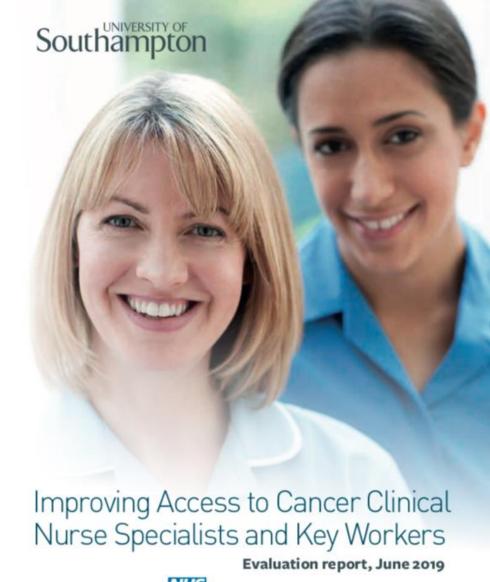




# Improving Access to Cancer Clinical Nurse Specialists and Key Workers









# Background

- Access to a Clinical Nurse Specialist (CNS) has a positive impact on experience of cancer care, however there is a national shortage.
- Cancer nursing teams must address capacity issues in the context of advances in molecular diagnostics, genomics, treatment and technology – all factors shaping the future CNS role.
- Policy makers have recommended testing new service models incorporating the introduction of cancer key workers (AfC band 3 or above) to improve patient access to specialist nursing support.

The 2018 National Cancer Patient Experience Survey<sup>1</sup> reported 9% of respondents were not given the name of a CNS, and nearly 15% reported it was not easy to contact their CNS.

The project introduced two full time Cancer Support Workers to the GI specialist cancer nursing team at UHSFT

AIM

To improve the experience of patients recently diagnosed with cancer by improving access to nurse specialists and key workers.

PRIMARY DRIVERS

Patients have timely access to a cancer nursing team responsive to their needs and concerns.

Patients are aware of how and when to contact their cancer nursing team.

Patients receive support and care appropriate to their level of need. SECONDARY DRIVERS

New support worke roles.

Assessment and care planning.

Information provision.

Model of supportive care delivery: needs based stratification.

**INTERVENTIONS** 

Appoint, induct and train 2 Cancer Support Workers.

Re-profile skill-mix, responsibilities and activities within the nursing team.

Develop patient assessment process to determine self-efficacy and degree of complexity.

Agree levels of supportive care based on degree of complexity and self-efficacy (e.g. who needs more CNS input?).

Develop patient information resource outlining supportive care "offer"

### **Clinical Nurse Specialist**

### **Cancer Support Worker**

Specialist site-specific knowledge

Complex psycho-social care of patient

Treatment-including multimodality, genomics, immunotherapy, personalised medicine

Investigations/tests/specific specialist knowledge relating to the pathway from diagnosis to discharge

Assessment of complex specialist need

Complex pathway management across boundaries and organisations

Supporting complex treatment decisions

Symptom and toxicity management

Identification and management consequences of treatment

Research, Education, Service development, Audit

Clinical leadership

Assessment and screening

Collaborative care planning

Promoting supported self-management

Multi-agency | Multi-professional liaison

Provision of information resources (online/printed)

Referral to rehab services (e.g. Wesfit)

Interventions to support behaviour change including: Health coaching, Goal setting, MECC\*

> Identification and building links with local support services and agencies. Care navigation, signposting and referral to agencies

> > Health and wellbeing advice:

Healthy eating Exercise/physical activity Stress management Emotional wellbeing

(including: signposting to "stop smoking"/alcohol support services gyms/complementary therapists/ befriending services/support groups)

Practical support re-finance/benefits/ travel insurance, transport, housing

Carer support Medical Record

## Evaluation findings

• Introducing CSWs to the specialist nursing team resulted in a positive impact on access to: assessment and care planning; community support services; practical and financial support; and health and wellbeing advice and support.

• Following the introduction of the CSW role, patients were more likely to report they were given contact details of a key worker and that the wider healthcare team worked well together.

