Researcher BN: So just to start, would you mind just saying, erm, your gender, age, and your role at (name of charity)?

SP3: Yeah. So, I, my name is (SP3), I am 58, and I am trustee and founder of (name of charity). And I also work as a specialist cancer nurse.

Researcher BN: Mm-hmm. And can you describe what led you to start (name of charity)?

SP3: That's a very long story,

Researcher BN: (laughs)

SP3: But, but basically I did work with, erm, I worked as a McMillan complex case manager for a long time, and that was in the community, and we would look after vulnerable clients. I mean, not only vulnerable clients, but it would be people with cancer, but with additional needs, as well as, general public with cancer as well. So it was, we ran the service for seven years, but, through Newcastle hospitals, but it was never, ever funded by Newcastle Hospitals. So, our service was ran on all soft monies, so it was on charity monies, erm, Macmillan, Sir Bobby Robson unit, Cancer Care alliance. And then for the wisdom, they have just pulled the service. Erm, but we had hundreds of patients on our books, we won awards. We did a lot of one to one interventions, o the very thing that you're saying.

Researcher BN: Uhumm..

SP3: So if you think about, so a lot of the time, it is about trying to get people to do healthy activities, or, stop smoking all the rest of it.

Researcher BN: Uhumm.

SP3: Erm, a, a, GP telling them that, they're not gonna do that. What we would do is we would go in, and we would interview people and do an assessment in their own homes, after diagnosis. We would build, erm, a rapport with them. We would do, sort out all their biggest concerns, so whether, quite, quite a lot of the time it might be financial, so getting them grants, all of those things. And then we would concentrate on their emotional, erm, issues that they had. So we would support them, we would do a bit of CBT. But then on the back of that, because they've got all of our trust, we would then start introducing things like healthy eating, exercise. So we would do living well courses, and, health and well-being events, all sorts.

Researcher BN: Ah okay.

SP3: And people that you would never have expected to go along and do gym work, or go out for walks, were buddying and up and going along, but they all said..

Researcher BN: Oh wow!

SP3: ..but they all said ‘had my GP said, to go along. I wouldn't have done it’. But it, because it was this nice long process, and they got to know ya, they trusted ya, they did it. But er, so anyway, that got pulled. I was so furious and pissed off..

Researcher BN: Yeah.

SP3: That I started my own charity.

Researcher BN: Great.

SP3: Because you, you know, you know that, you know the good work that you can do.

Researcher BN: Uhumm. Yeah. And so, what, erm, do you like the most about (name of charity) and what you do day-to-day?

SP3: It's that community aspect of it, so I, obviously it's hard because I do, everything I do is voluntary, erm, even though I'll probably do three full days on it, erm..

Researcher BN: Oh wow. Still voluntary?

SP3: Yeah, yeah. I don’t get paid a penny.

Researcher BN: Wow.

SP3: Yeah, yeah and I run all, loads of different courses. Sort out all, everything, really. Yeah, I am basically (name of charity). I pay all my facilitators. I pay the counsellors, and art therapists and everything. But I don't get paid. But regardless, it's that community aspect in knowing that you're helping with isolation. Er, I ran the breast cancer group last night and it was wonderful. It was just so lovely to see, erm, people get together and be able to, to talk, which they don't always get that opportunity to do. I mean, I'm a nurse, I work in a hospital, but they..

Researcher BN: Yeah.

SP3: ..they tell you that they don't get that opportunity to do that there.

Researcher BN: Yeah.

SP3: Erm, so yeah, they're, they're the nice, that's what keeps me going, erm. But eventually, hopefully I'll get paid and I'll leave the NHS (laughs).

Researcher BN: Hopefully! Wow. It's unbelievable you do all of this, just unpaid. It’s amazing.

SP3: Yeah, yeah.

Researcher BN: So what, what do you find the most challenging? And what are the more difficult parts?

SP3: Doing two, well I basically work two jobs. Yeah, so that, that's a hard.. I'm very, I'm dead organised. I'm really well organised. But that is so, I suppose for yourself. That risk, erm, you know, I'm that long in the tooth, I'm very aware that, that I could become burnt out.

Researcher BN: Yeah.

SP3: I've already had, I've already had to drop a day at work. So financially I'm worse off, to be able to fulfill my role with the charity, but it's because it's so worthwhile. It is, like the feedback, the impact statements we get off people, the thank yous, is just enormous, we know we make a difference.

Researcher BN: Yeah. And that outweighs any, any challenges?

SP3: Yeah, yeah, absolutely, yeah.

Researcher BN: Yeah. So talk us through, kind of your day-to-day role when your doing (name of charity), so the kind of activities you have, and how involved you are with those?

SP3: Yeah. So I'm, I am very involved, I suppose as the founder, but I also do like, people will contact and say can I speak to your marketing and, like, ‘well that's me’

Researcher BN: (laughs)

SP3: ..or ‘can I speak to your fundraising’. So I'm heavily involved on a day-to-day thing. So typically, tomorrow I'll be off. So I'll answer all the emails, sort out social media for the rest of the week. We'll do all of that. I'll probably ring a few patients, so I do do a little bit of loose one-to-one work with them.

Researcher: Okay.

SP3: I've always set, I set up a lot of meetings with erm, like collaborative working meetings. So with other charities, I'll meet people, so last week for instance, I met, erm, a lady who wants to do sound baths for us,

Researcher BN: Oh wow.

SP3: ..which is really interesting. Erm, so I said well before I can, you can commit to that, I need to try it. So I, I would never just go ‘Oh yeah, you can do it’. But I've done, I've read about the research, and it's, it's, it seems to be fantastic. But I wanna, I wanna experience it, with the trustees before we do a pop-up event. Erm, so yeah, we do have lots of meetings, and then, go, I did the walk and talk, we do coffee mornings, you turn up to support groups, that kind of thing.

Researcher BN: Yeah. And, and are you at most of those, do you kind of see patients or?

SP3: No, no. So a lot of them, we, we've got a full program now, so erm, I've got facilitators who will deliver all the art therapy stuff. So I don't..

Researcher BN: Uhumm.

SP3: ..I don't tap into that. Erm, sleep workshops, relaxation workshops, er, creative writing, I don’t tap into any of them. But I think the more patient focused one where, and I think that's what probably makes us a bit of a credible cancer charity is because I'm a specialist nurse with 30 years experience. Sometimes they want to talk to me. Or, we’ve got like, I've got volunteers who are ex nurses. So that coffee morning thing I would always go to.

Reseearcher BN: Right.

SP3: I’d get, I'd facilitate the breast Cancer Support group, erm, next week I’ve got another meeting with Northumbria Healthcare Trust that want us to get more involved with some other support groups as well.

Researcher BN: Ah. Fab.

SP3: So.

Researcher BN: OK.

SP3: So it's all good.

Researcher BN: Yeah.

SP3: And then getting the content together for newsletters, like we do the quarterly newsletter, so it, a lot of that stuff is like, big. Erm, just being able to sit and just clear your mind and write it all down, and get all..

Researcher BN: Yeah, definitely.

SP3: ..the content out there.

Researcher BN: Uhumm.

SP3: So yeah, I don't stop (laughs).

Researcher BN: (laughs) Yeah, it's unbelievable how you do, how you do it all. That’s amazing. So erm, in terms of the, the coffee mornings and the ring arounds you do with patients, when you speak to them directly, is it the same patients often that you say over a period of time? Or is it different?

SP3: It's different, so we get, so the coffee morning, so you've probably got your core, and then you've got new people who come, like, so it's getting bigger like, our last coffee morning was really big. I think we had, we must have had about 50 people there at the coffee morning.

Researcher BN: Wow.

SP3: So that was, yeah, so that was quite, actually we ran out of cups and we had to go and get more. So every time it seems to get bigger, but you've also got your core. So some people drop off,

Researcher BN: Right.

SP3:..some people come to every other coffee morning, erm, the breast Cancer Support group last night there was seven people there, and that was only the third one we've done. Erm, but we've got, I think the note of interest there's about 20 patients down there. But again, people will dip in and out because they may be on treatment, they might be unwell, and it's just giving them that opportunity, and saying to them, it's fine to dip in and out,

Researcher BN: Yeah.

SP3: ..and it's fine for you to come only when you need us, and getting that message out, and I think we do that quite well.

Researcher BN: Yeah. And how did they, how do they usually come to hear of you?

SP3: So, er, social media, I do loads of social media, and I share it within Northumbria Healthcare Trust. I also share it with all the professionals in the Newcastle Cancer Centre as well, and then they share it amongst people, and the cancer alliance have got all the info. And then where, I’m part of the, Cancern, which I hate the word, I absolutely hate it,

Researcher BN: Oh yeah.

SP3: Cancern network, erm, and they will share a lot of stuff. And also, old fashioned flyers and posters.

Researcher BN: Oh right.

SP3: So we try and get them popped up, like things like that, the (name of centre) just putting them in there, erm,

Researcher BN: Uhuhh.

SP3: ..the GP surgery. Like I’m connected with a lot of the cancer care coordinators. So they'll put up posters for us. Like, I didn't even know, but apparently in every single changing room, for radiotherapy they've got our posters up.

Researcher BN: Oh wow, ah that's fab.

SP3: Yeah so we’re getting lots of people, so it isn't just North Tyneside, there’s a lot of Newcastle patients coming through.

Researcher BN: Is it?

SP3: Yeah.

Researcher BN: Oh wow, so does that, does that kind of indicate that there's not as much support in Newcastle, that they’re coming, to North Tyneside?

SP3: No, I, I think there is. I think, I think there's a lot of support, but I think what, what happens is that all of the support is 9 to 5 Monday to Friday..

Researcher BN: Yeah.

SP3: ..whereas we offer things in the evenings and weekends. So for a lot of people who have gone back to work that you know, it's better to come to a support group in an evening or something.

Researcher BN: Yeah, definitely.

SP3: Yeah.

Researcher BN: So how, how, how long, when you’re kind of ringing up patients, or seeing them at the coffee morning, how long are your interactions with individual people? How long do they tend to last?

SP3: It just, it just depends, so for one coffee morning I was taken away for the whole coffee morning, ‘cause the, the woman was absolutely distraught. But sometimes I can actually identify, so I had a really, a lady who was really upset, who'd come to our last one, but I, I actually buddied her up with somebody else who'd been through her experience, which allowed me to float around, and spend 10 minutes with each person type of thing,

Researcher BN: Uhuhh.

SP3: ..which was a better use of time.

Researcher BN: Yeah. And so did you, did you notice much of a difference kind of before, during and after COVID in how people came to access you, and the types of things you did?

SP3: So if you think about, so we only set up in the November, and then COVID hit us in, what was it, the March?

Researcher BN: Yeah.

SP3: So it was, we had a whole program of face to face care set up, and we had a lot of pop up, erm, talks, like for instance, we had a talk about the benefits of CBD oil.

Researcher BN: Alright.

SP3: So a lot of people wanted, because that's what people were asking, as, as a professional people ask me about CBD oil all the time, and I thought well actually, I'm gonna put something on about it. Erm, and we had, that night I think we had 30 odd people to come along that wanted to listen to it. But anyway, after erm, after COVID hit we had to just change our whole way of delivering stuff. So it, that's when we ended up doing a lot of zoom stuff, erm we even did art therapy via zoom, we did creative writing via Zoom, Book Club, we did all sorts of different things. And it, we’re actually gonna keep that hybrid approach going forward,

Researcher BN: Ah right.

SP3: …because some things work so much better on zoom. So for instance, if, if someone’s living, I think, I don't know, quite isolated in the countryside or whatever, they can access us.

Researcher BN: Yeah.

SP3: They don't have to turn up. So things like the sleep and relaxation, we've kept on zoom, so people will just dial in, they'll have their blanket and their pillow, and then, you know, they can just get to sleep (laughs).

Researcher BN: And they don’t have to worry about driving home when they're all sleepy (laughs).

SP3: Exactly. It's all those things. Yeah, yeah. So.

Researcher BN: Yeah. And what do you tend to talk about, with these kind of like day-to-day conversations? Is there any kind of themes that come up, or?

SP3: So mental health’s a massive thing. So, like, any kind of cancer patient will always talk about their, being scared, fear of reoccurrence, all of those things. But we do do a lot of health promotion stuff.

Researcher BN: Ah right.

SP3: So on our erm, our, website, we've got, in our videos, we've got things like, from, Professor John Saxton? I don't know whether you’ve, heard of him?

Researcher BN: No.

SP3: So he's a professor in, he did a massive study, he's probably worth checking up on.

Researcher BN: Yeah, I probably should (laughs).

SP3: Yeah, on exercise.

Researcher BN: Uh-huh.

SP3: With cancer, so it was, wasn't just for people who were, with a primary cancer, it was for people with secondary cancers without a cure.

Researcher BN: Ah right.

SP3: And he found that those, their outcome improved. So you, they would get longer, they would get more years if you exercise before and after. So I promote a lot of that as well, erm, and just try and get people out, because people will just sit in their own home.

Researcher BN: Yeah.

SP3: And then we talk about smoking. We do talk about all those things, erm..

Researcher BN: Uhuhh.

SP3: Not to preach, but just to tell them like the risks are how, I always talk about the sun as well with a lot of patients, because they don't realise if they've been on chemotherapy, they've got a higher risk of developing a skin cancer.

Researcher BN: Oh wow.

SP3: Erm, so it's, it’s all of those like knowledgeable things that you can pass on as a healthcare professional.

Researcher BN: Yeah.

SP3: Rather than, rather than a lot of charities are set up sometimes by patients who have been through it.

Researcher BN: Uhumm.

SP3: But they might not necessarily have all of that background knowledge.

Researcher BN: Yeah, so I was gonna say so, do you find you bring a lot of what you've, kind of, learnt as a specialist nurse and..

SP3: Yeah, I absolutely bring that on board. But I also bring it on board, like, so all of our trustees have been affected by cancer. So I, I can bring… so I don't know what it's like to have cancer, but I know what it's like to be a, you know, an Aunty of someone with cancer, a sister-in-law, a, a daughter, all of those things. So..

Researhcer BN: Uhuhmm.

SP3: I can, I can help with the carers sometimes.. aswell.

Researcher BN: Yeah.

SP3: Yeah, uhumm.

Researcher BN: Great. So when you say you talk about like health and lifestyle, who tends to, do you initiate those conversations, or, how does it go?

SP3: Sometimes I, sometimes I initiate it, sometimes, cause if they're saying like they're stuck, and they're in the house, and they're talking about mental health, blah, blah blah, I’ll say well, one of the best things that you can do is exercise, and then we say, we'll talk about the benefits of exercise. Erm, and it might be, it might be about diet, because they're eating crap. You know, all of those things. So sometimes it's us, and sometimes it, it could be them.

Researcher BN: So just a mixture.

SP3: It's just a mixture, yeah.

Researcher BN: Yeah.

SP3: But it's definitely that teachable moment. Like, it's great when you get someone, and you think, right. (laughs)

Researcher BN: How do you know? How do you how do you sense that?

SP3: I don't know. Mebbies it's just experience. I don't know.

Researcher BN: Yeah.

SP3: Yeah.

Researcher BN: Do you think?

SP3: Yeah, it might, it might be, and like as a, as a nurse, we have it drilled into us anyway, like for assessment, and like what to pick up on and stuff. Uhumm.

Researcher BN: Yeah, so you bring that in. (laughs)

SP3: Yeah, probably. (laughs)

Researcher BN: And do you, do you think it feels like an appropriate environment to talk about, health and lifestyle, with someone who's maybe dealing with a diagnosis of cancer?

SP3: Absolutely, yeah, absolutely. Because our whole thing is living well with cancer. I'm fed up to the back teeth of, like, this negative thing, and, people being defined by it. You know, I think erm, bowel babe did a fantastic thing for people with cancer, because she talked about, living with stage four disease, but she was going off and living her life.

Researcher BN: Yeah.

SP3: You know, even at the end, she talked about the dying process, and being scared, she just opened up the conversation really.

Researcher BN: Yeah.

SP3: Erm, so, so last night, even with our breast cancer group, we had a mixture of women. So we know like some of the women there, would have done, will do incredibly well. They'll be, they'll be absolutely fine. You know, like this low grade type of cancer. But we had others with secondary cancer. And, even within them, we were talking about, well actually the benefits of exercise, and getting out and, and laughter, and all of those things.

Researcher BN: Yeah. So it's always, it's always appropriate and important.

SP3: Yeah, yeah. Absolutely.

Researcher BN: Yeah.

SP3: It's not a head tilt when someone gets, like a poor diagnosis. I mean, you’ve gotta use your communication skills, don't get me wrong. And you probably have to go through that process till you'll be, you can talk about those things. You know, so you support out, you support them through their major concerns, and then you can address, your first, you wouldn't jump in talking about exercise.

Researcher BN: Uhuhh.

SP3: You’d deal, you’d deal with everything else first. Yeah.

Researcher BN: Yeah. And that's how you'd know.

SP3: Yeah.

Researcher BN: Yeah. And is there anything that would kind of, that helps having those conversations? Say..

SP3: In what? In what way?

Researcher BN: Just anything that might help, so is there any kind of, training, or specific settings that help assist those, or someone on their own, or things like that.

SP3: Do you mean from me chatting to them, from my perspective?

Researcher BN: Yeah.

SP3: So we do loads of sort of like advanced communication skills, and, and all sorts.

Researcher BN: Ah right.

SP3: So I've got like, like a degree in cancer care, and various things, so, yeah. So again, probably I'm, I’m probably unusual, to be fair, to be a founder. (laughs)

Researcher BN: yeah. (laughs)

SP3: Yeah.

Researcher BN: You know it all already (laughs)

SP3: Well no, I hope I don't, and I learn every, every day, but I don't get flummoxed, or, like thrown by things.

Researcher BN: Yeah.

SP3: Yeah.

Researcher BN: I think that's a nurse thing, isn't it? It's definitely a, a trait.

SP3: Probably yeah (laughs)

Researcher BN: Yeah, it's just, could deal with any crisis. It’s just.. (laughs)

SP3: Well ‘cause, but you do you know, like, even today I've gone from, like, sick sick sick, to someone, like, having a laugh and joke with them, and you just, yeah, you just change your mask every day.

Researcher BN: Yeah.

SP3: Yeah. (laughs)

Researcher BN: And, did you notice any difference like, before, after, during COVID, about the types of health and lifestyle conversations you were having?

SP3: Yeah. So, definitely, we addressed it, we definitely addressed alcohol. So people were telling us they were drinking more. So again, it was just about, well actually, how many units do you think you’re having? And do you know what the safe level is, and, all of that. And then just some tips to try and get them to cut back. Erm, lots of people eating more, myself included. You know, just binge eating, you were bored. All of that. So it was just, about acknowledging that, and that actually, it doesn't, it doesn't have to become a, a big habit. We can, we can change it, in just a few little changes and things.

Researcher BN: yeah.

SP3: And we're actually, that's one thing that we're going to be doing, we're looking for some funding. So we're trying to do a erm, it's called the wellbeing nine a day. So my, my son’s produced it. He's, he's written a book.

Researcher BN: Oh wow!

SP3: Erm, and he's gonna, he’s, it's really, really clever. I should send you this stuff through..

Researcher BN: Ohh, I'd be interested, just on a personal note (laughs).

SP3: No the overview, so it's like, I think there’s nine domains in it, and it's broken into three sections. But it's basically changing your mindset, erm, and it's like, developing 9 habits a day. And we're going to do the, our (name of charity) calendar based on that as well. So it's about drinking more, exercising. But like, the, the research behind it.

Researcher BN: Ah amazing.

SP3: Erm, I'll send you that through. I'll send you the flyer through. I’ll write that down.

Researcher BN: Yeah definitely, that would be fab. So you say, they, actually, did they start the conversation about alcohol, when you said they tell you how much they're drinking?

SP3: So yeah, so they'll go, so again, this is a nursey thing. So they'll go, ‘eee, do you know, I had an extra one last night’. And then you explore.

Researcher BN: Yeah.

SP3: And then they’ll go so what do you mean an extra one, and I’ll say well how much do you normally drink? You know, and then they'll go ‘oh well, I have a glass of wine every night’. Well, well do you realise you should be having a couple of alcohol free days, and then, they'll just open up and tell you ‘well, actually, I'm having a bottle of wine a night’, and, well, actually, that's not good. And then you can have, it really does open the conversation.

Researcher BN: Yeah, from that one way in.

SP3: It's picking, it's picking up the cues, isn't it? Mmmm.

Researcher BN: Yeah, you sound like you, you, you've got that down to a T.

SP3: Uhuhh (laughs)

Researcher BN: Yeah. So what about conversations about, like, the wider determinants of health, like, kind of you’ve already mentioned a bit about mental health, but, and like employment, finance. Do those kind of conversations come into things?

SP3: Yeah, well, very much more so in my everyday job. But in terms of the erm, the, the charity, so, like, I'm not really supposed to be doing the one to one stuff. I'm not advertising that, but sometimes my, McMillan’s sent me a couple of patients over where they've been in the buddy system and, I think the volunteers really struggle.

Researcher BN: Ah right.

SP3: So again, so that might be where I go out, like I went out to South Shields and, I think he'd had 46 conversations a, a, someone like on a buddy system. But I went in and actually, his concerns when you do the assessment was about money.

Researcher BN: Ah right.

SP3: It was about, it was like his bills, de duh duh duh duh. So I signposted him to a lot of things, had a good chat to him, and got him to come along to the coffee morning. He no longer needs loads of phone calls. You know,

Researcher BN: Wow.

SP3: ..so it was about just, cause you end up just going round and round in circles, you wanna empower people, you know, they don't wanna be chatting all the time either. So, again, it was just using your assessment skills, so the, the, the be all and end all that his biggest concern was money. So I was saying well actually N power can do a reduced tariff for your, for your erm, for your heating, blah blah blah blah, so it was just giving him that knowledge really.

Researcher BN: Yeah. And, where did you kind of have the resources to know where to sign post? Was that from the experience of being a nurse?

SP3: My experience as being a nurse, yeah. Yeah.

Researcher BN: Right.

SP3: And again, we were in, like the Macmillan one to one role was, I mean, it's the best role I've ever done. I have to say, erm, I just, how they got rid of that service, I'll never know. But the knowledge that we acquired was just, phenomenal, and people would come to us who would say like, ‘yous are walking encyclopaedias’, we would, we would know where the food banks were like, not just the big food banks, like, if, like, Byker had set up a new one, we would know where to send, to get school uniforms, you know, all of those things. So it was very much a community, kind of service.

Researcher BN: Yeah.

SP3: So I'm trying to bring that to this place as well.

Researcher BN: Yeah, ah fab. And do you think those conversations go down well, especially when it's something that's really important for them?

SP3: Yeah, absolutely. Cause it's everyone, every single cancer patient’s unique. So that's why you've gotta, you've, you know, I had one lady, so you can go in, this is when I was doing the one to one nursing, and you have like a picture in your head before you go in, and you’re thinking right, well I'm gonna have to sort out her pain, I'm gonna have to do this, I'm gonna have to get her benefits sorted. And actually when you did the full assessment on her, the only thing she was bothered about was her dog. Like, who would look after her dog when she was having chemotherapy.

Researcher BN: Ahhh!

SP3: So, so it was about trying to get someone to come in and look after the dog, and looking at organisations to come in. So yeah,

Researcher BN: Yeah.

SP3: We make all these assumptions, but actually, sometimes it's not what we think.

Researcher BN: Uh-huh. Yeah.

SP3: So you have to listen, you have to listen and you have to, it's about what's important to them.

Researcher BN: Yeah. And is there anything that stops you from talking about, kind of employment and finance, is there anything that stops you from going there?

SP3: No, not really, but I think, I would imagine a lot of places will struggle, though, because you've got to know what you're talking about, or know who to, like I certainly don't know every, I know that with, like employment law, cancer is a disability, so I can tell them that, I've helped people get back to work. But I would signpost them, if it was anything more complicated, to all the different organisations that are out there. And that's a big thing. It is, a lot of it's signposting.

Researcher BN: Yeah. So if someone didn't have the, the resources to know where to sign post,

SP3: yeah.

Researcher BN: ..that would be a barrier, yeah.

SP3: Yeah.

Researcher BN: And, is there anything that you, that would assist with these kind of conversations, or do you think they're quite easy to have anyway, and appropriate?

SP3: I just think you can ask, I think North East people are absolutely fine, they’re very open and transparent, and they’re, just easy to talk to.

Researcher BN: Yeah.

SP3: Yeah.

Researcher BN: So..

SP3: And I, I suppose it's about your approach as well, with, with people as well, isn't it?

Researcher BN: Yeah, definitely. And, kind of building the raport, would you say? Yeah.

SP3: Yeah, rapport is massive, huge.

Researcher BN: Yeah. And so, I know you've had training in making every contact count. So, where did you receive that training?

SP3: We haven't.

Researcher BN: So you had it when you were a nurse, but not, (SP3 shakes head) oh really?

SP3: I've never, I've never had it, so until you, until you mentioned it, I've never heard of make every, I've never heard of it.

Researcher BN: Oh right.

SP3: Yeah. So I’ve had,

Researcher BN: I don’t know why I had in my head you had.

SP3: I’ve had advanced communication skills, I've had all, all sorts of things, but yeah, I, I don't think it's been plugged, brilliantly, I have to say.

Researcher BN: Oh right.

SP3: And my colleagues, like we were talking about it this morning, none of, so I've got, I mean, with social workers and other specialist nurses, none of them knew about it.

Researcher BN: Ah right, interesting. So have you had any training in brief interventions, or anything that might, kind of resemble.. or would that the conversation skills training?

SP3: Conversation skills. Yeah, yeah. Communication, advanced communication. And they do, there's something, like, I've just sent one of my staff on this morning, again it’s a communication skills, but it's very much about interactions with people. It's a sage and thyme communication course.

Researcher BN: Ah right.

SP3: So that, they've been on that this morning. But not, like there's nothing specific about the teachable moment, erm, like health education, no.

Researcher BN: Ah so that's just come from your experience, and, your..

SP3: Yeah.

Researcher BN: Oh and you've never had any..

SP3: No, no, and absolute interest in that you've, this is what we need to be doing. Yeah.

Researcher BN: Yeah. Ohh wow. So nothing, no training in the NHS, or..

SP3: No.

Researcher BN: Or nothing's been offered here when you've been at (name of charity).

SP3: No, nothing.

Researcher BN: Ohh interesting. So in terms of, any kind of training you'd want to see then, is there anything..

SP3: So I would be really interested if there was that there, I think it would be a great thing, because I would send my trustees to it and yeah, it would be great, absolutely great.

Researcher BN: Yeah.

SP3: And just the importance of that like, that, just that interaction, how, how you can actually make a difference.

Researcher BN: Yeah. So that would be the specific thing you’d kind of want them to know, to learn more about.

SP3: Yeah.

Researcher BN: Yeah.

SP3: Yeah. So communication like I say, difficult conversations, they've done that to death, the er you know, a challenging behavior. We've done all of that, conflict, but actually the, the whole bit about making a difference to someone,

Researcher BN: Uhumm.

SP3: ..and having that conversation about lifestyle, we don't, we, well I’ve personally not had any training.

Researcher BN: Ah right, so that didn't come up at all in difficult conversations? Is that more about, a cancer diagnosis?

SP3: No. Yeah, yeah. And how you, how you would, even like where you sit in the room and all of that, your body language.

Researcher BN: Yeah.

SP3: Yeah, it's very, very, very much, like communication based, yeah.

Researcher BN: Ah wow so nothing around, kind of conversations about health and lifestyle?

SP3: No. Nothing.

Researcher BN: Oh wow. So is there any other like resources you would want to see to help with, with these kinds of conversations?

SP3: I think Macmillan do quite a lot of stuff, but you have to be Macmillan badge, so they, they do a lot of erm, so we can't access it anymore, but they do a lot of, like online stuff about that type of thing.

Researcher BN: Uhumm.

SP3: Erm, so that, that would be good to be rolled out with everybody. So you don't just have to be Macmillan badged.

Researcher BN: Yeah. And is there any specific topics you think are lacking training in, any specific behaviours like smoking, alcohol, finance?

SP3: We've, we've got all, I mean we've got smoking teams and all the rest of it, but I don't, I think they’re like too far removed. We should have more cascade trainers, but the wards are so busy at the moment, it's never going to get addressed. I think it's like a ticky box thing. It really is. Erm, so I think, yeah, we need more, more of that. We need, it almost needs to be part of the nurses training. And mebbies it is now, I don't know. I'm, I'm very long in the tooth now. But whether they have a module or not, on that.

Researcher BN: Yeah. And do you think it's just as important at (name of charity), to have the same sort of training?

SP3: Yeah, absolutely. You know, it's one in two people are gonna get cancer. So if we can, even if you've got the, their, I don't know their, their partners come along who haven't got cancer, they might get in the future. So if you can reduce their risks, all of that, all of that, that's a really good thing to do.

Researcher BN: Yeah.

SP3: And we get a lot of family members come along, you know, erm, to the coffee mornings and things.

Researcher BN: Uhumm. So is there any differences in needs around, conversations about like health and lifestyle, between your job and (name of charity) would you say?

SP3: They’re probably on par. To be fair, they're probably on, on par. In fact, mebbies more, the people are more susceptible, like are open to it, with the charity than they are on the ward. Because when we're seeing them, a lot of the time, like their on heavy treatment, they just cannot be arsed, they can't be bothered. Erm, mebbies towards the end, they might have a little bit more, kind of, interaction with you. But, I think, because we're seeing a lot of people at end of treatment, within the charity, then they're open to it.

Researcher BN: Mm-hmm. Ohh interesting, so you think it's, do you think it's a better environment to have those conversations?

SP3: Definitely. Definitely, definitely, definitely.

Researcher BN: Ah interesting.

SP3: I think, you've got more time. And I think, I think they need, well, the NHS needs to be giving third sector organisations some money for what we do. But, honestly, because we, you get no core funding, and, and we do like, I'm not just talking about my organisation, like, all of them around, the amount of work we do and deliver, the health and well-being stuff, is just incredible. Erm, but you don't get any credit for it.

Researcher BN: Yeah.

SP3: But actually, actually in the hospital, everything's acute, everything's acute. The whole focus is on that, and they don't really think about the psychological, and I work in a hospital.

Researcher BN: Yeah.

SP3: But they, they don't think about this, well, they do think about the psychological impact, but it's, it's almost like a lip service to it. It's like the cherry on top of the cake, because we're so busy.

Researcher BN: Yeah.

SP3: We’re so incredibly busy. I mean, I'm very, very, erm, fortunate in that I work with 18 to 25 year olds, and we've got quite a good resource team, so I do have that, like, I've got the gift of time to give to my patients. But I, I've got colleagues who have 90 patient clinics a day. It’s just…

Researcher BN: Wow.

SP3: Yeah. How are you supposed to do anything, do you know what I mean? You're checking the bloods, you're making sure they've got a blood transfusion. So, my heart goes out to them.

Researcher Bn: Yeah.

SP3: Whereas, we've got, we've, like, I'm doing a health and well-being event next week.

Researcher BN: Oh wow.

SP3: So it's with, it's end of treatment, erm, it's the first one we've ever done. But, on our agenda is exercise, diet,

Researcher BN: Great.

SP3: ..sleep, and fear of reoccurrence. What else have I got? I've got building confidence, and then I've got like a patient panel at the end. But then I've got 20 different stalls to signpost people to. So that's things like the Princess Trust, erm, Citizens Advice, different other charities there.

Researcher BN: Ah, great. So will there be like presentations, is that, the main thing?

SP3: Yeah, yeah. So terms of, it's a half a day event. Obviously it's a marketplace for the stalls. So they won't be doing any talking.

Researcher BN: Oh you just..

SP3: Can you hear me?

Researcher BN: You just buffered for the last five seconds. I can hear you now. Yeah. Sorry. Go on.

SP3: Yeah, so there's the marketplace with all the stalls. They won't be doing any formal speaking, but then we've got our program of like clinical psychologists, someone from the university talking about exercise, and that type of thing.

Researcher BN: Oh great.

SP3: Yeah.

Researcher BN: Yeah. And then the hope is that, it'll kind of encourage people to look at the signposting aswell. Yeah.

SP3: Yeah, yeah. And just that when people are, it's, again, the teachable moment at the end of treatment. And just to really realise, like how important it is, for your outcome and for, you know, for reoccurrence and stuff, that, you need to, address these things.

Researcher BN: Yeah. I love the teachable moment. Is that something you've coined? (laughs). Or is that something you’ve heard somewhere else?

SP3: No, I think it's, no, I can't take credit for that (laughs), but I can't remember which researcher it was (laughs).

Researcher BN: Ohh it was a researcher was it?

SP3: Yeah, I'm sure it was a researcher, somewhere. I'll, I'll have learned that somewhere along, something that I've done (laughs).

Researcher BN: (laughs) So do you think, kind of, if you received training, and your volunteers as well, received training in brief interventions about health and the wider social determinants, do you think that'll ultimately improve their health and wellbeing, would you say?

SP3: Absolutely. And I think third sector are probably best placed to do it. Because they've got the time. And, the NHS is only going to get worse. (laughs) I'm like, I'm already dreading this winter.

Researcher BN: Really.

SP3: Yeah. It's just awful. But anyway, that's another story. Uhumm.

Researcher BN: Well, that, that was it. Was there, is there anything else you wanted to add, that you feel you haven't?

SP3: No, is that what you kind of, is that kind of what you wanted? I don't know.

Researcher BN: Yeah. That's great. Yeah.

SP3: Brilliant.

Researcher BN: Thank you. I'll stop recording now.

SP3: So who are you, are you interviewing lots of people?