Association of Chartered Physiotherapists in Oncology and Palliative Care

ACPOPC

Members wishing to use the ACPOPC logo should seek committee permission by contacting the PRO: chiara.debiase@nhs.net

In Touch

Winter 2010
Number: 81

Deadline for next newsletter:

Feb 28th 2011

Send content to:

val.young@suht.swest.nhs.uk

DISCLAIMER

Contents

The Committee 4
Regional Representatives 5
Chairperson's Report 6
Chair's report: November 2010 6
Minutes of committee meeting held on 27th July 2010, Royal Marsden Hospital, London, 10.30 – 16.00.....7
ACPOPC EDUCATION & RESEARCH GRANT POLICY.....14
Feedback 15
ACPOPC Scotland Autumn Study Day, Friday 5th November 2010.....15
MSCC: Rehabilitation and AHPs omitted from national consultation for Peer Review 16
Regional Reports.....17
Yorks and Lincs ACPOPC Regional Group – Activities in 2010.....17
Midlands Branch report 18
North Thames ACPOPC group.....18
Courses / Events 19
Annual Spring Conference 19
ACPOPC Spring Conference Program:.....20
Transitional care, whose responsibility?.....21
Transforming Cancer Care Services in the Uk.....22
Brief for Transforming Cancer Follow Up Pilot Sites.....24
Professional Development Course.....27
Rehabilitation in Cancer Care 28
Lymphoedema dates 2010 - 2011.....29
CONNECTIVE TISSUE COURSES:.....30
Bulletin Board 31
Research 32
THE RFAHP-HTA EXERCISE 32
Research Funding Opportunities.....33
RESEARCH IN ONCOLOGY AND PALLIATIVE CARE.....34
Features 36
A rehabilitative care approach for people living with cancer:.....36
Supporting your service.....37
Report for Musculoskeletal Oncology Physiotherapy Service (MOPS) One Year Pilot Study 2009 – 2010 for ACPOPC 39

The Committee

Chairperson **Jane Rankin**	The Belvoir Park Suite Cancer Centre Belfast City Hospital, HSC Trust Lisburn Road, Belfast BT9 7AB	Tel: 028 90699430; Fax: 02890 699459 email: Jane.rankin1@belfasttrust.hscni.net
Honorary Secretary **Siobhan O'Mahony**	Physio. Department Marymount Hospice, St Patrick's Hospital Wellington Road, Cork Ireland	Tel: 00353 21 4501201 ext 269; Fax: 0035321 501619 email: somahony@stpatricksmarymount.ie
Membership Secretary **Lucie Hughes**	Macmillan Rehab Team Princess Royal Community Health Centre, Greenhead Road Huddersfield, HD1 4EW	Tel: 01484 344290 Fax: email: lucie.hughes1@cht.nhs.uk
Treasurer **Kate Cobley**	Physiotherapy Department Velindre Cancer Centre Whitchurch, Cardiff, CF14 2TL	Tel: 029 20615888 ext 6340 email: kate.cobley@velindre-tr.wales.nhs.uk
Study Day Liaison **Carolyn Moore**	Physiotherapy Department Royal Marsden Hospital Downs Road, Sutton, Surrey SM2 5PT	Tel: 020 8661 3098 Fax: 020 8661 3798 email: carolyn.moore@rmh.nhs.uk
Study Day Liaison **Nicola Gingell**	The Royal Marsden Hospital Fulham Road London, SW3 6JJ	Tel: 020 7808 2821 email: nicola.gingell@nhs.net
PRO **Chiara DeBiase**	Macmillan Information and Support Centre, Cicely Saunders Institute King's College Hospital, Denmark Hill London, SE5 9RS	Tel: 0203 299 5227 email: chiara.debiase@nhs.net
Newsletter Editor **Valerie Young**	Physio. Department Southampton General Hospital Tremona Road, Southampton SO16 6YD	Tel: 023 8077 7222 Ext 6459 Bl 1131 Fax: 02380 794756 email: val.young@suht.swest.nhs.uk
CIG Liaison Office **Mary Gardiner**	Physiotherapy Department Countess Mountbatten House, Moorgreen Hospital, Southampton SO30 3JB	Tel: 023 8047 5276 email: mary.gardiner@suht.swest.nhs.uk
Education and Research Officer **Aileen McCartney**	Wisdom Hospice, High Bank St Williams Way, Rochester Kent, ME1 2NU	Tel: 01634 830456 email: aileenmccartney@nhs.net
Diversity Officer **Joan Outram**	Rehabilitation Unit, Christie NHS Trust Wilmslow Road, Manchester M20 4BX	Tel: 0161 446 3795 Fax: 0161 446 8151 email: joan.outram@christie.nhs.uk
Regional Reps Liaison Officer **Alison Allsopp**	St Giles Hospice, Fisherwick Road Whittington, Lichfield Staffs, WS14 9LH	Tel: 01543 432517 Fax: 01543 433346 email: alison.allsopp@st-giles-hospice.org.uk
Member Without Portfolio **Margy Budden**	Physiotherapy Department Southampton General Hospital Tremona Road, Southampton SO16 6YD	Tel: 023 8077 7222 Ext 6459 Bl 1131 Fax: 02380 794756 email: margy.budden@suht.swest.nhs.uk
Member Without Portfolio **Hannah Cummins**	7 Beechcroft Road Leicester LE2 3DA	Tel: 07985196220 email: hannah.cummins@uhl-tr.nhs.uk

Regional Representatives

Ireland **Diane Stronge**	Physiotherapy Dept Belvoir Park Suite, Cancer Centre Belfast Health and Social Care Trust, Belfast, BT9 7AB	Tel: 02890699317 Fax: email: diane.stronge@belfasttrust.hscni.net
South **Margy Budden**	Physiotherapy Department Southampton General Hospital Tremona Road Southampton SO16 6YD	Tel: 023 8077 7222 Ext 6459 Bl 1131 Fax: 02380 794756 email: margy.budden@suht.swest.nhs.uk
Scotland **Susan Nuttall**	c/o Physiotherapy Department Raigmore Hospital Old Perth Road, Inverness IV2 3UJ	Tel: 01463 705580 page 1184 Fax: 01463 711322 email: susan.nuttall@nhs.net
Yorks & Lincs **Gillian Smith**	Physiotherapy Department Wakefield Hospice Aberford Road, Wakefield West Yorkshire, WF1 4TS	Tel: 01924 213900 Fax: 01924 362769 email: gill.smith@wakefieldhospice.co.uk
North Midlands **Sally Jennings**	Physiotherapy Department LOROS Hospice, Groby Road Leicester, LE3 9QE	Tel: 0116 2318417 Fax: 0116 2320312 email: sallyjennings@loros.co.uk
East Anglia **(vacant)**	Unavailable	Unavailable
North East **Rosemary Wood**	Physio. Department, Willowburn Hospice, Maiden Law Hospital, Lanchester, County Durham, DH7 0QN	Tel: 01207 529224 Fax: 01207529303 email: rwood@willowburnhospice.org.uk
North West **Jackie Barr**	Physiotherapy Department St Anns Hospice Worsley, Manchester, M28 0FE	Tel: 0161 702 5432 Fax: 0161 7025411 email: barrfamily@henfold100.freeserve.co.uk
West Midlands **Susan Horne**	Shakespeare Hospice Shottery, Stratford-on-Avon Warwickshire, CV37 9UL	Tel: 01789 205924 Fax: 01789 415081 email: imriechash@aol.com
London **Jillian Pemberton**	Marie Curie Hospice Hampstead 11 Lyndhurst Gardens London, NW3 5NS	Tel: 020 78533431 Fax: email: jillian.pemberton@mariecurie.org.uk
South East **Diana Braithwaite**	Hospice in the Weald Maidstone Road, Pembury Tunbridge Wells, Kent TN2 4TA	Tel: 01883 723300 Fax: email: Diana.Braithwaite@virgin.net
North East Thames **Ann Bryan**	Isabel Hospice Howlands Welwyn Garden City Herts	Tel: 01707 373356 Fax: email: anniemtb@hotmail.com
South West **Ruth James**	Cornwall Macmillan Service 3 St Clement Vean Tregolls Road, Truro Cornwall, TR1 1RN	Tel: 01872 354384; 01579347462 Fax: 01872 354394 email: ruth.james@ciospct.cornwall.nhs.uk
West **(vacant)**	Unavailable	Unavailable
South Wales **Sharon Thomas**	Y Bwthyn Newydd Princess of Wales Hospital Coity Road, Bridgend South Wales, CF31 1RQ	Tel: 01656 752003 Fax: email: sharon.thomas@abm-tr.wales.nhs.uk

Chairperson's Report

Chair's report: November 2010

I would like to start by thanking some colleagues who have really helped ACPOPC achieve some of its goals this year:

- Firstly Dr Jackie Gracey and the AHP team at the University of Ulster for not only working with us to develop and run our first ever M level accredited course, but for doing it again in September for the members who missed the original course because of the volcanic ash.
- Secondly, Jackie Turnpenney and Karen Robb who are representing our interests on several oncology and palliative care research boards, and taking forward the research priorities as agreed by the topics received by the ACPOPC committee over the summer.
- Nigel Senior, who has supported us through the application process to be one of the first tranche of SIGs to go through the process of transferring onto the new icsp SIG microsite website – due to begin this process in early spring.

There have been several other pieces of news, the first relating to the CSP's endeavours to influence pre and post-registration curricula in respect of the changing healthcare model and modernisation of services in line with disease pathways. ACPOPC have been championing this for several years and recently submitted another ARC motion in support. Happily, the CSP have confirmed that this is now a formal part of their future work plan, and ACPOPC will be actively offering support to improve the current situation.

The second piece of significant news is the review of the SIG groups, as has been mentioned in previous newsletters, and indeed voted on by our members last Spring. The CSP has agreed a work plan to transfer recognised SIGs into a new format over 2011. A workshop has been agreed for early January with all chairs invited, and we recognise that this could be an opportunity to demonstrate how our SIG actually covers vast areas of healthcare provision and could allow us to make many more formalised alliances with other assonated SIGs.

Finally the new National Cancer Rehabilitation Advisory Board (NCRAB) has signed off its Strategy, a summary of which is available on our ACPOPC website, and the full version via www.cancer.nhs.uk/rehabilitation. I hope these latest developments will keep everyone monitoring the potential changes via the CSPs and NCRAB's communications!

Best wishes for a good Christmas and happy New Year!!

Jane Watt (nee Rankin)

Minutes of committee meeting held on 27th July 2010, Royal Marsden Hospital, London, 10.30 – 16.00

Present: Jane Rankin (JR), Val Young (VY), Kate Baker (KB), Nicola Gingell (NG), Mary Gardiner (MG), Allison Allsopp (AA), Chiara De Biase (CD), Carolyn Moore (CM), Lucie Hughes (LH). Siobhan O'Mahony (SM), Margy Budden (MB) Hannah Cummins (HC).

1.Apologies: Joan Outram (JO) Aileen McCartney (AM),

2. Minutes: The minutes from the ACPOPC meeting held on the 6th May 2010 at CSP, London were agreed and signed off.

3. Matters Arising:

a. Constitution

MG informed the committee that she will bring the constitution to the next CIGLC meeting on 24th September. She will make changes, to reflect the comments made by the committee members and will circulate this for the committee's final approval.	MG

b. Education Fund

This item was not dealt with as AM was not present	AM

c. Clinicians on Rotation Chapters

KB and SM informed the committee that the chapters had been submitted at the end of May and thanked everyone for their input. To date, there has been no further communication regarding when the book will be published. Jane Rankin acknowledged that a lot of work had been put into this project and thanked the authors for their hard work.	SM, KB

d. Working Together Project – Super CIOG's

JR informed the committee that she had received a letter from Natalie Beswetherick, Director of the CSP Practice and Development unit, at the end of June. Natalie explained that when the comments from all the CIOGs regarding this project, have been collated and examined, the review action group will issue recommendations, which should be announced by September 2010.	JR

e. Regional Reps Project

AA reported that she has forwarded a report re: the Regional Reps meeting on 6th May 2010 to Val Young, for the newsletter and she has updated the	AA

email list for the regional reps. She has drafted a regional rep's job description, which she circulated to the committee and asked for any comments to be returned by 5th August. AA has circulated the minutes from the January committee meeting to the regional reps. She has also asked committee members to forward any presentations that may be of interest to the regional reps, to form a library resource for the reps. AA will email the regional reps to confirm a date for their next meeting and to ensure that it does not clash with the ACPOPC spring study days. The venue has to be decided, but AA may be able to access a room at her hospice (free of charge), or alternatively, a room may hired a room at the CSP, if it is easier for the reps to access. JR urged committee members to continue to support their local reps, by attending or speaking at the regional meetings.	All

f. Prescribing Project Champions

MG informed the committee that the work for this project should be completed by the end of August 2010. She has forwarded the suggestions of the committee but has not received any feedback to date.	MG

g. CSP website update.

As a precursor to the move to the new CSP website, Nigel Senior suggested that various subsections of the newsletter should be put on the website separately, rather than posting the newsletter as a whole pdf. For example, regional reps' reports could go in the regional reps' section Due to the revised timescale for the launch of the new CSP website, it was acknowledged that we may need to explore making some changes to update the ACPOPC website in the interim period. VY will ask Ian Belchamber to cost · Removal of old items (perhaps once a month) for archiving. · Modernising some of the more outdated sections NG is to ask Barry Gingell, to give opinion on what are the most easily addressed changes for the least cost. An agreed plan of action should be finalised by 1st September 2010 as it would be good to announce at congress that the updating of the ACPOPC website is imminent. Committee members were asked to review the website and forward any comments to HC. An email from Richard Horsfield was read out, which outlined his concerns that associate members may not be able to access the new CSP website. LH will explore what associate members we have currently and VY to check with Nigel Senior if ACPOPC associate members will have access to the new website. An email from a chiropractor in Canada, who requested associate	All

membership, was discussed. The committee decided that the membership should not be granted, as it was too difficult to validate the professional qualification and that caution should be exercised with regard to such applications. JR will respond to the email. Following a discussion about how memberships are processed and how applications are vetted, it was suggested that an additional section should be added to the application form forthwith, for members to submit their Health Professionals Council (HPC) number, as this would minimize administration work by the membership secretary. The form should also state, that for overseas members, applications will only be processed when accompanied by a copy of their professional qualification certificate. These changes should apply to all new applications. LH will check with the CSP re; any existing guidelines. VY informed the committee that the medical illustration department at Southampton General Hospital will no longer be able to print the ACPOPC newsletter and she will try to find a suitable alternative.	

AGENDA ITEMS

4.) ARC

MG informed the committee that any motions for ARC need to be submitted by the end of October 2010. The proposals then go before a committee, which decides on which motions will be chosen to go forward to the conference (which usually takes place around the first two weeks in February). Once the proposal is written, it needs to be supported by another CIOG. AM had conducted a survey to ascertain whether undergraduate physiotherapy programmes in the UK include oncology/palliative care education and the nature of the education. It was decided that institutes which had not replied to the survey would be followed up to obtain a more comprehensive picture. VY – Bournemouth and Southampton HC – Coventry, Nottingham and Leicester CD – Kings College and East London AA - Keele It was highlighted that some institutes may have been omitted from the list such as Queen Margaret College Edinburgh Plymouth Robert Gordon – Aberdeen Northumbria Oxford Brookes Cumbria Central Lancashire Liverpool Teeside AM to check that we have a full list of institutions. This item will be on the agenda for the October committee meeting and any information gathered	MG/JR/ALL

should be forwarded to AM by !0th September 2010, so that she can update her report and provide key points for discussion. As JR will not be attending the October committee meeting, she outlined that the wording of the motion should be finalised at the meeting and to enhance our chances of having our motion adopted by the committee, we need to bear in mind that it needs to be slightly different to the previous motion.	

5) End of Life Care Conference

Val Young indicated that organisers of the above conference had sought advertising space on the website/newsletter in return for a few free places. AA expressed her interest in attending and it was agreed that any other committee members who were interested should forward their names to VY by the end of August. If there was no further interest, it was suggested that the place may be offered to the Regional Reps. It was suggested that if ACPOPC is approached to advertise a conference, we might do this free of charge, in exchange for a few free places. It was agreed to trial this for a one year period.	VY

6) Autumn Study Day – Congress 15th/16th October

CM reported that to date, the only ACPOPC speaker confirmed to present at congress was Helen Tyler (presenting on Metastatic Spinal Cord Compression) despite ACPOPCs involvement at all the planning meetings. A discussion took place re: the financial viability of the committee's attendance at Congress, when only one speaker was confirmed to present on an Oncology/Palliative Care topic. It was stated that ACPOPC members may experience difficulty in obtaining study leave to attend Congress, given the lack of Oncology/Palliative Care input. After much consideration, it was decided that the ACPOPC committee will not attend Congress 2010 and JR will write letter to the stream organisers and a piece for the newsletter to explain the committee's decision to our membership.	CM/NG

7) Sourcing of Compliment Slips

CD updated the committee on the acquisition of 'compliment' slips, estimating a usage of 500-600 per year. She received some quotes for 2,000 for £76 or 3,000 for £74. A discussion took place about the practicality of ordering large numbers of slips, given that we do not know yet how the CSP's plans to merge CIOG's, but it was agreed that overall, the amount was relatively small. KB will investigate if it is possible to get a smaller number of slips printed and feed back to the committee.	CD, KB

8) Spring study day

The spring conference will take place in Cardiff on 9th/10th May 2011. KB has made preliminary enquiries with regard to hotel prices and facilities and she will feedback to the committee when she has more information. The theme of the conference will be 'Palliative Care' and it is proposed that on the 9th May, the topics will be Neuro and Respiratory and on 10th May, the topics will be HIV and Renal. CD is to investigate speakers for the Renal and HIV strands while KB will ask Helen Tyler to present on Metastatic Spinal Cord Compression. AM will be asked to present a neuro topic (possibly MND or MS.) KB will approach the MS society re: identifying a patient for the neuro session and she will explore the possibility of Baroness Finlay opening the conference. It was decided that the committee meeting will take place on the evening of 8th May (Sunday) and the AGM will take place, first thing on the Tuesday morning.	ALL

9) Research Forum For AHPs

JR circulated a letter from the Research Forum for AHPs (RFAHP) which has been collaborating with the National Institute for Health Research (NIHR) to identify research questions. Committee members were urged to bring this to the attention of colleagues locally and feedback to Aileen by 18th August. JR to ask the University of Ulster at Jordanstown (UUJ) if some of the research ideas created during the exercise and lifestyle in cancer rehabilitation course may be included.	JR

10. MfH Champions

LH gave the committee an overview of her role as MfH champion and asked if another committee member would be willing to take over this role. HC volunteered and will attend an education day at the Kensington Hilton Hotel in London (this has to be booked by 2nd August).	LH, HC

11). NCRAB

JR spoke about her involvement with NCRAB, which is concerned with the strategic direction of rehabilitation for cancer patients. The terms of reference of the board have yet to be agreed and it is envisaged that they will work alongside AHP leads. The key issue at present is the undergraduate curriculum. The group is still at the forming stage and plans will be shared when they have been agreed. NCRAB's next meeting is in August and JR will write a report for the next newsletter, which can be discussed at the October meeting.	JR

12). Associate membership

This item was already discussed under 'Website Update'	All

13). ACPOPC regional boundaries/networks

LH explained that some members preferred to attend regional meetings outside the geographical region as devised by ACPOPC database. This usually occurs for reason of convenience. LH suggested asking members which regional group they would prefer to be affiliated with, or possibly linking the regions with cancer network AHP leads. · LH to liaise with Ian Belchamber to explore if reorganisation of the regional boundaries is feasible · AA will ask the regional reps for their opinion · LH will alter the application form to include an option to link to the region aligned with their AHP lead. This could appear on the database as 'sort by cancer network'.	LH, VY

14). AOB

· SM outlined a request from Indian Physiotherapist enquiring about the beginnings of ACPOPC. JR will forward an article on the beginnings of ACPOPC to SM, who will then compile a 'pack' with a copy of our constitution, our two year plan, the ACPOPC leaflet and some PDFs of the newsletter. · SM raised the issue of an item that was posted on iCSP, querying whether any regional groups of a CIOG had any funds in their own name and if this was included in the CIOG's annual treasury report. KB confirmed that regional groups had no funding. · SM queried whether anyone had received communication from Alex Hough, who had requested a link on the ACPOPC website. The committee had felt that one photograph on the website could cause distress and requested that it might be removed prior to establishing the link. Alex had agreed to this, but we haven't had any further communication from her. SM to follow this up. · JR read out an email from Jacqui Graves (clinical programme manager for Macmillan Cancer Support) requesting some input/advice as to the needs of AHPs, which might inform its workforce strategy. JR conducted a telephone interview with Jacqui, suggesting that the following issues could be addressed – models of care, staffing models in all care settings, modernisation of service provision, prescribing, AHP leads for tumour groups, undergraduate and post graduate education, influencing professional bodies re: change in disease presentation, filling the research gaps, succession planning.	SM

- LH thanked the committee and ACPOPC membership for their responses to her Questionnaire on self referral.

- KB asked the committee to forward her any evidence they might have about physiotherapy interventions for Lat Dorsi reconstruction and functional impairment.

- KB suggested putting some of ACPOPC's funds into a savings account in order to make some interest. The committee was in favour of exploring this idea.

- AA enquired if anyone had a policy on the use of heat that they would be willing to share.

- CD reported to the committee that the Media study day, organised by the CSP was excellent. She outlined some key points and will circulate the CSP handout to the committee.

- CD informed the committee that Karen Robb (KR) had been contacted to review the Cancer Reform Strategy (England) and she is willing to reply on behalf of ACPOPC if we wish. It was decided that the committee should review the strategy and incorporate KR's comments into the ACPOPC submission.

- CD relayed a message to the group from Karen Robb. Hamish Brown, breast consultant Birmingham (23hr care model) had been using full ROM shoulder exercises on day 1 post-op, contrary to both the Shamley and Todd articles. However, Karen Robb informed him about the above articles and he has now got in contact with Karen to review the articles with a view to changing practice with his CNS team.

- HC has been asked to review post–op exercises for breast cancer and sought the opinion of committee members who have more experience in this field.

15) Dates and Venues of Future Meetings

15th October 2010 – since we will not now be attending Congress, it was agreed that we might explore having this meeting in London. CD to check whether Kings might be available as a venue.

27th January –The Christie Hospital, Manchester.

If members would like more information regarding any item in these minutes, please contact your Regional Representative who will be able to help.

ACPOPC EDUCATION & RESEARCH GRANT POLICY

1. A total of £2000 will be available per annum from ACPOPC income as an education grant for the period January-December.

2. Applicants will have been a member of ACPOPC for at least one year

3. ACPOPC members are invited to apply for financial assistance towards research/conferences/courses and postgraduate course fees that are shown to be linked to physiotherapy in oncology and/or palliative care. Applications will be accepted for consideration up to 3 weeks prior to the start of the course/conference to facilitate committee funding agreement.

4. ACPOPC membership number must be quoted when applying

5. Applications for the award should be in writing to the education and research officer on the education fund application form, which is available on the ACPOPC website or from the education and research officer.

6. The application form requires detailed information on the course and it is the applicant's responsibility to ensure all relevant information is provided. This includes details on any other funding applied for and if these have been successful or not.

7. The education and research officer will consider each application and will consult the chairperson to decide which applications will receive a grant and the value of that grant

8. A maximum of £350 can be awarded at any one time and only one award will be made to an individual each year.

9. A maximum of £1000 can be awarded to any one individual over a 5 year period.

10. As a minimum, applicants will be required to feedback on their learning, by writing a report for the ACPOPC newsletter, but may be required to present at an APCOPC study day.

11. The treasurer will issue a cheque to each successful applicant. The successful applicant must provide details of whom the cheque should be issued to within 2 months or the grant will be reallocated.

12. Applicants will be informed in writing regarding the success of their application within 4 weeks.

13. In the event that the full fund is not utilised in any year, the remainder will be carried over to the following year. In the event that there are insufficient funds, applications may be declined.

14. This policy will be reviewed each year at the ACPOPC Executive Committee summer meeting.

Feedback

ACPOPC Scotland Autumn Study Day, Friday 5th November 2010

St Columba's Hospice Edinburgh

This was my second annual trip north of the border to an ACPOPC Scotland study day, once again hosted by St. Columba's Hospice, this year focussing on breast cancer.

The morning presentations covered surgery (Prof. Mike Dixon, surgeon), managing metastatic disease (Sue Cruickshank, lecturer in cancer nursing) and the physio role in breast reconstruction (Catriona Futter, senior physiotherapist).

Mike started preceedings with an account of his very individual and pioneering approach to surgery, giving us an insight into the best techniques for surgical treatment and reconstruction, demonstrating greatly improved cosmetic outcomes over more traditional approaches.

Sue Cruickshank's presented on managing metastatic disease, giving a good overview of treatment options on the patients journey and also food for thought on how patient perceptions of benefit (quality of life) v burden for ongoing treatment may differ from that of health professionals.

Catriona then moved on to the physiotherapist's role in various breast reconstructions, giving details of the surgical procedures, which lead on to explaining and increasing our understanding of physiotherapy interventions – the rationale behind them and also the potential for further complications.

An interesting and lively discussion forum completed the morning.

Haddenham healthcare were present during the morning with a stand displaying their wide variety of lymphoedema related products, with David Woodhouse available to discuss, advise and give out some useful 'freebies'.

After the excellent lunch the afternoon sessions looked at exercise interventions, starting with Linda Davidson (physiotherapist, Dumfries and Galloway) giving accounts of her attendance at two very different courses: The University of Colorado's Cancer Exercise Specialists Course – an intensive physiology based course attended by a range of healthcare professionals in the US. The ACPOPC spring course in Ulster: Exercise and Lifestyle in Rehabilitation and Cancer Survivorship, this was more physiotherapy orientated, and came across as taking a more holistic approach.

This was followed by Ellen Hardie (physiotherapist) discussing the initial findings from a series of group exercise courses run for post breast cancer treatment patients, a collaborative venture with Queen Mary's University. The results showed statistically significant improvements in outcome measures, demonstrating the benefits of physiotherapy intervention. The afternoon's clinical presentations ended with Linda Davidson giving and audiovisual overview of her 'Breast Foot Forward' exercise and activity group, once again illustrating the physical and emotional benefits.

Susan Nuttall (ACPOPC Scotland rep) completed the afternoon with an update on her role and the running of ACPOPC in Scotland.

The days focus on breast cancer topics was relevant to my own areas of work involving lymphoedema and palliative hospice patients. Attendance was a little down on last year, perhaps understandable given the more specialist topic, but the group of 17 delegates allowed for good interactive sessions with lots of questions and discussion.

On behalf of all delegates I would like to express thanks to all those involved in organising and hosting another excellent and informative day, providing opportunity for networking and discussion, illustrating the value of being in ACPOPC.

Matthew Bontoft

Senior Physiotherapist, St. Barnabas Hospice, Lincoln

MSCC: Rehabilitation and AHPs omitted from national consultation for Peer Review

METASTATIC SPINAL CORD COMPRESSION (MSCC)

Organisation & Provision of Service Instructional meeting & workshop

November 4th 2010, Holiday Inn Birmingham

The above meeting, organised and hosted by the National Cancer Action Team (NCAT), proved to be a very successful step in the right direction for AHPs and 'Rehabilitation'. It was the 2nd meeting, the first one held last year, also in Birmingham. After the massive disappointment due to the lack of mention of rehabilitation in the MSCC measures for Peer Review, this meeting proved to be very timely; one week before the consultation of the measures closed.

The meeting was attended by 150 or so health care professionals, all with an interest in MSCC. There was representation from all disciplines, surgery, clinical and medical oncology, palliative care, radiology, managers, commissioners, nursing, and an impressive attendance from Physios and OTs.

The consultation document for the 'Acute Oncology Measures' AOM (also includes the MSCC measures) came out for consultation on 19th August, 2010. On reading the measures, it was of great concern that there was no mention of Physiotherapy or Rehab anywhere in the document.

There had clearly been no representation from AHPs in the 'expert' group responsible for developing the Acute Oncology measures.

This begs the question: If there was AHP representation (Helen Tyler) in the Guideline Development Group for the NICE guidelines for MSCC, why was it not considered important to have AHP representation for the 'expert' group developing the measures?

Jackie Turnpenney, Greater Manchester and Cheshire Network Lead AHP, was also concerned by the obvious omission. She promptly contacted Ruth Bridgeman, NCAT National Co-ordinator for the NCPR (Peer Review) programme, to highlight this. Ruth took this on board and agreed that this must be rectified through responses to the consultation process. ACPOPC members were made aware of the consultation process via iCSP and encouraged to read the measures and respond in a timely manner before the deadline of 10th November, 2010.

The programme of the MSCC meeting in Birmingham consisted of many short presentations on current topics relating, including investigations, management, audit, etc. Helen Tyler was asked to present 'The role of the Physiotherapist' and had 5 minutes to do so. Helen rose to the occasion and presented in a very clear, confident and to the point presentation, the different stages where physiotherapists and AHPs provide an essential contribution to the management of the patient with MSCC.

She said physiotherapists with their knowledge and clinical reasoning skills are involved in the diagnosis and recognition of 'red flags' and suspicious symptoms, and act quickly to ensure rapid and timely investigation and treatment. She also highlighted that no scan could confidently demonstrate stability, and that this was the remit and responsibility of the physiotherapist (in discussion with oncologist and radiologist). The physiotherapist initiates careful remobilisation after flat bed rest and is able to recognise clinical signs and symptoms that would suggest instability.

Helen also stated that there was no point in guidelines and measures that encouraged rapid diagnosis and management of patients with MSCC unless rehabilitation was firmly embedded in these guidelines and measures too. Well done Helen!

The profile of 'Rehabilitation' gained substantial momentum in the afternoon sessions, and was frequently mentioned and acknowledged by many of the speakers thereafter.

There were four different workshops which also provided an excellent forum to continue to raise the profile in smaller groups. The development of national audits and pathways were discussed in these workshops and much to our relief, physios, AHPs and rehabilitation became firmly acknowledged as an indispensable part of the MSCC pathway.

It is expected that there will be a third national meeting again next year and the aim is that work will have progressed substantially in twelve months, and that networks, by this stage, have a MSCC coordinator as part of their pathway. Another important objective is to have developed national audits and pathways to ensure standard management and equity for all patients.

It is very important that AHPs actively engage at a local and network level by identifying 'named MSCC leads' in every organisation, by continuing to raise awareness through education and ensure that we are included in strategic planning groups, i.e. Acute Oncology and MSCC groups.

Report by Lena Richards

November 2010

Regional Reports

Yorks and Lincs ACPOPC Regional Group – Activities in 2010

The group continues to be an active one, meeting 2 or 3 times a year, the following summarising this years activities:

Spring Meet – St.Leonard's Hospice, York.

Anne English gave a presentation on the breathlessness clinic at Dove House Hospice for malignant and non-malignant conditions. This demonstrated the effectiveness of core physiotherapy interventions and advice in managing respiratory conditions – improving patient's ability to cope. There was also an informal session discussing relaxation techniques, including trying some acupressure positions.

Summer Meet – Prince of Wales Hospice, Pontefract

Unfortunately the speaker for the afternoon cancelled at very short notice, leaving a group of us initially in limbo. However, the opportunity was taken to have an informal catch up and chat. In addition we were pleased to welcome Sherry McKinnery the recently appointed YCN & HYCCN MacMillan AHP Lead to the meeting: Sherry explained her role and the current work in developing care pathways.

Autumn Meet – Wakefield Hospice

A busy meeting, lots of discussion:

- Various members gave informal updates on developments in their areas
- The potential for using these meetings for formal CPD and via a reflective proforma attached to the agenda
- Update on care pathways
- Collecting and storing educational resources for group use
- Clinical topic – management of MSCC and development of care pathways by Lucy Thomson, Bexley Wing, St. James hospital

---

Midlands Branch report

Seven members of the Midlands Branch of ACPOPC met at the John Taylor Hospice, Birmingham on 16.09.10. and we had an excellent presentation by Alison Allsopp, the ACPOPC regional representatives' liaison officer, on Exercise, Fatigue and Cancer. Alison had attended the ACPOPC Spring conference on Exercise and Lifestyle in Rehabilitation and Survivorship at Ulster University and her lecture was very informative both theoretically and in it's practical application. Several of our members described the challenges they are experiencing as their management changes from PCTs to acute NHS Trusts or others. As always, we had a very interesting exchange of news and feedback on courses attended by our members. Our next meeting is on December 9th at Primrose Hospice, Worcestershire.

North Thames ACPOPC group.

We are a small group that meet fairly regularly.

We have just come through PEER review fairly positively thanks to leadership from Dan Lowrie (Lead AHP). Off the back of this we have several members attending a range NSSG meetings; which is great for raising our profile and simply for getting involved with patient care.

There has been some good work done by members setting up groups for exercise, fatigue and breathlessness though sometimes the referrals are a little slow in coming through - has anyone else had this problem?

There are several acupuncture practitioners in the group who are eagerly awaiting a CDP course next year

We have been fortunate to have been able to attend some excellent courses – exercise and rehabilitation / brain tumours and MND. Garden House Hospice has also run some 20th Anniversary lectures that have been very thought provoking;

Association of Chartered Physiotherapists in Oncology and Palliative Care
ACPOPC

Annual Spring Conference 9th& 10th May 2011

A 2 day conference

Problem solving in Palliative Care

Physiotherapy challenges in malignant and non-malignant conditions

Churchills Hotel
3 Llandaff Place
Cardiff CF5

Please send cheques and completed application forms to;
Nicola Gingell, Physiotherapy department, Kings College Hospital
Denmark Hill, London,
Telephone: e-mail: nicola.gingell@nhs.net

ACPOPC Spring Conference Application Form (please tick required rate)

Rates	Member	Tick	Non member	Tick	Student	Tick
All inclusive package – 2 day delegate rate, overnight accommodation & all meals (including conference dinner)	£230		£275		£200	
1 Day delegate rate	£80		£95		£70	
2 Day delegate rate	£150		£180		£130	
Accommodation for 13th May	£55		£55		£55	
Dinner	£20		£20		£20	

NAME:(please print) Mr/Mrs/Miss/Ms _____
ACPOPC membership number;
POST HELD / PLACE OF WORK _____
_____
ADDRESS FOR CORRESPONDENCE:_____
_____
_____
e-mail_____
CONTACT TELEPHONE No. _____
Do you have any special requirements, dietary or otherwise? (Please give details)
_____
Do you need ground floor accommodation in view of your special needs? Yes / No
I enclose fee of £..... (Cheques payable to: "ACPOPC")

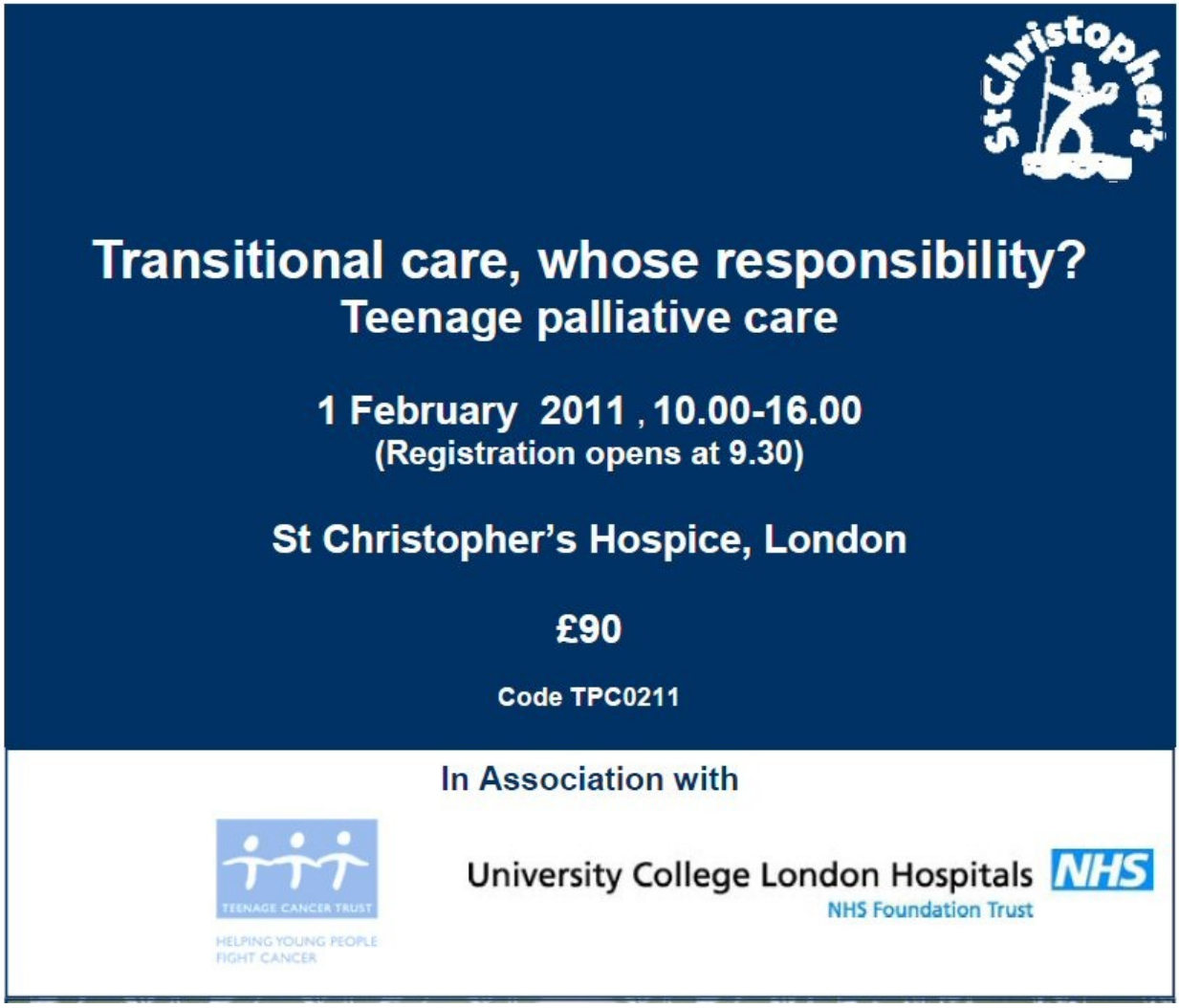
ACPOPC Spring Conference Program:

Monday 9th May

10.00	Coffee
10.30	Introduction - ethical issues in Palliative Care
11.15	Advances in symptom control (pain)
12.30	Lunch
13.30	Progressive non-malignant brain conditions
14.30	Metastatic Spinal Cord Compression
15.30	Tea
16.00	MS update
17.00	Close

Tuesday 10th May

9.30	Coffee and ACPOPC AGM
10.00	Be Inspired – breathlessness project
11.00	Coffee
11.15	Patient perspective
11.45	Communication in Palliative Care
12.30	Lunch
1.30	Physiotherapy problem solving in renal palliative care
2.30	Physiotherapy challenges with HIV and aids patients
3.30	Lymphoedema update
4.15	Closing remarks



Draft Programme

- **Why palliative care provision for Teenagers and Young Adults with cancer requires special consideration?**
- **Realities –Case study presentation – Who should care for Emma?**
- **Provision of palliative care for teenagers**
- **The reality of providing effective palliative care for teenagers and young adults**
- **The challenge of advocating effective palliative care as an expert**
- **Oncology Specialist for teenagers and young adults**
- **Communicating with teenagers, young adults and their families**
- **Teenage care in action. Young people and families speak – lessons for health and social care professionals**
- **Workshop Choices**
  - A - What is a good death?
  - B - Complex case management and MDT collaboration
  - C - Can we afford to provide excellent palliative care for teenagers and young adults?
  - D - Explore the challenges to professional boundaries when caring for
- Teenagers and Young Adults
- **Multi-professional perspectives on practice examples of Clinical Care**
- Arts and Science of Listening

Transforming Cancer Care Services in the UK

Programme

09:30	Registration and Morning Refreshments
10:15	Chair's Welcome and Introduction
10:30	**Panel Session One:** **Transforming Cancer Care – Towards a New National Strategy** - Cancer Care Services Reform: Understanding the Policy Landscape - Ensuring Better Treatment: Investing in Specialists and Facilities, Utilising the Drugs Fund and Scrutinising Performance - Working in Partnership to Deliver Patient Centred Care: Utilising Information to Improve Quality and Choice - Living With and Beyond Cancer: Supporting and Empowering Patients throughout Their Journey
11:15	Morning Refreshments
11:30	**Open Floor Discussion and Debate with Panel One**
12:30	Networking Lunch
13:30	**Panel Session Two:** **Driving Up Cancer Survival Rates – Raising Awareness and Improving Early Diagnosis** - Preventing Cancer: Promoting Understanding of the Risk Factors and Improving Awareness and Identification of Early Warnings Signs - National Awareness and Early Diagnosis Initiative (NAEDI) - Extending Screening and Supporting Primary Care Professionals to Detect and Address Symptoms - Reducing Cancer Inequalities: Tailoring Cancer Services to the Most Disadvantaged Groups
14:15	Afternoon Refreshments
14:30	**Open Floor Discussion and Debate with Panel Two**
15:30	Chair's Summary and Closing Comments
15:40	Networking Reception
16:30	Close

Please note that the programme is subject to change without notice

CPD CERTIFIED
The CPD Certification Service

If you would like us to send you a certificate of attendance for CPD points please email your name and details of the event to info@publicpolicyexchange.co.uk

Event Details

Date: Wednesday 9th February 2011
Time: 10:15am – 4:30pm
Venue: Central London

Forthcoming Events

The Education Sector Masterclass:
Teaching and Learning in the 21st Century
11th November 2010

Universities Challenged: Is Our Higher Education Sector Fit for the Future?
16th November 2010

The Immigration and Border Control Sector Masterclass:
Immigration Policy in the UK
17th November 2010

The Health Sector Masterclass:
Health Policy and Delivery in the 21st Century
25th November 2010

The Policing and Justice Sector Masterclass:
Law Enforcement in the 21st Century
17th November 2010

From Staycation to International Destination: Redrawing the Tourism Landscape
30th November 2010

The Work Welfare and Pensions Sector Masterclass:
Working in the Welfare and Benefits System
25th November 2010

Sponsorship and exhibitors opportunities

We offer a range of opportunities to enable your organisation to raise its profile and communicate with key decision makers in the public sector.

For further information please contact **Parvin Madahar** on **020 7840 6081** or email **parvin.madahar@publicpolicyexchange.co.uk**

CERTIFIED CARBON NEUTRAL event
CarbonNeutral.com

When you attend one of our events you can be confident that your carbon footprint will have been fully offset.

Delegate Fee

	Local Voluntary/Community Organisations	National Charities/Local Authorities/NHS/Academic	Central Government/ Business Sector
1 Place	STANDARD RATE: **£195** per place	STANDARD RATE: **£295** per place	STANDARD RATE: **£395** per place
2+ Places	STANDARD RATE: **£175** per place	STANDARD RATE: **£265** per place	STANDARD RATE: **£345** per place
1 Place	*EARLY BOOKING: **£156** per place	*EARLY BOOKING: **£236** per place	*EARLY BOOKING: **£316** per place
2+ Places	*EARLY BOOKING: **£140** per place	*EARLY BOOKING: **£212** per place	*EARLY BOOKING: **£276** per place

Delegate Details

Delegate Name	Position	Event	Event Date	Email Address
1.		Transforming Cancer Care Services	09/02/2011	
2.		"	"	
3.		"	"	
4.		"	"	

Key Contact Details

Name:
Organisation:
Department:
Address:
Telephone:
Fax:
Email:

☐ I wish to receive joining instructions exclusively on behalf of the delegate(s)

Invoice Details

Name:
Organisation:
Department:
Address:
Telephone:
Fax:
Email:

☐ Send invoice directly to key contact

Purchase Order No. (if applicable):

Method of Payment **Early Booking Rate Valid Until 10th January 2011**

☐ Please invoice my organisation for £_____ + VAT
☐ I enclose a cheque for £_____ + VAT payable to Centre for Parliamentary Studies Ltd
☐ I will pay £_____ + VAT by GPC / Credit Card (Please contact me to obtain card details)

NOTE: VAT will be charged at 17.5% until 03/01/2011 and at 20% from 04/01/2011

Confirmation

I/We agree to notify you of all cancellations and changes in writing no less than 30 days prior to the date of the event. I/We further agree to pay £100 administration charge per place on cancellation. If cancellation is received less than 30 days prior to the date of the conference then the full fee is payable; however, a substitute may be sent.

Signed:

Date:

PLEASE EMAIL BACK TO bookings@publicpolicyexchange.co.uk
OR FAX BACK TO 0845 606 1539

Brief for Transforming Cancer Follow Up Pilot Sites

Background

Across the UK there is growing recognition that cancer follow up is not as effective as it could be. Although the cancer trajectory has changed, with cancer increasingly becoming a chronic illness, follow up practice has not changed. One of the key aims of hospital outpatient review is to detect recurrence, yet as much as 70% of recurrence is picked up outside these appointments. Evidence from various sources indicates that current review practice in general is:

- Failing to meet patients needs and expectations in terms of information, access and personalised care
- Unsustainable in the longer term due to the increasing numbers of people with cancer and the pressures on the service to become more effective and outcome focussed.

Developments

In parts of the UK there is significant attention being paid to transforming cancer follow up under the auspices of the National Cancer Survivorship Initiative (NCSI), a partnership between the Department of Health and Macmillan Cancer Support facilitated by NHS Improvement. The idea of survivorship is taken to include anyone from the point of a cancer diagnosis onwards, and recognises the impact of cancer on the person physically, psychologically and socially. The NCSI has been charged with improving the quality of service and quality of life for those living with and beyond cancer.

The NCSI has identified 5 key shifts that are essential to ensuring follow-up service provision is fit for the future.

The 5 key shifts are:

1. Cultural and attitudinal change from illness to focus on recovery, health and wellbeing
2. Improved information delivered in an appropriate format and manner
3. Individualised assessment and effective post treatment care plans
4. Tailored after-care pathways based on risk of future problems associated with cancer type, treatment and individual circumstances
5. Improved measurement through patient reported outcomes and experience measures.

The vision document can be found at www.ncsi.org.uk

Over the past two years, test communities across England and Wales have been testing elements and models of future care and support that are focused on addressing the needs of those living with and beyond cancer. They have collected baseline information about current service delivery and issues with this delivery to inform the development of new models.

Principles for future follow up practice

From the pilot testing, principles for future practice have emerged which should be integral elements of all new cancer follow up models:

- **Patients should be risk stratified** into an appropriate pathway of care based on their individual needs, and the needs arising from their tumour and the

treatment they have received

- **Personalised care plans** should be developed, and owned by the individual, which sets out how their needs will be met across care settings
- **Information to meet individual needs** should be available in a format easily accessible by the patient and promote confidence, choice and control
- **Care Coordination across care settings** which ensures consistency of service delivery through appropriate service commissioning
- **Rapid access to appropriate health or care professional** when problems arise

Aims and Objectives

The overarching aim is to identify how improvements in cancer follow-up / aftercare can be achieved by focusing on reducing waste while also providing high-quality support to meet the survivorship needs of those living with and beyond cancer.

The key objectives are to ensure that cancer survivors have:

- A personalized assessment and care plan at the end of treatment
- Support to self-manage their condition
- Information on the long-term effects of living with and beyond cancer
- Access to specialist medical care for complications that occur after cancer treatment
- An improved patient experience

There are also a number of objectives in relation services:

- A reduction in the number of hospital follow up appointments as well as a reduction in duplication of follow up between surgeon and oncologist
- A reduction in inappropriate hospital admissions
- Maximising the use of skill mix initiatives in relation to cancer follow-up to create a more efficient and effective service

Achieving the above will rely on:

- The development of regionally agreed risk stratification protocols
- Holistic assessment for all patients and direction into the most appropriate aftercare pathway
- Care coordination and rapid access to services when required

Useful Reading Material

www.improvement.nhs.uk/cancer

- Living with and beyond cancer: The improvement story so far (2010)
- Rapid review of current service provision following cancer treatment (2010)
- NCSI Vision
- Survivorship: Living with and beyond cancer. Developing and testing approaches to care and support for adult survivors (2009)
- NCSI Vision Document (2010)

- Think Tank Events participants report (2008)
- Picker Institute NCSI Test Community Validation Report (2010)
- Picker Institute NCSI Experience of Care Report (2009)
- Picker Institute Focus Group Report with Patients and Carers (2008)
- NCSI Newsletters

www.ncsi.org.uk for:

- Full Report from The 2009 NCSI Conference
- Discussions from the 2009 NCSI Research Findings
- Discussions from the NCSI Conference Workstream Workshops
- Presentation: The Survivorship Vision
- Presentation: Review of Research into Cancer Survivorship
- Presentation: Overview of Test Communities
- Presentation: Key Messages from Workstreams
- Presentation: Active and Advanced Disease Workshop
- Presentation: Children and Young People Workshop
- Presentation: Assessment and Care Planning Workshop
- Presentation: Consequences of Treatment Workshop
- Presentation: Work and Finance Workshop
- Presentation: Self Management Workshop

University of ULSTER

Professional Development Course

2nd Ulster Rehabilitation in Palliative Care Course
Challenging Mindsets: Pioneering Practice

28, 29 and 30 March 2011

Module/Course Co-ordinator – Cathy Payne
University of Ulster, Jordanstown campus, Northern Ireland

Throughout the world people are living longer with chronic progressive conditions that have a debilitating effect on health and general well-being. Governments are increasingly recognising the benefits that adopting a rehabilitative approach to care provision *(Cancer and Palliative Care Rehabilitation Workforce Project, UK*, 'Living Matters: Dying Matters' DHSSPSNI ,2010; *'End of Life Care Strategy' DOH 2008; 'Palliative Care For All'*, IHF and HSE, 2008). This conference and optional credit bearing course for AHPs provides an opportunity for staff working in the field of adult palliative care rehabilitation to develop their skills within the setting, exploring different models of service provision and appropriately evaluating therapy provided to influence practice development. It offers structured opportunities to reflect critically on own practice and to identify areas of service improvement within the multi professional team.

Outline Programme

Day 1	Monday 28 March 2011
Palliative rehabilitation pathways: policy and research	
Day 2	Tuesday 29 March 2011
Palliative symptom management: reflections from practice	
Day 3	Wednesday 30 March 2011
Listening to our clients: how do we ensure we are effectively meeting the palliative rehabilitation needs of our patient/carers?	

Visit www.ulster.ac.uk/ahpacademy for draft programme and further details
or contact Suzanne Hewitt on tel: 028 90368377 or email: sr.hewitt@ulster.ac.uk

Closing Date for applications Monday 21 February 2011
Early Bird Rate applies if paid in full by Monday 31 January 2011

The Academy of Allied Health Professionals

www.ulster.ac.uk/ahpacademy

Rehabilitation in Cancer Care

The Christie NHS
NHS Foundation Trust

We Care, We Discover, We Teach

Tuesday 22nd – Wednesday 23rd March 2011
0830 - 1630

Auditorium, Education Centre
The Christie School of Oncology
Wilmslow Road
Manchester, M20 4BX

Key Themes:

- An overview and rehabilitation of some of the most common cancers
- Management of anxiety & fatigue
- Management of lymphoedema
- Cancer related pain
- Metastatic spinal cord compression
- Communication skills & breaking bad news

Course Aims:

To raise awareness to those from primary/secondary care who experience cancer care as part of their role but do not specialise in oncology

Conference Objectives:

- To gain an understanding of the presentation and management of some of the more common cancers
- To gain an understanding on how a cancer diagnosis and the treatment may impact upon the rehabilitation of the cancer patient
- To gain an understanding why people with cancer and even those receiving palliative or terminal care can benefit greatly from rehabilitation and rehabilitation techniques.

Suitable For:

This conference is intended for health care professionals (AHPs, nurses, etc.) in primary/secondary care who look after some cancer patients as part of their working role, or who are new to the field of oncology

Conference Fee: £100 per day £175 for both days
Early Bird Fee: £150 for both days (If booked before 11th February 2011)

Lunch, refreshments and delegate packs will be provided on each day

---

This study day is produced in collaboration between the Rehabilitation Unit and The Christie School of Oncology Education Directorate

Please could you cascade the attached study day programme to relevant individuals in your Trust?

Further Details:

For further information, please visit our website at www.christie.nhs.uk/pro/education/events.

Alternatively, please contact a member of our Education & Training team on 0161 446 3403 or via email at education.events@christie.nhs.uk

LYMPHOEDEMA DATES 2010- 2011

COURSE DATE	TITLE OF EVENT	TYPE OF EVENT * (select from list below)	DESCRIPTION OF EVENT	CONTACT NAME ADDRESS TELEPHONE FAX EMAIL	WEBSITE ADDRESS	TARGET AUDIENCE ** (select from list below)	VENUE (location of event - town only)	COURSE FEE £
28 Sept- 1 Oct 2010 (Glasgow) 18-21 January 2011 (Newcastle)	Lymphoedema: Diagnosis, Assessment & Risk Reduction	Course	Prepares practitioners to undertake comprehensive assessment & initiate appropriate preventative and treatment strategies or referral. (Key-worker part 1)	Margaret Sneddon University of Glasgow Faculty of Medicine Tel: 0141 330 2071 Email: lymph@clinmed.gla.ac.uk	http://www.gla.ac.uk/divisions/nursing/	M	Glasgow Newcastle	£450
8-10 December 2010 (Glasgow) 6-8 Apr 2011 (Newcastle)	Lymphoedema: Assessment & Management	Course	Develops knowledge and skills in assessment & long term monitoring of patients with uncomplicated lymphoedema (key-worker part 2)	Margaret Sneddon University of Glasgow Faculty of Medicine Tel: 0141 330 2071 Email: lymph@clinmed.gla.ac.uk	http://www.gla.ac.uk/divisions/nursing/	M	Glasgow Newcastle	£450
Glasgow 2011 25-28 Jan (part 1) 8-11 March (part 2) 8-10 June (part 3)	Managing Complicated Lymphoedema Casley-Smith DLT	Course	Equips with knowledge & specialist clinical skills to enable management of complicated chronic oedema due to lymphatic failure, including genital and head & neck lymphoedema	Margaret Sneddon University of Glasgow Faculty of Medicine Tel: 0141 330 2071 Email: lypmh@clinmed.gla.ac.uk	http://www.gla.ac.uk/divisions/nursing/	M	Glasgow	£1050
Glasgow Sept 2010	Managing Oedema due to Advanced Disease	Course	Prepares participants for treatment of people with advanced disease who develop oedema of different aetiologies and manage complex problems	Margaret Sneddon University of Glasgow Faculty of Medicine Tel: 0141 330 2071 Email: lymph@clinmed.gla.ac.uk	http://www.gla.ac.uk/divisions/nursing/	M	Glasgow	£450 (M level) £795 (H level)
15-18 Feb 2011	Lymphoedema: Specialist Service Development	Course	Prepares clinically experienced participants to take a lead role in the development and management of specialist lymphoedema services.	Margaret Sneddon University of Glasgow Faculty of Medicine Tel: 0141 330 2071 Email: lymph@clinmed.gla.ac.uk	http://www.gla.ac.uk/divisions/nursing	M	Glasgow	£450 (M level) £795 (H level)
Glasgow 7-9 July 2010	Casley-Smith Update Unaccredited	Course	Refresher and further development of skills in managing complex cases for Casley-Smith trained practitioners	Margaret Sneddon University of Glasgow Faculty of Medicine Tel: 0141 330 2071 Email: lymph@clinmed.gla.ac.uk	http://www.gla.ac.uk/divisions/nursing	M	Glasgow	£275

The Royal Marsden NHS
NHS Foundation Trust

The Christie NHS
NHS Foundation Trust

CONNECTIVE TISSUE COURSES:

An integrated approach – understanding our connective tissue

"Its role in the management of Complaints after Breast Cancer Treatment":

London: Level 1, March 5th/6th, 2011

The Royal Marsden NHS Foundation Trust: Anne McLean / Louise Malone, Physiotherapy Department, The Royal Marsden NHS Foundation Trust, Fulham Road, London SW3 6 JJ.

Tel: 020 7808 2821. e-mail: anne.mclean@rmh.nhs.uk, louise.malone@rmh.nhs.uk

"Its role in the management of Complaints after Breast Cancer Treatment":

Manchester: Level 1, March 12th/13th, 2011

The Christie NHS Foundation Trust: Lena Richards / Karen Goodwin, Rehabilitation Unit, The Christie NHS Foundation Trust, Wilmslow Road, Withington, Manchester M20 4BX.

Tel: 0161 446 3795 / 446 8150, e-mail: lena.richards@christie.nhs.uk, Karen.goodwin@christie.nhs.uk

Course Programme:

Our course goal will be to share with you how normal day-to-day function is changed by interference with the fascial and connective tissue anatomy. By understanding how various systems interlink to determine function, we can explore new and integrated treatment strategies as a tool to relieve the post surgical and radiotherapy trauma following breast surgery, including reconstruction.

This workshop will be a good mix of practical and academic work, and the number of participants will therefore be limited. Suitable for Physiotherapists / Therapists working with breast cancer patients, e.g. Oncology / Women's Health, Primary Care and Musculoskeletal settings.

∞∞∞∞∞∞∞

Course Tutor: Willie Fourie, Johannesburg, South Africa

Cost: Two day course: £225

(to include course notes, tea and coffee)

Applications: Please telephone, e-mail or write to the above course organisers for an application form.

Sometimes it's Cancer DVD

Six young people every day are diagnosed with cancer. It is a major health problem and it is the most common cause of non-accidental death in teenagers and young adults in the UK.

Cancer happens in all ages, but is rare in young people. In this film you will hear about some of the signs and symptoms of cancer in young people.

Teenage Cancer Trust Young Oncology Unit, Christie Hospital

Lorraine.Case@christie.nhs.uk

Tel: 0161 918 7034

Mobile: 07884 313171

Bleep: 12304

THE RFAHP-HTA EXERCISE

The Research Forum for Allied Health Professions (RFAHP) has been discussing with the NIHR Health Technology Assessment (HTA) programme how they might work together to identify important research questions that may be suitable for HTA research. This initiative, alongside the ongoing opportunity to submit HTA Clinical Evaluations and Trials, has the potential to bring considerable research funding for Allied Health Professions.

ACPOPC was asked for research suggestions and a summary of those suggestions submitted are given below. The suggestions came from a wide range of ACPOPC members and committee members.

General exercise and rehabilitation

- Cancer related fatigue – how effective are teaching fatigue management and exercise techniques to patients in group and individual sessions in managing CRF
- Myeloma - What is the effectiveness of transcutaneous electrical nerve stimulation (TENS), as a non-pharmacological method of controlling pain in Multiple Myeloma patients who are experiencing low back pain?
- Can a twelve week exercise and education scheme improve physical function and quality of life (QoL) for Haematology outpatients?
- To educate Gynaecological cancer patients about the importance of lifestyle change, dietary and activity advice alongside a Pilates based exercise programme.
- It is hypothesized that the side effects of prostate cancer can be positively influenced by a programme of lifestyle changes regarding physical activity.
- Implementing a Nordic walking group exercise programme with breast cancer survivors within Northern Ireland.

Neuro-oncology

- MSCC – what are the rehabilitation needs of patients newly diagnosed with MSCC, are their needs being identified and met, what is the availability of local rehabilitation and barriers to accessing such services and what is the impact of rehabilitation needs not being met
- Brain tumours - Can intensive rehab prolong the functional ability of patients with primary brain cancer
- Brain tumours -_What are the functional impairments and rehabilitative outcomes for (palliative) brain tumour patients?
- MSCC - Investigation of the Effectiveness of Prophylactic TED Stockings on Malignant Spinal Cord Compression Patients

Lymphoedema

- Patients undergoing Complex Decongestive Therapy for the management of lymphoedema have improved outcome measures (bioimpedance scores/% volume decrease) when participating in a therapist supervised exercise session as part of treatment compared to carrying out a therapist-taught home exercise programme.
- Investigation of Long Term Radiotherapy Effects on Range of Movement and Lymphoedema for Head and Neck Cancer Patients
- Research is required to: Evaluate each of the components of DLT, and its use as a whole;

Evaluate the use of prophylactic education programmes/education for ‘at risk’ patient groups.

Respiratory

- Relaxation and lung cancer - Does regular autogenic relaxation have a positive impact on reducing breathlessness and anxiety in patients with palliative lung cancer
- Head and neck cancer largyngectomy - A comparison into the effectiveness of sterile water spray, Heat Moisture Exchangers (HMEs) and/or saline nebulisers regarding humidification and secretion removal in a laryngectomy airway
- TENS and dyspnoea - Investigation into the effectiveness of TENS as a non-pharmacological method of managing cancer-related dyspnoea
- Secretions in head and neck cancer - Investigations into the Effectiveness of Saline Nebulisers on Clearing Oral And Upper Respiratory Tract Secretions to Head and Neck Cancer Radiotherapy

Other

- Investigation of Effectiveness of Cervical Orthoses for immobilisation of the Cervical Spine for Malignant Bone Disease
- The role of ultrasound in the management of haematomas in patients with low platelet counts

---

Research Funding Opportunities

Dunhill Medical Trust Research Training Fellowships

The Dunhill Medical Trust is a grant-making charitable trust with a focus on ageing and older people. As part of their portfolio of grant programmes, the Research Training Fellowship scheme is intended to develop research capacity in the fields of ageing, rehabilitation and palliative care.

DMT Research Training Fellowships are open to all registered clinicians, health professionals and scientists working within the NHS or recognized HEI's in the UK. Further information about DMT may be obtained by visiting the website at www.dunhillmedical.org.uk They are aiming to announce the commencement of the application process in the middle of October with a closing date for applications of early January so do check back for further information on the website.

RESEARCH IN ONCOLOGY AND PALLIATIVE CARE

This is a new feature in "In Touch" to try to keep our members up to date with recently published research with relevance to oncology and palliative care. The page could also be used to offer useful information such as how to write a research proposal or where to get funding. If you want to feedback on this new page or if you have any other ideas for useful additions to this page please do get in touch aileenmccartney@nhs.net

New Articles:

Acupuncture for pain and dysfunction following neck dissection, Pfister et al 2010

This article, published in the Journal of Clinical Oncology, discusses the results of a randomised controlled trial to determine whether acupuncture reduces pain and dysfunction in patients with cancer and a history of neck dissection. A secondary objective was to determine if acupuncture relieves dry mouth in this population.

The study found significant reductions in pain, dysfunction and xerostomia in patients receiving acupuncture versus usual care. Although a fairly small sample size (n=58) this study provides useful data as a basis of further research.

The whole article is available from:

http://jco.ascopubs.org/cgi/reprint/28/15/2565

Exercise interventions for upper-limb dysfunction due to breast cancer treatment, McNeely et al 2010

This article is a Cochrane review of randomised controlled trials evaluating the effectiveness of exercise interventions in preventing, minimising or improving upper limb dysfunction due to breast cancer treatment.

The review found 24 relevant studies but only 10 were considered of adequate methodological quality to be analysed.

The authors summarised that exercise can result in a significant and clinically meaningful improvement in shoulder ROM in women with breast cancer. They suggest that post-operatively consideration should be given to early implementation of exercises but this approach must be carefully weighted against the potential for increase in wound drainage volume and duration. There is a need for further high quality of research.

The whole article is available from:

http://www.mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD005211/frame.html

Effect of a structured weight-bearing exercise program on bone metabolism among breast cancer survivors: a feasibility trial, Peppone et al 2010

This study looked at the use of Tai Chi Chuan exercise for breast cancer survivors over 12 weeks (3 times per week) compared with a group who received standard support therapy. This pilot study suggested that weight bearing exercise exerted positive effects on bone loss, through increased bone formation and descreased bone resportion.

The abstract is available from:

http://www.library.nhs.uk/details.aspx?t=exercise+cancer&stfo=True&sc=bnj,evi,gui,spl&p=1&sf=srt.default&sr=bnj.ebs&sfld=fld.title&tab=&did=2010672861&pc=163&id=0

or search for the title at

www.library.nhs.uk (be sure to tick “books and journals”)

Physical activity, quality of life, and the interest in physical exercise programs in patients undergoing palliative chemotherapy, Oechsle et al 2010

In this study 53 patients were interviewed using three standardised questionnaires and found that 36% of the patients still performed self instructed physical activities during palliative chemotherapy. They found that a statistically significant positive correlation between physical activity and quality of life could be demonstrated for patients undergoing palliative chemotherapy. About two thirds of patients were interested in participating in training programs.

The abstract is available from:

http://www.library.nhs.uk/details.aspx?t=Physical+activity%2c+quality+of+life%2c+and+the+interest+in+physical+exercise+programs+in+patients+undergoing+palliative+chemotherapy&stfo=False&sc=bnj,evi,gui,spl&p=1&sf=srt.default&sr=bnj.pub&sfld=fld.title&tab=&did=20352266&pc=1&id=0

or search for the title at

www.library.nhs.uk (be sure to tick “books and journals”)

The cancer rehabilitation journey: barriers to and facilitators of exercise among patients with cancer-related fatigue, Blaney et al 2010

This study used purposive sampling to recruit patients with CRF and conducted five focus groups with 26 participants. Exercise barriers were identified as mainly relating to treatment side effects, particularly fatigue. Physical deconditioning, social isolation and making exercise a routine as well as environmental factors and the timing of exercise initiation were also barriers. Facilitators included an exercise program being group based, supervised, individualised and gradually progressed.

The whole article is available from:

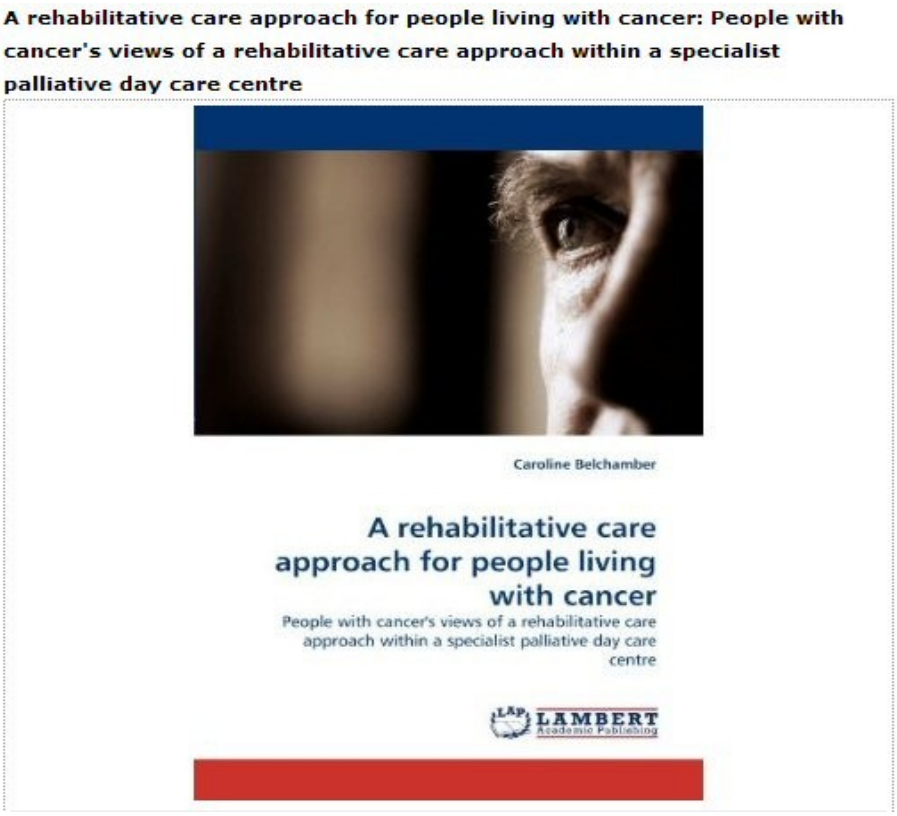
http://ptjournal.apta.org/cgi/reprint/ptj.20090278v1.pdf

Palliative care for people severely affected by multiple sclerosis: evaluation of a novel palliative care service, Edmonds et al 2010

This paper reports on a delayed intervention RCT with MS patients deemed to have palliative care needs. The intervention was a multiprofessional palliative care team assessment and follow up. The intervention group received this immediately and the control group received best standard care and then were offered the team after 3 months. The intervention group had improvement in the total score of 5 key symptoms whereas there was deterioration in the control group. There was no difference in the change in general Palliative Care Outcome Scale or MS Impact Scale scores. There was an improvement in caregiver burden in the fast track group and deterioration in the control group.

The abstract is available from:

http://msj.sagepub.com/cgi/content/abstract/16/5/627



The work within this book acknowledges the funding provided by ACPOPC for the research carried out by the author and wishes to thank ACPOPC for their support. This research has been disseminated at the CSP congress in 2003 and the United Kingdom Association of Cancer Registries (UKACR) in 2008 as well as two peer-reviewed journals: The International Journal of Therapy and Rehabilitation in 2004 and Groupwork in 2009.

Title:

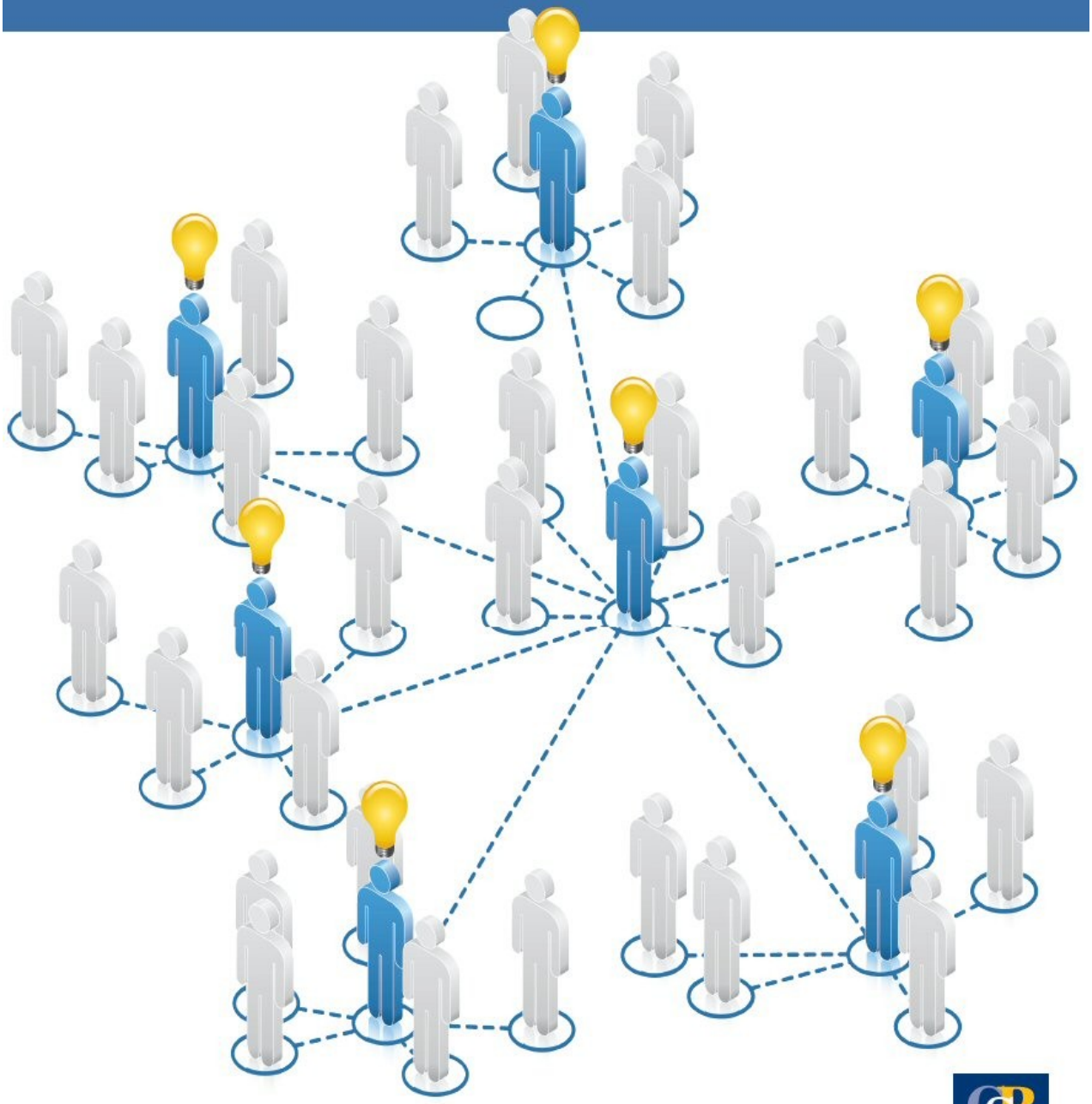
A rehabilitative care approach for people living with cancer:

People with cancer's views of a rehabilitative care approach within a specialist palliative day care centre. There is a growing interest in rehabilitation in palliative care and this book aims to provide a better understanding of this concept, through listening to people with cancer's experience of a rehabilitative care approach at a specialist palliative day care centre, as well as discussion around the literature and research in this specialist area. Central to the book is the research undertaken by the author between 2000 and 2002, using a phenomenological method to provide greater understanding of the phenomenon as experienced by the participants. People's perceptions of both their symptoms and the rehabilitation that they received, as well as their attitudes and beliefs about that rehabilitation were explored. The relevance and benefits of the rehabilitative care approach were then identified using quality of life markers that were established during data analysis. This analysis and discussion should help shed some understanding about the complexity of rehabilitation in the context of palliative care and would be especially useful to Health Care Professionals working in this specialist field or anyone who maybe considering setting up rehabilitation programme for people with cancer.

Author: Caroline Belchamber

Available at: http://www.amazon.com/rehabilitative-approach-people-living-cancer/dp/3843360758

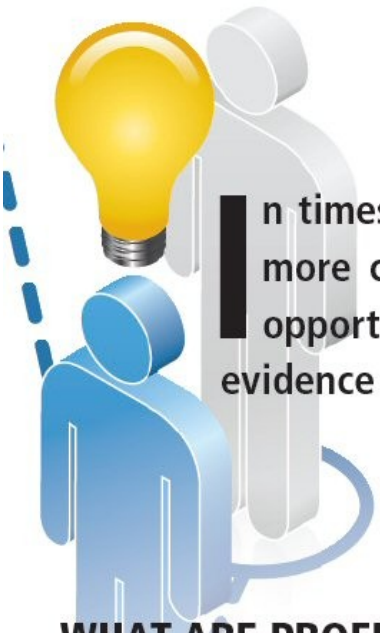
SUPPORTING YOUR SERVICE



The Professional Networks of the Chartered Society of Physiotherapy

THE CHARTERED SOCIETY OF PHYSIOTHERAPY

The CSP's Professional networks were formerly known as the Clinical Interest and Occupational Groups.



In times of severe financial constraint, it becomes ever more critical to identify innovative and cost-effective opportunities for education, and find ways of sharing evidence and good practice

The CSP's Professional Networks are a good source of such opportunities. The groups offer service leads and managers access to information and resources they need to support the delivery of safe and effective services, with a competent and innovative workforce.

WHAT ARE PROFESSIONAL NETWORKS?

They are UK-wide groups of physiotherapists, other professionals and support workers who have expertise in a particular aspect of practice, or who work in a specific occupational context. They bring together the skills, knowledge, research and innovative developments in their particular field and therefore, they are a key source of expertise for the CSP in influencing and contributing to national and local policy. They also provide peer support through the sharing of practice and the development of resources, and help individuals contribute to local service improvement.

Expert practical knowledge

Having members of your team involved in the Professional Networks provides opportunities for sharing knowledge and skills, learning from others' experience and ideas. The specialist clinical and regional online networks of the CSP's interactive website and discussion forum: **www.interactivecsp.org.uk** – make this sharing very easy, enabling rapid responses to discussions and queries.

Continuing Professional Development

Professional Network-organised activities, such as short courses, provide networking and development opportunities for individuals and teams. Leadership development, and peer support in areas such as business planning, marketing and finance, offer tangible value to local services.

Clinical governance

Active involvement of a team member in one of the Professional Networks can support local clinical governance systems through feedback and information from peer networks. Clinical leadership and management advice from experts within Professional Networks can help with issues such as commissioning and marketing of services, application of policy and understanding of targets.

Evidence based practice

Peer discussion amongst Professional Network members, involving critical appraisal of the evidence base, will help to ensure that your team's practice is founded on the best evidence currently available.

Quality

Professional Networks bring together diverse individuals with experience of using quality measures, audit and service improvement tools. Many Professional Networks have relationships with patient groups and can offer expertise regarding patient involvement in service development and delivery.

Strategic Leadership

Allowing staff the time to participate actively in Professional Network activity supports the development of physiotherapy's profile locally and nationally. Professional Networks offer many opportunities to engage in strategic development activities e.g. via national consultation programmes, seats on national expert working groups, involvement in NICE and SIGN projects, and working with the CSP to lobby on a range of health policy matters.

In short, active involvement in Professional Network work provides an individual with a unique CPD opportunity and their services with a great cost effective option of enhancing a range of clinical, management and strategic service competencies. To find out more visit **www.csp.org.uk** or call 020 7306 6666.

The Chartered Society of Physiotherapy is the professional, educational and trade union body for the United Kingdom's 49,000 chartered physiotherapists, physiotherapy students and assistants

THE CHARTERED SOCIETY OF PHYSIOTHERAPY
Web **www.csp.org.uk**
Email **enquiries@csp.org.uk**
14 Bedford Row London WC1R 4ED
Tel **+44 (0)20 7306 6666**

000222

Report for Musculoskeletal Oncology Physiotherapy Service (MOPS) One Year Pilot Study 2009 – 2010 for ACPOPC

Last October 2009 we set up a years pilot study within our trust providing Musculoskeletal Outpatient Physiotherapy for patients post cancer surgery, chemotherapy and radiotherapy. The effects that these treatments have on patients is widespread and it has been reported in the literature that many patients suffer with pain, decreased arm range of movement, arm weakness, neck and back pain, headaches, carpal tunnel problems, lymphoedema, cording (Border et al 1994 Bouffard et al 2007, Box et al 2002, Cheville et al 2007, Fourie 2004, 2006, 2008, Ghazinouri et al 2005, Gottrup et al 2005, Jung et al 2003, Karki et al 2005, Lash and Silliman 2000, Lauridsen et al 2005, Mcneely et al 2006, Reitman et al 2002, Stecco et al 2007 Wyrick et al 2006) and the list continues, post treatment and for many years after too (Lash and Silliman 2000 and Karki et al 2005). Many of these problems as well as the physical effects of cancer and its treatments such as fatigue, nausea, osteoporosis, cardiovascular disease and the psychosocial and emotional issues, have been proven to be improved by physiotherapy and exercise (Lacomba 2009, Box et al 2002, Beurskens et al 2007, Macleod and Koelling, McNeely et al 2009, Jonsson and Johannsson 2009, Milne et al 2008, Sprod et al 2005).

Our pilot study was funded by the Thames Valley Cancer Network and was initiated by a questionnaire sent out to patients who attended the Breast Recovery Class with our lymphoedema specialist. This backed the research and suggested within our area that there were still 30% of patients who complained of ongoing problems. The national statistics taken from a review of the literature in 2008 stated that in the UK 72% of patients continued with pain, 67% developed impaired arm function, 34% lymphoedema and 34% upper limb weakness (Fourie). Further surveys have also documented similar statistics based on patients 12 months post operation (Macmillian Health and Well Being Survey 2008). A report by RAGE (radiotherapy action group exposure) carried out by the Maher Committee (1995) highlighted that on top of this need the problems had not been resolved by generalist physiotherapy and only 20% demonstrated improvements and there was therefore a need for Specialist Physiotherapists with a knowledge of cancer and its subsequent treatments and their effects on patients. In light of the government guidelines aiming for Level 3/4 specialists in rehabilitation this was what our service hoped to achieve.

My colleague and I have a background in outpatient physiotherapy and so we have a good understanding of the biomechanics of the shoulder joint and the surrounding structures. We attended Willie Fouries' Myofascial course in London before beginning the service. Willie describes a technique of gentle myofascial release which has been proven to be effective at treating cancer patients due to the effects that it has over the pathological formation of scar tissue post surgery and radiotherapy (Bouffard et al 2007). This provided us with an extra skill to address the common problems that these patients experience. We set the service up to cover three sites, Reading, Newbury and Wokingham based in community hospitals. As part of the government agenda to look at services within the community these seemed appropriate places. These sites are all easy to access, away from the acute hospital and have plenty of parking, all areas that encourage a stress free visit. Collectively my colleague and I worked 19 hours clinically and 3.5 hours were set aside for co-ordinating the project. We were also allocated 4 hours Band 2 administration and clerical time. Both my colleague and I throughout the project worked at a Band 6.

Referrals were made by a referral form that could be posted or faxed to a single point of access. Since January – October 2010 we received 107 referrals. I still believe that there are many more patients with problems that are not being addressed. The majority of our referrals came from the Breast Care Nurses and Lymphoedema Specialists but some from Oncologists and Consultants and a few from the GP. Our service has not yet been widely marketed to GPs but the plan is to do this in the near future now that the service has been continued for now. The majority of the patients were post breast cancer but we did have some head and neck and lung cancer patients too. The type of surgery was variable although a lot of patients had had more than one type. The

referring problem was also variable and included: multiple reasons, anxiety, tight scars, difficulties with ADLs, cording, reduced range of movement and pain. The time since surgery was interesting with the majority of patients being 0-6 months post operative but a large proportion were 1-2 years or greater than 4 years with one patient being 10 years post op. We also documented those patients with pre-existing musculoskeletal problems but the majority had had none. In terms of looking at those patients pre-operatively and those that may be at risk this makes it difficult to predict. We also identified those patients who had had physiotherapy post op and those that had been given exercises by the Breast Care Nurse. Most of the patients had had leaflets and exercises but only about 15% reported having seen a physiotherapist. The research suggests that leaflets and exercises alone are not as effective as actually seeing a physiotherapist and the government pathways for cancer highlight that a physiotherapist is a requirement for patients post operatively and beyond.

The question is where is the most appropriate place for a patient to see a physiotherapist that will address the problems that they encounter. There is talk within our trust of decreasing hospital stay for these patients to 23 hours which would not be enough time for a physiotherapist to see these patients on the ward. The patients coming through this service reported that often they did not have a problem immediately post op but some time after despite doing the exercises given to them by the Breast Care Nurses. Obviously there is a large proportion of patients who only need the exercises and advice and they manage very well. However there is also a large proportion who need the support, such as our service can provide, that is away from the place where they had their surgery and treatment, which has huge psychological implications, and is focusing on quality of life and returning to full function at home, work and leisure activities. The problems that they encounter have been documented to reoccur on and off for 21 months and often for months and even years after. A service such as that provided by ourselves is ideally situated to address these issues and we as Specialist Physiotherapists are ideally skilled and knowledgeable enough to deal with them too. This is backed by the results and feedback that we achieved in the pilot study.

The results of the study have been fantastic. We used the DASH outcome measure which looks specifically at Disabilities of the Arm, Shoulder and Hand and is an orthopaedic tool and the FACT G Quality of Life Questionnaire (although the majority of our patients were breast cancer patients we did have some that were not and we were unsure how many initially of each we would see. We have now begun to use the FACT B as this is more specific to these patients.) We also used a patient satisfaction questionnaire.

Our patients documented that:

- 70% had reduced pain
- 66% improved movement
- 66% managed their symptoms better
- 54% felt less anxious

Our outcome measures suggested that:

- 90% improved in their shoulder function through the DASH whilst
- 10% worsened.

This could be explained through a decline in medical conditions. Of those that filled the questionnaire in 100% had returned to work and leisure activities. The results of the FACT G were also excellent.

Physically patients showed:

- 68% improvement
- 16% ISQ
- 16% worsened

Functionally:

- 84% improvement
- 11% ISQ
- 5% worsened

The service has identified areas of interest that could, providing the service is continued beyond March 201,1 which is uncertain at present, be developed, such as looking in depth at the areas of fatigue and emotional problems that these patients experience. Emotionally patients seemed to get worse especially with the fear of dying and re-occurrence of their cancer. This needs further investigation.

The government's agenda at present is focussed around patient survivorship. Beginning in 1995 with the Calman Hine Report that initiated the formation of Cancer Networks and promoted the publications such as:

- The NHS Cancer Plan 2000
- The Cancer Reform Strategy 2007
- Rehabilitation Care Pathways 2009
- The National Cancer Survivorship Initiative 2008

and culminating with the National Cancer Survivorship Initiative Vision January 2010 that states that the focus for the patients is on supported care. More specifically on the provision of Specialist Rehabilitation services across the country that use outcome measures and can prove good quality care and cost effectiveness. We are as a service already doing all of these things. It is suggested that by providing services that help self management of these conditions within the community and address the effects of treatment we can improve our patient's quality of life in many ways and our pilot study backs this. It not only addresses the physical problems but the emotional ones too and by providing support such as this reduces stress and effectively reduces the number of emergency admissions to hospital and visits to GPs. As physiotherapists we are in an excellent position with our background skills to look at pain and restrictions and relate it to a mechanical problem, an emotional one or a combination of a number of factors that we can help. We can relate functional tasks to certain movements and therefore help to address patients concerns about not being able to do them or help them to adapt to move in more effective ways. We are also able to look at pain or restrictions and decipher if in fact they are not related to an area that we can address and that they may be a result perhaps of a development of a secondary cancer. Our service has picked up 4 patients who we have sent back with the suspected development of secondary cancers. We also have good palpatory skills and as part of our assessment we are able to pick up if lymph glands are enlarged and similarly refer patients back to the most appropriate source. One of our patients was so tight in her neck that it was difficult to feel beyond the muscles but in a side lying position when all the muscles and structures were relaxed, a lymph gland was palpated that was not palpable on the other side. Research suggests that 70-75% of secondary cancers are picked up outside Consultation appointments by patients themselves; however we have found that some patients feel they are being paranoid mentioning lumps that they have found and so have failed to mention them. This may mean that we are in a good position to pick up secondary cancers earlier if we are aware of these facts.

The government is also focussing their attention towards Vocational Rehabilitation for these patients and again we can demonstrate that with the right support and addressing the functional

problems encountered, patients can return to work fully functionally. By addressing this element of rehabilitation we can save the economy billions of pounds of tax contributions and benefits and the government has demonstrated the benefits of it financially (NHS Confederation briefing June 2010)

There is so much evidence in the literature that suggests that these patients continue with problems post operatively and post adjuvant treatments, that currently is not being addressed and this is backed by our pilot study. Many patients just accept it as part of what happens post treatment but this should not be the case. As Specialist Physiotherapists we can help with many of these effects both physically and emotionally. We are in a fantastic position to help these patients "live a healthy and active a life as possible for as long as possible" as is suggested in the National Cancer Survivorship Initiative Vision 2010.

Our funding has been continued until March 2011 but we will continue to fight to keep this service going as not only do we have proof that we are effective from an outcome measures point of view but patient and clinician satisfaction and feedback has been brilliant and very positive. The evidence suggests that all of these factors help to provide a cost effective service for the NHS and the general economy and more importantly it allows our patients to not only survive but thrive too (Dietz 1980).

References

1) Beurksens C, Uden C, Strobbe L, Oostendorp R and Wobbes T The efficacy of physiotherapy upon shoulder function following axillary dissection in breast cancer, a randomized controlled study*BMC Cancer* 200**7:**166doi:10.1186/1471-2407-7-166

2)Border WA, Noble NA, 1994. Mechanisms of disease: Transforming Growth Factor (Beta) in tissue fibrosis. N Engl J Med, 331(19): 1286-1292

3) Bouffard NA, et.al. 2008. Tissue stretch decreases soluble TGF-β and type-1 procollagen in mouse subcutaneous connective tissue: Evidence from ex vivo and in vivo models. J Cell Physiol. 214: 389-395

4) Box RC, Reul-Hirche HM, Bullock-Saxton JE, Furnival CM 2002 Shoulder movement after breast cancer surgery: results of a randomized controlled study of postoperative physiotherapy. Breast Cancer Res Treat 75:35-50

5) Cheville A, Khemka V and Mahony S (2007) The role of cancer rehabilitation in the maintenance of functional integrity and quality of life. In: Choices in Palliative care (pp62-83) New York Springer Science and Business Media

6) Dietz JH JNr (1980) Adaptive rehabilitation in Cancer. Postgraduate Medicine 68 (1) 145 – 153

7) Fourie 2004 WIDENING OUR TREATMENT OPTIONS: UNDERSTANDING THE ROLE OF CONNECTIVE TISSUE IN POST MASTECTOMY PAIN www.wayforward.co.za

8) Fourie W J Nat. Dip. PT (2006) CONSIDERING WIDER MYOFASCIAL INVOLVEMENT AS POSSIBLE CONTRIBUTORS TO UPPER EXTREMITY DYSFUNCTION FOLLOWING TREATMENT FOR PRIMARY BREAST CANCER. www.wayforward.co.za

9) Fourie (2006) New focus on managing painful dysfunction following treatment for Breast Cancer. www.wayforward.co.za

10) Fourie (2008) Lymphatic scarring and secondary lymphoedema post breast cancer treatment. www.wayforward.co.za

11) Ghazinouri R, Levy C, Ben-Porat L, Stubblefield MD 2005 Shoulder impairments in patients with breast cancer: a retrospective review Rehabil Onc 23: 5-8

12) GOTTRUP, H.; ANDERSON, J.; ARENDT-NIELSEN, L; JENSEN, T.S.; Psychophysical examination in patients with post mastectomy pain. Pain, 87 (200) 275 – 284.

13) Jonsson C and Johannsson K (2009) Pole Walking for patients with breast cancer related arm lymphedema Physiotherapy Theory and Practise 25(3) 165-173

14)JUNG, B.F. AHRENDT, G.M.; OAKLANDER, A.L.; DWORKIN, R.H.; Neuropathic pain following breast cancer surgery: proposed classification and research update. Pain, 104 (2003) 1 – 13.

15) Kärki A, Simonen R, Mälkiä E, Selfe J 2005 Impairments, activity limitations and participation restrictions 6 and 12 months after breast cancer operation. J Rehabil Med 37: 180-188

16)Lacomba M, Sanchez M, Goni A, Merino D, Mayoral del Moral O, Tellez E, Mogollon E Effectiveness of early physiotherapy to prevent lymphoedema after surgery for breast cancer: randomised, single blinded, clinical trial *BMJ* 2010; 340:b5396 doi: 10.1136/bmj.b5396 (Published 12 January)

17) Lash TL, Silliman RA 2000 Patient characteristics and treatments associated with decline in upper-body function following breast cancer therapy. J Clin Epidemiol, 53: 615-622

18) Lauridsen MC, Christiansen P, Hessov I. The effect of physiotherapy on shoulder function in patients surgically treated for breast cancer: a randomized study. Acta Oncol. 2005;44:449–57.

19) Macleod H and Koelling “Physiotherapy for Patients with Breast Cancer” from Breast Cancer; Nursing Care and Management Ed: Victoria Harmer

20) Mcneely m, Campbell K, Rowe B, Klassen T, Mackey J and Courneya K (2006) The Effects of exercise on breast cancer patients and survivors: a systematic review and meta-anaylysis

21) Milne H, Wallman K, Gordon S, Courney K (2008) Effects of a combined aerobic and resistance exercise program in breast cancer survivors: a randomised controlled trial

22) Rietman JS, Dijkstra PU, Hoekstra HJ, et al 2002 Late morbidity after treatment of breast cancer in relation to daily activities and quality of life: a systematic review . EJSO 29:229-238.

23) Stecco C, Gagey O, Macchi V, et al 2007 Tendinous muscular insertions onto the deep fascia of the upper limb first part: anatomical study. Morphologie, doi:10.1016/j.morpho.2007.05.001

24) Stecco L 2004 Fascial Manipulation for Musculoskeletal Pain. Piccin Nuova Libraria S.p.A., Padova. Travell

25) Sprod L, Drum S, Bentz A, Carter S, Schneider C (2005) The Effects of Walking Poles on shoulder function in breast cancer survivors. Integrative Cancer Therapies Vol 4 No 4 287 – 293

26) Wyrick SL, Waltke IJ, Ng AV. Physical therapy may promote resolution of lymphatic coding in breast cancer survivors. Rehab Oncol. 2006;24:29–34.

27) www.nordicwalking.co.uk