

Making Workforce Change at Scale in Cheshire and Merseyside:

Guiding patients to quality outcomes by
expanding the role of the Cancer Support
Worker

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Summary

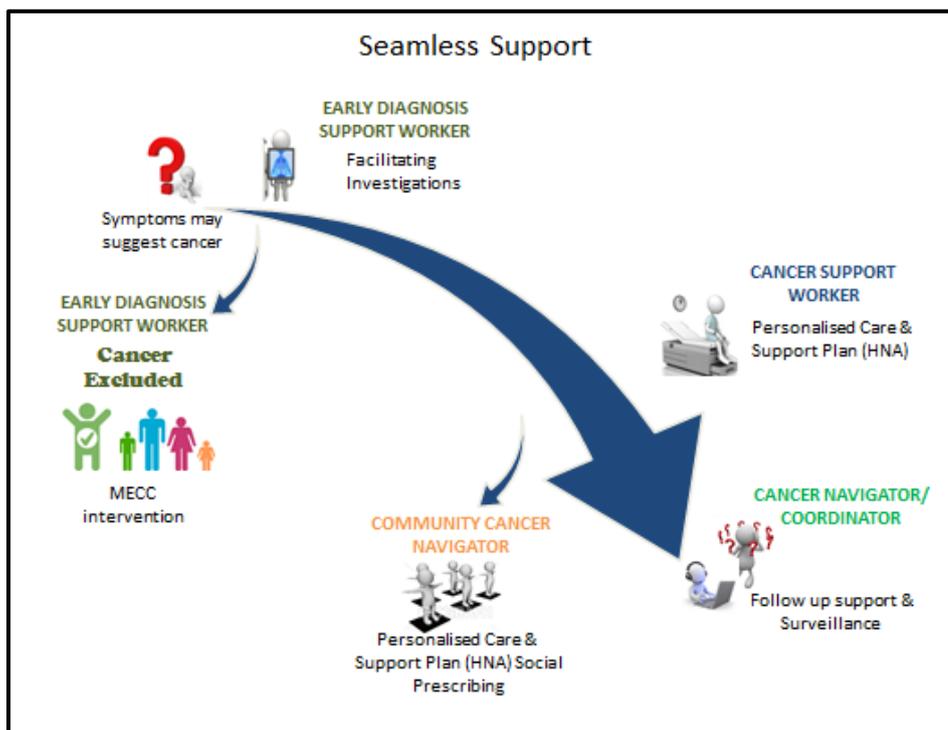
- The implementation of the cancer support/navigator role (CSW/CN) is enabling more holistic care whilst responding to the changing demands of cancer services. When correctly developed the CSW/CN can help to build effective teams around patients and facilitate continuity and co-ordination of care across primary and secondary care.
- The development of a competency framework and training programme enables consistency, safety, improved productivity and improved patient experience.
- The role ensures registered practitioners (Clinical Nurses Specialists, Radiographers etc.) are free to undertake complex tasks and dedicate more time to patients who require their expertise.
- In practice, the cancer support workforce can provide additional help that goes beyond basic administrative aspects and also supports the clinical pathway.
- Support of senior leaders locally and nationally is crucial for establishing a framework for integration into the workforce and to legitimise new ways of working.
- The economic case for support workers to be used more widely in the health and social care sector has been demonstrated in terms of more appropriate use of advanced practitioners e.g. CNS's and also the ability to implement more cost effective pathways e.g. remote follow-up.
- Higher-level (level 4) support workers can work with lower supervision from professional clinical staff and find their roles highly satisfying and rewarding.
- CSW/CNs have a variety of skills that can be applied to different tasks and can be the first point of contact for people, helping them navigate the system and coordinate their personalised care and support plan with relevant parties (e.g. communities, hospitals, clinical staff, etc.).

Background

The concept of the Cancer Support Worker was first introduced in Cheshire and Merseyside as part of a programme to support those people living with and beyond cancer (LWBC). This coincided with the Macmillan programme for one-to-one support. The first tumour group to fully integrate the role was urology as part of the PCUK (TruNth) Supported Self-Management Programme in 2013/14. A Macmillan funded programme team then continued to expand into other tumour groups for risk stratified care (i.e. colorectal, breast and gynaecology).

As part of the optimisation of cancer pathways project Cheshire and Merseyside Cancer Alliance (CMCA) have also invested in an innovative Early Diagnosis Support Worker role which has been designed to help facilitate more timely cancer diagnosis for those patients on a suspected cancer pathway. Community projects exploring the use of CSW/CNs have also continued to be tested and developed at CCG level with further Macmillan funding.

Core function of the roles



CORE FUNCTIONS OF ROLES			
EARLY DIAGNOSIS SUPPORT WORKER	CANCER SUPPORT WORKER	CANCER NAVIGATOR/COORDINATOR	COMMUNITY CANCER SUPPORT WORKERS
<ol style="list-style-type: none"> 1. Navigates patient directly/indirectly through to diagnostics resolution 2. Offers MECC discussion to patients excluded from cancer diagnosis 	<ol style="list-style-type: none"> 1. Offers Personalised Care and Support Plans in secondary care and escalates complex/clinical needs patients to CNS/registered staff 2. Signpost patients to local/national resources 	<ol style="list-style-type: none"> 1. Coordinates care following completion of treatment by providing a single point of access, including rapid re-entry into the system for those with urgent/specialist needs 2. Coordinates education and support following treatment 	<ol style="list-style-type: none"> 1. Offers Personalised Care and Support Plans in community setting/primary care and signposts to local/national recourses 2. Promotes healthy lifestyle support through activity (and other) interventions

Cultivating the 'new' workforce

Prior to the introduction of the roles into acute trusts, engagement with senior leaders and local cancer teams gave the opportunity to review pathways and task delegation. Trusts that engaged existing staff with early discussions regarding implementation of the role reported this alleviated personal and team anxiety and facilitated clarification of roles and responsibilities within cancer teams. In addition, this planning allows for flexibility that is needed within cancer teams to function according to individual priorities.

Regionally we now have over 63 WTE in 13 Trusts (excluding Macmillan funded Cancer Support Worker community posts) offering a point of contact for patients, their families and health professionals. This includes over 40 WTE CSW/CN and almost 23 WTE Early Diagnosis Support Workers who together offer personalised care and support planning – *the right person offering the right care at the right time*.

'Successful integration of the role into cancer teams was effective when robust induction, job descriptions and job plans were available'

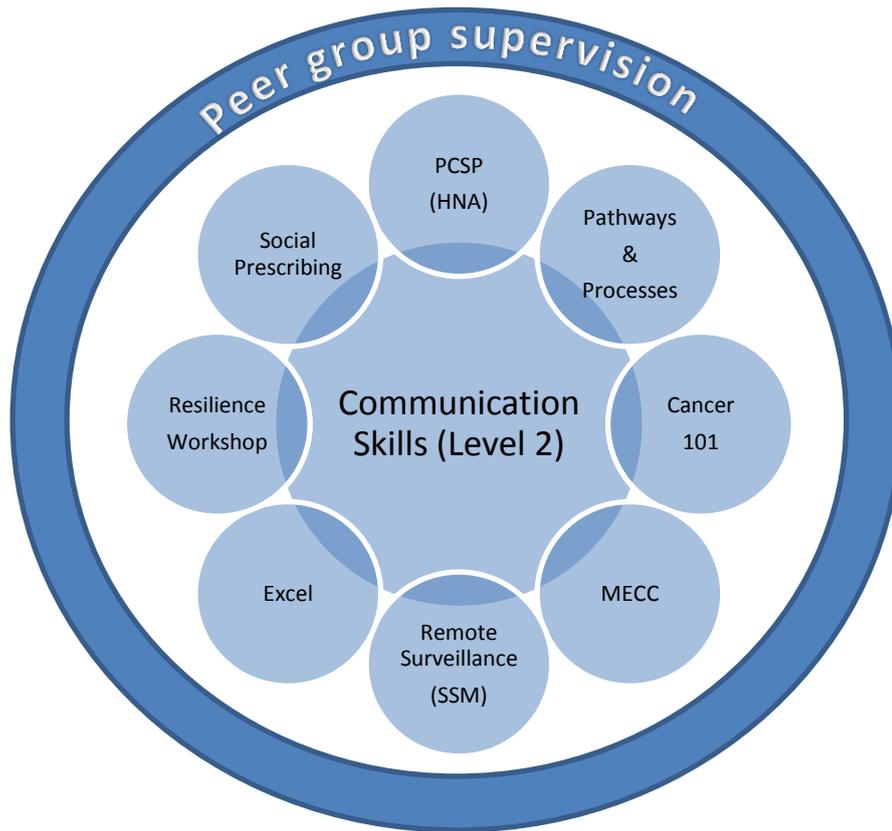
The generic role description and person specification that has been developed by the programme team is matched to a Band 4 at Agenda for Change. Working at this level enables occupational boundaries to shift and gives the opportunity for task delegation by professionally qualified staff. In turn this enables them to take on increasingly complex tasks whilst passing on less complex and more routine work. From our experience, CSW/CNs who were given clear job plans and offered comprehensive induction programmes were more likely to integrate quickly with their Cancer teams in a positive and cohesive manner. A wide-ranging induction programme was found to be invaluable in establishing important relationships between local services and primary/acute care. Staff engaged personally with those individuals they may be in regular contact which assisted in creating a 'Directory' of local and national support networks that could act as a reference for patients and professionals.

Education and development

It is known the quality of training and education will have an impact on the workforce's ability to deliver improved patient outcomes. With this in mind the CSW/CN Development Programme was created and underpinned by selected key national competencies* to support a safe and effective workforce.

*Health Education England (2010) MECC, Health Education England (2014) Skills for Care and Skills for Health, Care Certificate Framework, Macmillan/Royal College of Nursing/UKONS (2014) A competence framework for nurses – Caring for Patients Living with and Beyond Cancer, Health Education England (2016) Care navigation: A Competency Framework, UKONS, Royal College of Nursing (2017) Career and Education Framework

The programme* consists of interactive and didactic sessions accompanied by a proficiency booklet which lists key competencies. The CSW/CNs are encouraged to discuss and complete this with their designated registered mentor as a record of their proficiency.



Good communication skills were seen as essential to the role (See Appendix 1 -*Clinical Nurse Specialist Survey 2015*). A comprehensive communication skills course was created which involved the CSW/CN acquiring skills in:

- active listening/identifying clues/distressing conversations
- identifying what matters to the patient / successful signposting
- telephone conversations/prioritising information/legal aspects of telephone triage
- understanding boundaries and relationships
- motivational interviewing

‘Peer supervision remains an integral part of the development and sustainability of the role’

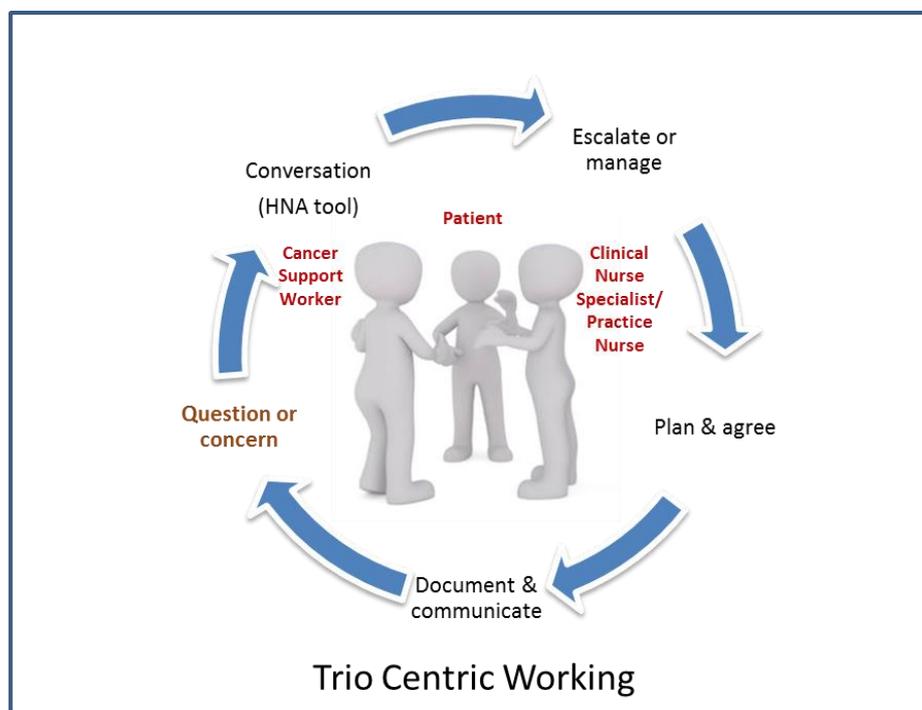
Peer supervision sessions (labelled a ‘Tea Brief’) were offered for all CSW/CNs to have the opportunity to discuss any issues related to their roles (i.e. distressing conversations with patients, conflicts within teams) in a safe environment. All peer group support that was offered was well attended, evaluated highly and remains an integral part of the development and sustainability of the role.

In the meantime, patients have reported an enhanced service where complex or clinical enquiries are being more effectively triaged and that by offering personalised care and support planning (through the HNA tool), emotional, practical and psychological needs are more likely to be identified and addressed. (See Appendix 2– *CSW Narratives*).

A local survey of CSW/CN (See Appendix 3- *Survey of Cancer Support Workers/Cancer Navigators December 2018*) indicates that they find their roles highly satisfying and rewarding as a result of making a demonstrable positive difference to patients, carers and healthcare colleagues.

Challenges

The role nationally remains unregistered and unregulated with wide variability of educational qualifications and healthcare experience in the staff recruited to date. There is the potential in the current climate to develop the role as ‘the motor’ for supporting and streamlining care for cancer and long term conditions within the NHS. The role should not be seen as a substitute for tasks performed by the CNS, but as a companion to other roles within the cancer team. With the advent of the NHS Long Term plan and the Personalised Care Model, the opportunity lends itself to creating ‘Trio-Centred Care’, where patients are flanked by a Support Worker and registered practitioner (Clinical Nurse Specialist/Practice Nurse), the Support Worker acting as a key point of contact/access to escalate clinical or more complex social/psychosocial concerns to appropriate staff.



Advantages

Economically there is a strong case for a band 4 role. Local data collected over a 2 year period in Cheshire and Merseyside has shown that the use of CSW/CNs to enable risk stratified pathways has resulted in a return on investment of over £2 million (Saved outpatient capacity - *Personalising Cancer Diagnostic Pathways: Review of the Early Diagnosis Support Worker/Patient Navigator Role CMCA March 2019*)

It has also been possible to demonstrate significant savings by reducing DNAs and lost appointments by utilising CSWs to streamline and navigate the diagnostic pathway for colorectal patients.

Data from one study reported a Cancer Support Worker able to complete 94% of interventions* which would have been undertaken by a CNS over a 4 week period. This was estimated to save around 10 days of CNS working time (NHS Calderdale and Huddersfield Cancer Care Audit 2015). To further demonstrate the benefits to the workforce, CMCA have commissioned a study by Chester University which reflects a mixed methods design to explore if the introduction of the new role relieves Cancer Nurse Specialists (CNS) of low level tasks, enabling them to focus on more clinically complex aspects of their role. (Due 2019)

*Macmillan levels of interventions: Level 1 Interventions: Simple problem solving, Level 2 Interventions: Single Patient Contact to resolve a specific clinical / non clinical problem, Level 3 Interventions: Short term involvement for multiple problems, Level 4 Interventions: Interventions for patients with complex problems.

Reflections from author

Cancer Support Workers and Cancer Navigators are central to the quality of patient experience in the Cheshire and Merseyside region because they have regular contact with patients and provide essential support to multidisciplinary cancer teams in the delivery of care. However, nationally they remain comparatively unregulated with no clear plan to align them to central workforce developments (for example the HEE Cancer Workforce Plan). Funding set aside for education and training is time-limited (Cancer Transformation Fund) and it is imperative that longer term solutions such as the apprenticeship levy are employed. A national learning competency based framework to create professional standards for the role is required. The CMCA have begun early discussions with Health Education England to support and develop CSW/CN in their education, training and personal development by developing a Certificate in Cancer Navigation and Support. The CMCA experience recognises the level 4 role as a valuable component within the emerging skill mix of the NHS cancer workforce and continues to offer funding and support.

Appendix 1 – Clinical Nurse Specialist Survey – Results Summary

Cancer Nurse Specialist Survey (December 2015)

Cancer Nurse Specialists (CNS) were asked what qualities/training they thought would be appropriate for the Cancer Support Worker/Cancer Navigator role, 15 responded.

<i>Overview</i>
<p>73% reported that they liaised with the CSW/CN in their team daily, the remaining participants met several times a week. 20% said the role released 8 hours of their time weekly to perform more complex /other tasks 60% reported 4-8 hours.</p>
<p>In order of essential skills required for the role, respondents rated the following:</p> <ul style="list-style-type: none">• Good interpersonal/communication skills 100% Very Important• Knowledge of cancer treatments 45% Important/moderately important• Awareness of side effects of treatment 40% Moderately important• Able to prioritise needs and refer 80% Very Important (20% Important)• Able to judge when to refer to others 90% Very Important <p>85% felt it was important for the CSW/CN to be attached to a registered practitioner. 90% thought a clinical (registered) practitioner should be responsible for their supervision.</p>
<p><i>Ideas/suggestions/comments:</i></p> <ul style="list-style-type: none">• <i>CSW/CNs need a clearer identity in terms of uniform so they are not seen as a nurse</i>• <i>I can see the option to make role more clinical</i>• <i>The role works really well within our team</i>• <i>Our CSW frees up my time by offering HNAs</i>• <i>I find the CSW uses a lot of CNS time to answer questions/give advice – this needs to be added in to CNS work plans.</i>

Appendix 2 - Cancer Support Worker Narrative from Patient Questionnaires (February 2019)

- I liked being able to tell someone how I feel
- It was good having the opportunity to talk to someone about my problems
- It was great to have the chance to chat
- It has been absolutely helpful, really refreshing and lovely
- The excellent care and attention to my needs has been good. My experience of the service has made me feel so much happier with my treatment and care options
- I like having the chance to talk about feelings and worries
- The fact that the staff care enough to ask you how you are feeling makes you feel more human
- Having a HNA shows that staff care about what I think
- It has been nice talking to someone on the same wave length instead of having someone talk down to you, which is what normally happens
- The Support Worker resolved a medication problem with my GP
- I liked that I had contact with staff and was not left alone. I felt there was always somebody to talk to
- The experience felt like a personal touch – I felt like the Support Worker cared

Appendix 3 Cancer Support Worker/Navigator Survey

A questionnaire was sent to 72 Cancer Support Workers and Cancer Navigators in the Cheshire and Merseyside region in December 2018 from which 40 responses were received. This was a qualitative survey to gain a greater understanding of the integration and management of the role and the perceptions of how the new model of working was perceived by the post holders themselves.

The key highlights from the results have been collated for this report. This will be used as a reference for future implementation of the role(s) within acute care and to acquire a greater understanding of the training and development needs of post holders.

Summary of results – 2018 Survey

Key areas of focus have been summarised from the results:

<i>Job role</i>		
<p>On the whole respondents felt that their role matched their job descriptions but over half of respondents received no job plan (55%) which meant there was a lack of clarity regarding the role not only for the individual but also within cancer teams. The majority of applicants for CSW/CN jobs had previous experience in an acute or cancer healthcare setting.</p>		
<i>Line management</i>		
<p>40% of respondents were managed by a Clinical Nurse Specialist. Others were managed by a variety of staff including administrative management, Programme /Cancer Managers and Project Officers. Overall, 78% felt supported by their managers and 88% felt supported by colleagues.</p>		
<i>Job satisfaction</i>		
<p>Respondents reported a high level of job satisfaction which is in contrast to the NHS Staff Survey (2017) where figures had fallen for staff enthusiasm within the workplace. Over 85% of respondents would choose to stay in their roles within their Trusts.</p>		
Question text	National NHS Survey Results 2017	Cheshire and Merseyside Cancer Support Worker Results Dec 18
The recognition I get for good work.	52.70%	82.56%
The support I get from my immediate manager.	68.34%	77.50%
The support I get from my work colleagues.	81.44%	87.50%
The amount of responsibility I am given.	73.75%	82.50%
The opportunities I have to use my skills.	70.64%	82%
The extent to which my organisation values my work.	43.03%	62.50%

Education and development

Those who attended the development programme evaluated the training highly as being useful for the job with 87.5% rating the programme as very useful for their job (12.5% rated the programme useful).

An important aspect of the development programme was to ensure CSW/CNs had a clear understanding of their boundaries and responsibilities. Our survey reported 70% of respondents felt clear on the boundaries of their role following attendance at the development programme.

Suggested topics for future education sessions included:

- Resilience workshops
- Excel training
- More communication skills training (for distressing conversations)

Progression

72.5% of participants did not envisage leaving their current role with the next 12 months. Views on progression opportunities suggested the majority of participants were content in their current role. 20% would be interested in a more 'senior' role supporting staff and 10% would consider nurse training.

Teamwork

Cancer Support Workers reported a greater job satisfaction when their role was embedded into a cancer team with clinical management (77.5% highly satisfied/satisfied).

Comments by CSW/CNs included:

- Importance of regular peer/clinical supervision
- That CNS should be included in education sessions
- Some CSW/CN did not have a named mentor
- Cross cover during annual leave/sickness was not considered in some trusts
- There was a lack understanding about the role within cancer teams and wider trust staff
- A lack of clarity around titles fuelled confusion about the role.