The role of skin cancer clinical nurse specialists in centres across the South West region

Report prepared by Susan Wright and Anthony Downs

On behalf of the
South West Tumour Panel For Skin Cancer
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Introduction

The ‘Nursing Contribution to cancer care’ (NHS Executive, June 2000) pointed to the growing importance newly developed nursing roles play in the care of patients with cancer. Despite this, there seems little known about which Trusts employ cancer clinical nurse specialists (CNS) and what their role involves. Where no such nurses are in post, the reasons for this are also unknown.

In order to explore these questions, the South West Cancer Intelligence Service Skin Cancer Tumour Panel designed a proforma, specifically looking at skin cancer centres in the South West region.

Method

A questionnaire was mailed to 18 lead clinicians in each Trust treating skin cancer in the South West region and designed with 2 sets of questions- those where a skin cancer CNS was in post, and those where one was not (see appendix). All completed questionnaires were then returned to the SWCIS for analysis.

Results

Of the 18 hospitals that replied to the questionnaire, only 4 Trusts had a specific skin cancer clinical nurse specialist.

Skin Cancer CNS in post (4/18 respondents)

In the four cases a skin cancer CNS was in post, all nurses were based with the hospital. Three of the nurses worked full-time, one respondent was unsure of their hours. Table 1 shows that the skin cancer CNS were all relatively new in post.
In one case the nurse was exclusively working as a skin cancer CNS, but in the majority of cases (3/4), despite being skin cancer CNS, this was combined with other roles. In 2 cases this was general dermatology treatment duties in outpatient departments, and in one case this was combined with sarcoma.

When asked what functions the nurses fulfil with respect to skin cancer, none were giving theatre assistance or performing biopsies. In one case, wound care was being performed along with participating in counselling, patient education, nurse training and audit facilitation. All nurses participated in counselling, patient education, nurse training and audit facilitation. In 2/4 cases the skin cancer CNS had a managerial function. In one case, there was also an ‘other’ function performed, with an advisory role to secretaries in the absence of a clinician and contacting patients in the early stages of malignant melanoma.

In terms of extra functions which clinicians would like skin cancer CNS to fulfil, 3 said none and 1 respondent said biopsies. None of the respondents had formally assessed the impact of the CNS on post-diagnostic skin cancer care, largely because of the short time in post.

No skin cancer CNS in post (14/18 of respondents)

Where no skin cancer CNS was in post, a different set of questions were asked. The table below shows that it is consultants who mostly break bad news to patients.

Table 2: Who breaks bad news to patients?

<table>
<thead>
<tr>
<th>Member of staff</th>
<th>No. of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultant</td>
<td>11</td>
</tr>
<tr>
<td>Doctors</td>
<td>1</td>
</tr>
<tr>
<td>Consultant/Clinical Assistant/Dermatology</td>
<td>1</td>
</tr>
<tr>
<td>Don’t know</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>14</strong></td>
</tr>
</tbody>
</table>

Similar staff to who talk over any problems with patients.
Table 3: Who talks over any problems with patients?

<table>
<thead>
<tr>
<th>Member of staff</th>
<th>No. of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultant</td>
<td>6</td>
</tr>
<tr>
<td>Consultant/Nurse</td>
<td>4</td>
</tr>
<tr>
<td>Nurse</td>
<td>1</td>
</tr>
<tr>
<td>Consultant, GP or clinic nurse</td>
<td>1</td>
</tr>
<tr>
<td>Consultant, Clinical Assistant or Dermatology Nurse</td>
<td>1</td>
</tr>
<tr>
<td>Unknown</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>14</strong></td>
</tr>
</tbody>
</table>

Half of centres had not tried to create a cancer nurse post in skin cancer (7/14), with one Trust in discussions. For those who had not created a post, in four cases this was because funding had been refused and in 1 case because the Centre had been unable to recruit. In one case, a centre had got Macmillan funding for a skin cancer nurse post for 3-5 years but the Trust stated that they will not provide on-going funding.

Where no cancer nurse post had been created, clinicians were asked to comment on whether they felt they needed such a nurse and why/why not. In 2 cases, respondents stated that they did not feel they needed a cancer nurse post given that skin cancer is rarely fatal and because Dermatology Specialist Nurses can help out with such patients. In 1 case, such a position will be considered. In 1 case it was thought desirable, but was suspected to fail against other bids for funding. In 5 cases there was felt to be a need for such a nurse.

Ten respondents outlined what skills/role they thought a skin cancer clinical nurse specialist should have. In all 10 cases, it was thought that nurses should have communication/counselling skills-the ability and time to talk to patients, be compassionate, act as a link between patient and hospital, provide support to patients and act as a patient advocate. 6 respondents felt that the nurses should be able to provide surgical/theatre assistance and be able to perform biopsies. 4 respondents felt that the nurses should be involved in educating both nurses and public. There were other skills, each mentioned by one of the respondents: Audit/research, organising lists, computing, examination, wound care and good understanding of Dermatology.
Discussion

This survey has provided a useful insight into the roles of the few skin cancer CNS in the South West region, and into those Trusts without such a nurse. With only four CNS in-post in the South West, the impact and contribution to patient care may be better assessed on a national rather than regional level. This is clearly still a developing healthcare role.

General trained nurse staff shortages and scepticism about Trust commitment to fund CNS posts will hamper the expansion of a CNS service. Using Macmillan funding may provide an opportunity to establish a Trust-based CNS. It may prove difficult to withdraw the service if it has proven to be a popular and helpful service for patients and GPs. This survey does highlight that consultants are shouldering functions that could be devolved to a dedicated CNS and the majority of consultants would wish to have a CNS in-post.

References

‘Nursing Contribution to cancer care’, NHS Executive, June 2000

Acknowledgements

With thanks to all the nurses who responded to the questionnaire and to Marc’s Line for their support.
Appendix

SWCIS Skin Cancer Clinical Nurse Specialist Questionnaire

Q1. Do you have a specific Skin Cancer Nurse Specialist?  Yes / No

IF YES

1a. How long have they been in post? 

1b. Are they based in a Community Hospital / Hospital / Both (please circle)

1c. Do they have other roles unrelated to skin cancer (please specify) 

1d. Hours worked as a Skin Cancer CNS (if you know) 

1e. What functions do they fulfil with respect to skin cancer (please tick all relevant):
   - Theatre Assistance
   - Biopsies
   - Wound Care
   - Counselling
   - Patient Education
   - Nurse Training
   - Audit Facilitator
   - Managerial
   - Other (please specify)

1f. Are there any other functions you would like them to fulfil? 

1g. Have you formally assess what impact their role has had on post-diagnostic skin cancer care (if yes, please give details)
IF NO

Q2a: Who breaks the bad news to your patients .................................................................

Q2b: Who talks over any problems with the patient .........................................................

Q2c: Have you been unable to recruit a suitable candidate ..............................................

Q2d: If you have failed, is it because (please tick all relevant)
   You have been unable to recruit
   You have been refused funding
Other (please specify) ........................................................................................................

Q2e: If you have not, do you think you need such a nurse and why/why not? ....................

Q2f: If offered such a nurse, what roles/skills should they be capable of? .........................

Many thanks for your cooperation.
Please return in addressed envelope provided or to:
Susan Wright, SWCIS, Grosvenor House, 149 Whiteladies Road, Bristol, BS8 2RA