The role of the LCNS in the changing face of cancer in London

Jane Lynch (Imperial NHS)
Vivien Bruce (Croydon Health)
What is the role of Lung Cancer CNS?
NCAT 2010

Key contributions that CNSs make to cancer care

- Innovation, project management and change management
- Acting as a key worker across the whole care pathway
- Advanced clinical / diagnostic skills
- Leadership within the MDT and wider cancer team
- In-depth knowledge of a tumour area
- Ability to assess patients' holistic needs
- Excellent decision-making abilities
- Empathy for patients and their families
- Advanced communication and advocacy skills

Clinical Nurse Specialist
The pathway

Understanding the value of lung cancer nurse specialists

**Figure 2: Role of LCNSs in lung cancer pathway**

- **Patient pathway**
  - Signs and symptoms
  - Diagnostic tests
  - Diagnosis given
  - Treatment decision
  - Follow up
  - Recurrence of symptoms
  - Survivorship

- **Good practice**
  - Early awareness
  - Timely tests
  - Information on treatment
  - Shared decision-making
  - Ease of access back into service
  - Ongoing support

- **Role of LCNS**
  - Information provision
  - Holistic assessment
  - Symptom management (including prescribing)
  - Psychological support (social/occupational/financial/spiritual)
  - Coordination of care
  - Health promotion
  - Patient advocacy
Why have a CNS?

“Where a CNS is not involved in a patient’s care, it is actually more costly, with more admissions to Hospitals, more complaints and everything takes longer”

(Crowe, M (2010) UKONS president)
The benefit of the LCNS

Ensure that a lung cancer clinical nurse specialist is available at all care to support patients and carers (NICE 2011).

• Complex disease pathways managed by experts
• Survivorship initiative leading to holistic assessments and self management
• Avoid unscheduled hospital admissions and inappropriate hospital visits
• Inpatient involvement helps reduce length of hospital stay
• Source of expertise for other professionals
• Positive effect on patient management by providing professional healthcare education
• Pivotal in ensuring Trusts are meeting the 2 week wait, 31 and 62 Targets
• Nurse led follow-up enhances patient experience
• Strong correlation between CNS involvement in patient care and uptake of chemotherapy and other treatments (LUCADA 2012)
Quality standards specific to LCNS

NICE have devised 15 Quality standards for lung that define “high-quality, cost-effective patient care”

• People with known or suspected lung cancer have access to a named lung cancer clinical nurse specialist who they can contact between scheduled hospital visits

• People with lung cancer are offered a holistic needs assessment at each key stage of care that informs their care and plans the need for referral to specialist services

• People with lung cancer are offered a specialist follow-up appointment within 6 weeks of completing initial treatment and regular specialist follow-up thereafter, which can include protocol-led clinical nurse specialist follow-up.

Reflected in the Commissioning Outcomes Framework (COF) and will inform payment mechanisms and incentive schemes.
The LCNS Forum

• The LCNS within the LCA have joined together to form the LCA Lung cancer CNS Forum.

• Pooling of expertise spanning the whole patient pathway (varied backgrounds).

• Membership will include all CNS’s within the LCA who have patients with a diagnosis of lung cancer /mesothelioma as the majority of their caseload.

• All cancer units/centres within the LCA should have one or more trained LCNS’s to see patients before and after diagnosis, to provide continuing support, and to facilitate communication between the secondary care team (MDT/AOS), the patient’s GP, the community team and the patient.

• The Forum will provide a lead on service development and provision, establish best practice and support the implementation of the LCA Lung Cancer guidelines.

• Guidelines developed to support and standardise the role across the LCA, including key worker competencies.
The LCNS will be actively involved in the nine key elements according to NLCFN guidelines (2012), identified as significant by cancer patients.

These include:

- Holistic approach to care
- Getting the bad news
- Care coordination
- Responsiveness and ease of access to benefits and support
- Inpatient care
- Pain control and symptom management
- Staff attitudes and empathy
- End of life choice and the actual experience
- Carer focus

The patient advocate!
Information

- All patients with a diagnosis of lung cancer should be offered clear and comprehensive information, both verbal and written, on all aspects of their diagnosis, treatment and care.

- The information should cover:

  Referral
  Investigations
  Diagnosis
  Multi- Disciplinary Team (MDT) and key worker details.
  Treatment
  After treatment
  Symptom Control
  Psychological support
  Bereavement
Objectives

The objectives set for 2013/14 are:

• The piloting of the LCA Holistic Needs Assessment tool.

• The development of patient experience monitoring tools/surveys to capture patient experience.

• To provide education across the LCA for ward based nursing staff.

• To explore the introduction of additional support groups for LCA Lung Cancer Patients/Carers.
Holistic Needs Assessment

• What is it?
National Cancer Action Team (NCAT)

• March 2011 NCAT published a practical guide for healthcare professionals regarding Holistic Needs Assessment (HNA)

• NCAT suggests that HNA should be part of every cancer patient’s care.

• It involves assessment of physical, social, emotional and spiritual needs and individualised care plans.
• HNA should be used at key pathway points: diagnosis, start of treatment, end of treatment, transition to palliative care and transition to end of life care.

• The LCA has chosen to measure its use within 31 days of diagnosis and within 6 weeks of end of primary treatment
LCA HNA Assessment Tool
Whose responsibility?

- MDT
- Keyworker
- CNS
LCA Lung Cancer Nurses Forum

- The LCA Lung Cancer Nurses Forum agree with the recommendation of the National Lung Cancer Forum (NLCFN) Guidance for the supportive and palliative care of Lung Cancer patients and their families (2012)

- Ensure all lung cancer patients and carers with palliative and end of life needs are identified and their physical, social, emotional and spiritual needs are appropriately assessed and reviewed

- Ensure individualised care plans are developed and implemented in conjunction with the patient and carer taking into account their needs, wishes and preferences.
Challenges of HNA in Lung Cancer

- Does one Tool suit all?
- Poor performance status of lung cancer patients (LUCADA)
- High patient caseload versus low number of Lung cancer CNS support (Trevatt et al 2008)
- Lack of resources
- Handover of keyworker
The way forward

– LCA Lung Cancer nurses forum to pilot the use of the LCA HNA tool January-March 2013

– Meet in March 2013 to discuss and share our experience with representatives of the LCA survivorship group.
Contact details

Jane Lynch
Lung CNS
Imperial College Healthcare NHS Trust
Jane.lynch@imperial.nhs.uk

Vivien Bruce
Lung CNS
Croydon Health Services NHS Trust
Vivien.bruce@croydon.nhs.uk