

UKONS Annual Conference: 19th September 2008

Meeting Report

It was, for summer 2008, an uncharacteristically bright, sunny morning when more than 200 delegates and speakers gathered amid the imposing architecture of Central Hall, Westminster, for this year's UKONS Annual Conference—'Inspiring Cancer Nursing'. From the start, despite the evident excitement of the occasion, there was a glimmer of sadness—the day would mark the end of Annie Young's tenure as UKONS President. But, as you will see later in this report, UKONS is by far too canny an organisation to let such a powerful asset go completely.

It was indeed a testament to Annie and her stalwart band of board members that the conference proceeded with precision timing—no mean feat considering the day included various plenary presentations, the UKONS annual general meeting, an awards ceremony and three parallel sessions running through the morning and the afternoon, each featuring five separate talks and some very active audience participation. Somehow everyone got to the right room at the right time (although one delegate, completely confident that she was heading for the same talk as the man in front of her, did manage to follow him into the men's loo), and the day ended bang on 4.30 pm, just as the programme had promised.

Do nurses really make a difference?

After delivering her opening remarks, Annie welcomed Diane Doran, Lawrence S Bloomberg Professor in Patient Safety at the University of Toronto, to deliver the Keynote Address.

Diane outlined the Canadian experience of defining and measuring nurse-sensitive patient outcomes, and explained how the findings could be used to plan nursing care and support nurses' engagement in multidisciplinary discussions. An initial study showed that patients' functional status, measured at admission to hospital, then during care and at discharge, improved in patients who received more (and more intensive) nursing interventions than in those scheduled for standard care. Moreover, the nurses themselves developed a better understanding of their role in patient care, and outcomes became a greater focus for discussion between nurses, clinicians and other healthcare professionals. When asked by a delegate about the financial aspects of the study, Diane said the nursing interventions had a positive effect on proxy measures of cost, such as length of hospital stay and use of emergency care services.

A further study, looking specifically at outcomes of cancer nursing practice, is now underway, based on measures of, for example, depressive symptoms, quality of life, pain and distress, and including an evaluation of the financial cost of specialist nurse-led care in this patient group.

Nurses as key players

Professor Mike Richards, the National Cancer Director and a longstanding friend and supporter of UKONS, delivered an engrossing talk—without the aid of a slide show—on the essential role of the clinical nurse specialist (CNS) in cancer care. He pointed out that nurses were key to the *Cancer Reform Strategy*, and that the profession was going through a time of great change and development. He also highlighted the emerging challenges for CNSs (e.g. the rising incidence and prevalence of cancers) and the opportunities (e.g. new diagnostic methods and treatments).

Asking delegates to cast their minds back just 10–15 years, he reminded them of a time when it was unthinkable for anyone other than a doctor to perform an endoscopy. “But without nurses doing endoscopies, we could not have rolled out the bowel screening programme anywhere near as effectively as we have,” he said.

He highlighted the move towards nurse-led ambulatory care and home-based care, and the growing role of nurses in chemotherapy delivery, symptom management and information provision. And he predicted an expanding need for nurse input in cancer prevention and early diagnosis, through public education initiatives. The future of cancer nursing would also embrace a considerable role in supporting cancer survivors—one of the central tenets of the *Cancer Reform Strategy*.

“The agenda for cancer nursing is huge,” he said. “And if any organisation should be at the forefront, it is UKONS.”

The co-payment debate

Mike Richards continued his address by asking the delegates to consider their views on the extremely topical question of co-payment, i.e. should patients be permitted to pay for a treatment not funded by their local NHS provider, but still receive the rest of their care under the auspices of the NHS? “It’s a political decision—but the politicians have handed it to me to sort out,” he said.

He could not have wished for a livelier debate, with firmly held views from both sides of the co-payment divide, for example:

- “Parents are allowed to continue sending their children to state schools, despite ‘topping up’ with private tuition, so why can’t NHS patients pay to top up their care?”
- “The concept of an NHS that is free at the point of use already doesn’t wash, because some people cannot afford to pay for prescriptions or dental charges, so why not allow co-payment for drugs?”
- “Few patients in non-affluent areas such as the north of England will be able to afford co-payments, so such a system would increase the north/south divide in health”
- “Some patients will impoverish themselves and their families, with no guarantee that the treatment in question will have a major effect”
- If patients pay for certain treatments, who will pay for the use of associated resources, e.g. nurse time, pharmacy time and chair time?”

As predicted, the session provoked intense discussion—but provided no clear-cut answers for the beleaguered Cancer Director!

Parallel sessions

Given the pressure on space in this newsletter, it is impossible to do full justice to the 15 wide-ranging talks delivered in three parallel streams, entitled:

- Enhancing supportive care
- Chemotherapy for the 21st century
- Advancing cancer nursing practice

All were well attended—in fact there was standing room only at some of the talks—and UKONS delegates showed a high level of engagement in the time allotted for Q&As. The topics included new cancer treatments, the expansion of professional boundaries and some exciting avenues of nurse-led research, notably the ongoing UKONS PDoT (Planned Dose on Time) Programme, designed to assess how often chemotherapy doses are delayed or reduced, with potential detrimental effects on patient outcomes.

Enhancing supportive care

This stream kicked off, appropriately, with a detailed consideration of what is meant by the term ‘supportive care’, and how it fits into the ‘cancer trajectory’. Davina Porlock, Professor of Nursing Practice at Nottingham University, also presented models of supportive/palliative

care, illustrating how patients' needs change at different stages of their disease and management.

In contrast with this in-depth discussion of the theoretical aspects of supportive care, one of the later talks got to grips with the practicalities of managing insomnia—a common problem among people with cancer. Psychologist Leanne Fleming, a Senior Research Fellow at the University of Glasgow, explained how a 5-week course of cognitive behavioural therapy (CBT) had helped patients in Glasgow to attain (and maintain) sleep, and achieve significant reductions in symptoms of fatigue, depression and anxiety.

Chemotherapy for the 21st century

Practical issues were also to the fore in the final talk in this session, which had already encompassed the workings of the National Chemotherapy Advisory Board (NCAG), management of Erb2-positive breast cancer, community-based chemotherapy and the role of the chemo-navigator.

Lisa Schulmeister, an Oncology Nursing Consultant from Louisiana, USA, presented a highly informative overview of common problems encountered with venous access devices, e.g. thrombosis or fibrin sheath at the catheter tip, catheter-related infection, catheter malposition, device damage/malfunction and extravasation injury.

Her talk was well illustrated by images showing what can and does go wrong, and she urged nurses to be vigilant for potential problems, even with recently inserted devices, and to confirm patency and correct placement before every administration of medication. She said: "Nurses play a key role in preventing and detecting complications associated with venous access."

Advancing cancer nursing practice

This session began with a talk by Alison Leary, Lecturer in Oncology at University College Hospital London, on the value of the clinical nurse specialist.

A similar theme was addressed by Elaine Lennan, Consultant Nurse at Southampton University, looking specifically at how specialist nurses could and should help to make sure patients with breast cancer receive the full planned dose of adjuvant taxane-based chemotherapy within the planned time. Speaking to a packed room, with many delegates standing or sitting on the floor, she deplored the common tendency to delay or reduce the dose of essential

chemotherapy, mainly because of febrile neutropenia. “Yet we can avoid or manage this toxicity effectively,” she said.

As might be expected from a ‘full house’, the ensuing Q&A session was extremely lively, with delegates keen to support Elaine’s plea for better management of chemotherapy toxicity and to share their own local experiences—good and bad. The final comment from the floor, from a nurse based at a private hospital, possibly summed up what many of the delegates would like to see in their own departments. She said that all patients with early-stage breast cancer who received taxanes also received growth factors as primary prophylaxis. “And our febrile neutropenia rate is almost zero,” she said.

There were also plenty of questions from the floor after Maggie Grundy, Programme director for Cancer Care, NHS Education for Scotland, spoke on the development of a capability framework for specialist/advanced practice. She said that no one was likely to disagree with the 10 essential capabilities to be used in the document (e.g. working in partnership, challenging inequality and promoting best practice). “But the challenge is how to embed these in everything we do.”

In response to questions from the floor, she explained that the framework would be disseminated via directors of nursing and higher education organisations.

Farewell to Annie—or is it?

The UKONS annual general meeting took place immediately after lunch, and featured a round-up of the organisation’s activities throughout the year and reports from the board, and culminated in the formal handover of the presidency from Annie Young to Maggie Crowe.

Maggie paid tribute to her predecessor, explaining that Annie had been the face and voice of UKONS since 2002, when the organisation was no more than an idea. “Without her, none of us would be where we are today. She has been unrelenting in her energy and drive and has dedicated her life to cancer patients.”

She then unveiled her plan to keep Annie at the centre of UKONS. “Annie is going to be the first holder of a brand-new role—past president of UKONS. She’s promised to keep supporting us. And I know she will.”

Awards

2008 Macmillan Action for London Award

Nominations for this award were based on the premise, “What have you done today to make a difference to cancer care in the capital?” The runner-up was Ruth Stafferton, a Clinical Research Nurse at the Royal Marsden Hospital, who has pioneered a support group for patients with radiation damage to the bowel after pelvic radiotherapy. She was presented with a £500 educational grant.

The winner, Esther Alaran, led the development of a wound-care formulary at St Joseph’s Hospice, Hackney, where she is a ward sister. She had observed that wound treatments were often based on personal preference rather than evidence, and her formulary is now being rolled out into community care. She was awarded a £1,000 educational grant plus £500 for her place of work.

A special retirement

Sue Hawke, OBE, one of the first palliative care nurses in the UK and, until recently, a highly influential Nurse Adviser to the Department of Health, London, was presented with a special retirement award to acknowledge her skill and tenacity in strengthening the role of cancer nurses, particularly in the wake of the *Cancer Plan*, and for her commitment to improving the experience of patients and families.

On receiving the award, Sue said she felt privileged to have worked with “so many fantastic cancer nurses leaders.” She pointed out that cancer networks didn’t even exist at the beginning of her career—and the idea of such organisation being nurse-led had been unthinkable. “It just shows the evolution (and the battles) we have been through as a profession,” she said.

Meeting close

Maggie closed the meeting, thanking the organisers, the sponsors, the UKONS board, the speakers, the session chairs and, most especially, the delegates for their passion and their commitment to the very best in cancer care.