



## **Poetry in Oncology/Apollo Project**

### **Name of Organisation:**

Cheltenham General Hospital Oncology Unit

### **Title of project/programme:**

Poetry in Oncology Project/Apollo Project

### **Dates of project/programme:**

- Oncology Outpatients, Cheltenham Hospital, as part of the Gloucestershire Art Lift project 2007
- Poetry with Oncology In-patients 2008
- Apollo Project 2008-11

### **Summary:**

The Poetry in Oncology project began as part of the Gloucestershire Art Lift project. This project brought together artists with patients in 15 health care settings across Gloucestershire from March to September 2007. Art lift artists worked with participants on a one-to-one or group basis, across a range of art forms - including poetry, textiles, painting and ceramics. The project was led by Gloucestershire County Council Arts Department in partnership with the Gloucestershire Primary Care Trusts, 5 Gloucestershire District Councils, arts venues and other arts and medical professionals from within the county.

Following the success of the Art Lift project in 2007-08, funding was obtained to appoint poet Brenda Read-Brown to conduct an action research study, looking at shaping a suitable programme for a permanent poet-in residence position within the department. The result was the Apollo Project which is a Poet-in-residence scheme in the Oncology Department at Cheltenham General Hospital. Poet Brenda Read-Brown worked with patients and their carers to create poems that distract and entertain, and express feelings of anxiety and hope. From January 2009 Brenda worked fortnightly with patients and their carers within outpatients, as well as a six-week pilot programme in Radiotherapy. The project was overseen by the Apollo Project Steering Group (APSG), which includes representation from the Oncology department, Cheltenham Borough Council and Arts in Trust, the hospital arts programme.

## **Overview:**

The main objective of the Apollo Project was to improve the experience of patients and carers in waiting rooms and wards in Cheltenham Hospital Oncology Unit.

It was delivered by Arts in Trust, the arts programme for Gloucestershire Hospitals NHS Foundation Trust and Brenda Read-Brown, a local poet, who has wide experience in working with vulnerable groups and individuals.

Willis Newson established, developed and managed Arts in Trust, the arts service for Gloucestershire Hospitals NHS Foundation Trust between 2002 - 2010. Arts in Trust managed the Trust's art collection, curated changing exhibitions across five gallery spaces, and delivered a vibrant programme of music and performance events and artist-in-residence projects. (<http://www.willisnewson.co.uk>)

The Apollo project team included Pat Barlow, Manager, Cancer Information Service of Cheltenham Hospital; Emily Malins, Willis Newson Arts in Trust Manager; Paul McKee, Cheltenham's Arts Development Office, and Brenda Read-Brown.

Cheltenham Oncology Unit draws patients from a wide geographical region, as part of the Three Counties Cancer Network covering Gloucestershire, Herefordshire, South Worcestershire and Powys, with a catchment of 1.1 million people. It includes rural areas such as the Forest of Dean and more urban areas. Patients from all backgrounds are treated.

Pat Barlow, Manager, Cancer Information Service, recognised the need for activities to be provided in the chemotherapy waiting room. Games, personal stereos, and a TV were already present, and some drawing sessions had been arranged through Arts in Trust, but the overall atmosphere in the waiting room was considered to be dull and lifeless.

Several potential problems facing the project were identified:

- Staff were understandably anxious about possible disruption of treatments, intrusion into patients' privacy and lack of time.
- Although patients may be in the waiting room for hours, they can be called away for examinations and treatments at unpredictable intervals.
- Patients have a wide variety of regimes making group meetings on regular days impossible, making it unlikely that any patient would be present at the same time as the artist more than once or twice.
- The waiting room becomes very busy at times, and no dedicated space is available for other activities.

The chosen artistic activity – poetry – made it possible to resolve some of these issues. The poet could work with individuals or small groups, and interruptions to the work could be treated lightly. No special equipment or

space was needed, and worthwhile work could be done in relatively short amounts of time – often less than an hour.

The poet was used to working with people who were wary about the arts in general and with staff who were protective towards their clients, and therefore took care to be unobtrusive and sensitive to the needs and feelings of patients, carers and staff.

### **Innovation:**

The Art Lift Poetry in Oncology project allowed an artistic activity with a highly individual approach. This was extended and built upon by the Poet-in-residence Brenda Read-Brown with the Poetry With Oncology In-patients project 2008 and The Apollo Project 2008-11.

### **Participation**

- Pat Barlow, Manager, Cancer Information Service was the main central point of contact and ensured day-to-day running of project and support for the poet.
- Emily Malins, Willis Newson Arts in Trust Manager provided an arts-based contact with whom the hospital staff were already familiar. She also provided contractual and negotiation support.
- Paul McKee, Cheltenham Arts Development Officer provided a sense of humour and contacts essential for the production of the book.
- Brenda Read-Brown was the poet.

These four made up the steering group. Brenda and Pat worked together to organise dates and times for Brenda's visits to the hospital; otherwise all communications were shared with all four people.

Brenda Read-Brown came into the waiting room or the ward and looked for people who were not obviously in acute distress, or deep in conversation with carers. She sat next to individuals or groups, briefly introduced herself and the project, and asked if the individual or small group would like to spend a bit of time writing a poem collaboratively. About two-thirds of those approached agreed – some were a little dubious, but others were very keen. Those who declined the invitation did so for various reasons – as well as those who felt that they would not be interested, some would have liked to join in but were due to leave or see a doctor for treatment, or simply did not feel well enough.

In some cases participants took an active role in creating the poem, and the sessions developed like mini-workshops. Other participants, who were less confident, chatted to Brenda until a theme emerged, and were prompted by Brenda to add more words and phrases of their own on the topic. Brenda shaped these into a draft, making only a minimal editorial contribution of her own, and discussed the drafts with the participants to produce a final version. Participants always recognised the pieces as their own words, and often expressed feelings of ownership. Brenda produced fair copies on high-quality paper and ensured that each participant

received a copy of their poem(s). When required, these were provided in electronic form also.

This approach meant that there was no intrusion and no disruption of treatment in any case.

## **Outcomes**

Some participants were asked for feedback about the sessions. Most indicated that they had very much enjoyed them, that they would be interested in taking part in more sessions and that they had found them cheering, interesting, enjoyable, and stimulating. However, the reactions are shown best by the spontaneous comments made to the poet, which included:

- *"I can recognise all the things I said, and you've captured it all. I've really enjoyed this."*
- *"This has been an unexpected delight coming out of the blue. It can make people happy, and – more importantly – stick in the memory. It was certainly the most memorable part of my stay in hospital."*
- *"very good, that is – you've got all I said in there! That's cheered me up a bit, anyway."*
- *"Let me show you what I've written since you were here last time. I've got the bug now, and I'll certainly continue to write."*
- *"That's lovely. I'm delighted with that. It would be lovely if you would send us a copy because we haven't taken many photos recently - from a carer, there with her 20-year-old son, who was dying from a brain tumour."*
- *"Brilliant, I love every word. I never expected that – that's me to a tee. I'm thrilled to bits with that. Loads of people will recognise me from that – I shall be handing out copies. I'm so excited!"*
- *"It was really nice having someone different to talk to, and it's helped me marshal my thoughts in a different way. You've got the feeling right."*
- *"It's almost worth being in hospital for!"*
- *"That's lovely, it's come out really well, you've caught the way I wandered from one thing to another. It helps to crystallise your thoughts. I hadn't really faced up to the fact that I wasn't facing up to it. I probably still won't, but it's a conscious decision now."*
- *"I think it's great what you're doing – something like this really gives you a lift."*
- *"You've raised our spirits – it's been a new experience."*
- *"Nothing like this has ever happened to me before – it's been a real breath of fresh air, talking to you and having the lovely poem. And it's just right, not over the top at all. I talk to other people while I'm here, of course, but they all have their problems, but you just listen."*
- *"That's really amazing. I'm so glad you came – you've made this a really interesting afternoon. Nothing like this has ever happened to me before. I've had a lovely afternoon – I'll never forget it."*
- *"I'm really moved by that – I could hear my voice in it. It's helped me – You've helped me – and it will help my daughter understand. I think it's wonderful what you're doing here. Thank you so much."*

- *"That was really interesting! Now you've given me the idea I might have a go on my own."*

No participant made any negative comments.

Staff anxieties were allayed. One comment from a senior nurse was:  
*"Everyone's very impressed, you know. You know what it's like – everyone was very sceptical at first, but they're all really impressed. You've certainly won me over."*

These reactions provide evidence that this activity benefited patients and carers in a number of different ways:

- Passing time.

Patients and carers wait for many hours in outpatients. For patients on wards, visiting times in particular can drag, when no visitors arrive. Anything that helps pass the time is welcome.

- Enjoyment of the creative experience.

Many participants mentioned that they had surprised themselves; that they had not thought that they would have been capable of writing poetry. In some cases, this had the effect of encouraging people to start writing themselves.

- Emotional support.

Writing poetry provides a focus for talking, making it easier, in many cases, for some people, and this had several different effects.

Many patients wanted to talk and write about activities outside of their illness and treatment, although in many cases, mention of the illness proved inescapable. For example, poems about gardening, walking, dancing, etc. ended with a reference to the fact that the participant missed the activity or was looking forward to doing it again. The writing gave such participants a short escape from the constant preoccupation with their illnesses.

Patients who talked and wrote about their illness and treatment found an outlet for expressing anxiety, anger or frustration, or found that the experience helped them to re-evaluate their reactions.

A significant number of carers took the opportunity provided to talk about their feelings. In many cases, participants spoke very openly, and several commented that they had not been able to speak so frankly before.

- Outcomes for staff

The reaction of the staff member quoted above indicates that this project brought home to medical staff the importance of non-medical factors in

maintaining and even increasing feelings of well-being for both patients and carers.

- Evaluation

An action research evaluation of the second part of the project (with inpatients) led to a proposal for a three-year residency for the poet, working in all Oncology Unit areas. Funding was obtained for the first two years.

## **Learning**

In order to try to overcome staff concerns, the intention was to hold introductory sessions for staff. However, the limited time available to staff, and their mixed shift patterns, meant that this was impossible. A very low-key approach was therefore adopted.

A steering group met approximately once every three months, but the poet worked largely unsupervised. However, because of the intense and sometimes demanding nature of the work, the availability of (very informal) counselling proved helpful on some occasions. It is possible that some practitioners would need considerably more emotional support or mentoring and possibly closer supervision.

## **Critical success factors**

The project was thought to be a success in improving the experience of patients and carers in waiting rooms and wards in Cheltenham Hospital Oncology Unit. What made it successful was:

- The approach taken, which did not interfere with treatment or staff activities.
- The open-endedness of the artistic form used – collaborative poetry – which provided opportunities for self-expression, examination of the individual's situation, and a few moments of escape, as well as the pleasure to be gained from creativity.
- The simplicity of the art form, requiring no special equipment or space, and its flexibility, allowing for work with individuals and/or small groups, in very limited amounts of time.
- The enthusiasm of the main contact Pat Barlow, and the other members of the steering group.
- The adaptability, empathy and experience of the poet.

The success of this project was communicated by a presentation at a regional meeting of Arts & Health South West; at a Review and Celebration of Art Lift in November 2007, and in the Art Lift report and accompanying DVD; and by reporting back to the Hospital Trust's Oncology Board (consultant oncologists and related health professionals). Sean Elyan, Consultant Oncologist and Medical Director, Cheltenham General Hospital, said:

*"In my experience, the physical trauma of cancer diagnosis and treatment are only part of the story. Restoring psychological wellbeing is of equal importance. I have found that encouraging patients to express their experiences and feelings in poetry allows them to move more successfully to recovery. Being able to help patients achieve this would be a major step forward in cancer care."*

([http://www.willisnewson.co.uk/assets/files/Case%20Studies/ArtsinTrust\\_WNCaseStudy.pdf](http://www.willisnewson.co.uk/assets/files/Case%20Studies/ArtsinTrust_WNCaseStudy.pdf) )

Pat Barlow, a member of FOCUS (Fund for Oncology Users and Supporters), reported the success of the project to other members of the committee and obtained further funding to continue the project.

## **Funding and Resources**

Resources required for this project were comparatively low. Materials cost was minimal (apart from the production of the book) and the only expense was payment for the poet, who was paid at a standard rate of £180 per day, rising to £200 per day. The benefits resulting were in all cases from sessions lasting an hour or less, and the structure of the sessions meant that they could be carried out on an adhoc basis as and when funds allow. No clear-cut savings were made by the project, but such savings were not included in the aims, which concentrated more on the delivery of improved feelings of well-being.

## **Contact details for further information**

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