



Partnership Engagement Network Forum - 3 December 2018

Macmillan Recovery Package

General comments/questions on Recovery Package:

- Do you have a split between clinical and non-clinical issues? e.g. jobs, finances.
- So much is focused on the patient, not a lot for carers. Is the Recovery Package doing enough for the carer?
- Figures of activation – don't take into account if patient is level 1 but the carer is level 4 and gets them to appointment. Need to measure impact of support from carers.
- What is the pattern for Tameside and Glossop due to level of deprivation (*data explained at this point*).
- Will the events help people to see what is available and the help people to know what is out there and get more help?
- Need to consider how the events are facilitated.
- Do events need to be condition specific or more general? What are the benefits and limitations of each choice?
- 100 day challenge was good as it was aimed at people over 65 with any condition. Was focused on knowledge i.e. how do you put the knowledge in the patient/carer hand and when is a good time to give this knowledge.
- Need to remember that illness can be age specific and the impact varies on age of patient. For example the impact of cancer may be less severe for a younger person than older.
- The psychological impact is also important – maybe there needs to be a focus on that?

MAP.

Looked at asset map and gaps were identified and will be included in final map.

Feedback exercise.

Table 1

- Obvious fix – do a pod cast on YouTube with exercises, advice etc. However, the problem is not everyone uses the internet.
- Best fix – offer accommodation near the hospital where the person is receiving treatment so information is close to hand.
- Bizarre fix – hold sessions in a restaurant (like Ikea).

Table 2

You need to use all assets to support delivering the Recovery Package.

- Ikea fix – do something active. Activities help make people feel less awkward and may encourage quieter people to participate.



- Teenager fix – use different platforms. Keep the campaign short. Use famous people to help get the message across.
- Obvious fix – using different platforms means that you target a wider variety of people.
- Bizarre fix – scare the queens horse to get attention.
- Practical fix – make sure information is accessible, in different formats and available for all.

Table 3

You need to make sure you have a clear patient voice and get it heard by as many people as possible.

- Obvious solution – make the solution simple.
- Bizarre solution – compulsory training for doctors such as motivational interview training or people skills.
- Practical fix – use IT wisely. Think about how we let people know about events, e.g. use text reminders. Also consider the cost of the event for people who you want to attend, e.g. travel, car parking, etc. Think about the time of the event too. This can impact on attendance.
- Ruthless fix – get rid of committees and red tape. Information can get diluted the further up the management chain it goes. Keep things for the people it is intended for. Keep engagement at ALL levels to avoid gaps in communication.

Table 4

- Bizarre fix – market stalls like in Ikea. Too busy and no one knows where they are going.
- Sensible fix – make the most out of each contact. Need to know where the support is and signpost people when you first meet them. This can be supported by a good up-to-date website. PABC will search using key words, such as Macmillan, cancer, Tameside and Glossop, etc. and this can take them to the website. One key website with all information. Need to make events easy to book on too.
When people sign up to a service they automatically sign up for information (GDPR)
Link in with Macmillan Information and Support Service.
Get some free apps that come recommended.
- Obvious fix – use patient testimonies.

Table 5

- Teenage fix – throw a party and invite everyone.
- Obvious fix – have accessible information for people and not just condition specific. Recruit Cancer Champions to support get the message out far and wide.



Evaluation.

- Need to look long term.
- Needs to be an integral part of treatment.
- The biggest part is the follow up.
- Don't need events just need accessible places to get information. This place should be where people are receiving treatment or where their health and wellbeing is being looked after.
- New offices are being opened in Ashton which has lots of information. The information is in there and needs to be brought out into the space outside (marketplace) where there is a lot of footfall.
- Need to ask people when they don't attend an event (if one is offered). This can provide a lot of insight.
- A new role is needed to monitor follow up and how people look after their own HWB
- Need a good patient story. There is dis-connect between managers and people with lived experience.
- Need to support people to get more time with their GPs for consultations
- Need to invest in more volunteers.
- Social prescribing role is vital as this will satisfy what we are looking to achieve and can support with raising awareness, sharing information and evaluating.
- Neighbourhood events have social prescribers in attendance and this helps people see this role as part of the local community/neighbourhood.