Ensuring Better Treatment

National Cancer Action Team
Part of the National Cancer Programme

NHS

Quality in Nursing

# Clinical Nurse Specialists in Cancer Care; Provision, Proportion and Performance

## A census of the cancer specialist nurse workforce in England 2010

# Contents

# 1 Introduction

## 1.1 Background

The 2010 Census of Cancer Specialist Nurses in England was commissioned by the National Cancer Action Team (NCAT) and supported by the Workforce Review Team (WRT), now the Centre for Workforce Intelligence (CfWI). This work builds on previous censuses carried out in 2007[1] and 2008[2] conducted to map the specialist nurse workforce in cancer care and to help inform commissioning of specialist nurse posts in a more structured and equitable fashion than had previously been possible.

The previous censuses have shown that the distribution of Clinical Nurse Specialists (CNSs) is not consistent with cancer incidence across the country. In addition, the number of posts is not proportional with incidence across English Cancer Networks. There appeared to be a lower ratio of urological and lung cancer CNS posts, compared with other areas of practice. Additionally, the 2008 census showed for the first time the wide variation in the titles used to refer to post holders who were perceived to be practising as a Clinical Nurse Specialist in cancer care.

NCAT's close partnerships with the National Cancer Intelligence Network and Cancer Programme Team has allowed, for the first time, information regarding provision of cancer specialist nurse posts to be examined in detail against incidence data[3] and the results of the cancer patient experience survey (2010)[4]. This report, therefore, contains reference to both as well as a role descriptor aimed at encouraging consistency in the type of service that should be expected from nurses working at this level.

## 1.2 Purpose

Census results have been fed into cancer policy[5, 6] and recommendations and findings have been used by local healthcare and voluntary sector organisations to influence the provision of specialist posts[7, 8, 9]

It is intended that this document be used by commissioners, providers and clinical teams as a resource for benchmarking the provision of specialist nurse support for cancer patients in their localities. It also offers a role descriptor of clinical nurse specialists working in cancer care that has been developed in consultation with the National Quality in Cancer Nursing expert reference group. It may be useful to read this document in conjunction with other resources such as:

- Excellence in Cancer Care: The Contribution of the Clinical Nurse Specialist. NCAT 2010[10]
- Advanced Level Nursing: A Position Statement. DH 2010[11]
- Manual of Cancer Services. DH 2004[12]
- NHS Cancer Commissioning Toolkit. Updated 2010[13]
- One to one support for cancer patients. A Report Prepared For DH, December 2010[14]

Whilst this document does offer information regarding the ratio of cancer specialist nurses (all job titles) to incidence of cancer in the 28 English Cancer Networks, this does not represent caseload guidance. It merely demonstrates variance of provision of these posts by geographical location and by tumour type.

This document aims to strengthen the argument for maintaining and expanding the provision of specialist nurse support for cancer patients in the England in order to keep pace with the increase in cancer prevalence of an estimated 3.2% per year.[15]

## 1.3 Role Descriptor

A Clinical Nurse Specialist (CNS) is a nurse who demonstrates high-level skills in the areas of clinical practice care and programme management, clinical practice development and clinical practice leadership[16].

CNSs in cancer care can be described as registered nurses, who have graduate level nursing preparation and who would usually be expected to be prepared at Master's level. They are clinical experts in evidence-based nursing practice within a specialty area. They treat and manage the health concerns of patients and work to promote health and wellbeing in the patients they care for. CNSs in cancer care practice autonomously and integrate knowledge of cancer and medical treatments into assessment, diagnosis, and treatment of patients' problems and concerns[17].

The high-level activities of CNSs can be separated into four main functions[18].

In the context of cancer care these consist of:

- Using and applying technical knowledge of cancer and treatment to oversee and coordinate services, personalise 'the cancer pathway' for individual patients and to meet the complex information and support needs of patients and their families
- Acting as the key accessible professional for the multidisciplinary team, undertaking proactive case management and using clinical acumen to reduce the risk to patients from disease or treatments
- Using empathy, knowledge and experience to assess and alleviate the psychosocial suffering of cancer including referring to other agencies or disciplines as appropriate
- Using technical knowledge and insight from patient experience to lead service redesign in order to implement improvements and make services responsive to patient need.

A CNS in cancer care is therefore a clinical expert in nursing practice within their specialty area, managing and treating the concerns of patients. The specialty may be focused on a population (e.g. young people), type of care (e.g. palliative care), type of problem (e.g. lymphoedema), type of treatment (e.g. chemotherapy) or tumour type (e.g. lung cancer). Many cancer CNSs work as part of a tumour specific team, whereas others may work across more than one service or setting. Although many are based within acute trusts, post holders are also located in primary care and community settings or private sector organisations. They may be responsible for whole client groups, or for episodes of care and nursing services more widely.

Cancer CNSs are typically core members of a multidisciplinary team, spending more than 50% of their time working directly in cancer care. This may include time spent on prevention, screening and diagnosis, the management of families at risk of cancer and the support of those already diagnosed with the disease[19].

Furthermore, many CNSs have developed their roles to include technical elements, for example:

- Carrying out physical examinations and diagnostic tests such as endoscopy, colposcopy, biopsies and needle aspirations, cystoscopy, hysteroscopy
- Insertion of central venous lines for the delivery of chemotherapy or for nutritional purposes
- Insertion of feeding tubes
- Prescription and administration of drugs for the treatment of cancer symptoms
- Application of psychological techniques to mediate symptoms and concerns

It is now widely accepted that 'specialist' practice should be considered one pole of the specialist-generalist continuum[20]. This approach defines 'specialist' practice as that which is particular to a specific context, be it a client group, a skill set or an organisational context. In contrast, 'advanced practice' is a particular stage on a continuum between novice and expert. High levels of skill, competence and autonomous decision-making characterise the 'advanced' role[11]. Therefore, whilst many 'specialist' nurses may function at an advanced level, this level of practice is not common to all.

## 1.4 Methods

Data were collected over a 4-week period during April–May 2010 (census day 17th April 2010) using a bespoke spreadsheet with drop down menus. Areas of inquiry were informed by the previous 2 censuses, and in particular the number of job titles recorded was reduced to the five most commonly used. An option to record "other" for any role not represented by these five titles was given. As in previous years, there was the facility to record a post as being supported by the charity Macmillan Cancer Support. All posts are recorded as whole time equivalents (WTE).

The areas of practice are consistent with Improving Outcomes Guidance definitions, and for the first time data were collected regarding specialist nurse posts in chemotherapy. The data for the chemotherapy subset will be used to inform the work of the National Chemotherapy Implementation Group and is not analysed in detail for the purposes of this report.

The spreadsheets were disseminated via the 28 cancer networks and relied on Network Nurse Directors, Trust Lead Cancer Nurses, and Directors of Nursing to collate the relevant data. Data were returned electronically from trusts to WRT for analysis. One month was given for returns to be made, with a further extension for Networks that had achieved a near complete response. Collection was completed in early September 2010.

### Data collection process:

1. Project Team and WRT devised spreadsheet
2. Spreadsheet and instructions for completion sent out to Network Nurse Directors
3. Disseminated by NND's to Lead Nurses, Directors of Nursing and Cancer Service Managers
4. Data entry completed at trust level
5. Completed spreadsheets returned to WRT
6. Analysis by WRT and project Team
7. Verification of data at network level
8. Report

## 1.5 Criteria for selection

### Inclusion

- All cancer nurse specialist posts (AFC band 6-9)
- All areas of practice (including for the first time chemotherapy)

### Exclusion

- Palliative Care Nurse Specialists (collected in Specialist Palliative Care Workforce Survey 2008/09)[21]
- Community Nurse Specialists
- Children and Young Persons Nurse Specialists (a separate census is planned for this specialty in November 2010)

## 1.6 Main findings of the Census

The census of the cancer specialist nurse workforce in England 2010 achieved an acute trust response rate of 100%, therefore data was complete for all 28 English Cancer Networks.

- The total reported cancer specialist nurse workforce number for the 28 English Cancer Networks in 2010 was 2771.1 WTE.
- As in 2007 and 2008, the largest group by job title was Clinical Nurse Specialist (CNS). This equated to 2164.20 WTE (78.10% of the total workforce).
- Almost 78% of cancer specialist nurse posts were banded at AFC Band 7, with approximately 20% below this at Band 6 and only 11% above this at Band 8a-8c
- The largest group by area of practice as a percentage of the total was breast (19%). This was followed by Colorectal (14%), and Urology (12%).
- Chemotherapy was included as an area of practice for the first time in the 2010 census. 181.05 WTE posts were counted in the 28 Networks. This data will be used to help inform the work of the National Chemotherapy Implementation Group.
- Inequities remain both geographically i.e. between networks, and also between different tumour types in terms of provision of cancer specialist nurse posts.
- Macmillan Cancer Support currently offer support for approximately one third of the cancer specialist nurse population in English Cancer Networks
- When provision of cancer specialist nurse posts is mapped to incidence of cancer, median values range from 1 WTE for 61 new cases of cancer, to 1 WTE for 159 new cases of cancer.
- There appears to have been an actual increase in Clinical Nurse Specialist posts from 2007-2010 for some areas of practice (brain/central nervous system, lung, haematology and upper GI), however, the cancer specialist nurse workforce in general is not expanding sufficiently to keep pace with the increase in cancer prevalence.

# 2 Provision

## 2.1 Overall workforce by network (all job titles)

An acute trust response rate of 100% means that data is complete for all 28 English Cancer Networks. This data is illustrated in Table 1.

**Table 1. Sum of Network Workforce by Area of Practice**

| Sum of WTE | Area of Practice | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Network Name | Breast | Chemotherapy | Colorectal | Gynaecology | Haematology | Lung | Sarcoma | Upper GI | Urology | Brain/Central Nervous system | Head & Neck | Malig Derm | Grand Total |
| 3 Counties | 11.10 | 3.60 | 8.14 | 2.90 | 4.40 | 4.00 | 1.00 | 7.54 | 8.27 | 1.00 | 2.60 | 4.33 | 58.88 |
| Anglia | 24.69 | 4.49 | 17.92 | 8.04 | 19.69 | 19.29 | 1.00 | 10.89 | 17.40 | 1.72 | 5.15 | 6.16 | 136.44 |
| Arden | 10.68 | 7.25 | 7.93 | 3.30 | 4.28 | 5.84 | 1.00 | 6.00 | 8.00 | 1.00 | 2.00 | 3.17 | 60.45 |
| Avon, Somerset & Wiltshire | 14.43 | 4.00 | 10.78 | 4.94 | 6.60 | 5.29 | 0.93 | 7.68 | 11.20 | 2.00 | 4.70 | 8.04 | 80.59 |
| Central South Coast | 20.69 | 7.43 | 13.37 | 7.19 | 12.30 | 8.35 | 0.60 | 9.68 | 13.35 | 1.00 | 4.69 | 6.49 | 105.16 |
| Dorset | 6.51 | 2.40 | 4.80 | 2.80 | 2.80 | 5.00 | 0.00 | 3.00 | 4.02 | 1.00 | 1.96 | 1.20 | 35.49 |
| East Midlands | 36.58 | 7.00 | 34.53 | 9.70 | 19.36 | 18.66 | 1.60 | 10.72 | 21.18 | 3.20 | 5.80 | 8.90 | 177.24 |
| Essex | 13.15 | 9.76 | 11.36 | 5.40 | 7.40 | 6.38 | 0.00 | 5.85 | 6.60 | 0.40 | 3.60 | 3.60 | 73.50 |
| Greater Manchester & Cheshire | 35.50 | 12.71 | 28.40 | 22.10 | 22.84 | 21.91 | 0.80 | 20.22 | 27.72 | 6.00 | 11.57 | 11.05 | 220.82 |
| Greater Midlands | 17.42 | 4.37 | 15.89 | 6.44 | 7.83 | 11.71 | 1.56 | 7.86 | 10.38 | 0.67 | 5.10 | 7.94 | 97.17 |
| Humber & Yorkshire Coast | 13.57 | 11.71 | 9.94 | 5.00 | 6.40 | 6.16 | 0.50 | 7.00 | 5.00 | 2.00 | 3.00 | 1.50 | 71.78 |
| Kent & Medway | 13.01 | 8.36 | 7.44 | 4.20 | 6.40 | 5.83 | 0.00 | 7.40 | 5.80 | 0.00 | 3.20 | 2.25 | 63.89 |
| Lancashire & South Cumbria | 18.73 | 3.00 | 11.60 | 5.00 | 5.60 | 10.00 | 0.00 | 7.59 | 9.50 | 2.00 | 6.00 | 2.80 | 81.82 |
| Merseyside & Cheshire | 23.49 | 2.60 | 14.69 | 7.50 | 15.20 | 17.60 | 1.00 | 18.03 | 13.27 | 1.00 | 3.60 | 6.40 | 124.39 |
| Mount Vernon | 8.63 | 6.37 | 5.27 | 3.80 | 4.55 | 6.04 | 0.00 | 5.11 | 6.00 | 0.00 | 3.64 | 2.43 | 51.83 |
| North East London | 16.89 | 4.73 | 8.74 | 7.13 | 10.80 | 8.68 | 0.00 | 6.00 | 10.41 | 2.00 | 3.00 | 3.17 | 81.56 |
| North London | 19.95 | 6.80 | 7.50 | 6.20 | 23.60 | 10.00 | 5.59 | 8.00 | 16.60 | 3.60 | 5.50 | 4.00 | 117.34 |
| North of England | 35.43 | 17.07 | 35.83 | 14.17 | 28.50 | 23.33 | 1.43 | 13.20 | 29.19 | 3.00 | 9.35 | 5.99 | 216.47 |
| North Trent | 19.13 | 2.60 | 16.40 | 6.50 | 7.30 | 11.80 | 2.60 | 8.50 | 10.84 | 3.00 | 5.10 | 5.60 | 99.37 |
| North West London | 18.17 | 10.40 | 15.25 | 8.40 | 7.00 | 9.60 | 0.00 | 7.00 | 9.40 | 0.50 | 2.50 | 3.50 | 91.72 |
| Pan Birmingham | 16.07 | 4.49 | 20.73 | 6.46 | 10.40 | 10.80 | 5.60 | 11.00 | 11.20 | 2.00 | 7.00 | 6.80 | 112.56 |
| Peninsula | 18.65 | 3.00 | 10.00 | 5.49 | 4.90 | 6.50 | 2.60 | 7.70 | 9.18 | 4.00 | 5.00 | 4.12 | 81.15 |
| South East London | 15.30 | 6.40 | 11.21 | 5.90 | 8.86 | 7.82 | 0.00 | 10.83 | 9.63 | 2.50 | 5.50 | 7.50 | 91.46 |
| South West London | 16.53 | 2.00 | 6.00 | 5.99 | 14.30 | 6.12 | 2.00 | 7.09 | 9.13 | 3.00 | 3.60 | 5.68 | 81.44 |
| Surrey, West Sussex & Hampshire | 13.00 | 5.40 | 7.19 | 4.07 | 3.00 | 4.59 | 0.00 | 6.40 | 11.71 | 1.00 | 1.00 | 1.00 | 58.36 |
| Sussex | 12.96 | 2.00 | 6.00 | 3.40 | 4.43 | 4.31 | 0.00 | 2.60 | 4.00 | 1.00 | 1.47 | 3.00 | 45.17 |
| Thames Valley | 24.75 | 12.38 | 13.95 | 7.20 | 8.88 | 12.70 | 1.80 | 7.80 | 13.31 | 3.20 | 5.24 | 4.96 | 116.16 |
| Yorkshire | 28.32 | 8.71 | 18.97 | 7.40 | 13.99 | 15.95 | 0.00 | 9.74 | 17.66 | 1.70 | 9.88 | 6.60 | 138.92 |
| Grand Total | 523.32 | 181.05 | 379.83 | 186.62 | 291.60 | 284.26 | 31.60 | 240.44 | 329.97 | 53.49 | 130.75 | 138.17 | 2771.10 |

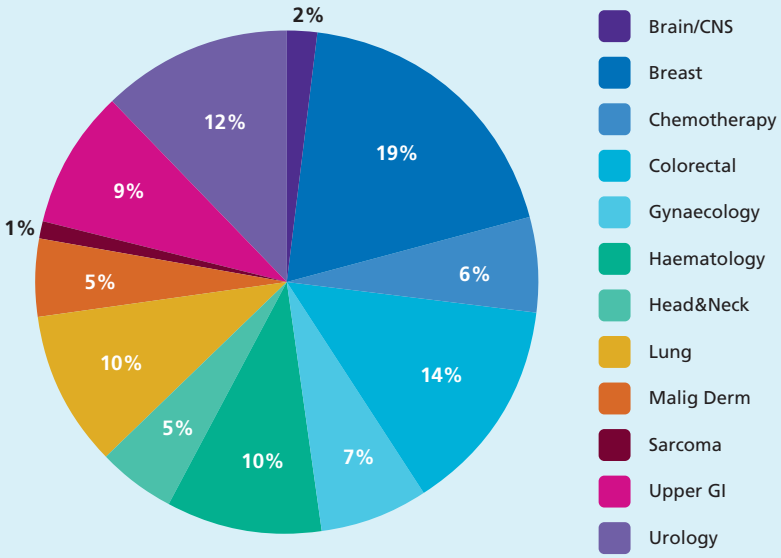
## 2.2 Workforce by area of practice

Data was collected for posts in areas of practice consistent with definitions in Improving Outcomes Guidance. This field was referred to as "pathologies" in previous censuses; however, the inclusion of "chemotherapy" necessitated its relabelling.

### Table 2. Total workforce by area of practice

| Sum of WTE | |
|---|---|
| **Area of Practice** | **Total** |
| Brain/Central nervous system | 53.49 |
| Breast | 523.32 |
| Chemotherapy | 181.05 |
| Colorectal | 379.83 |
| Gynaecology | 186.62 |
| Haematology | 291.60 |
| Head&Neck | 130.75 |
| Lung | 284.26 |
| Malignant dermatology | 138.17 |
| Sarcoma | 31.60 |
| Upper GI | 240.44 |
| Urology | 329.97 |
| Grand Total | 2771.10 |

### Fig 1. % Workforce by area of practice




As in 2007 and 2008, the area of practice with most posts was breast (19%), representing almost 1 in 5 of all posts. This was followed by colorectal (14%), and urology (12%). The smallest groups were sarcoma and brain/central nervous system, which are relatively rare cancer types.

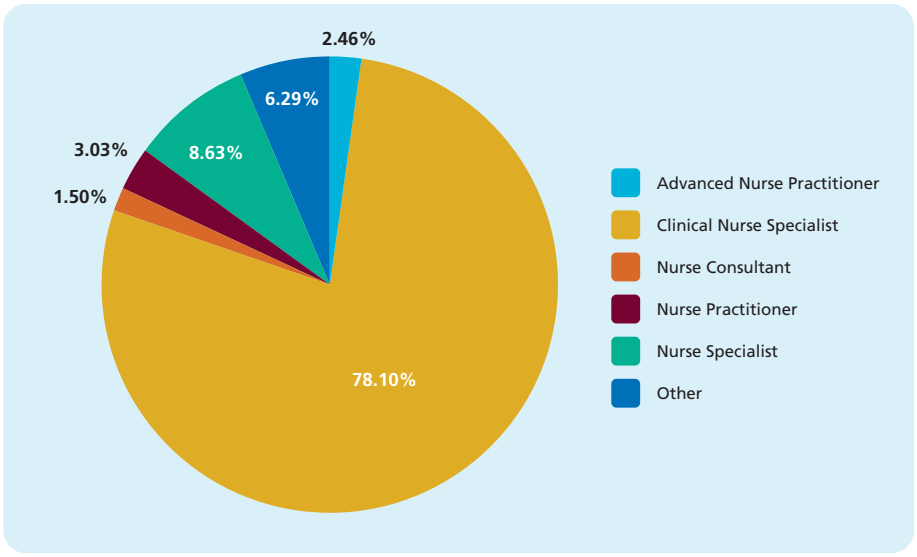
## 2.3 Job Titles

As in the two previous censuses, clinical nurse specialist was the most common job title in all areas of practice. Nurse consultant was the least common job title and the majority of these posts were in the breast and colorectal areas of practice.

### Table 3. Workforce by Job Title

| Sum of WTE | Job Title | | | | | | |
|---|---|---|---|---|---|---|---|
| Area of Practice | Advanced Nurse Practitioner | Clinical Nurse Specialist | Nurse Consultant | Nurse Practitioner | Nurse Specialist | Other | Grand Total |
| Brain/CNS | 0.00 | 52.89 | 0.00 | 0.00 | 0.60 | 0.00 | 53.49 |
| Breast | 16.97 | 400.37 | 5.8 | 16.08 | 51.02 | 33.08 | 523.32 |
| Chemotherapy | 9.06 | 84.57 | 14 | 12.50 | 21.00 | 39.91 | 181.05 |
| Colorectal | 11.2 | 273.05 | 9.5 | 14.17 | 43.88 | 28.02 | 379.83 |
| Gynaecology | 0.7 | 155.03 | 1.48 | 4 | 11.23 | 14.18 | 186.62 |
| Haematology | 4.9 | 239.65 | 2.5 | 6.6 | 18.73 | 19.23 | 291.60 |
| Head&Neck | 4.6 | 109.21 | 1 | 2.2 | 8.95 | 4.8 | 130.75 |
| Lung | 5 | 245.90 | 1.4 | 2 | 20.60 | 9.36 | 284.26 |
| Malignant Derm | 4.76 | 119.68 | 0.00 | 1 | 8.89 | 3.84 | 138.17 |
| Sarcoma | 2 | 24.23 | 1.58 | 0.00 | 0.43 | 3.36 | 31.60 |
| Upper GI | 4 | 205.78 | 0.00 | 4.57 | 16.91 | 9.18 | 240.44 |
| Urology | 4.85 | 253.86 | 4.3 | 20.87 | 36.88 | 9.213 | 329.97 |
| Grand Total | 68.04 | 2164.20 | 41.57 | 84.00 | 239.11 | 174.18 | 2771.10 |

### Fig 2. % Workforce by job title




Nurse specialist was the second most common title accounting for almost 10% of the total workforce. The title nurse practitioner accounted for only 3.25% of the total workforce.

The "other" group accounted for less than 7% of the total workforce and was found mainly in the breast, chemotherapy and colorectal areas of practice.

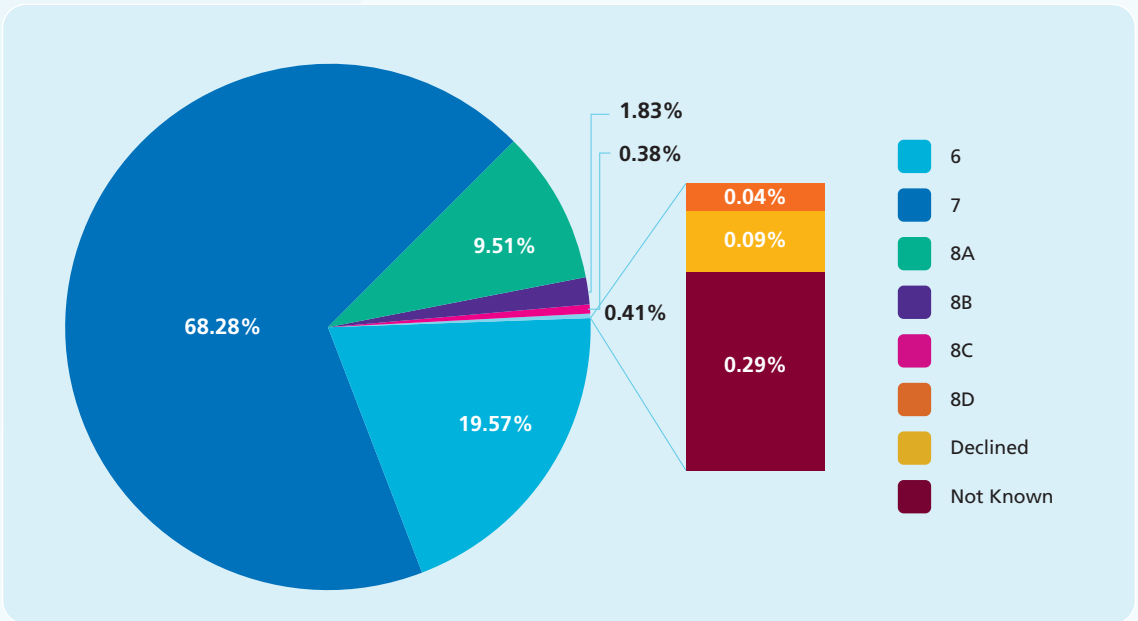
## 2.4 Agenda For Change Banding

The 2010 census represented the first time information regarding AFC banding was collected. Less than 1% of returns reported this as either "not known" or "declined".

### Table 4. Workforce by AFC Banding

| Sum of WTE | Banding | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Area of Practice | 6 | 7 | 8A | 8B | 8C | 8D | Declined | Not Known | Grand Total |
| Brain/CNS | 5.60 | 40.39 | 7.50 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 53.49 |
| Breast | 126.89 | 335.10 | 50.41 | 7.93 | 2.00 | 0.00 | 1.00 | 0.00 | 523.32 |
| Chemotherapy | 52.61 | 87.65 | 27.95 | 8.70 | 3.13 | 1.00 | 0.00 | 0.00 | 181.05 |
| Colorectal | 90.52 | 226.55 | 34.93 | 14.74 | 4.00 | 0.00 | 1.00 | 8.08 | 379.83 |
| Gynaecology | 27.61 | 134.64 | 21.89 | 2.00 | 0.48 | 0.00 | 0.00 | 0.00 | 186.62 |
| Haematology | 45.36 | 219.14 | 23.60 | 2.50 | 1.00 | 0.00 | 0.00 | 0.00 | 291.60 |
| Head&Neck | 15.81 | 103.74 | 8.80 | 2.00 | 0.00 | 0.00 | 0.40 | 0.00 | 130.75 |
| Lung | 53.45 | 210.88 | 18.53 | 1.40 | 0.00 | 0.00 | 0.00 | 0.00 | 284.26 |
| Malignant Derm | 27.48 | 101.34 | 9.35 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 138.17 |
| Sarcoma | 2.83 | 26.19 | 1.00 | 1.59 | 0.00 | 0.00 | 0.00 | 0.00 | 31.60 |
| Upper GI | 40.63 | 177.33 | 19.49 | 3.00 | 0.00 | 0.00 | 0.00 | 0.00 | 240.44 |
| Urology | 53.66 | 229.24 | 40.20 | 6.87 | 0.00 | 0.00 | 0.00 | 0.00 | 329.97 |
| Grand Total | 542.44 | 1892.18 | 263.66 | 50.73 | 10.61 | 1.00 | 2.40 | 8.08 | 2771.10 |

### Fig 3. % Workforce by AFC Banding




As expected, the overwhelming majority of cancer nurse specialist posts were AFC band 7.

Approximately 20% of the workforce was banded below this at AFC 6, and only around 11% of the total banded above this at AFC 8a-8c.

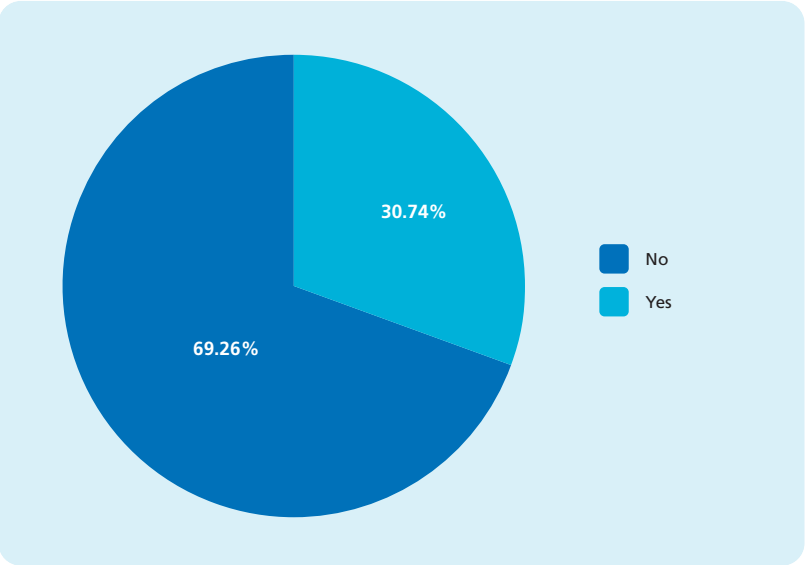
## 2.5 Macmillan Cancer Support workforce

Macmillan Cancer Support continues to provide support for approximately one third of the cancer specialist nurse (all job titles) population in England.

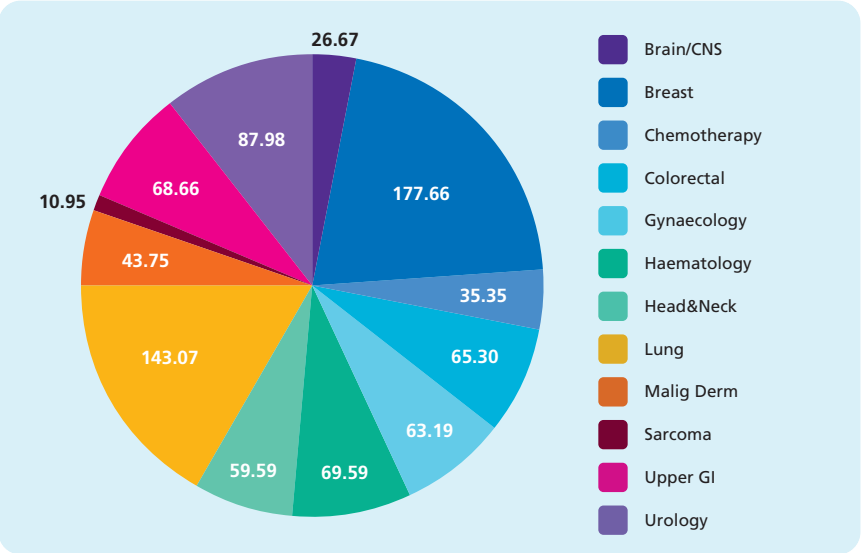
### Table 5. Macmillan Workforce

| Macmillan posts (all job titles) | Total WTE |
|---|---|
| No | 1919.35 |
| Yes | 851.75 |
| Grand Total | 2771.10 |

### Fig 4. % Workforce Macmillan Cancer Support posts




### Fig 5. WTE Macmillan Cancer Support posts by area of practice




The area of practice with the highest number of Macmillan Cancer Support posts was breast, followed by lung, then upper GI and haematology.

# 3 Proportion

## 3.1 Ratio of Cancer Specialist Nurses by incidence of cancer

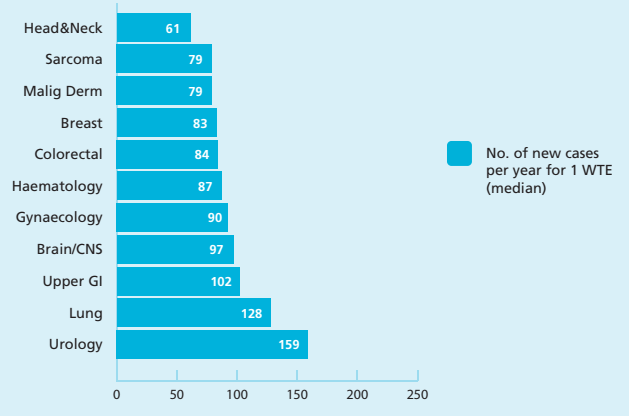
Using the published incidence data for 2007[3], it has been possible to map the ratio of new cases in each cancer network to the provision of cancer specialist nurses for each area of practice. This highlights the variations between provisions of specialist nurse posts for different tumour types.

There are many caveats to this approach however, most notably the fact that new cases of cancer are recorded by the resident address of the patient, and not by the cancer unit in which they are diagnosed or treated. The ratio of cancer specialist nurses to new cases of cancer per year within a network does not, therefore, reflect the true caseload of the specialist nurse, nor does it demonstrate the variations in the level of support needed depending on the type and stage of cancer.

**Table 6. Range of Network ratios of new cases of cancer per year to 1 WTE cancer specialist nurse.**

| Area of Practice | Lowest network ratio of new cases of cancer to 1 WTE | Median network ratio of new cases of cancer to 1WTE | Highest network ratio of new cases of cancer to 1WTE |
|---|---|---|---|
| Brain/CNS | 35 | 97 | 370 |
| Breast | 51 | 83 | 135 |
| Colorectal | 48 | 84 | 137 |
| Gynaecology | 35 | 90 | 135 |
| Haematology | 27 | 87 | 171 |
| Head and Neck | 29 | 61 | 131 |
| Lung | 76 | 128 | 207 |
| Malignant Derm | 21 | 79 | 237 |
| Sarcoma* | 11 | 79 | 151 |
| Upper GI | 49 | 102 | 218 |
| Urology | 83 | 159 | 373 |

**Fig 6. Ratio of new cases per year for 1 WTE cancer specialist nurse**




As this figure demonstrates, the median ratio of new cases of cancer to 1WTE cancer specialist nurse ranges from 61 in Head and Neck cancer to 159 in Lung cancer.

# 4 Performance

## 4.1 Impact of Cancer Specialist Nurses on Patient Experience

The 2010 Cancer Patient Experience Survey Report[4] provides insights into the care experienced by cancer patients across England who were treated as day cases or inpatients during the first three months of 2010. 158 NHS Trusts providing cancer services identified patients and 67,713 patients chose to respond. Specific questions regarding access to a CNS were included in the survey for the first time and results clearly showed how much patients value support from healthcare professionals, especially Clinical Nurse Specialists (CNS).

The proportion of patients saying that they had been given the name of a CNS ranged from 97% in the best performing Trust to 59% in the poorest performing Trust (excluding Trusts with low response numbers under 20).

There was a significant variation between tumour groups in the proportion of patients saying they were given the name of a Clinical Nurse Specialist. Scores ranged from 93% (breast cancer) to 69% (urological cancer). Overall, 84% of patients said they were given the name of a CNS. The responses to specific questions regarding access to a Clinical Nurse Specialist revealed that 91% of patients with a CNS said the CNS listened carefully to them, 91% said the CNS gave understandable answers to their questions and 95% said the time they spent with their CNS was about right.

Were you given the name of a Clinical Nurse Specialist or Key Worker who would be in charge of your care?

How easy is it for you to contact your Clinical Nurse Specialist

The last time you saw your Clinical Nurse Specialist, do you feel the same time you spent with them was too long, too short or about right?

The last time you saw your Clinical Nurse Specialist, did she/he listen carefully to you?

When you had important questions to ask your Clinical Nurse Specialist, how often did you get answers you could understand?

Do you think your Clinical Nurse Specialist knew enough about your cancer and its treatment?

In addition, patients with access to a CNS reported a better experience in relation to other aspects of their care, particularly regarding information about diagnosis and treatment, financial help, support and self-help groups, and the availability of free prescriptions.

The following table shows how patients with access to a CNS responded more favourably than patients without access to a CNS to some of the questions in the survey.

**Table 7. Responses from Cancer Patient Experience Survey 2010**

| Were you.....? | If "Yes" to given named CNS | If "No" to given named CNS |
|---|---|---|
| Given information about support & self-help groups | 84% | 48% |
| Given information about financial help or benefits | 55% | 23% |
| Given easy-to-understand written info about diagnosis | 70% | 43% |
| Given easy-to-understand written information about side effects of possible treatments | 84% | 58% |
| Given easy-to-understand written information about operation | 71% | 47% |
| Told they could get free prescriptions | 71% | 49% |
| Given choice of different cancer treatments | 86% | 65% |

# 5 Summary and Recommendations

## 5.1 How is the picture changing?

Data collection methods and processes have evolved over the three censuses to date, and definitions of both job titles and areas of practice have been refined. Direct comparison of the numbers from the 3 censuses may not therefore be meaningful.

The subset with the job title Clinical Nurse Specialist has remained the largest across all 3 censuses, and this may be used as a tracer group to track workforce trends. The 2008 data is only 89% complete and as such contains lower numbers overall. Any comparison should be viewed with caution, as there is anecdotal evidence of relabeling of posts in some areas, due to anticipated NMC guidance around advanced practice regulation.

There appears to have been an actual increase in Clinical Nurse Specialist posts from 2007-2010 for some areas of practice (brain/central nervous system, lung, haematology and upper GI), however, the cancer specialist nurse workforce in general is not expanding sufficiently to keep pace with the increase in cancer prevalence of an estimated 3.2% per year[9].

## 5.2 CNS workforce trends

**Table 8. CNS Workforce 2007-2010.**

| Area of Practice | Job Title | | |
|---|---|---|---|
| | 2007[1] 100% response | 2008[2] 89% response | 2010 100% response |
| Breast | 434 | 368 | 400.4 |
| Colorectal | 293 | 247.9 | 273 |
| Urology | 250 | 221.5 | 253.9 |
| Lung | 225 | 218.2 | 245.9▲ |
| Haematology | 204 | 212.4 | 239.6▲ |
| Upper GI | 176 | 171.4 | 205.8▲ |
| Gynaecology | 149 | 141.5 | 155 |
| Head / Neck | 100 | 94.2 | 109.2 |
| Skin* | 62 | NR | NR |
| Malignant dermatology* | NR | 63.4 | 119.7 |
| Brain/Central Nervous System | 33 | 37.1 | 52.9▲ |
| Sarcoma | NR | 18.5 | 24.2 |
| Oncology | 1 | 5.7 | NR |
| Chemotherapy | NR | NR | 84.5 |
| Total | 1927 | 1800 | 2164.2 |

▲Apparent real increase in posts from 2007-2010

*Skin was changed to malignant dermatology in 2008 to capture a more specific dataset

## 5.3 Future planning and recommendations

Over the next few years the NHS will need to release up to £20 billion of efficiency savings which will be reinvested to support improvements in quality and outcomes[22]. Those responsible for commissioning services will undoubtedly be expecting value for money as well as high quality services with patients at their centre.

Workforce planning will be crucial in achieving improvements, and the cancer specialist nurse census is a valuable tool to inform commissioning networks in the drive for world class cancer services in England.

There are still marked inequities in provision of specialist nurse support for those diagnosed with different cancer types, as well as some degree of variance across geographical locations. Evidence from the 2010 National Cancer Patients Experience Survey Report[4] points towards provision of specialist nurse support as an important indicator of the quality of cancer services. Commissioners may, therefore, be interested in examining more closely the ratio of specialist nurses to new cases of cancer within their localities along with data from trust level patient experience survey results and other sources such as the National Cancer Peer Review programme.

**Areas for future work may include:**

- Mapping of the interventions that specialist nurses offer across different cancer patient pathways to determine best practice guidance
- Examining the relationship between reported patient experience and ratio of specialist nurse provision to determine the optimum caseload to achieve quality care
- Exploration of the use of markers other than incidence to help estimate the true caseload of specialist nurses, such as prevalence, mortality rates and MDT activity.

It is recommended that he census of cancer specialist nurses be repeated at 2 yearly intervals, and a census of cancer specialist nurses working in the field of children and young peoples' cancers is underway. Furthermore, work is being planned to capture data regarding the chemotherapy nursing workforce with the National Chemotherapy Implementation Group.

The National Cancer Action Team will continue to work with its partners in the National Cancer Intelligence Network, National Cancer Peer Review team, Department of Health, charitable organisations and the Centre for Workforce Intelligence to provide robust data regarding this important element of the specialist cancer workforce and to address inequities wherever they are identified.

# 6 Acknowledgements

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http://www.ncat.nhs.uk/our-work/ensuring-better-treatment/quality-in-nursing

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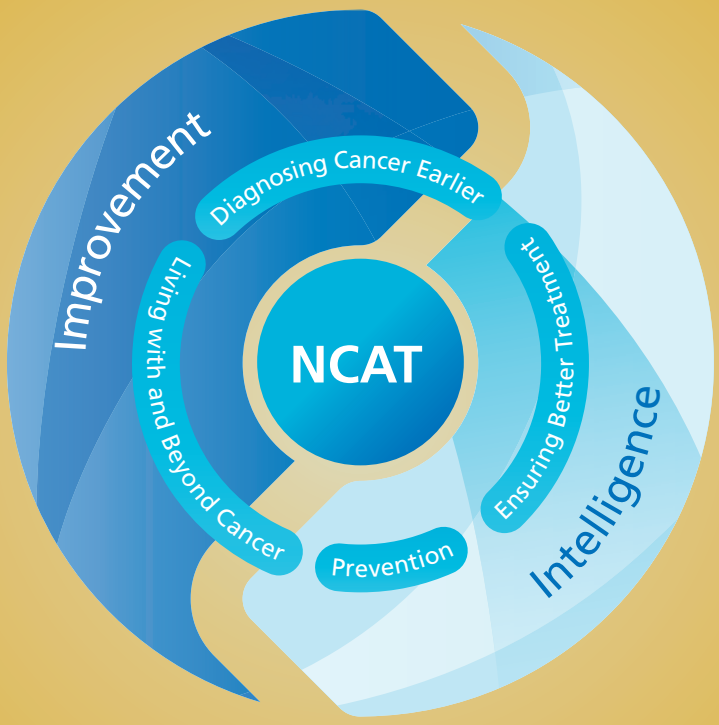


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