The role of Macmillan's Improving the Cancer Journey (ICJ) in supporting people at end of life

In partnership with the Scottish Government, we aim to provide this community-based service across every health and social care partnership in Scotland by 2025. Working in collaboration, the ICJ service provides a co-ordination of support to meet the non-clinical needs of people living with cancer and their loved ones.

Case study one (2014): How ICJ came about

Catherine was a single mother, aged 34 with three children under age of 8, diagnosed with metastatic breast cancer. Discharged home from hospital to die. Her situation included:

- An unsuitable home due to dampness and three floors up
- · Living with mother in two bedroomed flat
- Children at risk of going into care as no formal guardianship in place
- Catherine just wanted time with her children to enjoy last Christmas

Key agencies were all involved in some way, but they were not meeting Catherine's needs. Catherine was referred to the ICJ who took action to:

- Ensure income maximised for both Catherine and her mother
- Put formal guardianship in place for grandmother to secure future of the children

- · Worked with social housing to secure appropriate fully furnished accommodation
- Secured funds to buy clothes for children
- Secured funds for Christmas presents and food for all
- Supported Catherine to make memory boxes for all her children

ICJ coordinated care and support across all agencies to ensure Catherine had a peaceful death in line with her wishes.

Top concerns identified through holistic needs assessments







exhausted/ fatiqued

Movina around

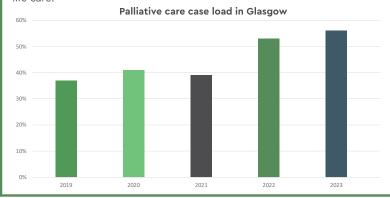


anxiety

Key aspects of ICJ services in Scotland:

- Provides holistic support to people living with cancer and their families
- Dedicated link workers discuss what matters most with the individual
- · A personalised care plan is co-created
- Easily accessible, community based for support with all non-clinical needs

ICJ supports people across the cancer pathway - from the moment they are diagnosed, during active treatment and receiving palliative and end of life care.



Focus on Glasgow ICJ:

In recent years, many of our services have seen palliative and end of life cases increase with Glasgow ICJ seeing a rise from 30% to 47% with no sign of

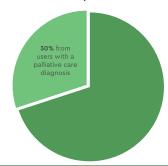
Glasgow ICJ has embedded their service within local palliative care teams as part of overall service delivery for Glasgow.

ICJ teams attend the acute and palliative mulit disciplinary teams at Queen Elizabeth University Hospital, ensuring those most in need have co-ordinated care and support as required.

Health Improvement includes information on Glasgow ICJ to all newly trained district nurses and support and Information Services in Greater Glasgow & Clyde hospitals.

ICJ teams work with Glasgow Hospices, specifically the Prince and Princess of Wales to support patients and carers, to ensure full wrap-around support.

Unique Holistic Needs Assessments completed



Case study two (2023): ICJ today

Aged 62 with end-stage bowel cancer:

- Lynn had been fighting cancer for 7 years. Last 1.5 years as palliative
- · Huge family support. No financial concerns
- Privately treated

Lynn's last year of life became really challenging:

- She was unable to come to terms with her diagnosis, would not discuss death with anyone
- · Referred to ICJ Glasgow with only ask for dayto-day support/information. With no aftercare (CNS) in place with private hospital provision, Lynn felt completely on her own during nontreatment periods.

Request made that Lynn be transferred to the Beatson, to continue treatment and access more support.



Glasgow

ICJ Link Worker built a relationship with Lynn, slowly accessing services at rate that she could cope with.

ICJ arranged admission for Lynn to Hospice (short term) to stabilise her medication and pain.

Arranged Macmillan nurses and district nurses to help care for Lynn.

Arranged an OT visit, allowing Lynn to get washed with less pain and get about the house independently, at least for a short time.

A new mattress was arranged, to reduce bed sores and training to show family members how to change Stoma and Nephrostomies.

As Lynn became more unwell ICJ arranged for Marie Curie over night, as it was Lynn's wish to die at home.

An ACP was put in place via the GP and the district nurses to ensure no further hospital admissions and a DNR was put in place.

Lynn passed peacefully, with Marie Curie, her husband and her daughter present.

Did you know?

"I want to pass my thanks to

Natalie for her patience, kindness, understanding and support. Lynn

could never come to terms with her

diagnosis which meant planning

became almost impossible for us all.

You were able to do what nobody else

could. Our family got to a point where

we just could not cope, grief took

over and we became unable to do some of the simplest tasks, you took

that stress away and allowed us to

focus on the time we had with Lynn.

Thank you"

authority areas. A further 10 ICJ services are in the planning stage.