cancer who commence their treatment within 62 days of referral by GP.

4.4.2 Local Figures:

The data collection for the Isle of Man has lagged behind that in the UK; the Somerset Cancer Register (SCR) which enables this data to be collected was only installed in 2011 and, because there were several IT issues, the system only become available in 2012.

Multi-disciplinary Team (MDT) meetings and data entry into SCR have been undertaken for only two sites – breast and colorectal cancers. Work is progressing to extend the MDT approach to lung cancer.

As of 2014, a full year of data is available for breast and colorectal cancers; these are shown below with figures from England for comparison:

These figures show information on the number of people who attended outpatient appointments within two weeks of an urgent referral by their GP for suspected cancer or breast symptoms and, for patients with cancer, on the numbers who started treatment within 31 days (diagnosis to treatment time) and 62 days (urgent GP referral to treatment time).

Breast	% within	
	IOM (2013/14)	England (Q4 2013/14)
2 weeks wait	53.7%	95.9%
31 days (diagnosis to treatment)	67.7%	98.9%
62 days (referral to treatment)	83.3%	96.6%

Colorectal (Lower GI)	% within	
	IOM (2013/14)	England (Q4 2013/14)
2 weeks wait	36.0%	94.7%
31 days (diagnosis to treatment)	46.0%	98.3%
62 days (referral to treatment)	22.2%	76.8%

***England figures obtained from NHS England*

<http://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/>

4.4.3 Comments on the Waiting Times:

It is worth pointing out that the choice of the waiting time intervals is arbitrary; while greater delay is associated with poorer outcomes, there is no evidence for the specific waiting times. This should be borne in mind when looking at the figures.

Breast Cancer:

It can be seen that the Isle of Man performance, in terms of percentages of patients seen at various intervals, is less than in England. The lower rate for the 31-day interval in the Isle of Man is explained by the fact that, if the initial treatment is radiotherapy or chemotherapy, the patients have to be seen by the visiting oncologist from the Clatterbridge Centre for Oncology (CCO) and may have to attend CCO for treatment.

However, there is some degree of 'catch-up' as the 62-day wait, which is possibly the most relevant in terms of impact on outcome, shows that 83.3% of patients are treated within 62 days of referral compared with 96.6% of patients in England.

Colorectal Cancer:

The figures for colorectal cancer are much worse in the Isle of Man compared with those for England. The following issues impact on waiting times:

- The clinical practice in the Isle of Man is to send all patients with clinical symptoms of colorectal cancer for colonoscopy before being seen in the clinic. This is not always the case in England where patients are first seen in the clinic before being listed for colonoscopy.
- There is a waiting list for colonoscopy due to lack of theatre capacity.
- When chemotherapy is the initial treatment, patients have to be seen by the visiting oncologist from CCO, which again introduces a delay.

Clearly there is room for vast improvement in the waiting times – the MDTs and Cancer Improvement Group will address this. There is also need to extend the coverage of SCR and MDT to other cancer sites, starting with Lung Cancer.

4.5 Ongoing Improvements to Cancer Services from 2009

Work to improve cancer services for the population had begun before the launch of the National Cancer Plan in April 2012 as shown below:

- a) Cancer Service Improvement Facilitator (CSIF) post was created in early 2009 and made substantive in 2010.
- b) Weekly telephonic Haematology MDT with the Royal Liverpool Hospital established in 2009.
- c) Weekly (one whole day) Medical Oncology clinic established in 2010, in addition to an already existing weekly (one whole day) Clinical Oncology clinic.
- d) A retrospective audit on cancer waiting times in a sample of a 100 patients - almost equally distributed as per cancer incidence for each site-specific tumour – was carried out manually in 2010. A similar audit is now in the pipeline. Electronic cancer data collection has been introduced via SCR from 2013 for breast and colorectal cancers. There is a plan to collect data for all cancers when necessary resources are available.
- e) Breast MDT established in 2010.
- f) Third Consultant Clinical Oncologist Clinic started in February 2014 covering lung, head and neck cancers.
- g) Macmillan-funded second Consultant Pathologist Post recruited in 2011.

4.6 Challenges

4.6.1 MDT Sub-Group

- To agree a mutually convenient time to arrange MDTs for all MDT members. MDT members include tumour site-specific clinician and clinical nurse specialist, pathologist, oncologist, radiologist, palliative care team member.
- To identify time available for MDT meeting in the current job plans for MDT members.
- IT/Video link challenges between Isle of Man and UK Centres.
- Cover for MDT members' absences.
- To allocate dedicated time for clinicians in their job plan to input cancer data into SCR.
- Lack of a dedicated CNS for some tumour sites – for example, haematology and rare tumours.
- Biopsy slides to be made available to specialist MDT meetings and tertiary centres for specialist tests and issues surrounding them.
- Appropriate structure and processes to ensure effective and efficient use of resources going forward for MDT provision.

4.6.2 Cancer pathways

- GPs uptake in using the NICE-approved cancer referral proformas.
- Radiology, endoscopy and biopsy turn around times.
- Out-patient appointments waiting times, for first and follow-up appointments.
- Out-patient appointments booking procedures and related issues.
- IT issues in uploading cancer data to North West Cancer Information (NWCi) network, Royal College of Physicians (RCP) audits, Public Health England, Department of Health, for audit, research and other purposes.
- Tertiary referrals co-ordination issues (for example - letters, results, lab link, IT issues).
- Correspondence with tertiary centres via mail / confidentiality issues surrounding it.
- No NHS N3 network link for IOM; as a result, no connection to NHS.net, delay in updating software like SCR's, not able to link up with other hospitals in UK for sharing IOM patients' data - resulting in duplicating investigations.

4.6.3 Communication Sub-Group

- Participation in the advanced communication skills course.

4.7 Priorities for the coming year

- To start lung cancer MDT and collect lung cancer data.
- To recruit a full-time lung cancer MDT co-ordinator.
- To maintain the ongoing Breast and Colorectal MDTs.
- To improve the data collection for breast and colorectal cancers.
- To consider arranging cancer peer review visits for breast and colorectal cancers.
- To continue to push ahead with the business plan for the 4th MDT co-ordinator to collect data for urology cancers. When 4 MDT co-ordinators are in Post, then to consider collecting data for rare cancers and cross-cover for MDT co-ordinators' absences.
- To undertake a patient experience survey of Isle of Man cancer patients being treated in the UK. Patients going to the UK for tertiary care are likely to experience some issues relating to, for example, travel and accommodation. Patient experience will be assessed so that improvements can be considered. The survey is being funded by Isle of Man Anti-Cancer Association.
- To develop an action plan for 2014/15 to implement changes to improve holistic services for patients and their carers.

5. Children and Young People with Cancer

Cancers in children are rare; the incidence is about 14 per 100,000 children. This will mean 10-12 cases per year in the Isle of Man. Improving outcomes for children and young people with cancer is uniquely different because one does not deal with tumour type, but rather with a group of cancer patients defined by age with a variety of tumour diagnoses.

5.1 Update:

- A 'shared-care' agreement has been signed between Noble's Hospital (Shared Care Oncology Unit) and Alder Hey (Principal Treatment Centre).
- An external peer review took place in 2012 and several recommendations have been implemented.
- We have withdrawn as full members of the Cancer Network Children's Group but continue as affiliate members of the Group.

- d) With reconfiguration in the UK, new children's cancer measures will be published by CQuins during 2014 and the impact of these measures will need to be assessed locally.
- e) A network in the North West of England has now been established for palliative care (not exclusively Oncology) and an effort will be made to attend quarterly network meetings by telephone conference (Paediatric Service and Hospice Isle of Man).

5.2 Challenges

- Appropriate psychological and social support for children with cancer and their carers.
- Pathways for late effects monitoring of child cancer survivors.

6. Living with, and beyond, Cancer

The number of people living with cancer is increasing. This is mainly due to our aging population, treatments being more sophisticated, and improved screening programmes. People living with, and beyond, cancer, and their carers, often have specific support and social care needs which, if left unmet, can damage long-term prognosis and ability to lead an active and healthy lifestyle.

6.1 Cancer Survivors Sub-Group

- a) Four users are being followed to see how they access services, how they are treated by GPs and assessment of communication and survivorship.
- b) The National Cancer Survivorship Initiative document entitled 'Living with and beyond Cancer: Taking action to improve Outcomes'⁸ is excellent. The Sub-Group to see if this document can be adapted for the Isle of Man.
- c) New information pathways are to be developed to ensure timely and accurate information is given to the patient.
- d) Further internal information is to be produced for GPs and Practice Nurses to recognise the signs of the psychological effects of cancer in the longer term.
- e) More information is to be developed to inform cancer survivors about all aspects of returning to healthy living – need to tie in with public health strategies.
- f) Major conference (in conjunction with the Cancer Services User Forum) on Survivorship is planned for the end of the year.

- g) Planning is beginning on a new cancer survivor survey to gauge the views of the survivors and their experiences of the healthcare they receive.

This Sub-Group looking at the following areas:

- Framework to assess patients' ability to self-manage.
- Follow-up procedures.
- Health and well-being.
- Ways to remind patients to contact their GP on their return to the Island after treatment in the UK.
- Information available post-treatment.
- Patient diary – asking people what information they require (nutrition and diet high on list).
- Credit card-sized cards with contacts, for patients returning from the UK after treatment.
- Cancer Information Booklets printed – may be funded by Isle of Man Anti-Cancer Association.

6.2 Challenges

- Apparent lack of understanding from all health professionals of the problems and health issues faced by cancer survivors.
- No clear pathway for survivors to access health services after discharge.
- Getting meaningful information from survivors to give an accurate reflection on their experiences.
- Getting the survivorship agenda on the radar of the health services as a whole.

6.3 Priorities for the coming year

- Raising awareness that there are over 2000 survivors on the Isle of Man and that they all have specific and shared needs.
- Gaining support from the Third Sector and cancer charities to support initiatives to make survivors more aware of potential medical and psychological problems.
- Public Health has a role to play in awareness and assisting patients to ensure they have the correct support and message to 'get well'.

7. Palliative Care Services

Palliative care is an integral part of care delivered by any healthcare or social care professional to those living with, and dying from, any progressive and incurable disease.

7.1 Hospice Isle of Man

7.1.1 End-of-Life Care after the Liverpool Care Pathway (LCP) for the Dying Patient



End-of-Life Care remains an important and essential part of palliative care. In light of withdrawal of the LCP documentation, an End-of-Life Guidance booklet has been produced and is now being used in all health care settings to facilitate best practice. It is hoped that, following attendance at the international conference on 'Life after the LCP – Improving end-of-life care' in February 2014, new initiatives and further guidance will be produced and implemented. We are also awaiting the results from the recent 'National Care of the Dying' Audit (hospitals) which will also provide further recommendations.

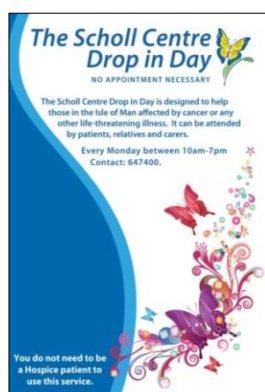
During the past year, numerous training and education sessions have been provided in end-of-life care - for GPs, foundation doctors and medical students. In addition there has been formal and informal teaching on the Hospital wards to all health professionals, to all Hospice staff and volunteers, in the community to the district nurses, allied health professionals and nursing home staff, and also in the private sector to staff and volunteers who are involved and/or have an interest in end-of-life care. A robust continuous teaching and learning programme to ensure safe and effective practice is now being implemented.

Recent developments:

- Commencement of 'Nursing Home Link Nurse Scheme' for end-of-life care whose aim is to empower, and increase skills of, nursing home staff.
- Development of an Island-wide standard operational policy for end-of-life care.
- New End-of-Life Guidance documentation for each health care setting.
- Production of a new booklet 'Preparing for the death of someone for whom you care' to be used Island-wide.

- Recommencement of the Link Nurse programme (primary, secondary and tertiary settings) in cancer and palliative care.
- End-of-life care study days for healthcare assistants and support workers.
- There were 405 referrals to Hospice services in 2013. This represents a 5% increase in referrals compared with last year's 385 and a 22% increase compared with the average figure of 332 for the years 2008 – 2011. The total case-load for Hospice Isle of Man at the start of 2014 is 276.

7.1.2 'Drop-in Day'



Hospice launched its 'Drop-in Day' in July 2013. It provides an opportunity for patients or carers to call in and get advice, take part in activities, crafts or therapies or get support from healthcare professionals and is available every Monday from 10am until 7pm at the Scholl Centre at Hospice Isle of Man. No appointment is necessary.

It is not necessary to be a referred Hospice patient. The Drop-in Day also welcomes those who have finished their treatment regimens and will support cancer survivors for as long as they need it. Attendance levels have been high from the start with excellent feedback received from those attending. 499 people attended in the first 6 months of operation.

7.1.3 Other clinical activity at Hospice in 2013

- The adult In-Patient Unit had 208 admissions. Average length of stay was 12.9 days compared with a UK average of 13.2 days.
- The Hospice Day Unit operates on three days each week (Tuesday, Wednesday and Thursday) and there were 836 patient attendances.

Activity	
Clinical Nurse Specialist - Team Visits	10,503
Psychological Support - Sessions	413
Lymphoedema Management Department - Treatment Sessions	1,230
Complementary Therapy Department - Treatment Sessions for Patients/Carers	1,112
Social Work Department - Support Sessions	1,429
Bereavement Service – One-to-one support	658
Physiotherapist – Sessions	919
Occupational Therapist - Sessions	1,028
Chaplaincy Team - Patient contacts	1,802
Hospice at Home - Hours of care	924
Rebecca House Children’s Hospice	
Overnight stays	294
Day care attendances	1,154
Hours of outreach nursing care in a child’s home.	387

7.1.4 Challenges

- To ensure the decision-making and quality of care in the last few days of life does not deteriorate in the absence of the ‘Liverpool Care Pathway’.
- To cope with the ever-increasing demand for palliative care services despite funding pressures across the statutory and voluntary sectors.
- Enhancing the role of palliative care for children and young people with cancer and facilitating successful transition of teenagers from children’s to adults’ services.
- To ensure services meet the varied needs of cancer patients at all stages in their cancer journey, including cancer survivors.
- To ensure services meet the needs of carers and dependents of all ages, including those under 21.
- To provide choice to patients as to their decisions about treatment, place of care and death.

7.1.5 Priorities for the coming year

- To roll out Guidelines & Standard Operating Procedures for end-of-life care to all care venues.
- Extend and enhance community provision of palliative care by reconfiguring and expanding the Hospice at Home service, through exploring options for out-of-hours health service department/reform.
- To consider and address the extra challenges faced by cancer patients with dementia.
- To develop Advanced Care Planning provision in all care venues.
- Further develop 'Drop-in Day' services to give advice and information to cancer patients and their carers at all stages of the cancer journey.
- To provide palliative care support for young people (under21) affected in any way by cancer, in themselves or in their family.

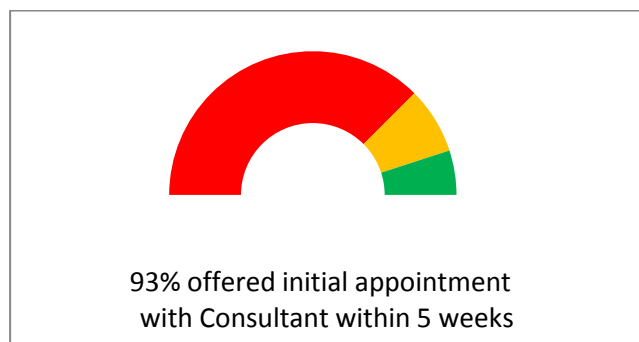
7.2 Manx Cancer Help

7.2.1 Psycho-Oncology Service through Manx Cancer Help



Since its inception in 2008 the Psycho-Oncology Service has grown in line with identified need and in 2013 saw 80 referrals. Under the clinical leadership of Professor Robin Davidson who is on the Island for two days a month, there is now a 28 hours per week Senior Psychotherapist and four sessional therapists, all of whom are registered with a recognised professional body and have extensive experience in dealing with cancer-related distress. All referrals are dealt with promptly; urgent cases are seen by an appropriate therapist within a week. The majority of referrals to Professor Davidson are seen within five weeks due to his restriction of not being on-Island.

Figure 3: Initial Appointments offered within 5-week standard - Consultant Psychologist



Professor Davidson provides statutory psychological assessments on-Island for all individuals who elect to have prophylactic breast surgery.

Referrals to Psycho-Oncology are made by any health professional; however, a self-referral route has made access to an appropriate service easier for those who can recognise their need for support. This route has proved popular and has not shown any presentation of inappropriate referrals.

Referrals to Psycho-Oncology through Manx Cancer Help are for those who require level three or four support as recognised by the National Institute for Health and Clinical Excellence. It is the only service on the Island providing this level of support to those with the greatest levels of psychological need. Manx Cancer Help aims to offer all referrals at this level an appointment within a three-week period and, in 2013, 97% of referrals were offered an appointment within this standard.

In 2013, the average waiting time for initial assessment with Manx Cancer Help was 9.8 days or 1.4 weeks.

Figure 4: Initial Appointments offered within 3 weeks Counsellor / Psychotherapist



For those who require lower levels of support Manx Cancer Help offers a 'Drop-in Day' once a week, benefits and legal advice, and a programme of self-help and holistic support, as well as a library of informative literature.

The 'Drop-in Days' are well-attended and form an important addition to the programme of support. Regular workshops are provided on a variety of topics - some are cancer and health-related and some light-hearted. There is also the opportunity for group support which is facilitated by a counsellor and a growing complementary therapies service which includes Reiki, therapeutic massage and acupuncture - all available by appointment.

The current service provision has been designed to meet the strategic objectives outlined in the Cancer Plan. The Plan acknowledges the importance of the Psycho-Oncology Service in addressing the psychological and emotional needs of patients, their families and carers, both formal and informal. It also strongly advocates the stepped-care approach on which Manx Cancer Help has based its service.

The Psycho-Oncology Service is a good example of joint working to support identified need, with the Department of Health & Social Care's Mental Health Team and Manx Cancer Help working together to provide this service, with funding support from Isle of Man Anti-Cancer Association.

7.2.2 Challenges - Professionals

- There is still much work to do around educating professional colleagues in the statutory sectors regarding the work of Manx Cancer Help and the importance of ensuring that the psychological needs of patients and those affected by cancer are met throughout the course of their treatment and care. This is reflected in the referral statistics for 2013 which highlight a reduction in GP referrals. Although anecdotal, it is believed that GPs are signposting rather than referring patients; this may result in patients who would benefit from a service slipping through the net or adding delays in seeing those whose needs are more acute.
- Maintaining a consistent and regular source of funding to continue with the existing level of service and expand the range of services provided will remain a challenge in the current financial climate.

7.2.3 Priorities for the coming year

- To introduce a support service for professionals working with cancer patients. This will be similar to the service provided to the Community Nursing Team.
- To carry out an option appraisal for introducing a support service for professional staff working with cancer patients. There is good evidence that independent psychological support for medical and nursing staff, as well as allied health professionals who are working full-time in cancer care, not only improves the well-being of the healthcare professionals, but can also add significantly to the quality of care provided for the patient.

- Update the generation of our process and outcome audit procedures and re-evaluate the governance arrangements in line with changes in the statutory sector. However, the core of the Service - namely, evidence-based psychological support for cancer patients and their carers - will be maintained at current levels.
- Seek funding to introduce a service for young people run by a psychotherapist, supported by the Department of Education and Children to be made available in all Island schools. The aim of the Service would be to offer Psychotherapeutic Interventions for children and young people aged between 5 and 18 years whose lives are affected by cancer or any other life-limiting illness.
- May 2014 - commence the first of a series of workshops at our Centre to support people while they are going through chemotherapy. The 4-week course will provide techniques for coping with anxiety and nausea and will be run by Marjorie Macmillan, Clinical Psychologist. This will be a pilot course but will be continued throughout the year.

8. Third Sector

There are a number of Third Sector organisations which provide high-quality innovative support services for cancer patients and their carers.

Partnership-working with these organisations assists in providing care and support for patients, carers and their families throughout the cancer journey.

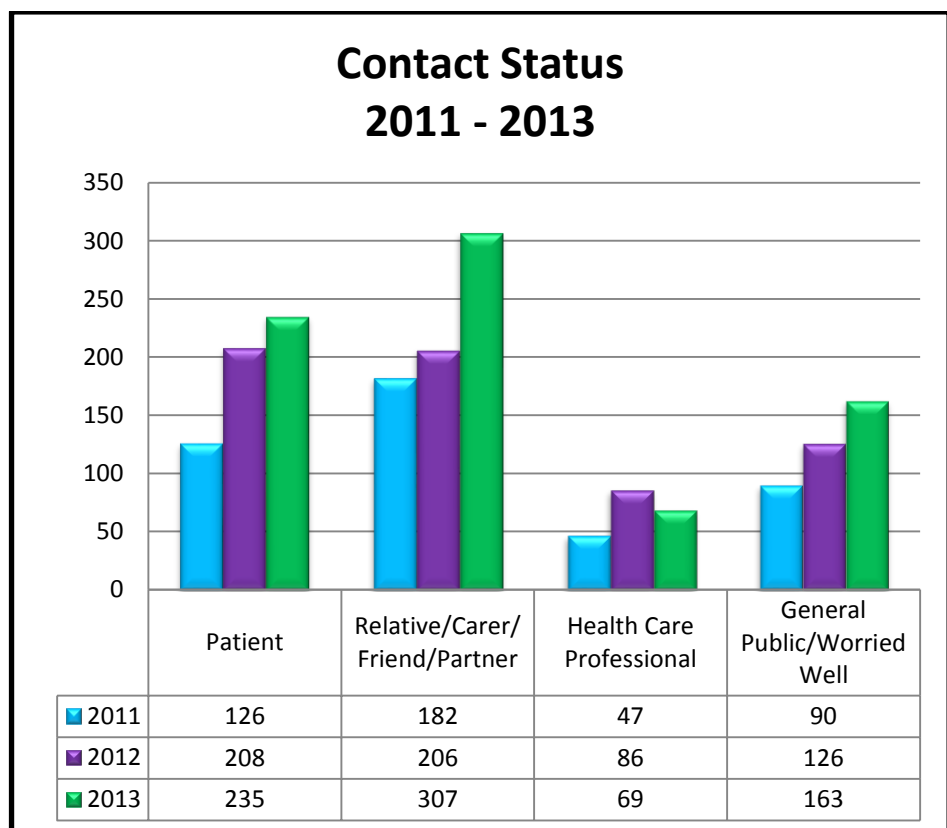
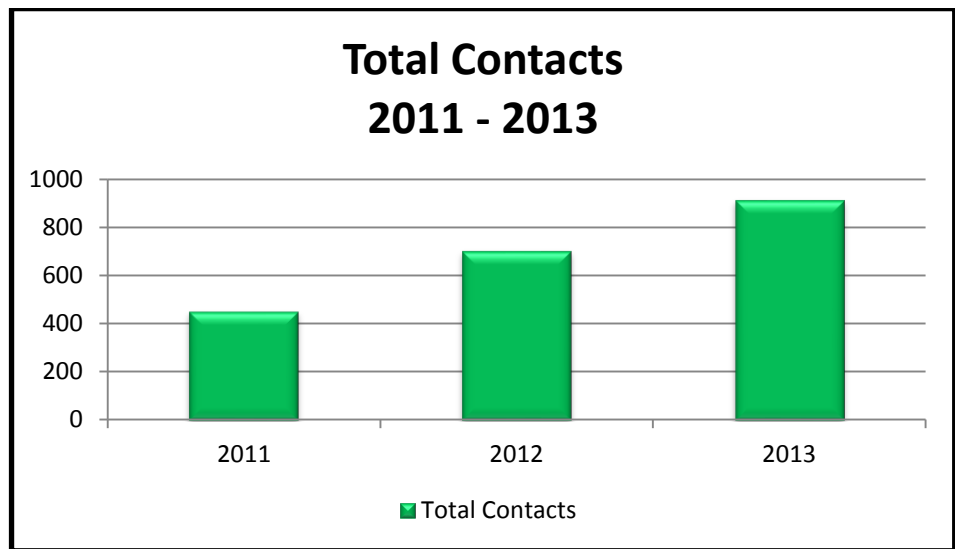
The members of the Isle of Man Council of Cancer Charities were invited to contribute to this progress report and we have received the following responses.

8.1 Macmillan Information Centre – Noble’s Hospital



The Centre is based in the main foyer at Noble’s Hospital. It provides information and support to anyone affected by cancer. The Centre has been open since 2006 and the utilisation of its services has increased considerably over the years. This brief report will focus on the years 2011 to 2013.

As illustrated by the graph below, the number of contacts in the Centre has almost doubled in 3 years, rising from 455 in 2011 to 915 in 2013. This demonstrates that the Centre provides a valuable service and benefits the people of the Isle of Man.



Patients and their relatives/carers make up the majority of the clients visiting the Centre. The trend for all contacts has been one of increasing numbers. However, when you examine the gender of the contacts, twice as many women as men come to the Centre for information.

The majority of the contacts are seeking information about a specific cancer, treatments, travel and/or benefits. Money worries are common amongst those who do not have a protected monthly salary and fortunately we are able to signpost people to the most appropriate contacts re benefits or grants.

The siting of the Centre enables us to make the most of the footfall that passes, 'drop-in' being by far the largest section of the type of contacts.

The amount of time spent with a contact varies according to the complexity of the enquiry; 50% are dealt with in 5 minutes, a further 40% take 6-15 minutes each. However, there are occasions when the contact can be up to an hour. These are usually contacts that involve advanced communication skills, emotional support, signposting to other services and contacting a medical professional.

As well as data re contacts within the Centre, we also have displays outside the Centre which hold a variety of prevention and detection leaflets for the general public to access. The content of these leaflets is altered on a quarterly basis. The data displayed is analysed to see which are proving most popular and others will be added to reflect Isle of Man or UK initiatives; for example - bowel screening, prostate cancer or lung cancer. The number of leaflets taken annually has again increased and this is partly due to improved and increased display space. Information is also available at various outreach events the Centre supports - for example, Isle of Man College Health Fayre, and holding talks with local companies.

The Macmillan Bus visits the Island on an annual basis. It spends 4 days visiting different parts of the Island, usually one day in Ramsey, one in Port Erin and two days in Douglas. The total number of people visiting the bus in 2011 was 295, in 2012 there were 376 and in 2013 the total fell to 258. The change of site in Douglas last year from Regent Street to outside the Tower Shopping Centre was responsible for the fall in numbers.

The Macmillan Centre was also responsible for setting up 'Look Ahead'. This service provides support for people experiencing hair loss due to chemotherapy. Initially, this service was provided within the Hospital. In 2010 a local hairdresser offered his salon and his services (he has completed the Trevor Sorbie 'My New Hair' course) for free. This has provided a more appropriate and private environment which the clients appreciate.

Volunteers are the lifeblood of the services the Macmillan Centre provides and without them the above services could not be provided at the same level and quality. They provide up to 35 unpaid hours per week and at present we have an excellent team of trained volunteers who provide support and information in a very professional and caring manner. In 2012 the Centre was awarded MQEM (Macmillan Quality Environment Mark) – this reflects the efforts and excellent work provided by the team within this well-resourced environment. Recently, they took part in a Macmillan Patient Satisfaction Survey for facilities awarded MQEM and the results showed that clients were extremely satisfied with their experiences in the Centre.

In summary, thanks to Macmillan there is an excellent Centre that provides support to anyone affected by cancer in the Isle of Man. This can only continue if the Centre is fully staffed by a paid Manager and trained volunteers.

8.1.1 Macmillan Project Manager Post

A business case for the Macmillan Project Manager Post has been submitted and approved. The Post will be initially for a period of 16 months. The project is expected to commence in June 2014.

8.2 Cancer Services User Forum Isle of Man



The Isle of Man Cancer Services User Forum is made up of people who have, or have had, cancer, and carers of people with cancer. It also has health professionals who attend the regular meetings. The Forum links in with support groups on the Island and user groups in the Merseyside & Cheshire Cancer Network.

A number of 'Meet the Consultant' evenings have taken place during 2013/14 and are as follows:

- Dr Ahmed, Macmillan Consultant Oncologist from Clatterbridge Hospital
- Mr Chenji Ratnaval, Surgeon, Noble's Hospital
- Steve Upsdell, Consultant Urologist, Noble's Hospital

These evenings have proved very popular with the public.

8.3 Bowel Cancer Isle of Man



Bowel Cancer Isle of Man is a registered charity which aims to raise awareness of bowel cancer, its symptoms and risks, and provide local support to those people in the Island affected by this disease.

- An awareness was campaign carried out in April 2013.
- The Charity donated four visual display units (VDUs) to the Public Health Directorate. At the present time the units are located at Ramsey and District Cottage Hospital, Peel, Castletown and Palatine GP Practices.
- Provide online and telephone help and support to Island residents who require further information about Bowel Cancer.
- A stand at the Isle of Man College Health Fayre and at the Royal Show gave the public an opportunity to find out more about the disease and discuss any problems.
- Continue to raise Bowel Cancer Awareness 2014/15.

8.4 Isle of Man Anti-Cancer Association



The Association is involved in a variety of projects on the Island, either focused on raising awareness of cancer, or supporting those affected by cancer. Some of the projects funded by the Association have already been covered earlier in this report; for example, the Staywell Cervical Screening Clinic and the Psycho-Oncology Service.

8.4.1 Cancer Awareness work

- Working in conjunction with Manx Radio, the Association has a monthly cancer awareness broadcast, covering a range of cancer-related topics, promoting symptom awareness and ways to reduce risks of developing cancer.

- The Association has brought the Merseyside & Cheshire Cancer Network (MCCN) i-Van to the Island in 2011 and 2013, to provide cancer awareness materials and promote screening at a local level around the Island. Trained members of staff were available to answer any questions that members of the public had and supported them to talk to their GP regarding potential cancer symptoms. The i-Van will be returning to the Isle of Man from 22nd – 24th September 2014.
- The Association has attended the College Health Fayre to promote cancer awareness messages with the students. This has included joint work with Bowel Cancer Isle of Man in 2013 to bring the inflatable colon to the Health Fayre, and in 2014 focused on cervical cancer awareness and the importance of the HPV vaccine.

8.4.2 Funding facilities or services used by Manx patients

The Association works with organisations in the Isle of Man and UK who provide treatment and/or support for cancer patients from the Island, and provides funding to enable service developments.

For example:

- The refurbishment/development of the Papillon Centre at The Clatterbridge Cancer Centre, which provides specialist radiotherapy for rectal cancers.
- The refurbishment of the Mould Room at The Clatterbridge Cancer Centre, where masks are made for people having radiotherapy to the head or neck.
- The printing of the Isle of Man Cancer Services User Forum booklet 'Understanding Cancer Services in the Isle of Man'.

8.5 Isle of Man Breast Care



Isle of Man Breast Care has been running for 17 years. They provide emotional, practical and financial support to breast cancer patients, their families and friends.

They provide one-to-one support by phone, in person or in Hospital. Since the charity started, they have given over £30,000 in assistance. Patients can suffer financial hardship while having treatment for cancer. Not all companies provide adequate sickness benefit and this may lead to financial concerns for patients and their families. Referrals are received

from the Breast Clinic, GPs or by word of mouth. The financial support given varies depending on the need of the patient and their family. For example - child care, installation of equipment in the home, short respite breaks and flights for family to visit patients in UK hospitals.

Isle of Man Breast Care, along with Breakthrough Breast Cancer and the Women's Institute (WI), campaigned to introduce Breast Screening on the Island.

Conclusion

This Report clearly shows that a multi-agency approach is required to achieve the aims and objectives of the National Cancer Plan for the Isle of Man.

The Report highlights some good examples of collaborative working to deliver a holistic approach to improving cancer services for patients and carers. However, there is still much work to be done to ensure appropriate treatment and care is delivered to a high standard for improving cancer outcomes in the Isle of Man.

The Department of Health and Social Care, and Third Sector organisations, will continue to work on key priorities of the Plan during 2014/15, focusing on improvements in services for all cancer patients and their carers.

Acknowledgements

- Bowel Cancer Isle of Man
- Cancer Improvement Facilitator
- Cancer Services User Forum Isle of Man
- Consultant Paediatrician, Noble's Hospital
- Consultant Physician & Cancer Lead Clinician, Noble's Hospital
- DEC Manx Sport and Recreation
- DHSC Primary Care
- DHSC Public Health Directorate
- Hospice Isle of Man
- Isle of Man Anti-Cancer Association
- Isle of Man Breast Care
- Isle of Man Council of Cancer Charities
- Macmillan – Noble's Hospital
- Manx Cancer Help

References

1. *Somerset Cancer Register Policy - Ref: Policy P.026/10.07/v2.0a*
2. *Physical Activity Strategy 2011-2016*
<http://www.gov.im/media/93596/physicalactivitystrategy.pdf>
3. *Noble's Hospital, Operational Policy for Cancer Multi-disciplinary Team Meetings, October 2013.*
4. *Guidelines for governance and communication between Noble's Hospital and Specialist Multi-Disciplinary Teams (SMDT) in UK, October 2013.*
5. *Sample Proforma for colorectal cancer.*
6. *A&E Urgent Notification of Patient with Suspected Cancer.*
7. *Cancer Target Escalation policy*
8. *Living with and beyond Cancer: Taking action to improve outcomes – March 2013*
<http://www.ncsi.org.uk/wp-content/uploads/Living-with-and-beyond-2013.pdf>

For further information and advice on Cancer services and to download a copy of 'The National Cancer Plan for the Isle of Man 2012-2022' please view:

Website: www.gov.im/cancer



This document can be provided in large print or in audio format on request

Department of Health, Public Health Directorate,
Cronk Coar, Noble's Hospital, Strang, Douglas, Isle of Man, IM4 4RJ.
Tel: +44 (0)1624 642639
Website: www.gov.im/publichealth
Facebook: [/publichealthiom](https://www.facebook.com/publichealthiom) or Twitter: [/publichealthiom](https://twitter.com/publichealthiom)