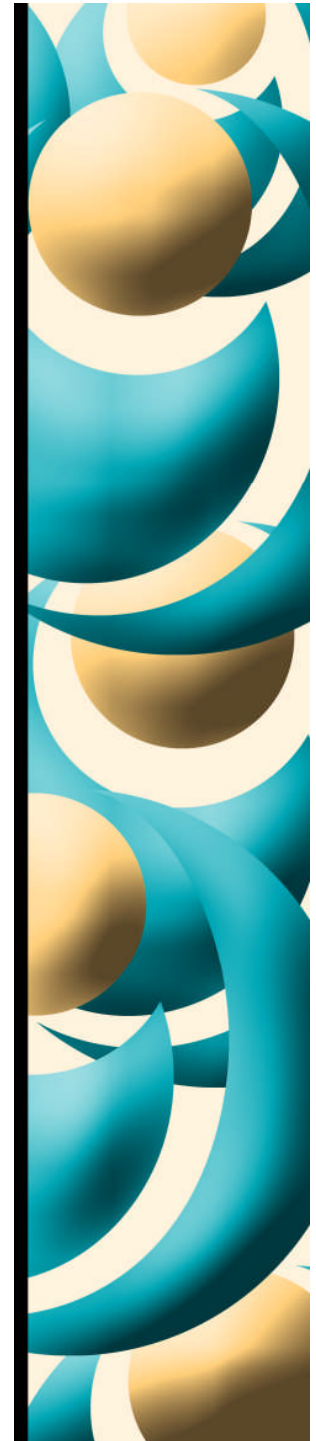


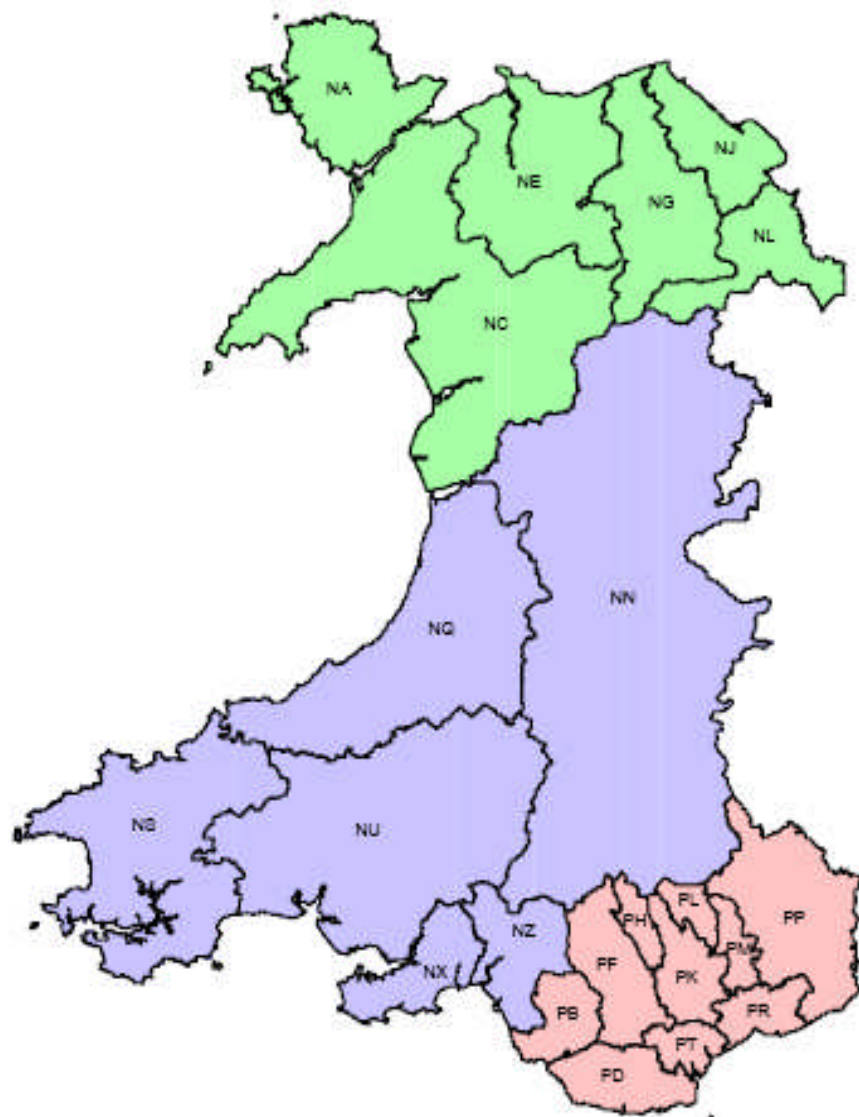


Rehabilitation and Survivorship in Wales

**Sue Acreman MSc RD FBDA
Consultant Practitioner**



Local Health Boards and Cancer Networks In Wales



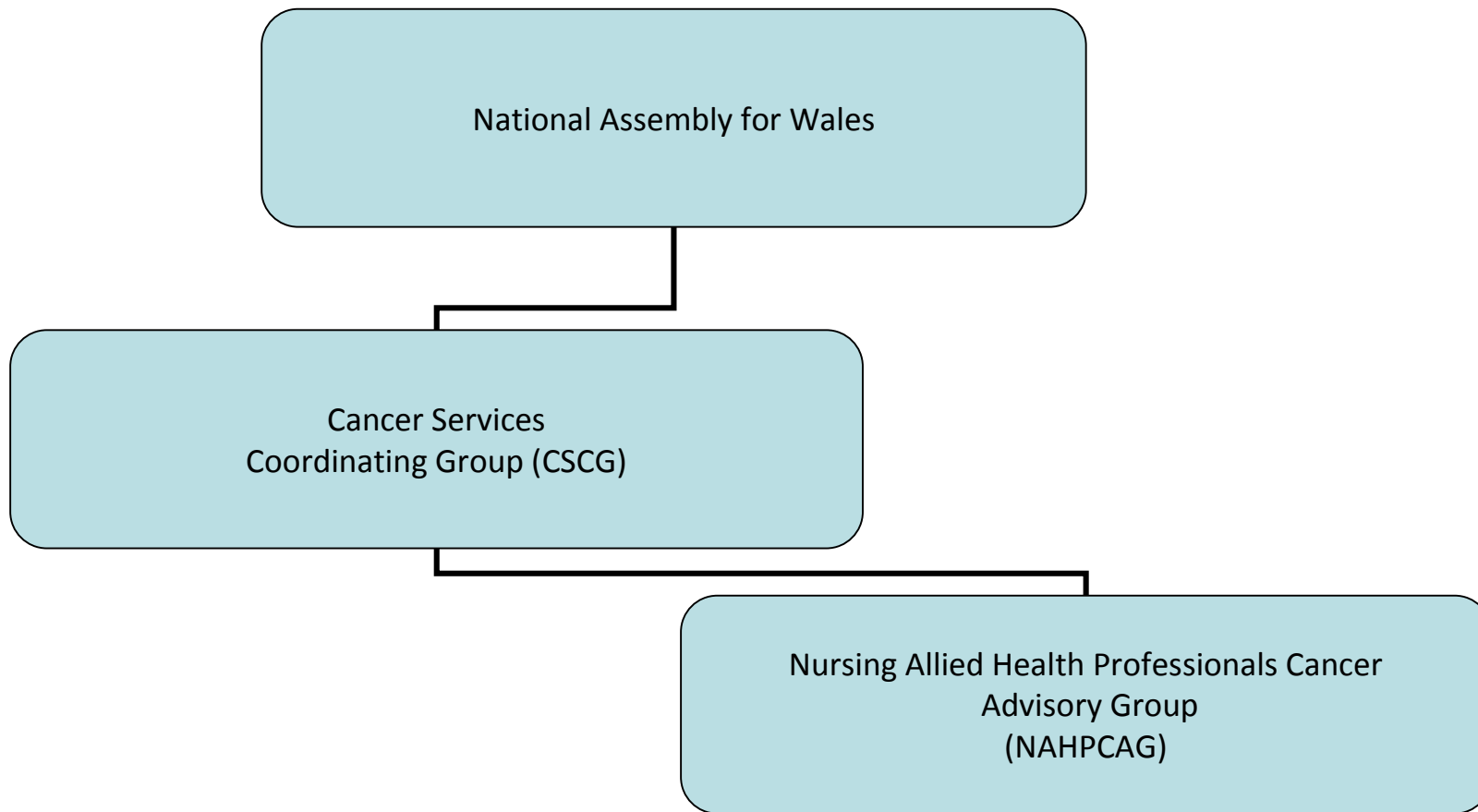
NORTH WALES CANCER NETWORK	
Code	Local Health Board
NA	Anglesey
NC	Gwynedd
NE	Conwy
NG	Denbighshire
NJ	Flintshire
NL	Wrexham

SOUTH WEST WALES CANCER NETWORK	
Code	Local Health Board
NN	Powys
NQ	Ceredigion
NS	Pembrokeshire
NU	Carmarthenshire
NX	Swansea
NZ	Neath & Port Talbot

SOUTH EAST WALES CANCER NETWORK	
Code	Local Health Board
PB	Bridgend
PD	Vale of Glamorgan
PF	Rhondda Cynon Taff
PH	Merthyr Tydfil
PK	Caerphilly
PL	Blaenau Gwent
PM	Torfaen
PP	Monmouthshire
PR	Newport
PT	Cardiff



Strategic Organisation for Cancer



National Definition for Cancer Rehabilitation

*“The process that assists a person with cancer to obtain maximum physical, social, psychological and vocational functioning from the time of diagnosis, treatment planning, and during and after treatment. Rehabilitation in cancer can be preventative, restorative, supportive and palliative. It is recognised that patients may have rehabilitation needs throughout their care pathway, and that these needs should be assessed at key points on the pathway.
(NAPHCAG 2008)*



Strategic perspective

- NICE Supportive and Palliative Care (2004)
- HSS Review of Cancer Services in Wales (2007)
- Designed to Tackle Cancer in Wales (2006, 2008)



Wales Cancer Rehabilitation Standards

Organisation

The Cancer Rehabilitation Team

Referral, Assessment and Treatment



Defining Survivorship

Survival begins at the point of diagnosis because this is the time when patients are forced to confront their own mortality and begin to make adjustments that will be part of their immediate and to some extent their future (NCCS 2004)



Key findings (1)

43% wanted practical help, 20% had been told where to find it.

20% wanted counselling, less than half had been told where to find it. 45% had not received the required counselling.

20% of patients had a family member who wanted counselling,

25% wanted information and support to manage their financial position but 33% did not get it.

13% needed information/support to manage their work, but over half of did not access it.

42% patients of working age were unaware of the Disability Discrimination Act.



Key Findings (2)

Mixed views of what and who a cancer survivor is but overall resonance with the term “*cancer survivor*” as long as it is followed up with “*a person living with cancer.*”

Clear distinctions between a person living with cancer and one that has been cured of their cancer and does not want to be treated or see themselves as a cancer survivor.

“I am what you would call a survivor, I do not like the term, cancer was an episode, but you move on, accept what happened and continue your life”.



Survivorship Recommendations (1)

1. Service coordination and integration
 2. Information provision
3. Generic Rehabilitation programmes
4. Service model to encompass the 8 domains of cancer care
 5. Key worker/navigator role



Survivorship Recommendations (2)

6. Patient and carer education programmes

7. Workforce education

8. Collaboration across all care providers

9. Research and development

10. Thorough evaluation of all aspects



Being a cancer survivor is at the forefront of my self awareness. It enters into the conversations that I have with myself about what I want to do, how I want to spend my money, how I want to spend time, my energy, all of that. Being a cancer survivor has added another dimension to my identity. I am a cancer survivor”

Mortimer Brown, aged 80 USA

