

### Dear Colleagues

For those of us working in England, the blueprint for cancer services for the next five years has arrived—published in December '07—the *Cancer Reform Strategy (CRS)*. Scotland's similar discussion document, *Better Cancer Care* was launched for consultation even more recently. The *Designed to Tackle Cancer in Wales* policy has largely been implemented with a new strategic framework about to start. In Northern Ireland, following a period of reflection post devolution, the cancer control programme has now been revived alongside a robust series of *Cancer Service Frameworks*. The UK is therefore aiming to be 'among the best in the world' in cancer care. UKONS is supporting nurses working in cancer care to be among the best in the world. Every single suggestion we put forward over a year ago to the English National Cancer Director, Professor Mike Richards, has been included in the *CRS*. Great minds ... and all that; a huge thanks to Mike. It has certainly given us renewed energy and vigour. The vital role of the clinical nurse specialist (CNS) in facilitating patient information, communication and coordination has been highlighted in the *CRS* and we are all working to further develop this role (utilising the excellent work, led by Gillian Knowles, UKONS Board member, through the Scottish Executive). We need to address the inequality of CNS numbers, witnessed across different disease sites. We are also delighted to see survivorship and prevention emphasised in the *CRS* as key to good holistic cancer care.

### UKONS AGM and conference

Let's bring our ideas together when we meet on Friday 19th September at the UKONS conference and AGM in central London, 'Inspiring Cancer Nursing' (see page 3). This will be a themed event with three workstreams for nurses to mix and match—  
 i) developing the finest clinical nurse

specialists, ii) chemotherapy for the 21st century and iii) best supportive care on tap. Please enlighten us through [www.ukons.org](http://www.ukons.org) with your thoughts on innovative practices, speakers and setting the programme. Your suggestions are welcomed.

### Board activity

There has been intense activity in the UKONS Board camp in the past 3 months. With our ever-increasing membership, activity and partnerships, it was timely to seek advice on our 'legal form'. It is likely we will go down the charitable status route, having considered a whole gambit of legal forms including community interest companies. More of this in the next issue from Claire Kelly, our treasurer, who has been leading us through this essential governance process. There are clearly ramifications for our constitution, which will be sent to every member soon in plenty of time prior to our AGM in September. UKONS constitutional lead, Isabel White, has been working tirelessly with Debbie Fenlon to get it right first time. A membership campaign is also underway—please get your colleagues to sign up; we ARE a membership society. Paul Trevatt, our membership secretary, will be knocking on your door!

### Travel scholarship

Lastly, we have initiated our first ever joint travel scholarship with the Florence Nightingale Foundation and were privileged to have Mary Spinks, the director of the foundation, visit our board meeting. Reform is not novel. "For us, who nurse, our nursing is a thing which, unless we are making progress every year, every month, every week, take my word for it, we are going back"—Florence Nightingale. Thanks to every one of you and to the UKONS Board for the hard graft every year, every month, every week in taking cancer nursing forward.

Annie Young,  
 UKONS President



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## UKONS Chemotherapy Nurses Forum 1st February 2008

The first meeting for the chairs and vice chairs of the UKONS National Chemotherapy Forum regional groups took place last month. During this meeting Helen Roe, Consultant Cancer Nurse/Lead Chemotherapy Nurse, North Cumbria Acute Hospitals NHS Trust was appointed as the chair of the group and Elaine Lennan, Consultant Nurse, Southampton University Hospitals NHS Trust was appointed as the vice chair.

The meeting also provided the opportunity for the regional chairs and vice chairs to feed back on the progress their groups had made on their individual projects, which they had chosen at the inaugural meeting last September. More information relating to regional projects will soon appear on the UKONS website ([www.ukons.org](http://www.ukons.org)).



Helen Roe, Forum Chair



Elaine Lennan, Forum Vice Chair

### Welcome to our new board member for Northern Ireland.

**Sally Campalani, RGN, ONC, MBA, Directorate Nurse, Northern Ireland Cancer Centre, Belfast City Hospital**

Sally began her nursing career in Belfast in the '70s, choosing to specialise in orthopaedics for which Northern Ireland had developed a degree of expertise as an unfortunate product of "The Troubles". She moved to London, where she held a variety of senior nursing positions. This in turn led onto a career as a nursing consultant in the commissioning of new hospitals or centres. In 1990 Sally moved to Italy with her family and there she continued in her role as a consultant for a variety



of organisations. However, in the early '90s she was asked to commission a Palliative Care Unit, and loved the speciality so much she again

stayed on as matron until another family transfer brought her back to Northern Ireland in 1997. Here she worked as Clinical Services Manager in the Marie Curie Centre in Belfast for 5 years before moving to work in the Northern Ireland Cancer Centre in 2001, where she remains to this day.

## The UKONS Board

The members of the UKONS Board are:

**Annie Young**, Nurse Director, 3 Counties Cancer Network, [a.young@bham.ac.uk](mailto:a.young@bham.ac.uk)

**Maggie Crowe**, Consultant Nurse, Royal United Hospital, Bath [maggie.crowe@ruh-bath.swest.nhs.uk](mailto:maggie.crowe@ruh-bath.swest.nhs.uk)

**Claire Kelly**, Director of Nursing, Hartlepool & District Hospice [ckelly@hartlepoolhospice.co.uk](mailto:ckelly@hartlepoolhospice.co.uk)

**Paul Trevatt**, Nurse Director, North East London Cancer Network [Paul.Trevatt@bartsandthelondon.nhs.uk](mailto:Paul.Trevatt@bartsandthelondon.nhs.uk)

**Ann Fox**, Nurse Director, North of England Cancer Network [Ann.Fox@sotw.nhs.uk](mailto:Ann.Fox@sotw.nhs.uk)

**Cheryl Vidall**, Clinical Risk and Practice Development Manager, Healthcare at Home [cherylv@hah.co.uk](mailto:cherylv@hah.co.uk)

**Debbie Fenlon**, Senior Research Fellow, University of Southampton [d.r.fenlon@soton.ac.uk](mailto:d.r.fenlon@soton.ac.uk)

**Chrissie Lane**, Macmillan Cancer Nurse Consultant, NHS Highland [chrissie.lane@hnb.scot.nhs.uk](mailto:chrissie.lane@hnb.scot.nhs.uk)

**Michele Pengelly**, Specialist Nurse in Supportive Care, Cancer Care Cymru [michele.pengelly@velindre-tr.wales.nhs.uk](mailto:michele.pengelly@velindre-tr.wales.nhs.uk)

**Isabel White**, Cancer Research UK Nursing Research Training Fellow, University of Surrey, [i.white@surrey.ac.uk](mailto:i.white@surrey.ac.uk)

**Gillian Knowles**, Nurse Consultant – Cancer Care, Scottish Executive [Gillian.Knowles@scotland.gsi.gov.uk](mailto:Gillian.Knowles@scotland.gsi.gov.uk)

**Sandra White**, Nurse Consultant – Cancer Care, Crosshouse Hospital, Kilmarnock [sandra.white@aaaht.scot.nhs.uk](mailto:sandra.white@aaaht.scot.nhs.uk)

**Elizabeth England**, Lead Nurse, Altnagelvin Area Hospital, Northern Ireland [eengland@alt.n-inhs.uk](mailto:eengland@alt.n-inhs.uk)

**Sally Campalani**, Directorate Nurse, Belfast City Hospital, Northern Ireland [sally.campalani@belfasttrust.hscni.net](mailto:sally.campalani@belfasttrust.hscni.net)

## MEMBERSHIP RATES

*Calendar year runs from January to December*

<b>Individual membership:</b>	<b>£30.00</b>
<b>Group membership (10 individuals):</b>	<b>£250.00</b>
<b>Corporate membership:</b>	<b>£350.00</b>
<b>Charity membership:</b>	<b>£200 Large charity (more than 25 nursing staff)</b>
	<b>£100 Small charity (fewer than 25 nursing staff)</b>

# UKONS Conferences and Educational Events

## UKONS 'Inspiring Cancer Nursing' Conference

**19th September 2008, Central Hall, Storey's Gate, Westminster, London.**

Put the date in your diaries now—our AGM will be held during this meeting. There will be plenary sessions, including international experts and a presentation by Professor Mike Richards, National Cancer Director, England, followed by three themed workstreams, based around the following professional groups working in cancer care: chemotherapy, clinical nurse specialists and supportive care. All the information is on our website ([www.ukons.org](http://www.ukons.org)).

## 'MARCH' (Management and Awareness of Risks of Cytotoxic Handling) Conference

**26th March 2008, Holiday Inn, Birmingham.**

Following the extremely successful Hazardous Drugs Day last year, UKONS and BOPA have endorsed a second meeting on managing the attendant perils of cytotoxic administration. To register, please go to our website: [www.ukons.org](http://www.ukons.org).

## Modernising Chemotherapy Services Roadshow

This UKONS roadshow, supported by an unrestricted educational grant from Pierre Fabre, has been gathering momentum; following service improvement days with local staff in Clatterbridge and 3 Counties Cancer Network, further events with national speakers are set for Glasgow, Hull and Manchester. For more information, please contact Christine Armstrong, [Christine@mediate-health.co.uk](mailto:Christine@mediate-health.co.uk).

## Extravasation Roadshow

UKONS and BOPA have again joined together for some 'Train the Trainer' sessions in the management of extravasation. Sponsored by an educational grant from Topotarget, the first four sessions are booked:

**April 9th – Coventry**

**May 22nd – Leeds**

**June 18th – Bristol**

**July 9th – London**

If you are interested, please contact Ann Fox, UKONS Chemotherapy Forum at [ann.fox@sotw.nhs.uk](mailto:ann.fox@sotw.nhs.uk) for details. Training will be for a maximum of 12 participants per session.

## UKONS / Florence Nightingale Foundation (FNF) Travel Scholarship

We are truly delighted to announce our first joint travel scholarship for UKONS members. We welcomed Mary Spinks, director of the FNF, who presented the magnificent work of the foundation at our recent board meeting. Look out for the scholarship notification in the autumn on [www.ukons.org](http://www.ukons.org) and [www.florence-nightingale-foundation.org.uk](http://www.florence-nightingale-foundation.org.uk).

## Win a £1,500 Travel Scholarship to go to the International Society of Nurses in Cancer Care (ISNCC) Conference in Singapore

UKONS is sponsoring one of its members to go to the ISNCC meeting in Singapore, August 17–21, 2008. To enter, you are required to submit a maximum of 1,000 words on, 'How can UKONS members inspire cancer nursing?' Send entries to Catherine [catherine@succinctcomms.com](mailto:catherine@succinctcomms.com) by 30th April 2008. The Selection Panel will meet during the first week of May 2008.

## UKONS Legal Form

Claire Kelly, our treasurer, arranged for the UKONS Executive Team to meet with lawyers specialising in organisational form. A number of options were explored including Community Interest Companies and Charitable Trusts. The pros and cons of each option (e.g. flexibility of use of funds vs tax savings) were then discussed in detail at our board meeting. We are still in the process of investigating the optimal legal form to support all our members but it seems likely that after applying to be a limited company, charitable status will be sought for the society. This will require a great deal of work but reap huge benefits for UKONS members.

## Become a member of the UK Oncology Nursing Society TODAY and receive all the latest news in oncology nursing practice

### MEMBERSHIP INCLUDES:

- UKONS newsletter
- Access to the 'members only' UKONS website and e-newsletter

### JOIN NOW & BENEFIT FROM:

- Reduced conference fees
- Group membership rates
- Sharing your views with colleagues
- Influencing policy

Online membership: [www.ukons.org](http://www.ukons.org) or

Email: [catherine@succinctcomms.com](mailto:catherine@succinctcomms.com)

## Intercollegiate Cancer Committee (ICCC)

UKONS is representing nurses working in cancer care on the ICCC UK multi-professional committee, led by the Academy of the Medical Royal Colleges, bringing together cancer education across disciplines.

After submitting several reports towards the English *Cancer Reform Strategy*, the committee has concentrated on optimal multidisciplinary team working, producing ICCC guidance. This will be available on the UKONS website [www.ukons.org](http://www.ukons.org) when approved by the Academy. An 'e-learning' subgroup has now been tasked to progress multidisciplinary e-learning in cancer care.

In a two-part series, we look at a common symptom of cancer and cancer treatment—venous thromboembolism (VTE)—and the attendant practice guidelines.

## Part 1. Thrombosis and Cancer: a Bi-directional Association; a Common Problem

Venous thromboembolism in hospitalised patients—the national and international push

Around 25,000 people a year die from deep-vein thrombosis and pulmonary embolism—VTE—in hospitals in England. In 2005, the Health Select Committee reported on the prevention of VTE in hospitalised patients. A VTE expert group was set up, which reported to the chief medical officer (CMO) in England. It recommended that every hospital patient should have their own risk assessment for VTE and help save thousands of lives each year.<sup>1</sup>

In tandem, the National Institute for Health and Clinical Excellence (NICE) published, *Reducing the Risk of Venous Thromboembolism in Inpatients Undergoing Surgery* identifying cancer patients as 'high risk'. An associated guidance, *The Prevention of Venous Thromboembolism in all Hospital Patients* is in the making and the Scottish Intercollegiate Guidelines Network (SIGN), *Prophylaxis of Venous Thromboembolism (2002)* guideline, is currently being updated. Meanwhile, the American Society of Clinical Oncology (ASCO) Guideline *Prophylaxis and Treatment of VTE in Cancer Patients*,<sup>2</sup> was published online a few weeks ago. Although US focused and, perhaps rightly, very 'anti-warfarin', it provides an excellent overview—this will be discussed in Part 2.

### Cancer and thrombosis

Cancer is an independent risk factor for VTE. For patients with cancer, there is up to a 6-fold increase in the incidence of VTE compared with those without a malignancy.<sup>3</sup> Cancer diagnosed at the same time as or within 1 year of a VTE, is associated with three-fold greater mortality in 1 year.<sup>4</sup> In addition to the recognised risk factors for VTE that apply across patient groups, such as age, obesity and a history of VTE, patients with cancer may have other factors

associated with their condition or treatment that further increases the risk.

### Central venous catheters (CVC)

The reported incidence of clinically overt DVT in adult cancer patients with an indwelling CVC is conflicting but ranging between 27% and 66% when thrombi are assessed by venography. In WARP, the largest study of prophylaxis of thrombosis in cancer patients with CVCs, thrombosis rates were low (5.9%) with or without warfarin.<sup>5</sup> Recent studies with low molecular weight heparin (LMWH) also demonstrate no benefit for the intervention. Therefore, evidence-based guidelines do not recommend routine thromboprophylaxis in cancer patients with CVCs.

### Hormonal and cytotoxic chemotherapy

Chemotherapy is an independent risk factor for VTE. Tamoxifen also increases the risk. Lenalidomide or thalidomide, administered in combination with high-dose dexamethasone, resulted in a 3.5-fold increase in the rate of VTE (95% CI 1.77–6.97). Concomitant administration of erythropoietic drugs further increase VTE rates. Thromboprophylaxis measures need to be considered with thalidomide/dexamethasone and lenalidomide/dexamethasone.

### Biology of the tumour

Tumour cells induce a prothrombotic state through a variety of mechanisms including the release of procoagulant substances, fibrinolytics, proinflammatory cytokines, and through angiogenesis and interaction with other blood cells. Three trials have suggested an increase in survival in patients given LMWH versus placebo but further adequately powered studies are required.<sup>6</sup>



### Surgery

Cancer patients undergoing surgery have at least twice the risk of postoperative DVT and more than three times the risk of fatal pulmonary embolism compared with non-cancer patients undergoing a similar procedure.<sup>4</sup> Other risk factors include age, low mobility, lengthy or complex surgery and/or postoperative care.

**As cancer nurses, we should be investigating what is happening in our own trusts regarding thromboprophylaxis and ensuring that our patients are being assessed and treated appropriately.**

1. Department of Health. Report of the independent expert working group on the prevention of venous thromboembolism in hospitalised patients. DoH: March 2007.
2. Lyman GH, Khorana AA, Falanga A *et al*. American society of clinical oncology guidelines: recommendations for venous thromboembolism prophylaxis and treatment in patients with cancer. *J Clin Oncol* 2007; **25**: 1–16.
3. Heit JS, O'Fallon WM, Petterson TM *et al*. Relative impact of risk factors for deep vein thrombosis and pulmonary embolism: a population-based study. *Arch Intern Med* 2002; **162**: 1245–1248.
4. Caine GJ, Stonelake PS, Lip GY *et al*. The hypercoagulable state of malignancy: pathogenesis and current debate. *Neoplasia* 2002; **4**: 465–473.
5. Young AM, Begum G, Billingham L *et al*. WARP—a multicentre prospective randomised controlled trial (RCT) of prophylaxis of thrombosis in cancer patients with CVCs. *J Clin Oncol* 2005; **23**: Abstract 8004.
6. Bergqvist D, Caprini JA, Dotsenko O, Kakkar AK, Mishra RG, Wakefield TW. Venous thromboembolism and cancer. *Curr Probl Surg* 2007; **44**: 157–216.

**Part 2 – next issue – Prophylaxis and Treatment of VTE in Cancer Patients**

## UKONS Constitution Update

Isabel White has been leading our constitutional work programme and the final consultation document will be sent to you prior to our AGM in September 2008. UKONS' first president, Annie Young, will hand over office to President-elect Maggie Crowe at the AGM during our conference on the 19th September 2008. Nominations have been received from two UKONS Board members for the position of President-Elect. Their manifestos will be sent out to members in early summer.

Our start-up approach was to proactively seek at least two board representatives from the four countries and in addition, to have a broad range of expertise in management, practice, education and research to a maximum number of 15 board members. As their two-year terms expire (at different times), nominations will be sought from members to sit on the board. We would very much like you all to consider putting yourself or your colleagues forward to join the board in the coming years.

## Developing the Best Research Professionals (2007)

### UK Clinical Research Collaboration (UKCRC) in collaboration with the 2005 NHS Modernising Nursing Careers Initiative

This 2007 report focuses on one element of the UK Clinical Research Collaboration's central aim which is to "develop a highly skilled workforce of trained clinical researchers and educators within the context of a rapidly changing UK healthcare environment". That element, of course, is the important contribution that can be made to health care by nurses as both researchers and educators. The core message of this report is that we need a more flexible clinical academic career structure for nurses that promotes the integration of clinical and academic practice as the norm for nurses who wish to pursue a research career. This would effectively end rigid career pathways that force nurses to follow one role at the expense of the other, thus ending the historical schism between clinical practice and academic development in nursing.

The idea behind the four-tier training structure, regardless of any view one may have about the adequacy of the proposed UK-wide numbers, is that clinical nurses who are interested in research can be trained to contribute to a clinical academic career at a variety of levels, from those working as clinical research or trials nurses engaged in medical research to those leading nationally or internationally important nursing or healthcare research programmes and centres. The report's recommendations have received widespread support, including endorsement from the charitable sector where much current nursing research funding emanates. We await further detail about the funding implications and precise timescales for the report's implementation given the urgency of this initiative for UK nursing development. To access the report please go to: [http://www.ukcrc.org/PDF/Nurses\\_report\\_summary\\_August\\_2007\\_Web.pdf](http://www.ukcrc.org/PDF/Nurses_report_summary_August_2007_Web.pdf).

*Isabel White, CRUK Nursing Research Training Fellow, University of Surrey & UKONS board member, Feb 2008.*



## What's in it for you?

- A vehicle for communicating with colleagues working in cancer care, sharing challenges in practice and supporting practice development
- Your views and expertise will be sought and shared with peers, cancer nurse leaders and national strategic policy makers in every country of the UK
- Your collective voice will influence the future of cancer nursing to ensure nursing practice is informed and developed by practising nurses
- Educational initiatives that highlight practice innovations to meet the challenges of emergent technologies and service re-design inherent in contemporary cancer care
- Access to the UKONS website, receipt of a quarterly newsletter and a chance to have your say about the issues that affect cancer nurses everywhere
- Automatic membership of the European Oncology Nursing Society (EONS) with associated opportunities

**UKONS NEEDS YOU TO MAKE THIS HAPPEN**

If you want to find out more, please contact one of our board members or visit our website [www.ukons.org](http://www.ukons.org)

## Other Forthcoming events

27–29 March 2008  
6th EONS Spring Conference,  
Geneva, Switzerland

17–21 August 2008  
15th International Conference on Cancer  
Nursing, 'Creating  
Partnerships, Championing Progress and  
Celebrating Practice',  
Singapore

30 April–1 May 2008  
The Wales Cancer Conference,  
Cardiff, Wales

### Cancer & Sexuality...still uneasy bedfellows?

Monday 9<sup>th</sup> June 2008,  
Campanile Hotel, Glasgow



A one day conference for  
nurses caring for those  
with sexual difficulties  
associated with cancer



Held in association with the International Society for Sexuality and Cancer  
& the United Kingdom Oncology Nursing Society

For further details & registration please contact: Eileen Eider (Training Co-ordinator)

Registration Fee £75.00 (including lunch)

Tel: 0141-211-8653 Email: [Eileen.Eider@ggc.scot.nhs.uk](mailto:Eileen.Eider@ggc.scot.nhs.uk)

# Network Round-up

*What's going on around the UK?*

## NORTHERN IRELAND

There have been significant developments in cancer services in Northern Ireland in the past few months. The cancer network has been tasked, by the Chief Medical Officer, with producing a *Cancer Service Framework* document by the end of March 2008. This comprises a series of quality standards ranged across the patient pathway which, when implemented, will make a significant improvement in the quality of treatment and care for people with cancer.

Since April 2007, Health and Social Services in Northern Ireland have been undergoing a major reorganisation. Consequently, a new board has been constituted for the cancer network, and changes made to the network management team. Liz Henderson, who was the part-time network lead nurse, has been appointed full time to the new post of Network Nurse Director. Her key responsibilities include contributing to the strategic development of the network, as well as 'improving the patient experience'.

While securing nurse leadership at strategic level is good news, more worrying is the decision of some of the new trusts to replace local lead cancer nurses with generic clinical service managers. To date former lead cancer nurses have been successful in these appointments, thus bringing their previous nursing experience to the role, however the remit of these posts is more managerial with the current focus on achieving cancer access targets.

Under the auspices of the Supportive and Palliative Care Network, a regional project is underway to identify new models of service provision in line with a modernisation agenda.

## WALES

Clinicians and service users will be interested in the recently published data for 2006 from the Welsh Cancer Intelligence and Surveillance Unit (WCISU). WCISU is tasked under a service level agreement with the Welsh Assembly Government to register all incidences of cancer for the resident

population of Wales. In the summer of 2008 it is planned to publish a major triennial report covering incidence, mortality and survival.

The Wales Cancer Alliance and the Wales Cancer Institute are hosting "The Wales Cancer Conference" on April 30th and May 1st 2008 and will bring together researchers, clinicians, nurses, policy makers and patients. The conference aims to promote the excellent research being conducted in Wales and to highlight issues relating to policy-making, resources and services for people affected by cancer in the principality. For further information contact:

[www.walescancerconference.org](http://www.walescancerconference.org)

Former UKONS Board member Anne Mills has been seconded as project manager to develop a new and exciting educational initiative in Wales. Velindre NHS Trust and Cardiff University are developing an education centre "Velindre Cancer Centre for Cancer Care and Rehabilitation", which will focus on identifying and improving the knowledge and skills required to care for cancer patients within all health and social care settings. It will address educational needs for patients, carers, volunteers, and health and social care professionals, qualified and unqualified and will be patient focused with patients involved in planning and delivery, resulting from focus-group work.

## SCOTLAND

We have seen much development in cancer care over the past year in Scotland. The government's strategic vision set out to "help people sustain and improve their health, especially in disadvantaged communities, ensuring better, local and faster access to health care" (SGHD 2007). The updated *Scottish Cancer Strategy* is about to go out for discussion with a commitment to final publication in the summer. The patient experience is one of the central drivers of the document with recognition that people are surviving and living longer with cancer. We eagerly await the document and will be encouraging our colleagues, patients and carers and the public to contribute to the discussion.

Ongoing national initiatives include the development of an Advanced Practice Toolkit which is being led by the NMAHP department at the Scottish Government on behalf of the Modernising Nursing Career Group. The aim of the toolkit is to build on the work that was done around advanced cancer nursing practice and develop a web-based system for all advanced practice, which makes explicit links between the regulated title, agreed national competencies, KSF, academic preparation and credit/level and the NHS carer framework. *Scottish Government Health Department (2007) Better Health, Better Care. SGHD, Edinburgh.*

Our national 2-day event "NHS Cancer Services: are we meeting the mark?" was a resounding success. The full report will be in the next issue. Another exciting 1-day conference on modernising chemotherapy services is planned for 2nd May 2008 in Glasgow; this will be free to all ([www.ukons.org](http://www.ukons.org)).

## ENGLAND

The *Cancer Reform Strategy (CRS)* was launched in early December by Professor Mike Richards to lots of applause and stomping of feet; however as with most policies the proof of the pudding is in the eating or rather in the implementation of the strategy rather than the development. Critics will be watching to see if the outcomes of the CRS can be delivered without the significant financial injection that the *NHS Cancer Plan* received in 2000.

Professor Richards has spoken nationally about the differences between writing this policy and the *NHS Cancer Plan*; certainly there appeared to be a stronger sense of partnership and consultation in the development of CRS and it was refreshing to see UKONS members included on a number of the working streams. It is also likely that a significant number of cancer clinical nurse specialists were pleased to see their role highlighted, given that many of them have had a fairly rotten time recently with cutbacks. All in all, it's a good start, now we simply need to deliver on it!