

Making the case for Clinical Nurse Specialists



Prostate cancer is the most common cancer in men in the UK⁽¹⁻⁵⁾ and is set to be the most common cancer by 2030⁽⁶⁾. Against a backdrop of a decreasing Clinical Nurse Specialist (CNS) workforce, rising prevalence of the disease and inconsistent provision of CNS access across the UK, the need to grow the number of prostate cancer specialist nurses is greater than ever.

There are not enough CNSs specialising in urology which has the fewest dedicated CNSs per head of population of any cancer.⁽¹¹⁾ Prostate Cancer UK wants every man with prostate cancer to have access to a named CNS, who can provide the specific support he needs.

Men who have access to a CNS are more likely to be positive about their care and treatment.⁽⁸⁻¹⁰⁾ They provide cost-effective, high quality and consistent care across the entire patient pathway, reducing appointment cancellations, unnecessary hospital admissions, alleviating doctor contact and ensuring that more care is delivered in the community.⁽⁷⁾

The prostate cancer CNS brings a holistic approach that supports mental wellbeing as well as providing specific clinical skills and guidance on treatment options for men living with and beyond prostate cancer. NICE recommendations and results from the National Cancer Patient Experience Survey (NCPES) support this model of care.

Prostate Cancer UK have produced this guide for decision makers to help you develop a strategic plan for CNSs in prostate cancer care.

Questions to ask when commissioning your CNS workforce, is it:

- safe
- consistent
- cost-effective
- high quality.

This resource will support you to:

- Understand best practice for delivering care using the Prostate Cancer UK Best Practice Pathway.
- Reduce health inequalities and identify gaps in service.
- Review and improve efficiency of your existing cancer specialist workforce.
- Improve the experience of men living with prostate cancer.
- Provide excellent career development for nurses, using our education events for CNSs and education bursaries.



Do men diagnosed with prostate cancer have access to a CNS?

Men's access to a clinical nurse specialists varies across the UK.⁽¹³⁾ For the CNS workforce to support all men, we need to understand how variation in CNS access exists across the UK.⁽¹⁴⁾ In some parts of England only 60 per cent of men with prostate cancer are given access to a named CNS.⁽¹³⁾ We want to see the recommendations outlined in the 2015 cancer strategy *Achieving World-Class Cancer Outcomes* implemented to ensure "access to a CNS or other key worker for all patients."⁽¹⁷⁾

	CNS numbers in 2018	CNS numbers needed by 2028*
England	463	510
Scotland	26.5	59
Wales	26	32
Northern Ireland	4	26

*This number is based on Prostate Cancer UK's population projections of the number of men who will be living with prostate cancer in 2028 in the UK and the CNSs needed to support them. Figures are estimated using the caseload assumptions described in the Department of Health commissioned Frontier Economic Report.⁽¹⁶⁾

The number of urology CNSs is lower than other cancer types. In 2017, the Macmillan Census reported that 12 per cent of CNSs in England are specialised in urology, compared with 18 per cent in breast cancer. Based on cancer prevalence, Prostate Cancer UK estimates that each urological cancer nurse has an average caseload of around 700 patients in England compared to approximately 160 for each breast cancer CNS in England.^(3,11) In a recent survey by Prostate Cancer UK, many nurses reported seeing less than 600 patients, suggesting that some nurses are experiencing exceptionally high workloads to make up these numbers. Prostate Cancer UK want to see more CNSs specialised in prostate cancer care to give men the care they deserve.

How can more men have access to a CNS?

To ensure more men have access to a CNS, we need to increase the number of CNSs across the UK, so wherever a man lives he will have access to a CNS during his prostate cancer treatment journey. How a CNS delivers health care is changing, more is now required from a CNS, making it particularly important for decision makers to focus on CNS recruitment, development and retention.

Why do prostate cancer patients need access to a CNS?

As well as being a key worker and a source of expert knowledge, CNSs have a focus on providing vital emotional support. CNSs take a holistic approach to care incorporating the physical, social, and psychological wellbeing; not just the condition alone.

UK-wide cancer patient experience surveys have demonstrated that having access to a CNS has a statistically significant impact on patient experience and understanding of the disease.⁽⁸⁻¹⁰⁾ The 2017 English National Cancer Patient Experience Survey report found that 71 per cent of patients with prostate cancer said that all or most of the time their CNS answered their important questions in a way they could understand. The results from the survey showed that patients with a CNS are less likely to feel isolated and more likely to feel they have their information needs met and are in control of their own decisions.

Patients with access a CNS reported feeling:^{(14),(20)}

- Informed – about routine tests, their results and other support services
- supported at diagnosis with a point of contact to answer questions
- having access to information
- consulted about treatment options and able to make informed decisions
- confident in their GP and Nurse
- treated with dignity and respect.

Taking a holistic approach

CNSs are essential to develop and deliver innovative and cost-effective forms of support for prostate cancer patients. Internet-based follow up and Telehealth can provide access for harder to reach men. Patient supported self-management is not only cost-effective in comparison to hospital based follow up, it can help men feel in control of their own care. **TrueNTH** have developed resources to support health services to implement CNS supported patient self-management.

Survivorship programmes can also help to reach men by supporting their individual needs after they have undergone radical treatments. Prostate Cancer UK want to support CNSs in delivering survivorship programmes and have developed an **e-learning module**.

Patients can be further supported with a Holistic Needs Assessment (HNA),⁽²¹⁾ although this is not always possible, often due to workload. The HNA enables a CNS to determine a level of distress, despite how calm the patient may seem. It helps to identify the patient's initial concerns, and it can be instrumental in providing the best support and care for men.



Working with my CNS to support men with prostate cancer

Simon is one of the 47,000 men diagnosed with prostate cancer each year. Simon works as a personal trainer alongside a CNS to support men recovering from prostate cancer and champions the need for all men with prostate cancer to have access to a clinical nurse specialist (CNS).

Simon's treatment journey

Simon said: "I was diagnosed with prostate cancer at the age of 50. I'd had no symptoms, but I knew a bit about prostate cancer and I knew being 50 I was at a higher risk.

"After careful consideration, I decided I would have surgery at Guy's Hospital, in London. At my first clinic appointment, I met my CNS. Before my procedure, she briefed me on what was going to happen and she and her nursing colleagues ran a three-hour seminar for all the men having surgery the following month. This session helped me prepare for treatment. I talked to other men and their partners and having a group session meant there was always someone who asked the questions other men were too embarrassed to ask. This was just as valuable to me as post-op support.

"I saw the same CNS before and after my surgery. She was there when I was discharged and at my two follow-up appointments. I had her email address and her 24-hour contact number to use after I was discharged. I got in touch a couple of times about minor concerns. Having that same point of contact each time and knowing I could access advice, made me immediately more confident of my situation. I felt very much supported."

The value added by a CNS

Simon said: "Clinical nurse specialists are so important to support men like me, who've been through or are living with prostate cancer. They ease your concerns in ways that cannot be measured at what can be a stressful time for us as patients and for our partners and families. Knowing there was a nurse with specialist training who was part of my treatment and care provided me with immense reassurance."



I've had no issues since my surgery in 2010, but I'm still in contact with my CNS. I'm now a personal trainer and soon will qualify as a cancer exercise rehabilitation specialist. I'm going to be helping the CNS who supported me, to write exercise advice for her patients. Between us we are going to give even more support to other men who have prostate cancer.

Simon, diagnosed with prostate cancer aged 50

Growing the CNS workforce

We know that 49 per cent of nurses surveyed working within urology have said that they are eligible for retirement or are intending to leave the profession within the next 10 years.⁽²⁵⁾ The need for decision makers to grow the CNS workforce is greater than ever. Decision makers need to focus on a proactive approach to recruitment, development and retention of prostate cancer specialist nurses.

Recruiting

The Health Service Journal (HSJ) published an editorial on the benefits of the specialist nurse workforce. Nurses help in efficiency, leadership, service redesign, service improvement, development of the workforce and improving patient experience. These benefits out-weigh the cost of the specialist nurse.⁽²²⁾

We've put together a **template job description** as a recruitment tool, listing all the key skills a CNS should bring.

Mature succession planning and recruiting to replace any CNSs leaving the service needs to be implemented by decision makers to ensure the CNS workforce is sustainable. As well as replacing CNSs leaving the profession, recruiting staff for administrative support for all specialist nurses would be cost-saving and allow CNSs more time for clinical duties.

Development

CNSs carry out a wide-range of tasks, making them a key member of the multi-disciplinary team (MDT). They provide expert advice on a range of issues including symptom control. They deliver treatment, provide continuity of care, develop post-treatment plans and are a key contact for patients. CNSs provide clinically complex care which includes, performing digital rectal examinations (DREs) and biopsies, advice on treatment options and assist during surgical procedures.

A CNS can also learn on the job:

- lower urinary tract symptoms (LUTS) assessment
- catheterisation
- interpreting and understanding prostate specific antigen (PSA) levels
- understanding of clinical trials that influence prostate cancer and current recruiting trials
- survivorship issues – follow up, appropriate specialist support services (erectile dysfunction, continence) and signs of recurrence.

Provision of CNSs across the UK varies, there are many unfilled CNS posts and not currently enough nurses with the expertise to fill them, often making the creation of new CNS roles necessary.⁽¹⁴⁾ Investing in training and education is essential to enable nurses to reach the level of skills and knowledge required to fulfil the CNS role. Prostate Cancer UK provide tailored **education events** to support CNSs and **offer bursaries** to encourage nurses to specialise in prostate cancer care.

Retention

Nurse-led care produces the same level care at lower cost.⁽²³⁾ Professor Alison Leary, Healthcare and Workforce Modelling Lead at London South Bank University, studied 12,000 specialist nurses in advanced practice, for around 50 million hours of work. This found specialist nurses to be a cost effective, high quality option in delivering care by demonstrating high levels of expertise, proactive case management, identifying problems before they arise and avoiding unnecessary admissions.⁽²²⁾ We want to see more organisations using the knowledge CNSs have and utilising their potential as nurses to successfully lead services.

To continue to provide good services to men, trusts need to focus on retention. Decision makers need to develop mature succession planning, to account for any changes in staff before the service is left under resourced.



To grow our workforce, more education opportunities and support in career progression is needed so we have capacity to treat men with prostate cancer in the future.

Helen, CNS at The Christie Foundation, Greater Manchester

NICE recommendations:

Services commissioned for prostate cancer patients need enough specialist nurses to support men through diagnosis and treatment management.

“Men with prostate cancer discuss treatment options and adverse effects with a named nurse specialist.”

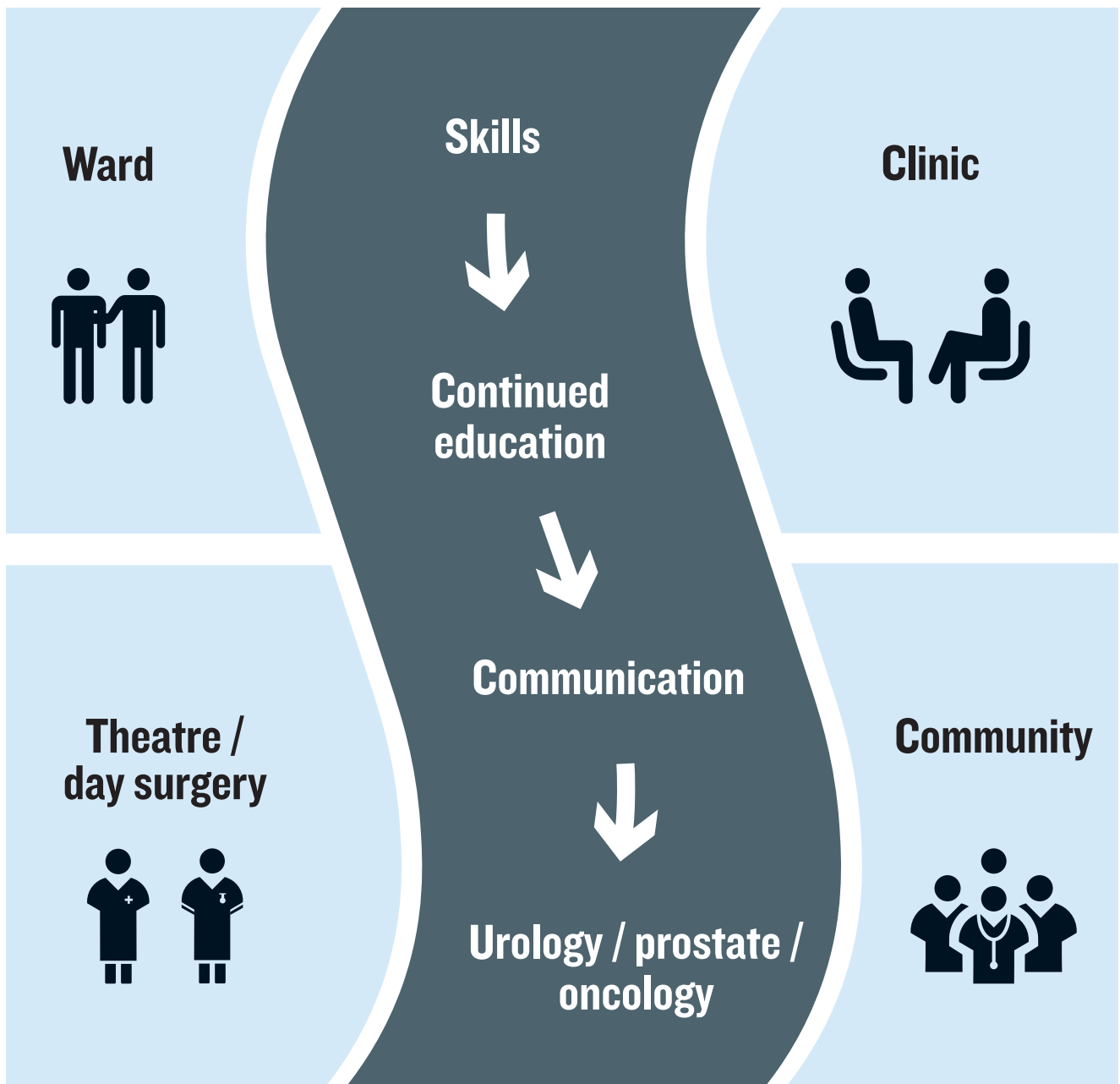
NICE clinical guidance 175⁽¹²⁾

“Offer men with prostate cancer individualised information tailored to their own needs. This should be given by a healthcare professional (for example, a specialist nurse)”

NICE clinical guidance uptake 175



From clinical experience to Clinical Nurse Specialist



 **Clinical knowledge**

 **Clinical experience**
(can be in one or more of these areas)

Next steps

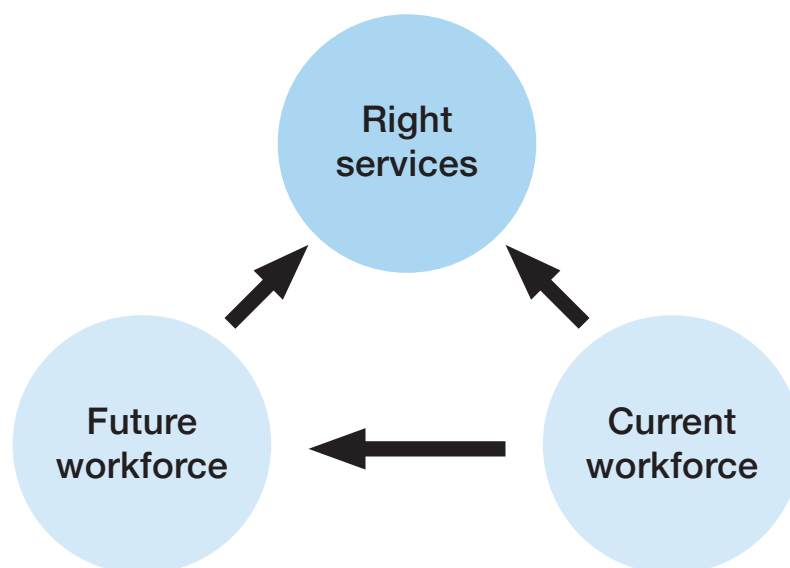
The benefits of a CNS are clear. A CNS workforce provides a safe, consistent, cost-effective and high quality service. However, the future of the CNS workforce is not stable, with 49 per cent of nurses within urology due to leave or retire, within the 10 next years. Prostate Cancer UK are calling on decision makers to plan for the future of CNSs.

We're here to support decisions makers to take action. **The Prostate Cancer UK Best Practice Pathway** is a resource to allow you make decisions on how to commission and properly resource services as well as support and deliver the best treatment and care to men. We also offer education support to develop CNSs through **bursaries and an education programme** of face to face and online learning to encourage career progression.

All our resources and case studies from CNSs across the UK can be found in our **resources library**.

Our recommendations for embedding CNSs in a multidisciplinary team (MDT):

- plan a strategic workforce design through effective investment, training and education
- develop mature succession planning
- administrative support for all specialist nurses so they have more time for clinical duties
- invest in training to support the leadership skills of your CNS workforce to enable nurse-led services.



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PROFESSIONAL SUPPORT

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