NURSING
This working paper has been prepared by Mrs S Gregory, Executive Nurse/Director of Community Services at Gwent Community Health NHS Trust and Sister A Davies, Clinical Nurse Specialist, Swansea NHS Trust. Material used in the report has been drawn from published guidelines and the results of a small survey of NHS Trusts in Wales. The recommendations in this report have been agreed by CSEG. Further information, regarding recommendation priorities and mechanisms for monitoring their implementation, is available from the Project Office.
1. INTRODUCTION

1.1 The policy framework for commissioning cancer services recognises that improved outcomes are associated with specialised care for patients with cancer. This report outlines the present and future contribution of nurses to the care and management of patients with cancer. Nurses are a major health care resource and are pivotal in any strategy to achieve improved health care provision.

2. HEALTH GAINS BY NURSES

2.1 Cancer nurses are able to effect health gain, both as co-ordinators and multidisciplinary teams and as practitioners in their own right. Examples of health gain from the provision of nursing care include:

- alleviation of psychological distress associated with breast cancer by early detection and help with identified problems.
- improved symptom control for the terminally ill with early involvement of specialists in palliative care nursing.
- improved functional ability for patients with cancer of the colon through the psycho-educational interventions of stoma nurses.
- improved continuity of care for patients undergoing chemotherapy through the development of the role of the chemotherapy nurse.
- improved quality of life for patients through the application of techniques for the reduction of lymphoedema developed by lymphoedema nurses.

3. CURRENT RESOURCES IN WALES

3.1 To assist in the production of baseline information a questionnaire was sent to Nurse Directors of each of the NHS Trusts in Wales. Fourteen responses were received. Information on these are available from the Project Office.

3.2 The responses and data should be viewed with a degree of caution. Some Trusts found it difficult to provide numbers by head count or Whole Time Equivalents (WTE) because of a lack of computerised data systems. The information indicates that patients are nursed in a wide variety of settings and there would be difficulties in trying to assess the number of nurses by ratio to cancer patients.

3.3 A number of specialist nursing posts were identified with the vast majority having attained an appropriate post-registration qualification. The spread of courses is interesting but there is no evidence that investment in training was based on needs assessment. The number of courses taken does not necessarily equate with the population density or the so called areas of excellence.

4. CLINICAL NURSE SPECIALIST

4.1 The role of the clinical nurse specialist has been refined and developed in recent years and in relation to cancer services a number of specialist posts have developed.

4.2 Examples include breast care, cytotoxic chemotherapy, stoma care, palliative care and paediatric oncology.

4.3 Specialist nurses require initial specialist training in the speciality and ongoing professional updating.

Breast Cancer

4.4 The British Breast Care Group recommends that there should be at least one Breast Care Nurse amongst the care team for each Cancer Centre/Unit. Anyone with a diagnosis of breast cancer or suspected breast cancer should have access to support and advice from a specialist Breast Care Nurse.

Stoma Care

4.5 Stoma Care Nurses have an effective role in seeing patients prior to surgery, supporting and advising following surgery, and in rehabilitation. They can also play a peripatetic role by anticipating and resolving problems that might otherwise require hospital admission.

Cytotoxic Chemotherapy

4.6 This is an increasing area of specialist practice.
Palliative Care

4.7 Palliative Care Nurses provide advice and support to patients, families and colleagues on pain and symptom control and in initial bereavement counselling. They also provide care and support at specific points from diagnosis to death.

4.8 The majority of palliative care nurses work in community settings and the voluntary sector although an increasing number are in post in acute hospitals.

5. PROVISION OF NURSING CARE

5.1 Nursing care for patients with cancer should be provided by nurses who have received an appropriate level of education and training. The majority of nursing care is provided by primary practitioners who should be able to meet the basic care needs of patients with cancer and their families. Primary practitioners will primarily be educated to Diploma level with an increasing number of nurses reaching registration through graduate study.

5.2 Some nursing care will be provided by specialist practitioners who as well as providing expert care to patients and their families will be concerned with developing cancer care through clinical leadership, research and teaching. Specialist practitioners will attain an appropriate post-registration qualification and be educated to a minimum of first degree level.

5.3 Increasingly the boundaries of cancer nursing will shift particularly with the development of cancer centres. The nursing service will be led by advanced practitioners, or consultant nurses. Advanced practitioners would be responsible for formulating health policy that addresses the needs of cancer patients and their families, developing new nursing roles to meet those needs and establishing a research and education infra-structure that prepares future practitioners of primary, specialist and advanced practitioners. It is anticipated that advanced practitioners will be educated to Masters and Ph.D levels.

5.4 The nursing posts identified in the survey has highlighted that not all nurses meet the education criteria outlined above. There will need to be close collaboration with education providers and statutory bodies to identify and agree educational programmes to ensure the provision of appropriately qualified specialist nurses in the future.

<table>
<thead>
<tr>
<th>UKCC PROFESSIONAL PATHWAYS AND PROPOSED LEVEL OF EDUCATIONAL</th>
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<tbody>
<tr>
<td><strong>ADVANCED PRACTITIONER</strong>*</td>
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<tr>
<td>Ph.D Master Level</td>
</tr>
<tr>
<td>Nurse Consultant or Lecturer/Practitioner</td>
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<tr>
<td><strong>SPECIALIST PRACTITIONER</strong>*</td>
</tr>
<tr>
<td>1st Degree</td>
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<tr>
<td>Clinical Nurse Practitioner</td>
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<tr>
<td>Clinical Sister/Team Leader</td>
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<tr>
<td><strong>PRIMARY PRACTITIONER</strong>*</td>
</tr>
<tr>
<td>1st Degree</td>
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<tr>
<td>Primary Nurses/Associate Nurses</td>
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*CLINICAL NURSE SPECIALISTS are either advanced or specialist practitioners depending on the area of specialism or educational attainment. All levels of practitioner are working in an institutional or community setting.
6. **EDUCATIONAL PROVISION**

6.1 Currently the profession is waiting for a statement of intent from the United Kingdom Central Council for Nursing, Midwifery and Health Visiting on the educational attainment level required for advanced practice. It is anticipated that this will be Masters level of study. Presently the majority of Masters level students are educationalist and managers rather than clinicians. This will require addressing in the future. Considerable local advances have been made in the provision of Welsh National Board for Nursing, Midwifery and Health Visiting courses available at Diploma level as preparation for primary practice. Specialist and advance level preparation is limited to BSc and MSc generic courses with a specific focus on cancer or palliative care currently not available. Plans to offer a Masters level module in cancer or palliative care is being developed by University of Wales College of Medicine.

6.2 A large number of in-service/study days are provided locally which specifically focus preparation at existing expert sites for example at Velindre NHS Trust.

7. **DISCUSSION**

7.01 Changes in health care are currently causing polarisation between the need for specialisation of skills and equipment at one end and community based generic services at the other. Parallel to this is the perception of patients, families and carers that only the specialist nurse will give the right advice.

7.02 It is clear that for the benefit of patients who are currently nursed in a wide range of settings that a ‘mixed’ option would have practical and resource effective benefits. To support this, models such as networks of specialist nurses who can support generalist nurses in the field will need to be developed. A robust ‘Network’ system will enhance communication between members of the multidisciplinary health care team at all levels of care. It would also be possible to introduce an effective ‘network’ of care incorporating a collaborative approach to care provision and improved inter-professional communication should ensure high standards of care, outcomes and quality of life.

7.03 There is an increasing demand for chemotherapy in acute services and an increasing role for nurses in its administration. This role should support continuity of care for the patient and be seen as a holistic package of care and not just an isolated activity.

7.04 There is a need for general awareness training for staff in general wards and specific training is required for breast care, lymphoedema and the care of the dying are priorities. Similar views are also expressed by community nurses where there is increasing concern about the rising demand for community based care of cancer patients and the availability of workforce to meet the demands.

7.05 Although not explicit at this stage the introduction and development of a primary care led NHS will also have an impact.

7.06 Education and training is a major issue and it is not only the cost and access to appropriate courses but the difficulties of releasing staff and in arranging replacement cover.

7.07 There appears to be a high number of cancer patients nursed in non-specialist areas as well as specialist areas. There is a lack of computerised workforce systems and it is difficult to provide details of ratio of nurses to cancer patients. There is also no standard reporting of workforce and data can be provided by head counts or Whole Time Equivalents.

7.08 Nurses appear to have attended a wide range of courses but it is not clear whether the attendance at a course related to an identified need by the practitioner or the organisation.

7.09 There may be a need to more clearly identify and plan workforce for the future in support of the development of cancer centres and units. This could then link to greater clarity and identification of training needs and purchasing of courses. There should then be a link to the Education Training Group or Education Purchasing Unit (Welsh Office).

7.10 A number of NHS Trusts have developed local protocols, clinical and organisational standards and can be seen as examples of good practice. There may be benefit in further development of best practice particularly in providing a critical pathway from diagnosis to palliative care identifying the skills required at each level. This would also support developments in clinical effectiveness and audit. Most major centres in England and Wales when contacted have adopted aspects of the Royal College of Nursing Standards of Care and the Royal Marsden NHS Trust Purchasing and Providing Cancer Services. A guide to good practice.
7.11 The issue of flexibility of service provision in support of cancer patients who may live in urban, rural sparse or dense population areas could be addressed by supporting joint appointments between Cancer Units and Community Services with individual staff working across the current divide. Due to diversity of the population throughout Wales it may be appropriate to identify the referral patterns of patients for care as in some locations it may involve 'cross boundary' referrals to Health Authorities and Trusts outside Wales.

7.12 Education in cancer nursing is vital and there must be the development of short, medium and long term strategies targeted at all levels of nursing. Wherever possible, the approach should be multi-disciplinary.

7.13 Nurses have an important role in effectively communicating with the patient and family and ensure that information is appropriate in time and content to improve patient satisfaction, treatment, tolerance and compliance, quality of life and reduce psychological morbidity.

8. RECOMMENDATIONS

1. Specialist nurses in cancer care should be available in all health settings\(^{(e)}\).
2. Specialist nurses in cancer care should hold appropriate post registration qualifications in their special area of practice\(^{(e)}\).
3. All nurses should receive core training in the essentials of nursing patients with cancer\(^{(e)}\).
4. Clearly designated educational pathways should be developed for nurses specialising in cancer and palliative care to enable them to practise as advanced or specialist practitioners\(^{(d)}\).
5. The education curriculum should ensure specific skills acquisition as well as attainment at an academic level\(^{(d)}\).
6. Posts such as Lecturer-Practitioners should be developed in all health care settings to assist in narrowing the theory practice gap\(^{(e)}\).
7. All Wales and local network groups should be developed for nurses working in cancer care\(^{(e)}\).
8. Nationally recognised nursing protocols and standards should be adapted to ensure consistency and quality of care\(^{(a,c)}\).
9. Nursing standards and protocols should receive regular audit and comparison across Wales\(^{(b,c)}\).
10. Clinical practice should be evaluated to identify best practice, clinical effectiveness and outcome\(^{(b,c)}\).
11. Common minimum data sets should be developed to assist in workforce planning\(^{(e)}\).
12. Consideration should be given to appointing specialist nurses to liaison posts with specialist teams to link with community services\(^{(e)}\).

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<thead>
<tr>
<th>Evidence Base</th>
<th>1. RCN Standards of Care</th>
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<tr>
<td>2. Caring for the Future: Nursing Agenda NHS Wales 1995</td>
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<td>4. UKCC Guidance. Specialist Practitioner 1994</td>
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<tr>
<td>5. Published Papers</td>
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90 Nursing Task Group Report


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25. United Kingdom Central Council for Nursing, Midwifery and Nursing. *Advertising by Registered Nurses, Midwives and Health Visitors*


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Nursing Task Group Report 91