Crossing boundaries in cancer care

UKONS Annual Conference, 16–17 November 2018
Scottish Event Campus (SEC), Glasgow

Conference Report

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DAY 1

Welcome introduction

Helen Roe, UKONS President

The United Kingdom Oncology Nursing Society (UKONS) seeks to promote excellence in the care and management of people affected by cancer. UKONS strives to encourage and facilitate the personal and professional development of nurses who are involved in cancer care throughout the UK by promoting education and research, and advocating improvements to healthcare policies.

More than 400 delegates from across the UK and Ireland attended the 2018 UKONS annual conference at the Scottish Event Campus in Glasgow, Scotland. This year's conference was titled 'Crossing Boundaries in Cancer Care' and featured a diverse range of presentations, industry satellites, exhibitions, poster discussions and workshops.

Bailie Marie Garrity, Representative of the Lord Provost of Glasgow

Delegates were warmly welcomed to the conference by Bailie Marie Garrity, representative of the Lord Provost of Glasgow. Ms Garrity noted the challenges associated with delivering care and support to people affected by cancer, and recognised the valuable role of cancer nurses with specialised skills in improving the lives of people affected by cancer.

Securing the future of the cancer nursing workforce

Diane Murray, Associate Chief Nursing Officer, Scottish Government

There is an increasing number of people in the UK who are living with cancer, with an estimated 5.3 million people living with the disease by 2040. To provide those who are affected by cancer with the care and support they need, it will be crucial to secure a large, skilled nursing workforce that can deal with the nuances associated with providing care and support to people who are affected by cancer. To this end, Ms Murray has been intimately involved with the development and implementation of the 'Health and Care (Staffing) (Scotland) Bill', which aims to ensure that suitably qualified and competent individuals are working in such numbers as are appropriate for the health, well-being and safety of patients or service users, and the provision of high-quality healthcare.

As the current nursing workforce continues to age, it will be important to usher in a new generation of student nurses. In 2018, the number of student nurses increased by 10.8% from 2017, and Ms Murray believes that there are plans in place to continue to attract greater numbers of students to study nursing in the future. These plans include offering a £10,000 bursary to student nurses by 2020 and being more flexible with working hours to accommodate those who can only work part-time.

Ms Murray ended the presentation by noting that compassion is the key driver for all cancer nurses, which is something that all healthcare institutions should seek to inspire within their nursing workforce.

Aspiring for excellence across the four nations

Karen Roberts, Chief of Nursing and Allied Health Professionals, Macmillan

Over time, the narrative for patients with cancer has drastically shifted. In 1970, outcomes for patients with cancer were poor, with an average survival of only 1 year. However, through continued research into novel medicines and the optimisation of patient care, outcomes have improved over the past 50 years, now with an average survival of 10 years, which is set to improve again in the future. This has meant that a cancer diagnosis no longer leads to immediate discussions of palliative care, but rather to discussions on how the patient will manage their disease over the next part of their life. The demographics of cancer patients have also shifted. With an increasingly ageing population, the percentage of patients with cancer who are aged 65 years or older has risen from 59% in 1970 to 66% in 2015, and is expected to rise further to 78% by 2040. These older patients are more likely to experience comorbidities such as diabetes or hypertension whilst living with cancer, and this presents a challenge to healthcare professionals who need to have the appropriate skills to manage this effectively.

Dr Roberts noted that there are broadly three groups of patients with cancer. Patients in 'Group 1' are associated with high 5-year survival rates (>80%), and have cancers such as prostate cancer stage 1–3, Hodgkin lymphoma, breast cancer stage 1–3 or melanoma of the skin. Patients in 'Group 2' have cancers that are similar to a long-term condition, and have moderate 5-year survival rates (>40%). Patients in this group have cancers such as bladder cancer, myeloma, cancer of the ovary or kidney cancer stage 2–4. Patients in 'Group 3' are associated with poor survival outcomes (5-year survival rates of <20%), meaning the focus for these patients is predominately on palliative care. Patients in this group have cancers such as brain cancer, lung cancer, mesothelioma and pancreatic cancer.

Dr Roberts noted that Macmillan has a holistic view of patients with cancer as they understand that these patients often have other worries that go far beyond the management of their disease, such as loss of income resulting from being unable to work, mobility, fatigue, pain and anxiety. It is important that all healthcare professionals also have a holistic view of patients with cancer and provide appropriate support services to ensure the wellbeing of patients with cancer.

In addition, patients want a number of key outcomes to ease the process of managing their disease, which are:

- Ease of voicing their concerns
- Quick diagnosis
- Timely treatment
- Well-planned stages of care with thoughtful support structures
- Supported rehabilitation and aftercare
- Support for their carers
- Psychological support
- Symptoms managed well at all stages

Dr Roberts noted that there is a need for a strategic and sustainable approach to recruiting, training and retaining the cancer nurse workforce over a continued period of time. To accomplish this, Macmillan have developed four pillars to engage with the workforce, which are 'learning and development', 'relationship management', 'tools and resources' and 'networking and events'. Investment in these areas will help to achieve a nationwide goal of employing 80,000 healthcare professionals, including 21,000 practice nurses and 49,000 general practitioners (GPs). Challenges to this approach include paying a greater proportion of specialist cancer nurses lower pay bands than in 2014; a higher vacancy rate in specialist cancer nurses and cancer support workers than the UK average for the health and social workforce; and an increasing proportion of specialist cancer nurses who are over 50 years of age and therefore reaching retirement age. When asked a question from the audience concerning how we should continue to capture the wisdom of those experienced nurses who have retired, Dr Roberts noted that retire and return policies are under discussion and that employers should seek to offer flexibility for those who would like to return in a part-time role.

In addition to the traditional paradigm of patients with cancer going to visit their local healthcare professional if they are experiencing an issue, Dr Roberts stressed the importance of investing in the digital space. Through the development of projects such as electronic templates, patients with cancer have the option of liaising with healthcare professionals online or over the telephone if that is more comfortable for them. In addition, the GP quality toolkit was designed to support practices to deliver high-quality care for patients with cancer, and has seen a 25% uptake from practices in Scotland. When Macmillan evaluated the toolkit's usefulness, they found that 71% of practices felt better equipped to support people at the point of diagnosis, and 63% felt better equipped to support people whose cancer is treatable but not curable.

In conclusion, Dr Roberts noted that clinical nursing leadership needs to ensure:

- A clear link between the needs of people living with cancer at the different stages of their journey
- An understanding of the skills and competencies that are/will be needed in the current and future workforces to address the needs of patients living with cancer
- The development of training, education and organisational development approaches to develop the existing workforce
- The existence of opportunities for delivering better quality care through developing the diverse skillsets in the workforce
- The existence of funding to ensure that the above can happen

Recognising European Cancer Nursing (RECaN) project

Mary Wells, Lead Nurse for Research, Imperial College Healthcare NHS Trust

Nurses are central to the care of people with cancer and represent the largest group of healthcare professionals in the cancer workforce. Owing to a shortage of oncologists, nurses are taking on increasingly complex roles, and many services are now nurse-led. However, recognition of specialist cancer nursing across Europe is highly variable, and there is an unmet need for robust evidence to support workforce planning, education and recognition for specialist cancer nurses.

The RECaN project consists of three stages:

- Stage 1: A systematic review of the value and impact of cancer nursing
- Stage 2: Case studies of four contrasting countries in Europe
- Stage 3: Engaging with policymakers to find ways of supporting and promoting cancer nurses across Europe (currently ongoing)

Stage 1 resulted in two key review publications this year (Cambell P *et al. J Adv Nurs.* 2018 and Charalambous A *et al. Int J Nurs Stud.* 2018) that detailed the value and impact of cancer nursing in the UK. The publications noted that nurses are intimately involved in all aspects of the patient journey through dealing with cancer and that the main components of cancer nursing interventions were supportive care, helping to recognise signs and symptoms and education (for both patients and other nurses). Nurse involvement in education was particularly prominent in the fields of breast, gynaecological and colorectal cancers. A meta-analysis of 54 studies between January 2000 and January 2018 has been conducted. It evaluated the effectiveness and cost-effectiveness of cancer nursing interventions versus no treatment, usual care or attention control comparisons. This meta-analysis demonstrated that nurse-led interventions resulted in better patient quality of life physical function, emotional function, social function, cognitive function and role function. Additionally, nurse-led interventions demonstrated a greater ability to manage the following key symptoms in patients with cancer: nausea and vomiting, fatigue, pain, constipation, anxiety, depression and low mood.

Professor Wells concluded by noting that this study was the first to use such a novel approach to investigating the value and impact of cancer nursing, and that this study certainly showed that nurse-led interventions can improve outcomes for patients with cancer. Professor Wells also stressed the importance of improving the quality and reporting of trials in the future (e.g. using consistent outcome measures across studies and including comprehensive descriptions of interventions such as the TIDieR framework) and reporting on cost-effectiveness of nurse-led interventions.

Stage 2 studied key nursing demographics and costs in four contrasting countries across Europe: Estonia, Germany, The Netherlands and the UK. The case studies demonstrated the inequality across Europe in terms of the workload of clinical nurse specialists and advanced nurse practitioners and independent prescribing rights. In addition, the case studies demonstrated inequalities in the starting salary of newly qualified nurses (ranging from €1,042 per month in Estonia to €2,525 per month in the UK) and in the highest possible salary for clinical nurse/advanced nurse practitioners (ranging from €1,153 per month in Estonia to €6,572 per month in the UK).

Professor Wells noted that these data will be useful in stage 3 of the RECaN project, which is to engage with policymakers to further support and promote cancer nurses across Europe.

Poster discussion sessions presented by UKONS members

Cancer care across organisations

Chaired by:

Sandra Campbell and Fiona Campbell, UKONS Board members

Presented by:

Victoria Fashina, Oncology Pharmacist – CRUK Lead, Guy's and St Thomas' NHS Foundation Trust

National regimen-specific consent forms for systemic anti-cancer therapy (SACT)

The aim of Dr Fashina's work was to inform on the uptake of regimen-specific systemic anti-cancer therapy (SACT) consent forms by creating a national library of tumour-specific consent forms for use throughout the four nations. Through the use of website analytics, feedback was requested on the standard consent templates which was reviewed, analysed and compared against an initial survey completed by 17 January.

From July 2016 to May 2018, 200 consent forms were published for use across 11 solid tumour groups. Some key themes were identified from the analysis of the feedback, which included a need for specific consent forms for all tumour groups (haematology) and forms that are compatible with local electronic processes.

In conclusion, the results from the project indicated an increased uptake and use of the tumour-specific consent forms as more forms become published and available. Further work is required to review the handling of patients who cannot consent to treatment owing to capacity. Issues with storage was common as there are approximately 200 tumour-specific consent forms.

Natalie Bingham, Nursing Services Manager, LloydsPharmacy Clinical Homecare

Developing an innovative pharmacy based injection clinic for cancer patients to reduce hospital visits

Ms Bingham presented her project that focused on transferring care out of the acute hospital setting, where staff experience pressure owing to lack of capacity and patients experience long waiting times for treatment. North Lincolnshire and Goole NHS foundation Trust and LloydsPharmacy formed a partnership to develop an innovative injection service that delivers trastuzumab treatment closer to patient homes. This aimed to improve the patient pathway and experience, reducing the requirement for blood tests and the frequency of medical reviews.

The project has received positive feedback from patients, with qualitative feedback noting that the new model was less stressful and less costly in an environment located close to the patient's home. In addition, the service has reduced hospital admissions for trastuzumab injections from 35 to 11.

The success of this project has led to the creation of a healthcare centre with four treatment chairs and now includes treatment with intravenous infusions of nivolumab.

In summary, this innovative, nurse-led community service is cost effective, patient-centred and improves patient experience and quality of life.

Iona Scott, Quality and Service Improvement Manager, West of Scotland Cancer Network

Psychological therapies and support framework

Psychological stress is well recognised in patients with cancer and the use of psychological therapies is effective in reducing its impact. Through collaborative working from West of Scotland NHS, social care and the third sector, a framework was produced that defines the services required by those affected by cancer and those identified as having specific psychological support needs.

A two-stage framework was developed. The first focussed on an assessment and intervention from diagnosis and throughout the patient pathway. The second focussed on a structured approach needed for those patients with specific psychological needs who required additional support. Three work streams were identified to ensure equitable implementation of the framework across the regional network.

Outcomes of this project included greater collaborative working, improved access to training, increased recognition of psychological needs, increased awareness of services and consistency in data capture.

Ms Scott noted that the next steps will be to extend the membership, develop a communication toolkit and implement a wider roll-out.

Karen Campbell, Macmillan Associate Professor, Edinburgh Napier University

Evaluation of the Scottish transforming care aftertreatment programme – implementing holistic needsassessment across organisations

Transforming care after treatment (TCAT) supported the implementation of holistic needs assessments in 15 local projects to test after-care models for people affected by cancer. Ms Campbell acknowledged the leadership of Nurse Consultants throughout this 5-year programme of transformational change.

The project consisted of two phases. The first phase was secondary care and the second phase was primary care focussing on realistic evaluation and appreciative enquiry. Fieldwork included online surveys, pre- and post-focus group discussions with local projects, in-depth interviews with core stakeholders and patient interviews. Comparative, quantitative data were gathered and four recover package elements were tested.

TCAT has provided evidence that the completion of a holistic needs assessment need not be limited to one prescriptive delivery model. It is critical to understand and consider the connectivity and interdependence of implementation decisions on processes that people affected by cancer experience and the subsequent short and longer term outcomes of carrying out a holistic needs assessment.

Cancer care across the age spectrum

Chaired by:

Jane Proctor and Una Cardin, UKONS Board members

Presented by:

Sue Morgan, Nurse Consultant, Teenage Cancer Trust at Leeds Children's Hospital

Establishing research priorities for teenage and young adult cancer: partnership between young people, carers and professionals

There is currently a dearth of information on what the most important questions are for young people (aged 13–24 years) with cancer, of which there are approximately 2,500 new diagnoses per year in the UK. A study was conducted to align research priorities, raise awareness of unmet research needs and inform funders of priority research areas. Further research in these key areas may reduce the individual and societal burden of cancer in young people.

The study included four stages: an initial survey, preparation for the interim survey, an interim survey and a workshop:

Initial survey: Questions that were deemed important by young people with cancer were collected from them and their families, carers, partners and healthcare professionals. Of the 855 questions that were received, duplicates and questions that were deemed to be out of the scope of the study were removed, and questions were re-worded to be 'researchable' where necessary. Finally, all remaining questions were scrutinised to determine whether they had already been answered or whether there are any active studies currently seeking to address the questions. This left the study with 185 questions.

Interim survey (preparation): A steering committee further reduced the number of questions to a more manageable number by omitting all questions that were asked by only one person. Of these omitted questions, the steering committee voted on their priority for inclusion into the study, and the top 40 were re-included. This left the study with 104 questions.

Interim survey: A group of young people with cancer and their families, carers, partners and healthcare professionals were asked to rate each of the remaining 104 questions from "very low" to "very high" priority. Overall, 174 people responded, of which 41% were healthcare professionals, 33% were young people with cancer and 26% were parents, relatives or carers of young people with cancer. Priority rankings from each of these groups were then averaged to determine the top 30 questions for use in the workshop.

Workshop: This was attended by 7 young people with cancer, 4 parents of young people with cancer and 14 healthcare professionals. All of the 30 questions were discussed by the attendees, and the top 10 most important questions to young people with cancer were noted.

In the near future, Ms Morgan noted that an article is planned for publication in *BMJ Open* and that the team plans to present the work at a range of conferences.

Faouzi Djebbari, Cancer Pharmacist, Oxford Cancer and Haematology Centre

Assessing the risk of lenalidomide toxicity in older patients with relapsed myeloma

Multiple myeloma is the third most common haematological malignancy and is currently incurable (5-year survival rate in the UK is 47%). Lenalidomide is a NICE-approved immunomodulatory treatment for relapsed multiple myeloma, but is associated with dose-limiting grade 3 and grade 4 adverse events that are more common in the presence of age-related comorbidities. These toxicities are managed with dose reductions or interruptions outlined in the lenalidomide summary of product characteristics.

Mr Djebbari conducted a retrospective, real-world study of 48 patients with relapsed multiple myeloma who have received treatment with lenalidomide. The study aimed to investigate the extent of grade 3 and grade 4 toxicities, provide further insight into lenalidomide prescribing practices and assess the ability of the prediction model and scoring algorithm for chemotherapy toxicity (PMSACT) tool to predict lenalidomide toxicity in patients with multiple myeloma aged ≥65 years.

The study demonstrated that there were minimal differences in the incidence of grade 3 and grade 4 adverse events between the overall patient cohort and those who were aged ≥65 years, that these toxicities were reduced upon lenalidomide dose reduction and that there was no statistically significant difference in PMSACT scores between Cycles 1 and 4 of lenalidomide therapy.

Mr Djebbari concluded by noting the need to build on these findings by conducting a prospective study in which the criteria that are assessed using the PMSACT tool can be used to evaluate its validity in patients with multiple myeloma who receive treatment with lenalidomide.

Sarah Compton, Advanced Nurse Practitioner, Department of Oncology and Aging & Health, Guy's and St Thomas' NHS Foundation Trust

Implementation and expansion of the Geriatric Oncology Liaison Development (GOLD) service across specialties

Overall survival rates for people with cancer in the UK are improving, but not in the elderly population. This is widely thought to be attributed to older people receiving fewer curative or adjuvant treatments, a lack of evidence to guide treatment in older people and clinical trials including only small numbers of relatively fit, older people, which does not reflect the overall population of older people.

The Geriatric Oncology Liaison Development (GOLD) service is a one-stop clinic for patients aged ≥65 years of age, and aims to provide comprehensive support for the management and care of older people with cancer, a population that requires very different support when compared with adult or paediatric populations with cancer.

Ms Compton and her team at the Department of Oncology and Aging & Health initiated a project to introduce a new radiotherapy pathway to identify patients who would benefit from a Comprehensive Geriatric Assessment. To facilitate this, patients completed a Comprehensive Risk Assessment and Needs Evaluation (CRANE) questionnaire, which was reviewed by a radiographer who would then refer the patient to the GOLD service if appropriate.

During the first month from project initiation, 63 patients completed CRANE questionnaires, of whom 28 were referred to the GOLD service by radiographers, and a further 6 were referred to the GOLD service by an unidentified source. The 34 patients that were referred to the GOLD service identified 126 different concerns via the CRANE questionnaire, the most common of which were bowel and bladder concerns, fatigue, psychological needs and impaired mobility.

There were a number of challenges associated with this project. As this service is novel to both patients and healthcare professionals, it was difficult to ensure that CRANE questionnaires were given to all applicable patients, and radiographers would sometimes inappropriately refer patients to the GOLD service. It would be anticipated that these challenges would be overcome with increasing familiarity with the service over time.

Cancer care across specialties

Chaired by:

Wendy Anderson and Kay Bell, UKONS Board members

Presented by:

Michael Mawhinney, Doctoral Research Student, Oxford Brooks University

Patient experience of oral SACT

Dr Mawhinney introduced the importance of ensuring patients undergoing oral SACT treatment receive safe care and how this led to the implementation of a nurse- and pharmacist-led oral education clinic at a local cancer centre. Dr Mawhinney then presented the findings of a study he undertook to explore the experiences of patients attending this clinic. Through semi-structured interviews, he established that patients preferred receiving oral SACT compared with intravenous SACT, but that they had concerns regarding the length of treatment. Patients provided positive feedback for the oral education clinic and had no preference for whether they were reviewed by the nurse or pharmacist. It was highlighted that some patients would have preferred a telephone review appointment and more information on toxicities. High levels of treatment adherence were identified with daily regimens as this allowed the patient to establish a routine.

Lesley Howells, Centre Head and Consultant Clinical Psychologist, Maggie Centre

The relationship between psychological flexibility, value-based living and emotional wellbeing in people affected by cancer

Dr Howells introduced Maggie Centres, the work they do and their distribution throughout the UK. Dr Howells went on to present a study that was undertaken at one of the centres to establish whether professionally-facilitated male-specific support groups provided an environment in which men felt able to engage with holistic support, as there is evidence that men are less likely to access information and health services. The study used questionnaires and focus groups to capture themes as to why men attended the groups. The study found men experienced high levels of satisfaction in relation to the practical, emotional, social and informational support provided. Reasons for attending the groups included reducing feelings of isolation, creating shared experiences and having a safe place to express emotions using male-specific language and humour.

Lisa Murray and Geraldine O'Gara, Nurse Researchers, Royal Marsden NHS Foundation Trust

SafeSpace - a unique virtual reality intervention using compassionate mind training to support people undergoing cancer treatment

Dr Murray introduced the background of the study and the emerging use of technology in healthcare to support patients managing a cancer diagnosis, and to guide patients through the treatment pathway. She explained that there is growing evidence that virtual reality can be used as a distraction technique or treatment for psychological conditions. She also explained how compassion-focused therapy could help with the development of coping strategies to manage treatment-related side effects. However, little is known about how these two approaches may produce a synergistic effect when combined. Dr O'Gara explained how the SafeSpace study aimed to combine these two approaches to provide rapid access to a low-cost, self-managed intervention to help relaxation and improved psychological well-being and self-compassion for people with cancer. The project has 2 phases; phase 1 (currently underway) will develop a virtual reality intervention through collaboration between experts and patient groups; phase 2 will evaluate the intervention for people undergoing active cancer treatment.

Sean Ralph, Therapeutic Radiographer/On-treatment Review Advanced Practitioner, The Clatterbridge Cancer Centre NHS Foundation Trust

Too anal to talk about gay sex?

Dr Ralph explained that owing to gay men having different sexual practices to heterosexual men, they require targeted information about the sexual side effects of prostate cancer treatments. He identified that this has been lacking and that the advice given is varied. In addition, Dr Ralph presented the results of a study undertaken to develop UK-wide guidance on how long men should abstain from receiving anal sex before, during and after investigations and treatment for prostate cancer. The study brought together oncologists and urological surgeons specialising in prostate cancer to develop clear guidance on the parameters for when men should abstain from receiving anal sex after biopsy, radical prostatectomy, radiotherapy, high-dose rate brachytherapy and prior to having a prostate-specific antigen test. They were unable to reach consensus on abstinence timescales for insertion of fiducial marker or permanent seed brachytherapy. The findings have been used in new Prostate Cancer UK patient information publications.

UKONS awards

Chaired by:

Sandra Campbell & Verna Lavender, UKONS Board members

Award for Leadership and Innovation in cancer nursing in memory of Lynn Adams

The Lynn Adams award aims to recognise those who innovate, inspire and pioneer in the field of cancer nursing. This year's recipient was Jackie Fenemore, Lung Cancer Nurse Clinician, The Christie Hospital NHS Foundation Trust, for her contributions to the development of a lung cancer Clinical Nurse Specialist service.

Poster awards

Owing to the volume and quality of the posters submitted to, and presented at UKONS this year, selecting the three best posters presented a strong challenge. The following posters received awards:

- First place: Ana Martins. Poster title: I just hate my face. It's so different, and because it doesn't work properly – Experiences of patients with head and neck sarcoma
- Second place: Natalie Bingham. Poster title: Developing an innovative pharmacy-based injection clinic for cancer patients to reduce hospital visits
- Third place: Sean Ralph. Poster title: Too anal to talk about gay sex? Developing UK guidance on how long men should abstain from receiving anal sex before, during, and after investigations and treatments for prostate cancer: A modified Delphi study

UKONS 2018 debate: Who are you going to call?

Chaired by:

Philippa Jones, UKONS Board member

Debated by:

Paul Baughan, General Practitioner and National Clinical Lead for Palliative and End of Life Care, Healthcare Improvement Scotland

David Dunlop, Senior Medical Officer, Scottish Government

Rosanne Eden, Patient Representative

Jo Upton, Lead Cancer Nurse, LloydsPharmacy Clinical Homecare

Question 1: How do you get patients to call you when they need help?

Dr Baughan explained that in his role as a GP, he is likely to have already established a relationship with the patient since their cancer diagnosis, and the patient is therefore likely to feel comfortable talking to their GP. Dr Baughan also noted that GPs are available by phone or email 24/7, and have a breadth of knowledge that can help with cancer-related issues and comorbidities.

Dr Dunlop conceded that in his role as a medical oncologist he is not as easy for patients to access as a nurse, GP and patient representative colleagues, but stressed the need for a robust consultation process and empowerment of patients to liaise frequently with their medical oncologist if they have questions about their treatment.

Ms Eden highlighted that sometimes the patient just needs to talk to somebody about their emotions, or discuss their issues. Ms Eden noted that in her role as a patient representative she has worked with numerous people with cancer and has found that the most important thing is to be available at all times.

Ms Upton believes that the patient will want to call their nurse because they are reliable and honest. Ms Upton noted that cancer nurses provide their contact details to the patient, and that if they don’t answer the phone straight away, they will always let the patient know when they will be able to return their call, out of courtesy.

Audience voting results: Paul Baughan (38%), David Dunlop (7%), Rosanne Eden (16%) and Jo Upton (39%). David Dunlop was eliminated!

Question 2: Why would a patient call YOU in the middle of the night?

Dr Baughan noted that patients are often isolated and scared in the middle of the night. NHS Direct in England allows patients the opportunity to speak to a GP 24/7, and they can even do home visits if required.

Ms Eden noted that British people are often quite embarrassed to talk to oncologists, GPs and nurses; professionals that they deem to be ‘too important’ to want to talk to the patient. This means that they will often confide in their patient representative, who can point them in the right direction to get the assistance that they need.

Ms Upton works for a charity helpline during the night to help people with cancer. Ms Upton noted that patients will often have spoken with healthcare professionals all day and they will have lots of questions about the information that they’re beginning to process. Ms Upton highlighted that patients are often too embarrassed to go back to those healthcare professionals for clarification, so they will call the nurses that work on the charity helpline.

Audience voting results: Paul Baughan (67%), Rosanne Eden (10%) and Jo Upton (23%). Rosanne Eden was eliminated!

Question 3: A patient calls you with a difficult question. Who would be your phone-a-friend? Please choose one of the other members of the debate panel

Dr Baughan noted that he would call a nurse for assistance. This was because nurses are experts at navigating the complex support services that are available through the NHS, so they will be able to get the patient the support that they need.

Ms Upton noted that she would call a GP for assistance if the issue was related to comorbidities, but she would call a medical oncologist if the question were treatment- or cancer-related.

Audience voting results: Paul Baughan (60%), and Jo Upton (40%). Paul Baughan, the GP, narrowly won the debate!

DAY 2

Interactive sessions

Show and tell: Using the primary care guidelines in different settings

Chaired by:

Sandra Campbell & Fiona Campbell, UKONS Board members

Presenters:

Joanne Stonehouse, Macmillan Cancer Care Project Manager, Southwest Ambulance Service NHS Foundation Trust

Jackie Dominey, West Midlands GP with a special interest in cancer and palliative care

Philippa Jones, Macmillan Associate Acute Oncology Nurse Advisor for NIHR Clinical Research Network: West Midlands Cancer Division

Ms Stonehouse began the presentation by noting the following key background information, highlighting potential gaps that support the need for a reliable assessment tool:

- 29% of patients with cancer have 3 or more co-morbidities
- Primary care services include '111' and '999' ambulance services
- 10% of calls to the ambulance service are about palliative care
- 1% of calls to the ambulance service are about major trauma
- There are significant challenges around treatment-related issues, disease recurrence and disease that is treatable but not curable

Southwest Ambulance Service NHS Foundation Trust have undertaken a successful pilot project to develop and deliver education to their staff. This project will soon be replicated in NHS Forth Valley, Falkirk, Scotland.

Dr Dominey highlighted that GPs were generalists who, do not necessarily have extensive knowledge on specific cancer treatments or regimens. Dr Dominey introduced the new oncology/haematology treatment risk assessment tool and demonstrated how its application could help decision making for primary care teams. The tool's strength is that it is not dependent upon knowing or understanding current treatment or medical history. Using real-world examples, the facilitators demonstrated how applying the tool provided a reliable triage and enabled appropriate referral into secondary care.

Empathy in action

Chaired by:

Verna Lavender and Una Cardin, UKONS Board members

Presented by:

Elaine Bramhall and Claire Green, Senior Trainers, Maguire Communication Skills Training Unit, The Christie NHS Foundation Trust

This was a well-attended interactive session, which engaged delegates in some learning activities and discussion about their own communication skills and how they demonstrate empathy in their practice. Empathy was discussed as a core clinical skill and Dr Bramhall and Dr Green provided evidence about why demonstrating empathy was important and how to do it, e.g. providing examples of scripted responses.

Schwartz rounds

Chaired by:

Kay Bell and Mark Foulkes, UKONS Board members

Presented by:

Cath Taylor, Reader in Healthcare Workforce Organisation and Wellbeing, University of Surrey

The Schwartz Centre was founded in 1995 by Kenneth Schwartz, a lawyer from Boston who was diagnosed with advanced lung cancer in 1994. Kenneth noted that 'the smallest acts of kindness' make 'the unbearable bearable'.

Schwartz rounds are voluntary, encourage audience reflection, create meaningful links and are not about problem solving. The purposes of Schwartz rounds are to:

- Improve communication between patients and caregivers
- Promote compassion and empathy
- Enhance spiritual care
- Influence caregiver training
- Encourage the dissemination of best practices
- Empower patients and families

This was followed by an interactive session titled 'a patient I will never forget'. The audience were encouraged to think about a particularly notable patient and the reasons why they were so memorable.

SACT passport

Chaired by:

Wendy Anderson, UKONS Board member

Presented by:

Catherine Oakley, Chemotherapy Nurse Consultant, Guy's and St Thomas' NHS Foundation Trust

The SACT competency passport is a work-based, self-directed tool that aims to provide a convenient method for nurses to document their competencies, provides senior nurses with a convenient method to assess the competencies of nurses that are new to their practice, and seeks to improve the safety of patients and nurses.

Ruth Hammond, The Royal Marsden NHS Foundation Trust and Capital Nurse

The SACT competency passport contains three components: theoretical, clinical practice and accreditation/re-accreditation.

The theoretical component is comprised of core modules that all cancer nurses are required to understand, such as 'safe handling and administration', 'oncology emergencies' and 'SACT spillages'. In addition, cancer nurses will need to understand other modules that are relevant to their role, such as 'patient assessment and education related to the route', 'waste management related to the route' and 'toxicities of the common drugs'. The theoretical component is reviewed by a clinician in practice in accordance with the evidence-based answer guide that is accessed via UKONS. Once completed, the nurse will undertake a final competency assessment.

The clinical practice component is also comprised of core modules that all cancer nurses are required to understand, and other modules that are only required if relevant to the nurse's role. This component is aimed at demonstrating knowledge in practice, and reassure the assessor that the nurse has carried through their theoretical knowledge into a practical environment.

Accreditation occurs once the theoretical and practical components have been successfully completed, and the nurse and their assessor have completed the 'UKONS SACT safe handling and administration' certificate. Nurses will require an annual re-accreditation certificate to support the skills noted in their SACT competency passport.

Mary Tanay, Senior Teaching Fellow, Florence Nightingale Faculty of Nursing, Midwifery and Palliative Care, King's College London

There are a number of key challenges associated with the SACT competency passport. As nurses are increasingly involved in more complex and hectic projects, finding the time to complete the SACT competency passport can be difficult. In addition, there is a need to ensure a level of competence when moving between practices, which means that assessors must be quality assured to avoid potential safety concerns.

To address the issue of nurses not having enough time to complete the SACT competency passport, Ms Tanay noted that allotting just a few hours per week to working on their SACT competency passport has proven to be useful. To ensure that nurses can be transferred appropriately between practices, an assessor quality assurance checklist has been developed that details the exact criteria on which their competencies were judged upon.

Acute oncology initial management guidelines different settings

Chaired by:

Jane Proctor, UKONS Board member

Presented by:

Philippa Jones, Macmillan Associate Acute Oncology Nurse Advisor for NIHR Clinical Research Network: West Midlands Cancer Division

Jo Upton, Lead Cancer Nurse, LloydsPharmacy Clinical Homecare

Ms Jones and Ms Upton provided the audience with a brief introduction to the acute oncology management guidelines. The audience then worked through a few scenarios, determining the correct course of action in each case.

Ms Jones also introduced 'Your Treatment Record' which has been developed by a number of organisations and is now available to order via Cancer Research UK.

Building a research career in practice: crossing the divide

Chaired by:

Emma Ream, Professor of Supportive Cancer Care and Director of Research, University of Surrey

Presented by:

Mary Tanay Senior Teaching Fellow, Florence Nightingale Faculty of Nursing, Midwifery and Palliative Care, King's College London

There are a number of reasons that cancer nurses should develop their research skills and be actively involved in novel studies. For example, an evidence-based cancer nursing culture has demonstrated improved outcomes for patients, and nurses are arguably in the best position to be carrying out research based on patient needs as they are engaging with patients on a day-to-day basis.

The National Institute of Health Research (NIHR) Academy, formerly the NIHR Trainees Coordinating Centre, provides training and career development awards for those who actively participate in novel research. The academy prioritises working with groups where capacity to work on research projects is low, such as cancer nurses.

Ms Tanay has experience in pursuing her research interests whilst also tending to her commitments as a cancer nurse. From her burgeoning research into the experience of chemotherapy-induced peripheral neuropathy (CIPN) in adult patients with cancer to her more recent research into developing a behavioural intervention aimed at encouraging appropriate symptom-reporting, treatment decision-making and to mitigate the symptoms of CIPN, Ms Tanay has learnt a number of key lessons.

Ms Tanay noted that nurses who are participating in research should not underestimate their 'insider knowledge', highlighting that cancer nurses have an excellent understanding of current clinical practice and how to navigate the complex healthcare system. In addition, Ms Tanay highlighted that, in her experience, the vast majority of her colleagues were willing to assist her in her research endeavours, which was critical to her success as it is often difficult as a cancer nurse to find the time to conduct the research. Ms Tanay ended her presentation by encouraging those nurses who may have applied for research funding and been rejected by letting them know that they should keep trying, as their contributions to the improvement of the management and support of patients with cancer may one day be invaluable.

Catherine Oakley, Chemotherapy Nurse Consultant, Guy's and St Thomas' NHS Foundation Trust

Dr Oakley outlined the four functions of a Chemotherapy Nurse Consultant. These are:

- Expert clinical practitioner
- Provide professional leadership and consultancy for patients, carers and frontline healthcare professionals
- Provide education, training and development
- Contribute to practice and service development, research and evaluations, with a focus on improving outcomes and experiences

In 2011, Dr Oakley was awarded an NIHR Doctoral Research Fellowship, which gave her the opportunity to work full-time on her research project, which was to understand why patients delayed reporting neutropenic sepsis. Dr Oakley noted that she has a passion for conducting research to improve outcomes for patients, and that cancer nurses should be flexible in their approach to conducting research. In addition, Dr Oakley noted that nurses do not have a defined research career pathway which is why many nurses find it difficult to pursue research.

In a discussion with the audience, Dr Oakley outlined her experience with dealing with the inherent stresses of conducting research, and that it's important to have a solid support structure around you to get you through those difficult times, such as a journal declining your manuscript or rejection of a grant application. Dr Oakley finished by reiterating that there is clear evidence that organisations with research at their core tend to outperform other organisations. However, there is still an unmet need to build capacity into cancer nursing so that nurses can pursue important avenues of research.

Conference close

Helen Roe, UKONS President

The 2018 UKONS annual conference focussed on 'Crossing Boundaries in Cancer Care', and to this end attendees benefitted greatly from enlightening presentations, interactive workshops, varied exhibitions and lively poster discussions.

The 2019 UKONS annual conference will be held at The International Centre in Telford, England on 22–23 November 2019. Details of the event will be posted on the UKONS website when available.

Acknowledgement

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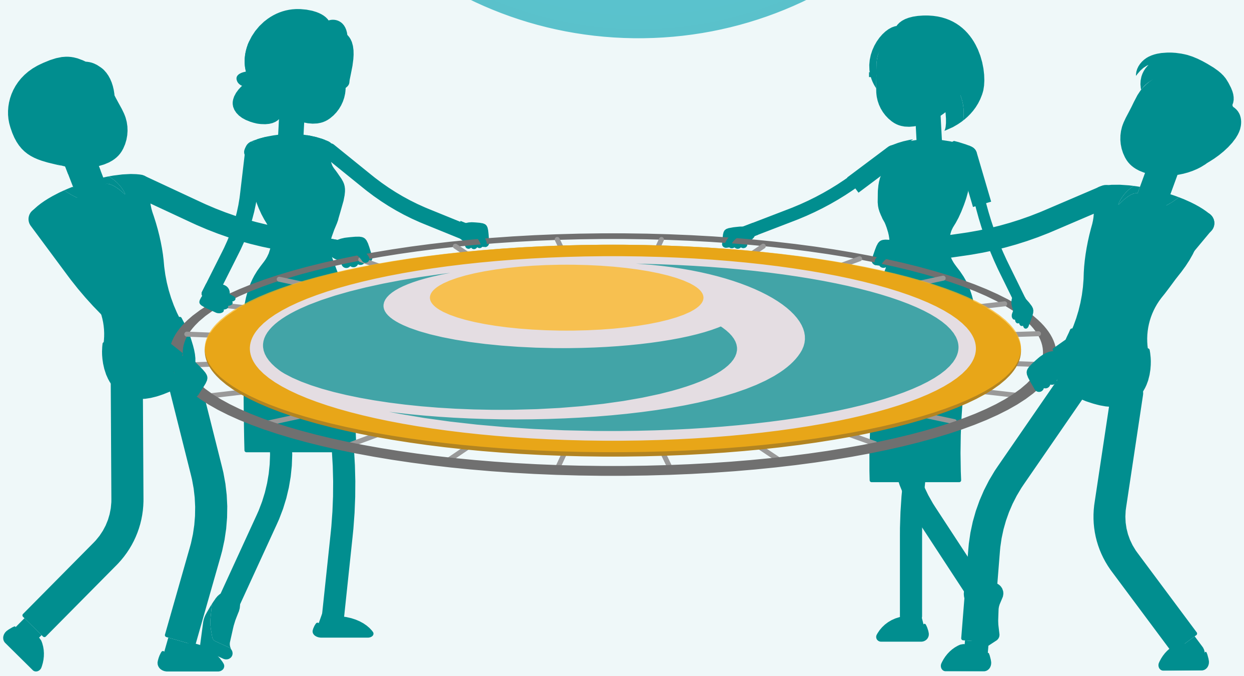
UKONS
Oncology Nursing Society

DATE FOR DIARY 2019

CANCER CARE STAYING SAFE

UKONS Annual Conference

22–23 November 2019
The International Centre
Telford



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