
Guidance on Colorectal Health and Well-Being Events

November 2015

Contents

Contents	2
1 Introduction	3
2 Background	3
3 Health and Well-being Models	4
3.1 Model 1	4
3.2 Model 2	4
3.3 Model 3	4
4 Minimum Content	5
5 Colorectal Specific Content.....	5
5.1 Evidence	5
5.2 Colorectal content.....	7
5.3 Delivery method.....	8
6 Factors to Consider when Planning an Event	10
6.1 Practical considerations	10
6.2 Administrative considerations	11
7 Helpful Tools	12
Appendix 1: Colorectal Cancer Patient Experience Survey (NCPES) results for 2013/14	13
Appendix 2: Quality of Life of Colorectal Cancer Survivors in England (2015).....	14
Appendix 3: Example Colorectal Health and Well-being Event.....	15
Appendix 4: Example Health and Well-Being Evaluation Form.....	17
Appendix 5: Example Action Plan.....	18
Health and Well-Being Event: ACTION PLAN	18
Appendix 6: Example Invitation Letter for a Speaker.....	19
Appendix 7: Example of a Colorectal Event Poster	20
Appendix 8: Example of a Colorectal Event Invitation Letter.....	21

V0.11

© London Cancer Alliance 2015

www.londoncanceralliance.nhs.uk

1 Introduction

Health and Well-Being Events (HWBE) are one of four components of the recovery package, alongside Holistic Needs Assessments (HNA), treatment summaries (TS), which are offered as people reach the end of a package of treatment for cancer (usually by their treating hospital), and the cancer care review, which is carried out in general practice.

The aim of an HWBE is to support people to be able to self-manage any anticipated on-going health and social care needs as a result of their cancer or its treatments. It provides the opportunity to offer health promotion information at a point at which people are potentially open to making lifestyle changes: a 'teachable moment'. This information needs to be provided at the end of treatment to support those living with and beyond cancer to take an active role in their recovery.

2 Background

In 2014, the London Cancer Alliance (LCA) Survivorship Pathway Group completed a mapping of health and well-being events currently available within the LCA. This addressed several questions, such as how HWBEs were being defined, what models were being used to deliver them, what topics were being covered and how they were funded and staffed. The full report can be accessed here:

<http://www.londoncanceralliance.nhs.uk/media/91615/lca-health-and-well-being-events-mapping-january-2015.pdf>

Following the mapping, taking into account the responses given about current practice as well as national piloting reports, and the evidence cited above, the LCA Survivorship Pathway Group has agreed that, to be considered a health and well-being event:

- there should be a group component
- involvement of service users is strongly encouraged in at least one of a number of ways:
 - as co-designers
 - as co-facilitators
 - as speakers, focusing particularly on their experiences
 - as volunteers to support the smooth running of the event

Appointments which are used to complete HNAs and treatment summaries are classed as an end of treatment consultations, not an HWBE.

3 Health and Well-being Models

The LCA health and well-being events mapping report recommended three types of models when planning a health and well-being event:

3.1 Model 1

A large one-off, group event (more than 20 attendees) lasting around two hours which:

- can be tumour specific or generic
- includes a marketplace of additional information for attendees to gather further information on topics of their choice
- has signposting for onward referral, e.g. for specialist rehabilitation or psychological support services available
- is either offered pre-treatment, or more usually at the end of treatment
- could include an invitation for a 'plus one' which could be a friend or family member.

3.2 Model 2

A series of workshops with a rolling programme which:

- runs in smaller groups, e.g. fewer than 20 attendees, or in a lecture theatre format
- includes stand-alone events focused on a specified set of topics, e.g. lymphoedema, breathlessness management, dealing with anxiety and worry
- runs on an on-going basis
- provides workshops which people attend dependent on their individual needs, i.e. they may attend only one, or several, depending on the topics
- cover prevention and symptom management such as return to work or becoming physically active, as well as symptom management.

3.3 Model 3

A set of workshops run over a defined period of time, with fewer than 20 attendees which:

- run over several weeks with attendance expected at all sessions
- involve a more intense style of event
- require much higher staffing resource, and so is more suited to those who have a higher identified need for professional support in a particular area
- cover a range of topics, or may have a specific theme, e.g. anxiety management.

4 Minimum Content

Health and Well-Being Events should have a focus on participants staying as well as possible for as long as possible, and so support people to live as active and full a life as they wish. The following topics should be included in all HWBEs:

- physical activity
- diet
- anxiety and worry
- tumour specific content as appropriate, dependent on the model being used
- information on smoking cessation and alcohol use (consider how this is provided, as it won't be relevant to all attendees)

5 Colorectal Specific Content

In addition to the minimum content above, it is important to include colorectal-specific content since available data indicates these patients do have specific needs.

5.1 Evidence

The evidence on the health and well-being needs of those diagnosed and treated for colorectal cancer includes:

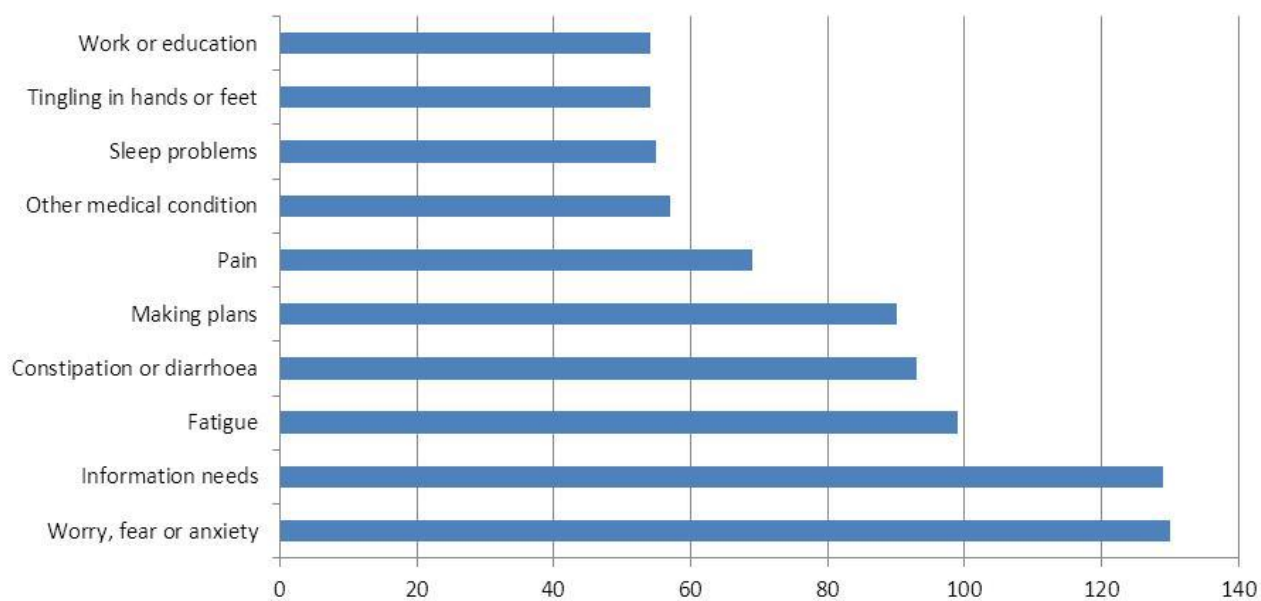
- a) eHNA data (those presented here are drawn from Guy's and St Thomas' (90%), LNWL (9%) and Lewisham Hospital (1%))
- b) Colorectal Cancer Patient Experience Survey
- c) Quality of Life of Colorectal Cancer Survivors in England (2015)

5.1.1 eHNA data

[Figure 1](#) illustrates the top 10 most reported concerns by all colorectal cancer patients completing an eHNA at all stages of treatment (eHNA data April 2014 – March 2015). [Figure 2](#) illustrates how these top 10 concerns feature when split between men and women. For example, men reported more concerns with weight change than women, whilst women reported more concerns with sleep problems.

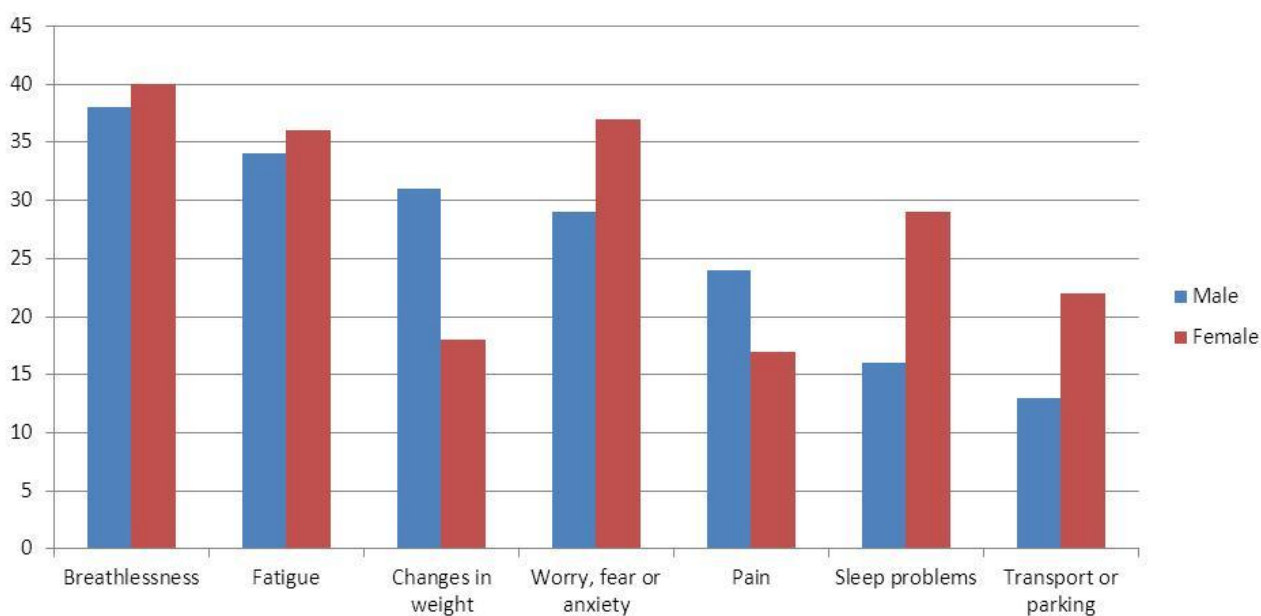
The concerns reported by people at the end of curative treatment are similar to those generally reported, with the addition of tingling in hands and feet ([Figure 3](#))

Figure 1: Top 10 most commonly reported concerns (n=368)

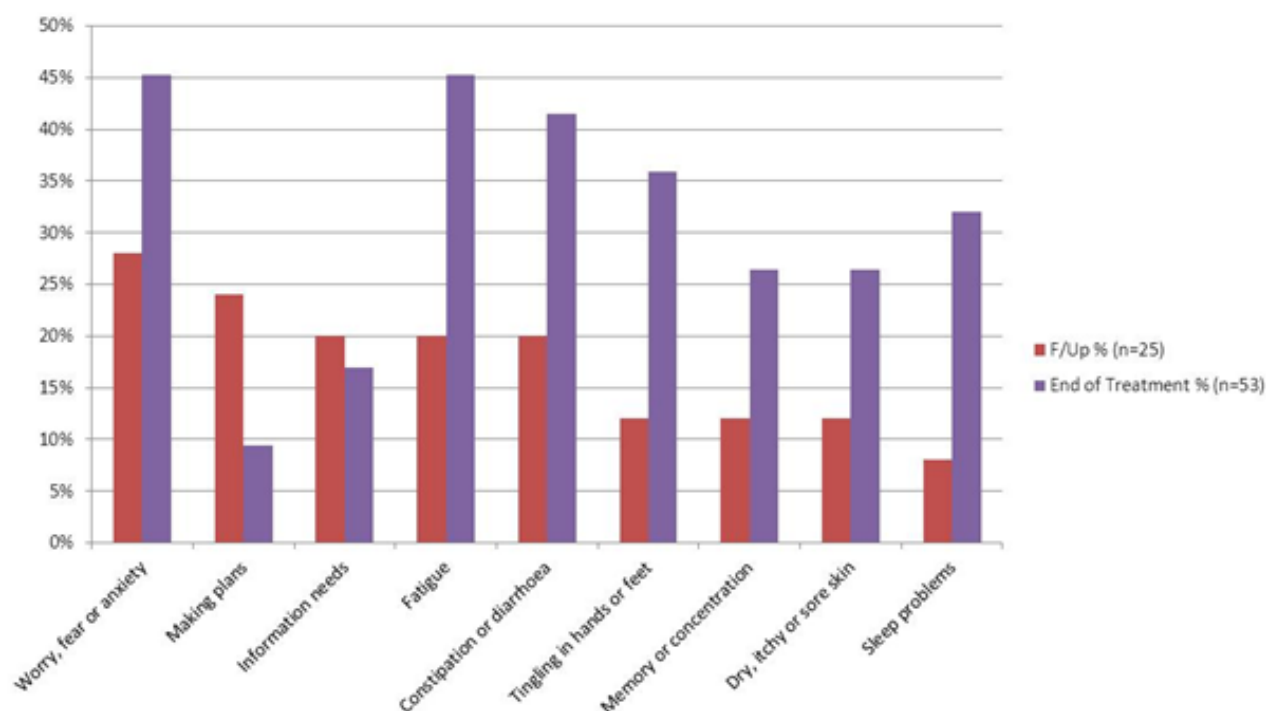


Source: eHNA data from April 2014 – March 2015

Figure 2: Top 5 most commonly reported male and female concerns by %



Source: eHNA data from April 2014 – March 2015

Figure 3: Top 5 reported concerns by people on follow up (n=25) and at end of treatment (n=53)

Source: eHNA data from April 2014 2014 – March 2015

5.1.2 Colorectal Cancer Patient Experience Survey

The Colorectal Cancer Patient Experience Survey results for 2013/14 also offer indications of patients' information and support needs to consider when deciding upon possible content for a colorectal cancer HWBE ([Appendix 1](#)).

The results highlight that patients sought information on what financial help is available and also guidance on returning to work, resources that could be provided at the HWBE either through attendance of the trust cancer information manager, Citizens Advice or specialist benefits adviser and/or through the provision of written patient information booklets. Indeed the survey responses indicate unmet needs for a range of written information, which could be made readily available at an HWBE.

5.1.3 Quality of Life of Colorectal Cancer Survivors in England (2015)

A final piece of evidence to assimilate is the Quality of Life Survey for Colorectal Cancer Survivors in England (2015). Working on the premise that providing the right information and support at end of treatment may improve quality of life in the longer term, this report showed which patients may need targeting for additional support: those under 55 or over 85, individuals with higher levels of social distress and those with a stoma. The problems they reported in ascending order of frequency included fear of their cancer returning; fear of it spreading; fears about death and dying; and problems with sexual matters. A summary of the findings can be found in [Appendix 2](#).

5.2 Colorectal content

These findings indicate the following top 10 reported concerns should be considered for HWBE specifically for people completing colorectal cancer treatment:

- worry, anxiety or fear
- information needs

- fatigue
- constipation or diarrhoea
- making plans
- pain
- sleep problems
- tingling in hands and feet
- work or education
- other medical condition

Other reported problems at end of treatment and follow up which could be incorporated into a HWBE are:

- memory or concentration
- dry, itchy or sore skin
- signs and symptoms of disease recurrence
- follow up surveillance
- stoma care

Effective delivery of these areas can be themed into three areas which cover a group of concern areas.

- Physical activity
 - Fatigue
 - Pain
 - Sleep problems
- Diet
 - Constipation and Diarrhoea
 - Weight changes
 - Fatigue
- Physiological
 - Worry and anxiety
 - Sleep problems
 - Making plans
 - Information needs

5.3 Delivery method

To select the most appropriate delivery method for a colorectal cancer specific HWBE, decide upon the main aim of the planned event. Defining what you want to achieve will guide your decision on the event size and best format. [Table 1](#) outlines areas of consideration when planning your event.

Table 1: Comparison of advantages and disadvantage of different event size and format

Type of event	Advantage	Disadvantage
A large one-off, group event	<ul style="list-style-type: none"> – Can invite more than 20 attendees. – Can include an invitation for a ‘plus one’ – Suits the offer of a marketplace 	<ul style="list-style-type: none"> – Harder to find large space – May involve more cost and organisation so usually offered less frequently – May be a less frequent event and thus require patients to wait. – More breadth than depth of content possible
A series of workshops with a rolling programme	<ul style="list-style-type: none"> – More intimate patient experience if fewer than 20 attendees – Opportunity to explore content in more depth – Once format and content planned the workshop can be easily repeated 	<ul style="list-style-type: none"> – Suited to smaller numbers – May not meet all patients’ needs
A set of workshops run over a defined period of time	<ul style="list-style-type: none"> – Specific content to attract patients with specific needs – More interactive – Hope course for cancer survivors https://hopeprogramme.coventry.ac.uk/courses/Cancer-Survivors-Courses.aspx 	<ul style="list-style-type: none"> – Suited to fewer than 20 attendees – May be harder to maintain good attendance

See [Appendix 3](#) for a suggested colorectal health and well-being event agenda for a large one off event with market place stalls.

5.3.1 Signposting to other services and support agencies

The use of a ‘marketplace’ of local support services is complementary to health and well-being events. Incorporating a marketplace in an HWBE works particularly well when offering a larger event with a facility which can host a range of stands and stalls. Local charities, voluntary groups and other relevant organisations are offered the opportunity to set up a stall with some written literature, advice and guidance relevant to their area of expertise. This provides patients and their carers with an informal opportunity to look at what services, information and guidance may be on offer that might be of particular interest to them in helping to live well after cancer and its treatment. It also provides an opportunity for the organisations to reach out to those that would benefit from their services.

A list of suggested organisations when organising your health and well-being event for larger groups of patients can be found in [Appendix 3](#) along with a suggested agenda for the event itself. Your local Macmillan Information Centre will also keep an updated directory of relevant local and national services. A link to the website can be found in [Chapter 7](#).

5.3.2 Supporting patients to make lifestyle changes

One of the main aims of HWBEs is for patients to become more engaged with adopting positive health behaviours and make lifestyle changes. Some of those attending these events will have a good level of knowledge, skill, and confidence for managing their health and healthcare. Other individuals will need much more support and specific guidance to make these changes. In the workshop-style events there may be more opportunity to focus on the patient gaining new skills or mastery and encouraging a sense of ownership of their health, often alongside use of motivational interviewing/health coaching techniques and written education resources. A link to the King's Fund report on patient activation can be found in [Chapter 7](#).

Another powerful support mechanism can be through encouraging peer support. During the workshops, time should be allocated for small group discussions and interaction over refreshments. This can be promoted through non-threatening introductions, use of named badges and by skilled facilitation.

5.3.3 Patient outcome indicators

There is no one measure that will address all the requirements of providers and commissioners. It would be beneficial to provide an overview and comparison of the benefits and limitations of different behavioural measures in order to aid decision-making.

Clinicians may wish to consider Measure Yourself Concerns and Well-being (MYCAW). Although it is an individualised questionnaire that has been designed for evaluating complementary therapies in cancer support care it may be suitable for use in this setting too.

The objective is to evaluate change in outcomes over time, therefore asking patients to complete one at the time of the event and then again in a few weeks/months would ensure you receive the feedback you require.

6 Factors to Consider when Planning an Event

6.1 Practical considerations

- Audience
 - Patients with colorectal cancer who have completed treatment within the last 6 months
 - Patients partner, carers, support person(s)
- Venue
 - What venue are you able to use?
 - Is it accessible to those with limited mobility?
 - Is there space for information stalls and refreshments?
 - Do you have to pay for its hire? Can you secure Local business sponsorship?
- Time of the day
 - Travel time can impact on the cost of public transport.
 - Early start times may make attendance difficult, and the time of the day the event runs may dictate whether there is an expectation that, e.g. lunch will be provided, or just tea and coffee.
 - For people who may be returning to work, evening events may be preferable.

- Refreshments
 - What type of refreshments can be provided at your venue?
 - Is there an opportunity to provide healthier options, for example fruit? This may impact on the overall running costs.
 - Who is your target audience?
 - Is attendance expected and offered as an integral part of the person's pathway?
 - How can you make sure the 'right' people are invited to attend?
 - If you work in a tertiary centre, are you best placed to offer the event? Could you work with the units to make the events closer to home for people to attend?
 - Can you offer a place to a friend or family member to attend too?
- Evaluation
 - How are you going to evaluate the event, to make sure that it meets the needs of the people who attended? Consider not just patient experience, but patient reported outcomes too. An example can be found in [Appendix 4](#)
- Patient
 - Patient voices
 - Local patient user services

6.2 Administrative considerations

- Making health and well-being events an expected attendance, in the same way as any other appointment, has been reported to increased attendance.
- Invitation letters signed by the lead consultant can make a difference.
- Include the programme for the event with the invitation letter.
- Make sure you know what local services are available to signpost to, and offer these services a space in your marketplace.
- Make time to debrief as a team after each event, in order to think about what went well and what could be improved for subsequent events.

7 Helpful Tools

- Macmillan local information support centres:
www.macmillan.org.uk/information-and-support/coping/getting-support/local-information-centres/local-information-centres.html
- King's Fund report on patient activation
www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/supporting-people-manage-health-patient-activation-may14.pdf
- Administration checklist ([Appendix 5](#))
- Example invitation letter for a speaker ([Appendix 6](#))
- Macmillan Cancer Voices
www.macmillan.org.uk/GetInvolved/Volunteer/CancerVoices/GettingStarted.aspx
- Interactive keypads to get 'live' feedback, and gain audience participation in presentations
- Hope course for cancer survivors
<https://hopeprogramme.coventry.ac.uk/courses/Cancer-Survivors-Courses.aspx>
- Measure Yourself Concerns and Well-being (MYCAW)
www.bristol.ac.uk/primaryhealthcare/resources/mymop/sisters/
- Patient activation
www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/supporting-people-manage-health-patient-activation-may14.pdf
- Example of a LCA colorectal event poster ([Appendix 7](#))
<http://www.londoncanceralliance.nhs.uk/login/?returnurl=/media/116153/lca-colorectal-hwbe-poster-template-november-2015.docx>
- Example LCA invitation letter to a patient, to be printed double sided ([Appendix 8](#))
<http://www.londoncanceralliance.nhs.uk/login/?returnurl=/media/116153/lca-colorectal-hwbe-patient-invitation-template-november-2015.docx>

Appendix 1: Colorectal Cancer Patient Experience Survey (NCPES) results for 2013/14

Over 500 colorectal cancer patients treated in LCA Trusts answered the CPES 2013/14. A summary of their responses are as follows:

- Were you given written information about your cancer before treatment?
 - 25% No, 10% Yes, but difficult to understand
- Were you told about possible long term side effects?
 - 20% No
- Were you given clear information about what to do after leaving hospital?
 - 20% No
- Were you given enough support after leaving hospital?
 - 15% No
- Were you given an assessment and care plan?
 - 82% No
- Was the impact of your cancer on work discussed?
 - 25% No
- Were you given information on the financial help available to you and how to access it?
 - 50% No
- Were you told you were eligible for free prescriptions?
 - 20% No
- Were you able to discuss your fears/worries while in hospital?
 - 10% some of the time, 7% No
- Were you given enough emotional support as an outpatient?
 - To some extent 30%, No 8%

Appendix 2: Quality of Life of Colorectal Cancer Survivors in England (2015)

The report on a national survey of colorectal cancer survivors using Patient Reported Outcome Measures (PROMs) was published in March 2015 by NHS England. It offers detailed analysis on the quality of life of colorectal cancer survivors. The survey included people who were alive 12-36 months after diagnosis and 21,802 responses were received (63% response rate) for:

- 62% colon
- 7% recto-sigmoid
- 31% rectal

A summary of these findings are:

- worse quality of life was reported by those under 55 or over 85
- overall worse health status was reported in this group than an aged-matched population
- 20% of those with a stoma were embarrassed quite a bit or very much
- higher levels of social distress were noted to be associated with presence of a stoma
- 22% of those without a stoma had little or no control of their bowels
- 20% reported to have no appetite
- 20% were unable to digest food well
- 25% reported problems with sexual matters
- 40% had trouble sleeping, 40% felt tired
- 29% had mood swings, 20% irritable
- 56% feared their cancer returning, 46% feared it spreading and 30% had fears about death and dying
- 10% didn't receive appropriate health and social care support, 18% did to some extent, 36% did
- 35% didn't do any exercise, whilst 21% did the recommended amount

Appendix 3: Example Colorectal Health and Well-being Event

Colorectal Health and Well-being Event

Date		Time	Registration at 12:30 Event starts at 13:00 -16:00
Meeting Chair		Location	

Agenda

Allotted time		Presentations	Presenters
	12:30 – 13:00	Registration opens – Tea, Coffee	
	13:00 – 13:05	Welcome	Senior trust executive
	13:05 – 13:20	Overview of colorectal cancer <ul style="list-style-type: none"> • common post treatment side effects • what can be done to alleviate 	
	13:20 – 13:35	Physical Activity <ul style="list-style-type: none"> • Fatigue • Pain • Sleep problems 	
	13:35 – 13:50	Diet <ul style="list-style-type: none"> • Constipation and diarrhoea • Weight changes • Fatigue 	
	13:50 – 14:05	Physiological <ul style="list-style-type: none"> • Worry and anxiety • Sleep problems • Making plans • Information needs 	
	14:05 – 14:35	Break – Tea/Coffee	
	14:35 – 15:35	Breakout sessions Choose 2 sessions to attend (30mins each)	
	Breakout 1	Stoma care	
	Breakout 2	Peripheral neuropathy	
	Breakout 3	Sexual function	
	Breakout 4	Managing change in bowel habit	
	Breakout 5	Exercise therapy	
	15:35 – 15:45	Summary	
	15:45 – 16:00	Evaluation and Close	

Suggested Marketplace Stalls

Organisation	Services	Source
Smoking cessation services	Smoking	www.nhs.uk/smokefree www.nhs.uk/Service-Search/Smoking-cessation-clinic/London/Results/557/-0.085/51.511/636/13136?distance=25
Alcoholics Anonymous Alcohol Concern Al-Anon (for families and friends of alcoholics)	Alcohol support	www.alcoholics-anonymous.org.uk/ www.alcoholconcern.org.uk/ www.al-anonuk.org.uk/
Beating Bowel Cancer	Patient information and support services	www.beatingbowelcancer.org/
Macmillan Cancer Support	Patient information and support services	www.macmillan.org.uk/
Bowel Cancer UK	Patient information and support services	www.bowelcanceruk.org.uk
Stomawise	Stoma information	www.stomawise.co.uk
Citizens Advice	Financial and employment advice	www.citizensadvice.org.uk/
Look good feel better	Cancer support charity, providing practical free services for women and teenagers suffering from the visible side effects from cancer treatment.	www.lookgoodfeelbetter.co.uk/
Walking for Health	Physical activity	www.walkingforhealth.org.uk/
Maggie's Centres	Mental health, physical and emotional well-being centre	www.maggiescentres.org/
Paul's Cancer Support Centre (local to Wandsworth)	Mental health, physical and emotional well-being centre	www.paulscancersupportcentre.org.uk/

Notes:

When inviting organisations whose services and information overlap/duplicate it may be worth considering providing a brief as to what area/information you would like them to focus on.

Appendix 4: Example Health and Well-Being Evaluation Form

Evaluation on Health and Well-Being event

We would welcome your feedback on today's event to help us plan the next event.

Please can you complete the following five questions:

1. Please can you tell us your main reason for coming to this event? Please tick all that apply:

To find out more about what foods to eat Yes / No

To find out more about physical activity Yes / No

To meet others who have had similar experience Yes / No

To talk to healthcare professionals Yes / No

2. Did this event meet with your expectations?

Yes No

If not, would you please explain why not?

3. Please state one thing that you gained by coming to the event today

.....

4. How could we improve this health event?

By using a different venue Yes / No If Yes, please suggest an alternative:

By holding it on a different theme Yes / No If Yes, please suggest alternatives:

By allowing more discussion Yes / No

Other ideas

5. Overall how satisfied are you with this event today?

Very satisfied Satisfied Neutral Dissatisfied Very dissatisfied

Appendix 5: Example Action Plan

Health and Well-Being Event: ACTION PLAN

Speciality:

Venue:

Date:

	Activity	Responsible Person	Completed on:	Notified
1	Identify a suitable date from the options provided			Lead
2	Identify suitable patients with the criteria already provided			Lead
3	Decide programme of presentations/speakers			
4	Plan and organise refreshments			
5	Book speakers			
6	Create patient invitation letter and posters			
7	Email CNS team, MDT coordinators and cancer information specialists			Lead
8	Compile patient list including contact telephone numbers			Lead
9	Minimum 8 weeks before event, send invitation letters			
10	Collation of acceptances/refusals			
11	One month before, send out second tranche invitations and further Trust marketing			
12	One week before, confirm speakers, room booking and refreshments			
13	One week before, confirm patient attendance by phone			
14	On day, prepare room, provide patient resources, signs			
15	Registration and welcome			
16	Evaluation forms (distributed at event)			
17	Within one month after event, analysis of evaluation forms			

Amended with permission from The Hillingdon Hospitals NHS Foundation Trust and London North West Healthcare NHS Trust

Appendix 6: Example Invitation Letter for a Speaker

Dear

[Insert Trust/name/department] will be running a patient health and well-being event aimed at colorectal cancer patients who have completed their treatment. The purpose of this event is to:

- Support patients in self managing any ongoing health needs as a result of their treatment
- Offer health promotion information at the point which people are open to making lifestyle changes
- Support those living with and beyond cancer to take an active role in their cancer recovery.

Attached is the proposed agenda for the event and I would like to invite you to the event and in particular value you delivering a presentation on [insert presentation agenda item].

The event is planned for the [insert date] from [insert time]. We aim to have circa [insert number of patients] patients in attendance. The format will be a combination of formal presentations and breakout sessions with market stalls set up at the event to provide patients with the opportunity to obtain more information and share experiences amongst themselves.

I would be grateful if you could let me know whether you would be available to attend as a speaker by [insert date] to enable event planning and provide you with further details.

Appendix 7: Example of a Colorectal Event Poster



insert your NHS trust logo here on the right hand corner

You are warmly invited to a Bowel Cancer Health and Well-being Event

Wednesday 3 February 2016, between 13:00pm – 16:00pm

Designed for patients who have received treatment for bowel cancer, this event will provide you with information on how to manage any ongoing health issues and how to make lifestyle choices to help you move forward.

The event will provide you with a range of health and well-being advice from expert healthcare professionals from across the NHS including:

- Overview of colorectal cancer
- Physical activity and diet
- Anxiety and self-management
- Stoma care
- Peripheral neuropathy
- Sexual function
- Managing change in bowel habit
- Exercise therapy

There will be a tea/coffee break where you will have the opportunity to talk to health professionals and other attendees. You will also have time to browse a range of information and advice stands.

You are welcome to bring a family member or a friend who may find the supportive information useful.

The free event will be held at the Royal College of Nursing, 20 Cavendish Square, London W1G 0RN

Please RSVP by Friday 8 January 2016 to on.....

Appendix 8: Example of a Colorectal Event Invitation Letter



Insert your NHS Trust specific logo here

You are warmly invited to a:

**Bowel Cancer
Health and Well-being Event**

Wednesday 3rd February 2016
13.00pm – 16.00pm

Royal College of Nursing
20 Cavendish Square
London
W1G 0RN

Insert your NHS Trust specific logo here

I would like to invite you to an education event being held to provide you with information and ideas to support your recovery after your bowel cancer diagnosis and treatment.

I would like to welcome a family member or friend as we understand that a diagnosis of cancer not only affects you, but also your family and friends.

We know from patient feedback that it is important to have tailored information about your bowel cancer and its treatment at the time of diagnosis; however patient feedback also tells us that there is often insufficient information provided about how to manage any ongoing health issues and how to make lifestyle choices to help with moving forward after your cancer treatment you have completed your treatment.

The event will provide you with a wide range of health and well-being advice from expert healthcare professionals from across the NHS including:

- Overview of colorectal cancer
- Physical activity and diet
- Anxiety and self-management
- Stoma care
- Peripheral neuropathy
- Sexual function
- Managing change in bowel habit
- Exercise therapy

There will be a tea/coffee break where you will have the opportunity to talk to health professionals and other attendees. You will also have time to browse the range of information and advice stands including:

- smoking cessation
- Beating Bowel Cancer – patient information and support services
- Macmillan Cancer Support benefits advisor
- Walking for health
- Look good feel better
- Maggie's Centres

In order to help us manage the planning of this event, please confirm your attendance along with any family member or friend who may be joining you by emailing or calling by Friday 8th January 2016.

With kind regards

(Insert name)

(Job title)

(Trust)