

Cancer Practice Guidance

Using this guidance

This guidance has been written by tri.x to support practitioners to better understand cancer, the impact it can have on needs and the steps that can be taken to maximise the involvement people in care and support processes.

It should be used as supplementary guidance to available procedures, and all statutory requirements of the Care Act 2014 apply.

The information about cancer contained in this guidance is not comprehensive, and further information about cancer can be found on the Cancer Research website <http://www.cancerresearchuk.org>

What is Cancer?

Cancer is the medical term used to describe the abnormal and uncontrolled division and multiplication of cells in any part of the body. The result is a tumour that can directly impact how well the affected area of the body functions.

The main types of cancer

There are 5 main types of cancer, and the type that is diagnosed depends on the type of cell first affected.

Type of cancer	Cell first affected
Carcinomas	The skin, or the tissues that line or cover internal organs
Lymphomas/Myelomas	The immune system
Leukaemia's	Blood forming tissue, such as the bone marrow
Brain Tumours	Central nervous system
Sarcomas	Connective or supportive tissue, such as bone, cartilage, muscle, fat or blood vessels

Cancer stages

Staging systems are used by health professionals to help them decide the best course of treatment.

There are 2 staging systems commonly used, but the number system set out on the following page is the most widely recognised.

Stage	Definition
1	A tumour that is relatively small and contained
2	A tumour that is larger than stage 1 but that has not normally started to spread into surrounding tissue, although if close to the lymph nodes may have spread to those nodes
3	The tumour is normally larger and will have started to spread into surrounding tissues, and also be present in the lymph nodes
4	The cancer has spread from the area of the body where it began to another area

If a person has Stage 4 cancer, the first place that the cancer occurred is known as the 'primary' cancer, and other cancer sites are described as 'secondary' cancers.

Cancer grades

As well as using a staging system cancers are often graded based on how normal (or abnormal) the cells in the affected area are.

Grade	Definition
1	Similar to normal cells and slow growth
2	Unlike normal cells and are growing quicker
3	Very abnormal cells with quick growth

Generally a lower grade indicates a better outlook, whereas a higher grade will normally require more urgent and intensive treatment.

Cancer treatments

There are a range of cancer treatments available. The treatment provided depends on the part of the body affected, the size of the tumour, how quickly the cancer is progressing and the general health of the person.

Examples include;

- a) Surgery to remove the affected organ or tissue;
- b) Chemotherapy;
- c) Radiotherapy;
- d) Cancer drugs;
- e) Hormone therapy
- f) Bone marrow and stem cell transplants.

Many cancer treatments have side effects. Side effects will be specific to the treatment and the reaction of the person to that treatment, but can include;

- a) Fatigue (extreme and prolonged tiredness);
- b) General weakness;
- c) Breathlessness;
- d) Loss of appetite;
- e) Mood swings and depression;
- f) Numbness of the hands and feet; and
- g) An increase in infections.

Care and Support needs and Cancer

The physical impact of cancer and the side effects of treatment can make carrying out everyday tasks challenging, and people with cancer are likely to develop care and support needs at some point, especially when treatment is intensive. Much of this support will be provided by family members and friends without any involvement of adult social care.

Care and support needs could exist;

- a) On the day that treatment is received;
- b) In the days following treatment;
- c) Throughout an entire course of treatment and beyond.

Where adult social care is involved, care and support needs must *always* be based on an assessment of individual need and subsequent determination of eligibility. However, based upon the outcomes defined in the Care Act 2014 the following table suggests some of the care and support needs that may exist;

Outcome	Care and support
Manage and maintain nutrition	Preparing and cooking meals Shopping Eating
Maintain personal hygiene	Transferring in and out of bed Showering, bathing, cleaning teeth etc Managing complicated medication regimes Collecting prescriptions Attending medical or other appointments
Manage toilet needs	Transferring on/off the toilet Managing continence needs
Being appropriately clothed	Getting dressed and undressed Washing clothing
Be able to make use of the home safely	Mobility support around the home Support to access to upstairs areas, or external areas
Maintain a habitable home environment	Carrying out all household tasks
Develop/maintain family and other personal relationships	Making arrangements to see family or friends
Access/engage in work, training, education or volunteering	Finding work after treatment
Make use of community services	To get to and from community services
Carry out caring responsibilities for a child	Taking breaks from caring for a child or adult

Specialist Information and Advice

The person with cancer, their families and carers will likely have a lot of questions at various points following diagnosis, throughout their treatment and beyond.

This is likely to be specialist advice about;

- a) Their condition;
- b) Financial matters; or
- c) Legal matters (e.g. Powers of Attorney or wills).

Steps should be taken to ensure that they have access to the information and advice that they need, or that would be of benefit to them.

Macmillan Cancer has a dedicated national helpline, staffed by trained experts and able to provide such advice. The number is 0808 808 00 00.

Cancer Research UK also has a dedicated helpline. The number is 0808 800 4040.

Maximising Involvement in Care and Support Processes

There is no reason why a person with cancer cannot be fully involved in *all* care and support processes. The following table demonstrates some of the steps that practitioners can take to facilitate this;

Step	Further information
Meet with a person in the optimum environment for them (normally this will be their home)	<p>Feeling at ease facilitates involvement and increases the person’s sense of control.</p> <p>The person may associate certain places with a loss of choice and control, and these should be avoided wherever possible.</p>
Meet at a date and time that works best for the person	Try to avoid times when the person is likely to be feeling unwell or tired following treatment.
Contact the person on the day of a meeting to make sure they are happy to proceed	<p>People with cancer can have good and bad days. This can be in regards to their physical health but also their emotional resilience.</p> <p>If the person is having a ‘bad day’ try to rearrange the meeting, or offer an alternative way for them to provide the information you need.</p>

<p>Consider using alternative methods of assessment</p>	<p>Self assessment or communication via email can work well for a person with cancer, as it allows them to provide information at a time that works best for them.</p> <p>People may have lots of visits from different professionals, and may appreciate the opportunity to communicate without a further invasion of their privacy.</p>
<p>Avoid arranging lengthy meetings</p>	<p>People with cancer can become tired quickly. They may prefer several shorter meetings, or an alternative means of providing information.</p>
<p>Take regular breaks during meetings</p>	<p>Even if the person with cancer is not experiencing physical fatigue, talking about their needs can be emotionally exhausting for them and also for any carers.</p>
<p>Consider any support the person may need</p>	<p>The person may benefit from the support of an advocate, a friend or a health professional as well as any carer.</p> <p>This support may not be needed during the meeting, but could be needed after it to support the person to talk through the meeting outcome and next steps.</p>
<p>Allow time for the person to talk about their worries and wellbeing, and show that you are listening</p>	<p>The person is likely to have worries and concerns for the future. Recognising these concerns will build rapport and also support the person to move on to talk about their current needs and outcomes in a positive way.</p>

Monitoring and Review

Depending on the type of cancer, the person’s response to treatment and the effectiveness of treatment changes in need can be;

- a) Gradual over time;
- b) Sudden; or
- c) Fluctuating.

Appropriate and proportionate arrangements should be made to monitor the person's situation, and to respond in a timely way to any change in need, so as to;



- a) Promote independence, when the level of need is reduced;
- b) Ensure increased needs are met; and
- c) Provide support to carers.

Consideration should be given to the development of a contingency plan, especially when the person is likely to experience periods of increased need and periods of reduced need that cannot be readily predicted.

NHS Continuing Healthcare

If the treatment provided is not as effective as hoped the person's health is likely to deteriorate over time.

The need to complete a NHS Continuing Healthcare Checklist should be considered at each review of a Care and Support Plan, and whenever there has been a change in the person's Cancer related symptoms.

Joint Work

Cancer is a complex health condition, and a person is likely to be receiving support from a number of professionals or agencies. It is important to;

- a) Establish which professionals and agencies are involved (or need to be involved);
and
- b) Consult with them appropriately (and in line with confidentiality); and
- c) Co-operate with any requests to work jointly with others.

This will avoid the need for unnecessary duplication of information for the person, and ensure a holistic approach and effective and appropriate response to meeting their needs.

Supporting Carers

The impact of caring for a person with cancer should not be underestimated and every carer of a person with cancer is likely to need support at some point over the course of their caring role. This may be practical support, emotional support or both.



The risk to the wellbeing of carers is increased when;

- a) They have limited informal networks of support;
- b) The person with cancer has needs that are intensive; or
- c) The person with cancer has needs that are unpredictable; and
- d) At times when the person with cancer experiences any deterioration in their condition.

All carers should be offered a carers assessment in line with the statutory requirements of the Care Act. This should be offered at various points throughout the person's treatment, as carer's needs are likely to increase and fluctuate over time.