

Evidence Brief: Cancer Support Workers and Co-ordinators

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Produced by the Knowledge Management team Evidence Briefs offer an overview of the published reports, research, and evidence on a workforce-related topic.

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Key publications – the big picture

[NHS Long Term Workforce Plan](#)

Source: NHS

Publication date: June 2023

Support workers, both clinical and administrative, are an important part of wider multidisciplinary teams, enabling more effective and efficient working. They contribute to addressing critical workforce capacity constraints while providing high quality, personalised care to patients. These include assistant practitioner and technician roles, such as occupational therapy assistants, which can be key integrators across health and social care. There will be a continued focus on supporting the recruitment and retention of these groups, including:

- maternity support workers through the Competency, Education and Career Development Framework [226](#)
- AHP support workers, through growth of apprenticeships and the development of a Competency, Education and Career Development Framework [227](#)
- healthcare support workers, through the NHS England programme [228](#) (recruitment, induction and career pathways)
- cancer support workers, through the ACCEND (Aspirant Cancer Career and Education Development) programme. [229](#)

[Workforce development framework for care co-ordinators](#)

Source: NHS England

Publication date: February 2023

This Workforce development framework for care co-ordinators has been developed to:

- set clear and consistent standards for care co-ordinators
- demonstrate the benefits of care co-ordinators working in health and care

- provide information about the training, support, supervision, and continuing professional development (CPD) needed to enable care co-ordinators to succeed
- support the development of a strong and capable workforce of care co-ordinators
- support improved quality and consistency of care co-ordination and reduce variation in outcomes and access standards.

The framework includes competencies for the role and links to resources to support employers to recruit and embed care co-ordinators in services. Organisations employing care co-ordinators, including primary care networks, can use this framework to support recruitment and retention. It will help them develop a greater understanding of the role, its scope of practice and the training and development care co-ordinators need to enable them to practice safely and effectively.

[Quarter Two Report – July/ August/ September – October 2022](#)

Source: Greater Manchester Cancer and NHS Greater Manchester Integrated Care

Publication date: 2022

This report details progress reporting for quarter two (Q2) against agreed output measures along with additional outcomes and is relevant for key stakeholders involved with the pilot. For the purposes of this report, when referring to Cancer Care Coordinators (CCCs) we are referring to the 9 as part of this Primary Care Network pilot unless specifically stated otherwise.

[Quarter One Report – April/ May 2022-August 2022](#)

Source: Greater Manchester Cancer and NHS Greater Manchester Integrated Care

Publication date: 2022

The Greater Manchester (GM) Cancer Alliance are piloting the role of the Cancer Care Coordinator (CCC) across nine Primary

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Care Networks to support new ways of working. This is an 18-month pilot in collaboration with the GM Workforce Collaborative, Health Education England (HEE) and Macmillan. The quarterly report will monitor agreed output measures and report on additional outcomes throughout the course of the pilot. The report will be relevant for key stakeholders involved with the pilot. For the purposes of this report, when referring to Cancer Care Coordinators (CCCs) we are referring to the 9 as part of this Primary Care Network pilot unless specifically stated otherwise. Baseline data has been obtained for the Q1 report and is under analysis by the GM Business Intelligence team, we aim to report on the baseline data in the Q2 report.

[Cancer nursing on the line: why we need urgent investment across the UK](#)

Source: Macmillan

Publication date: 2021

The cancer workforce and people living with cancer don't need warm words of thanks or sympathy from governments. They need action. That must start with supporting and recruiting the cancer workforce the UK needs.

[Cancer services recovery plan](#)

Source: NHS

Publication date: 14 December 2020

The coronavirus pandemic has presented major challenges for all healthcare systems. One of the most significant impacts was a sharp reduction in the number of people coming forward and being referred urgently with suspected cancer and referred from screening programmes. When coronavirus prevalence was at its highest at the start of the pandemic, this resulted in some people facing longer waits for diagnosis, some treatments being delivered in different ways or being interrupted or stopped on the grounds of clinical safety, and some follow-up care being disrupted.

See p. 18 "Cancer alliance will support clinical nurse specialists to work at the top of their licence by deploying an effective skill mix model, including cancer support worker and volunteer roles."

[Estimating the cost of growing the NHS cancer workforce in England by 2029](#)

Source: Cancer Research UK

Publication date: October 2020

Over the last 50 years, the UK has made significant progress in improving survival outcomes for people diagnosed with cancer. In the 1970s, only 1 in 4 cancer patients would survive their disease for ten years or more. By 2010, this had risen to 2 in 4, and survival outcomes continue to improve.¹ There are several drivers for this, from the introduction of screening programmes and innovative treatments to ongoing improvements to health care pathways –all of which has been underpinned by the continued and tireless efforts of staff from across the NHS.

[We are the NHS: People Plan 2020/21 – action for us all](#)

Source: NHS

Publication date: July 2020

This plan sets out actions to support transformation across the whole NHS. It focuses on how we must all continue to look after each other and foster a culture of inclusion and belonging, as well as action to grow our workforce, train our people, and work together differently to deliver patient care. The principles underpinning the action through 2020/21 must endure beyond that time.

See p. 43 "Increasing local recruitment: Employers must increase their recruitment to roles such as clinical support workers and, in doing so, highlight the importance of these roles for patients and other healthcare workers as well as potential career pathways to other registered roles."

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[Key Worker Policy to support people living with cancer](#)

Source: East Midlands Cancer Alliance

Publication date: June 2020

See section 8.1 The Role of a Cancer Support Worker

8.1 The Role of a Cancer Support Worker/ Cancer Navigator in supporting a Key Worker

The term Cancer Support Workers (CSW) is used in this document however it also includes the roles of Cancer Navigators. CSW's often work as part of the cancer care team alongside registered practitioners, usually a Clinical Nurse Specialist (CNS). They can support with delegated non-complex tasks to enable the CNS to focus their expertise on managing the complex care needs of people affected by cancer at different points of the pathway:

- being investigated for a cancer diagnosis
- receiving treatment for their cancer
- living with and beyond cancer following treatment

[NHS Long Term Plan](#)

Source: NHS

Publication date: January 2019

The NHS Long Term Plan was developed in partnership with those who know the NHS best – frontline health and care staff, patients and their families and other experts.

See pp. 56-61 for “Cancer” including “all patients, including those with secondary cancers, will have access to the right expertise and support, including a Clinical Nurse Specialist or other support worker.” p. 61

[One size doesn't fit all: why we need to make cancer care more personal in the NHS](#)

Source: Macmillan

Publication date: 2019

Every year nearly 300,000 people in England receive a life changing diagnosis of cancer and we know that in the coming

years the number of people living with cancer in England will rise from 2,000,000 today to 3,400,000 by 2030.

[Strategic Framework for Cancer Workforce: Interim working paper \(phase 2\)](#)

Source: Health Education England

Publication date: July 2018

In July 2018, the NHS was tasked with developing the Long Term Plan (LTP) setting out how the service intends to deliver major improvements in key areas including transforming cancer care. This was followed by a multi-year workforce plan – the interim People Plan.

NHS England and Health Education England should encourage providers to work with Macmillan Cancer Support and other charities to develop and evaluate the role of support workers in enabling more patient centred care to be provide (p. 35)

The expansion of Clinical Support Workers (CNSs) (Macmillan pilot to free up senior CNS time in oncology, so that we can support oncologists in an increasingly complex role that relies on connections between many disciplines and organisations) could release valuable oncologist time and productivity (p. 54)

[Thinking Differently: Macmillan's vision for the future cancer workforce in England](#)

Source: Macmillan

Publication date: February 2017

See pp. 20-21 “Trained support workers are another new role Macmillan has been exploring. These roles work alongside registered practitioners to support people with cancer who have non-complex needs. While the specifics vary, the overall aim of their role remains the same: to offer the right post-treatment support to patients at the right time, and to support people to manage their own care. For instance, support workers can coordinate care or provide a single point of access in order to allow patients to easily re-enter the system when they need to. In

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addition, they can provide appropriate advice and escalate any issues to a specialist where necessary. The role, which is focused on a partnership with the patient, allows the support worker to empower the patient to self-manage – which is ever more important as people live longer with the consequences of cancer treatment.”

[Cancer Workforce Plan – Phase 1: Delivering the cancer strategy to 2021](#)

Source: Health Education England
Publication date: 2017

In it we set out the key developments to increase supply through speciality training, to create new routes into the cancer workforce and to upskill existing staff. See also [Cancer Workforce Plan – Phase 1 progress update](#)

[Cancer workforce in England: a census of cancer, palliative care and chemotherapy specialty nurses and support workers in England](#)

Source: Macmillan
Publication date: 2017

See p. 66 for numbers on “Cancer Support Workers”
This section describes the cancer support workers workforce in England. To be included in this report the posts had to be on Agenda for Change Bands 3 to 4, and the post holders had to spend over 50% of their time directly supporting adult cancer patients. This means many administrative roles and Band 2 support workers and healthcare assistants have not been included in these numbers.

See also [Considering the numbers](#) May 2018, British Journal of Nursing”

[Evaluation of Phase 1 of the one-to-one support implementation project](#)

Source: Macmillan
Publication date: 2015

Macmillan Cancer Support carried out a major project to pilot new ways of providing one-to-one support for people with cancer across the UK. The process is split across two phases, with phase 1 (April 2012–November 2014) piloting the new approach in 16 sites across England, Wales, Scotland and Northern Ireland.

[Indicative role specification for a Macmillan Cancer Support Worker – care coordination](#)

Source: Macmillan
Publication date: August 2011

Purpose: Macmillan has developed an indicative role specification to outline the tasks, skills, knowledge and behaviours required, which are transferable across the UK and across all care settings. This has been based on Agenda for Change National Job Profiles Band 4 and Skills for Health Core Standards for Assistant Practitioners. The purpose is to set the minimum standard for all Cancer Support Worker posts. Additional content can be added to this role specification according to local requirements. So this is the minimum expected of the role rather than an exhaustive list of everything a Macmillan Cancer Support Worker might undertake.

Blog posts

[Blog: a review of the cancer nursing and AHP workforce within a district general hospital](#)

Author(s): Vicki Havercroft Dixon
Source: BMJ Evidence-Based Nursing
Publication date: 18th December 2022

In May 2021 I was successful in starting the next part of my nursing leadership journey by commencing as a Florence Nightingale Foundation leadership scholar. Then in September 2021, after nearly 25 years at the same trust, the scholarship gave me the confidence to look outside my comfort zone and I started as the Lead Cancer Nurse at a district general hospital (DGH); a trust which had been part of a merger 10 years previously.

[Celebrating our Cancer Support Workers](#)

Source: NHS Wessex Cancer Alliance

Wessex Cancer Alliance and Macmillan Cancer Support are delighted to be celebrating 10 years since the first cancer support worker was recruited in Wessex. The Cancer Support Worker role has developed so much over the last decade and is now embedded in each hospital Trust across Wessex, with over 60 CSW's in our Alliance. We want to say an enormous thank you to all the cancer support workers who are supporting cancer patients every day, in our hospitals and the community.

[Spotlight on the vital role support workers play in care of cancer patients](#)

Source: Cheshire and Merseyside Cancer Alliance

Publication date: 16 August 2021

Cheshire & Merseyside Cancer Alliance is putting the spotlight on the important role that support workers play in helping patients through their cancer journey.

The alliance's latest in-depth blog looking at CMCA's projects and services highlights Cancer Support Workers, also called Cancer Navigators, who help to guide patients through their experience of cancer, from diagnosis to aftercare.

Course

[Principles of Cancer Care Programme](#)

Source: Cheshire and Merseyside Cancer Alliance

The Principles of Cancer Care Programme (PCCP) is delivered to groups of 14 on a virtual platform and offers you the opportunity to share and learn with others working in similar roles. The course is suitable for all healthcare staff working in a supportive/assistive role who are working with people affected by cancer or who may have a potential cancer diagnosis.

The PCCP is aligned to the capabilities in practice within the [ACCEND education framework](#) and is ideal for those who have completed the e-learning Foundations of Cancer Care course and wish to enhance their knowledge within their current role (The Foundations of Cancer Care course can be found on the [NHS Learning Hub](#)).

Case Studies

[How delivering personalised care in cancer impacts patients](#)

Source: NHS South, Central and West

Evaluating the impact of personalised care in cancer pilots for the Peninsula Cancer Alliance to support them to become ongoing commissioned services.

[Macmillan teams up with hospital trust to invest £824k in specialist cancer care](#)

Source: South Tees NHS

Publication date: 2022

In a further boost to cancer care, the trust is also piloting a new internship programme which offers specialist cancer training to nurses already working across its hospitals.

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This has been made possible thanks to a £50,000 grant from Health Education England and places are already being advertised internally.

[Expansion of cancer support service to help people navigate their cancer journey](#)

Source: Norfolk and Waveney Integrated Care System

Publication date: 1st August 2022

From today (1 August), twelve Cancer Care Navigators will be based in the three acute hospitals in our area working alongside Clinical Nurse Specialists to help and support people affected by cancer with their non-clinical needs.

Cancer Care Navigators will work in collaboration with cancer clinical nurse specialists and existing supporting teams to ensure people receive practical and emotional support throughout and beyond their cancer diagnosis.

[Supporting people living with cancer](#)

Source: RCN Magazine

Publication date: 21st January 2022

As soon as she started working on the urology outpatient department at the Royal Wolverhampton NHS Trust, Jenny Chatfield knew her role as a cancer care navigator was right for her. The knowledge she'd developed over 25 years of working in the NHS, including 14 years working with urology cancer patients, went hand in hand with her new position.

[Supporting people to live well with and beyond breast cancer](#)

Source: NHS Long Term Plan

Publication date: January 2019

University Hospitals Plymouth NHS Trust work with a range of agencies to provide personalised follow-up care that aims to reduce the impact of cancer and its treatment on people's health and wellbeing. Felicity Farah, describes how this support has

helped her following her diagnosis of breast cancer in March 2018.

[Macmillan Nurse Consultant-Breast Cancer Berkshire Cancer Centre](#)

Source: Health Education England South East

The Berkshire Cancer Centre in Reading is one of two cancer centres in the Thames Valley Cancer Alliance area/region providing cancer services to people across Berkshire and areas of South Oxfordshire. Breast Care is the largest service within the Centre and the number of patients has increased over the last five years with 555 patients diagnosed with new primary breast cancer in 2021. In addition, there are approximately 211 patients with metastatic breast cancer in the overall Cancer Nurse Specialist (CNS) caseload.

[Jessica Turner – Radiology Support Worker](#)

Source: Health Education England

Jessica is a Radiology Support Worker at Birmingham Children's Hospital. Read below her thoughts and experiences of working as an AHP support worker.

My role is very varied as I work across all areas of radiology, so each day is different. In each area I undertake a multitude of clinical and administrative tasks and support the radiographers and sonographers in any way I can.

[Support Worker: Impact Brief](#)

Source: Macmillan

Macmillan Support Workers work as part of the cancer care team alongside registered practitioners to improve care for people with cancer. They work with other professionals and provide support by dealing with non complex tasks to allow registered practitioners to focus their expertise on managing the complex care needs. They provide coordination of care to people mostly

after cancer treatment, who can be enabled to self-manage their own care with support, with open access back to the MDT.

[The Healthcare Support Workforce: a case for ongoing development and investment](#)

Source: Skills for Health

Publication date: 2015

See p. 18 Velindre Cancer Care

Velindre Cancer Centre initially developed a Health Care Support Worker (HCSW) role within chemotherapy services to support nurses in its mobile cancer care unit, which helps to deliver treatment closer to patients' homes. 19 The Centre recognised that the HCSW role could have a greater impact if it was expanded to include administrative and organisational as well as clinical and communication responsibilities. It would enable Band 6 nurses to spend less time preparing chemotherapy clinics and more time working with patients, improving the level of clinical care that they could provide.

The Star for workforce redesign

More resources and tools are available in the **Cancer** section of [the Star](#)

Statistics

You can find relevant statistics on the [Health and Care Statistics Landscape](#) under “**Health and Care**” and use the “**Cancer**” filter

National Data Programme

Workforce, Training and Education staff can look at the [National Data Warehouse \(NDL\)](#) SharePoint site to find out more about datasets and Tableau products.

Published Peer Reviewed Research

Cost and time savings

[Support workers have helped free up time for cancer nurses to transform care](#)

Author(s): Jennifer Trueland

Source: Cancer Nursing Practice 20(5) pp. 20-21

Publication date: 2021

Macmillan Cancer Support's investment in 43 support workers has improved quality of service.

A new cancer support worker role is saving clinical nurse specialists about two hours daily and improving services to patients, an evaluation has found.

[Cancer care coordinators to improve tamoxifen persistence in breast cancer: how heterogeneity in baseline prognosis impacts on cost-effectiveness](#) Abstract only*

Author(s): Nair et al.

Source: Value in Health 19(8) pp. 936-944

Publication date: December 2016

Objectives: To assess the cost-effectiveness of a cancer care coordinator (CCC) in helping women with estrogen receptor positive (ER+) early breast cancer persist with tamoxifen for 5 years. Methods: We investigated the cost-effectiveness of a CCC across eight breast cancer subtypes, defined by progesterone receptor (PR) status, human epidermal growth

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factor receptor 2 (HER2) status, and local/regional spread. These subtypes range from excellent to poorer prognoses. The CCC helped in improving tamoxifen persistence by providing information, checking-in by phone, and “troubleshooting” concerns. We constructed a Markov macrosimulation model to estimate health gain (in quality-adjusted life-years or QALYs) and health system costs in New Zealand, compared with no CCC. Participants were modeled until death or till the age of 110 years. Some input parameters (e.g., the impact of a CCC on tamoxifen persistence) had sparse evidence. Therefore, we used estimates with generous uncertainty and conducted sensitivity analyses. Results: The cost-effectiveness of a CCC for regional ER+/PR-/HER2+ breast cancer (worst prognosis) was NZ \$23,400 (US \$15,800) per QALY gained, compared with NZ \$368,500 (US \$248,800) for local ER+/PR+/HER2- breast cancer (best prognosis). Using a cost-effectiveness threshold of NZ \$45,000 (US \$30,400) per QALY, a CCC would be cost-effective only in the four subtypes with the worst prognoses. Conclusions: There is value in investigating cost-effectiveness by different subtypes within a disease. In this example of breast cancer, the poorer the prognosis, the greater the health gains from a CCC and the better the cost-effectiveness. Incorporating heterogeneity in a cost-utility analysis is important and can inform resource allocation decisions. It is also feasible to undertake in practice.

Covid-19

[Exploring the impact of Covid-19 on the psychological well-being of oncology healthcare professionals](#) Abstract only*

Author(s): Appleton et al.

Source: Journal of Advanced Nursing 79(10)

Publication date: May 2023

Aims: To explore how psychological well-being is maintained by healthcare professionals (HCPs) employed in a cancer setting

during the COVID-19 pandemic. Design: A qualitative design using diaries and interviews to collect data was used to gain insights into how HCPs managed their well-being during the pandemic. Methods: Interpretative Phenomenological Analysis (IPA) was used to analyse diaries and interviews completed by 66 HCPs during the second pandemic lockdown period (December 2020–April 2021). A total of 102 HCPs were recruited, drawn from five groups: nursing staff, radiographers, medical staff, allied health professionals (AHPs) (non-radiographers) and support staff. Results: The majority of participants adjusted to the challenges of the pandemic using positive coping strategies, although difficult days required the mobilization of additional resources. Emotion management was regulated through peer relationships, professional roles and the workplace, sustained through communities of practice involving knowledge exchange, shared goals and social interactions. Maintaining high-quality patient care was a source of job satisfaction, providing a route through which positive emotions could be channelled; however, it was juxtaposed with threats to well-being from busy workloads and variable organizational responsiveness. Work routines provided a platform for well-being, underpinned by the sharing of problems and solutions within peer networks. Conclusion: This study has highlighted the dynamic nature of well-being amongst HCPs during the pandemic. Well-being interventions should build on the preferred coping strategies of HCPs, focusing on the way individuals coalesce in groups to learn from and support one another. Impact: HCPs may experience different psychological responses when exposed to a pandemic situation. This study identifies the strategies used by HCPs to maintain positive psychological well-being within professional roles, whilst adjusting to emerging well-being threats. Key components of HCP's well-being are addressed, which are relevant to clinical practice and the broader healthcare workforce. Patient or Public Contribution: Research team members included public representatives who

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contributed to the development, methods, data collection and analysis of the study. They supported the development of the Research Assistant by providing mock interview skills training.

Patient Experience and Care

[Evaluation of a city-wide physical activity pathway for people affected by cancer: the Active Everyday service](#)

Author(s): Humphreys et al.

Source: Supportive Care in Cancer 31(101)

Publication date: 2023

Purpose: The primary goal of this article is to present an evaluation of a UK-based city-wide physical activity pathway for patients with a cancer diagnosis, the Active Everyday service. Active Everyday was a co-produced physical activity service for people affected by cancer. The service was underpinned by a behaviour change care pathway model developed by Macmillan Cancer Support charity. Methods: This was a retrospective evaluation assessing physical activity levels and changes to outcome measures (fatigue, perceived health, and self-efficacy) over 6 months. Each participant self-reported their levels of physical activity for the previous 7 days at three-time points: baseline (T1), at 12-week exit from the scheme (T2), and at 6-month follow-up (T3). Results: The Active Everyday service received 395 referrals, of which 252 attended a baseline assessment. Participants' fatigue and self-efficacy improved between T1 and T2 and T1 and T3. Perceived health improved across all time points. Participant exercise levels showed significant differences between T1 and T2. Conclusion: The service, provided over 3 years, resulted in positive health and wellbeing outcomes in people affected by cancer who engaged in the service. Future services must routinely include exercise referrals/prescriptions as a standard part of care to help engage inactive individuals. Services should focus on targeted promotion

to people from ethnic minority groups, and a wide socioeconomic population.

[Efficacy of the Breast Cancer Navigator role in reducing distress in newly diagnosed breast cancer patients: a pilot study](#)

Author(s): Patrician Johnson

Source: Journal of Oncology Navigation Survivorship 9(5)

Publication date: May 2018

Background: Breast Cancer Navigator (BCN) programs are considered best practice in cancer care, using the Commission on Cancer Standard 3.1. The diagnosis of breast cancer is often accompanied by extreme distress. Studies to date on the BCN intervention have primarily examined screening practices, cost measures, or downstream effects on care. Objective: Few primary studies have examined the effect of early intervention by a Breast Navigator Nurse program on distress. We tested the effects of an early intervention by the BCN on distress. A secondary interest was how an early intervention might change practices. Methods: A convenience sample of newly diagnosed breast cancer patients was recruited for a descriptive, quantitative pilot study, incorporating anecdotal commentary. Constructs from Hildegard Peplau's Theory of Interpersonal Relations and the Social Ecological Model were adapted to the Johnson Bongiorno Model to guide the study. Distress levels were collected immediately pre- and postintervention, using the Distress Thermometer. A paired samples test was conducted to examine distress before and after the BCN intervention. Results: There was a statistically significant difference in scores between preintervention distress ($M = 7.44$; $SD = 2.68$) and postintervention distress ($M = 2.94$; $SD = 1.86$) conditions $t(8) = 8.27$ $p < 0.00$. Effect size was calculated, with a Cohen's d of 1.79. Conclusion: Findings suggest that the BCN intervention reduces distress in this population, although the sample size was small. This study helped to drive practice changes at the institution, allowing the BCN to intervene shortly after the diagnosis is

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delivered. There was a significant increase in the number of patients choosing to stay with care at the institution.

[Impact of breast cancer care RN-coordinator program on patients' distress level](#)

Author(s): Singh-Carlson

Source: Canadian Oncology Nursing Journal 28(4)

Publication date: 2018

The purpose of this study was to determine whether patients receiving navigation supportive care from a Breast Cancer Care Coordinator (BCCC), prior to initial oncology consultation at a British Columbia Cancer Agency, Abbotsford Centre (BCCA-AC), demonstrated different levels of anxiety and depression from those not receiving such support at the same BCCA centre. A retrospective review of the Psychological Screen for Cancer (PSSCAN) scores of new breast cancer patients seen for oncology consultation for the control cohort (receiving usual care) were compared to PSSCAN scores of those who had received care from a BCCC prior to the oncology consultation (the study cohort). A total of 91 PSSCANs were reviewed in the study, with 54 belonging to the treatment group and 37 to the control group. PSSCAN scores for anxiety and depression did not show significant differences between the two groups.

[An evaluation of the role of support workers in lung cancer](#)

Author(s): Brummell et al.

Source: Cancer Nursing Practice 14(1) pp. 22-27

Publication date: February 2015

Background: Despite the evolution of support roles in other areas of nursing practice, the use of unregistered practitioners like Support Workers (SW) to support the lung cancer nurse specialist (LCNS) is new. No evaluations of such roles exist.

Aim: To evaluate how SWs are being implemented in the UK to support LCNSs. Methods: A mixed methods study using a survey and qualitative interviews. Analysis: Survey responses

were coded and analysed using SPSS; followed by qualitative thematic analysis of the interviews. Findings: The findings indicate that when appropriately planned and resourced, SW roles can have a significant impact on practice and service delivery, enhance the work of the LCNS and impact positively on patient experience. SWs create opportunities for service improvement initiatives that would not otherwise be feasible. Conclusion: This study highlights the importance of planning and training to ensure the success of SW roles.

[An evaluation report of the nurse navigator services for the breast cancer support program](#)

Full text available with NHS

OpenAthens account*

Author(s): Trevellion et al.

Source: Cancer Oncology Nursing Journal 25(4) pp. 409-21

Publication date: 2015

The purpose of this quality improvement project was to evaluate the effectiveness of breast cancer care support provided by breast cancer care navigators (BCCN) for women attending the breast health clinic (BHC). This evaluative process examined patients' satisfaction with the nurse navigator program that focused on addressing breast cancer patients' informational needs, emotional support, and guidance through the cancer trajectory. A survey approach using Likert-type scales and open-ended questions was utilized to gather data. Patients seen at the BHC between July 2011 and July 2013 were sent the surveys by mail. The 154 responses constituted a 69% response rate. More than 90% of participants understood the information provided by the BCCN and were satisfied with the information that had been received. Psychosocial support from patient/family counselling services at the agency and in the community were among the most common request for resources. Recommendations include contacting patients directly after their initial meeting at the clinic and at least once after their treatments began, to ensure

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continuity and support. BCCN role was identified as being valuable with a positive effect on patients' experience.

Reviews

[Is care really shared? A systematic review of collaborative care \(shared care\) interventions for adult cancer patients with depression](#)

Author(s): Shaw et al.

Source: BMC Health Services Research 19:120

Publication date: 2019

Background: Collaborative care involves active engagement of primary care and hospital physicians in shared care of patients beyond usual discharge summaries. This enhances community-based care and reduces dependence on specialists and hospitals. The model, successfully implemented in chronic care management, may have utility for treatment of depression in cancer. The aim of this systematic review was to identify components, delivery and roles and responsibilities within collaborative interventions for depression in the context of cancer. Methods: Medline, PsycINFO, CINAHL, Embase, Cochrane Library and Central Register for Controlled Trials databases were searched to identify studies of randomised controlled trials comparing a treatment intervention that met the definition of collaborative model of depression care with usual care or other control condition. Studies of adult cancer patients with major depression or a non-bipolar depressive disorder published in English between 2005 and January 2018 were included. Cochrane checklist for risk of bias was completed (Study Prospero registration: CRD42018086515). Results: Of 8 studies identified, none adhered to the definition of 'collaborative care'. Interventions delivered were multi-disciplinary, with care co-ordinated by nurses (n = 5) or social workers (n = 2) under the direction of psychiatrists (n = 7). Care was primarily delivered in cancer centres (n = 5). Care co-ordinators advised primary

care physicians (GPs) of medication changes (n = 3) but few studies (n = 2) actively involved GPs in medication prescribing and management. Conclusions: This review highlighted joint participation of GPs and specialist care physicians in collaborative care depression management is promoted but not achieved in cancer care. Current models reflect hospital-based multi-disciplinary models of care.

[Patient navigators for people with chronic disease: a systematic review](#)

Author(s): McBrien et al.

Source: PLoS One 20;13(2)

Publication date: 2018

Background: People with chronic diseases experience barriers to managing their diseases and accessing available health services. Patient navigator programs are increasingly being used to help people with chronic diseases navigate and access health services. Objective: The objective of this review was to summarize the evidence for patient navigator programs in people with a broad range of chronic diseases, compared to usual care. Methods: We searched MEDLINE, EMBASE, CENTRAL, CINAHL, PsycINFO, and Social Work Abstracts from inception to August 23, 2017. We also searched the reference lists of included articles. We included original reports of randomized controlled trials of patient navigator programs compared to usual care for adult and pediatric patients with any one of a defined set of chronic diseases. Results: From a total of 14,672 abstracts, 67 unique studies fit our inclusion criteria. Of these, 44 were in cancer, 8 in diabetes, 7 in HIV/AIDS, 4 in cardiovascular disease, 2 in chronic kidney disease, 1 in dementia and 1 in patients with more than one condition. Program characteristics varied considerably. Primary outcomes were most commonly process measures, and 45 of 67 studies reported a statistically significant improvement in the primary outcome. Conclusion: Our findings indicate that patient navigator programs improve

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processes of care, although few studies assessed patient experience, clinical outcomes or costs. The inability to definitively outline successful components remains a key uncertainty in the use of patient navigator programs across chronic diseases. Given the increasing popularity of patient navigators, future studies should use a consistent definition for patient navigation and determine which elements of this intervention are most likely to lead to improved outcomes.

[Cancer care coordination: building a platform for the development of care coordinator roles and ongoing evaluation](#)

Abstract only*

Author(s): Freijser et al.

Source: Australian Journal of Primary Healthcare 21(2) pp. 157-63

Publication date: 2015

Continuity of care is integral to the quality and safety of care provided to people with cancer and their carers. Further evidence is required to examine the contribution Nurse Cancer Care Coordinator (NCCC) roles make in improving the continuity. The aim of the present study was to clarify the assumptions underpinning the NCCC roles and provide a basis for ongoing evaluation. The project comprised a literature review and a qualitative study to develop program logic. The participants who were purposively sampled included policy makers, practitioners, patient advocates, and researchers. Both the literature and participant reports found that NCCC roles are diverse and responsive to contextual influences to coordinate care at the individual (patient), organisational, and systems levels. The application of the program logic for the development of NCCC roles was explored. The conceptualisation of NCCC roles was also examined in relation to Boundary Spanning and Relational Coordination theory. Further research is required to examine how NCCCs contribute to improving equity, safety, quality and coordination of care. The project has implications for research,

policy and practice, and makes explicit existing assumptions to provide a platform for further development and evaluation of these roles.

Role scope

[Scope of practice, role legitimacy, and role potential for Cancer Care Coordinators](#)

Author(s): Panozzo et al.

Source: Asia-Pacific Journal of Oncology Nursing

Publication date: October 2019

Objective: The cancer care coordinator (CCC) role has become a priority in providing coordinated, patient-centered, supported care for patients, and their families experiencing cancer. The CCC role exists with heterogeneity across tumor streams, clinical disciplines, and institutions. This study explored CCCs perceptions and experiences of their role, scope of practice, and potential for future role development. Methods: This research used a mixed methods design. Focus groups and individual interviews were conducted with a purposive sample of 16 CCCs from two tertiary public teaching hospitals in Melbourne, Australia. A thematic analysis approach was used. A quantitative record of relative time spent on tasks was also collected.

Results: Three major themes were identified: (1) Perceptions of role legitimacy, (2) Structure and funding of the role determines scope of practice, and (3) Reflections on the potential for the role. Variability was evident in predominant tasks undertaken, integration into the unit, level of patient contact, and regard from other professional colleagues. Variability appears to relate to employment time assigned to the role, and history and structure of the role. Conclusions: The findings underline the need when establishing and reviewing CCC roles for explicit attention to be given to the reporting, integration, structural, and collegiate support for the role as this will profoundly influence its success.

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[Expertise, advocacy and activism – a qualitative study on the activities of prostate cancer peer support workers](#)

Author(s): Jones and Pietilä

Source: Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine 24(1)

Publication date: July 2018

Peer support workers are now working with patients in a variety of settings, coming into close contact and even work alongside health professionals. Despite the potentially influential position peer support workers hold in relation to those engaged in support activities, their role, duties and their relationship to peers and health professionals lack clarity and is often defined by other actors. This study explores how peer support workers interpret and define the activities, responsibilities and knowledge associated with their work. Using methods of membership categorisation analysis, we analysed interview materials generated by conducting individual semi-structured interviews during the autumn of 2016 with prostate cancer peer support workers (n = 11) who currently volunteer as support workers in Finland. Although the peer support workers acknowledged the psychosocial aspects of the work, we argue that their interpretations extend far beyond this and encompass expertise, advocacy and activism as central features of their work. These can be used to strengthen their position as credible commentators and educators on issues relating to cancer and men's health; raise awareness and represent the 'patient's voice' and attempt to influence both policy and clinical practice. These findings suggest that by categorising their work activities in different ways, voluntary sector actors such as peer support workers can attempt to portray themselves as legitimate authorities on a range of issues and influence decision-making ranging from individual level treatment decisions all the way to health policy.

[Health professionals involved in cancer care coordination: Nature of the role and scope of practice](#) Abstract only*

Author(s): Haynes et al.

Source: Collegian 25(4)

Publication date: August 2018

Background: Cancer treatment can be complex; and coordination of cancer care across different treatments and health settings is essential to high quality health care. Objective: The aim of this study was to determine the location and scope of practice of health professionals involved in cancer care coordination in Victoria, Australia. Methods: The study design was cross-sectional. An online survey was disseminated through 14 peak organisations for oncology health professionals to individuals whose work involved coordinating the care of cancer patients. Findings: Analysis was conducted on a sample of 91 survey respondents. Only 26.4% (n = 24) reported a job title of Cancer Care Coordinator. Overall, 67.0% (n = 61) reported they were specifically funded to coordinate the care of cancer patients and 30.8% (n = 28) devoted all their time to this role. The majority worked in public health services (n = 73, 80.2%) and 37.4% (n = 34) were located in rural areas. Compared with their metropolitan counterparts, rural coordinators were more likely to be funded by philanthropy (p = 0.002); work part-time (p = 0.017); and work with patients in the community (p < 0.001). In 37.4% (n = 34) of cases patients were required to have a particular type of cancer to receive care coordination. Positions funded by philanthropy were more likely to have this requirement (p = 0.002). Conclusion: Health professionals undertaking cancer care coordination are diverse and the service offered differs according to location and funding source. There may be inequities in care, with people living in particular areas, attending particular health services or with certain tumour types more likely to receive cancer care coordination.

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[Role of care co-ordinators in cancer clinical nurse specialist teams](#) Abstract only*

Source: Cancer Nursing Practice 15(3) pp. 31-36

Publication date: February 2016

Christine Barber explores how having the two skill-sets working together offers patients a much better service. Strategic interest in the skill mix of the healthcare workforce has acknowledged the increasingly important role of non-registered staff, with care for cancer patients provided by teams comprising clinical nurse specialists (CNSs) at bands 6 and 7 and care co-ordinators at bands 3 and 4. This article outlines the development and role of care co-ordinators in cancer CNS teams in Leeds Teaching Hospitals NHS Trust, using the example of a gynaecological oncology care co-ordinator as a case study. With the support of CNS colleagues, the Leeds care co-ordinators provide high-quality patient care through telephone and face-to-face contact and holistic needs assessments. Care co-ordinators act as named key workers for patients, developing good relationships and providing support at diagnosis, through treatment and beyond to survivorship. Patients and carers have welcomed the role and its development has enabled CNSs to focus their specialist skills on those patients requiring higher level interventions.

[Giving a helping hand to cancer survivors](#) Abstract only*

Author(s): Taylor and Small

Source: Cancer Nursing Practice 15(4) p.11

Publication date: 2016

The support worker's role in cancer care is valuable, but its scope, criteria and training requirements should be clearer. Many services have employed, or are looking to recruit, non-registered staff to support clinical teams in managing the growing number of cancer survivors.

Role Specification

[Specifications for the Macmillan cancer support worker](#) Abstract only*

Source: British Journal of Healthcare Assistants 11(12)

Publication date: December 2017

Macmillan has developed a role specification to outline the tasks, skills, knowledge and behaviours required, transferable across the UK and across all care settings. This has been based on Agenda for Change National Job Profiles Band 4 and Skills for Health Core Standards for Assistant Practitioners. The purpose is to set the minimum standard for all cancer support workers. This is the minimum expected of the role, rather than an exhaustive list.

Training

[Teaching Cancer Care Navigators what to say, when they don't know what to say: Remote psychological support training in a time of Covid](#)

Author(s): Hunter and Bray

Source: Clinical Psychology Forum (337)

Publication date: 2021

This paper explores the effectiveness of delivering solution-focused communication skills training and supervision to cancer care navigators (CCNs) in improving their ability and confidence to have difficult conversations with cancer patients in relation to treatment being affected due to Covid-19.

Competency Frameworks

[ACCEND framework](#)

Source: Health Education England

Publication date: 2023

This Career Pathway, Core Cancer Capabilities in Practice (CiP) and Education Framework for the Nursing and Allied Health Professions Workforce (the 'Framework') has been developed as part of a UK wide programme called the Aspirant Cancer Career and Education Development programme (ACCEND).

The ACCEND programme aims to provide transformational reform for the career pathways and associated education, training, learning and development opportunities for the workforce providing care to people affected by cancer.

[Career Pathways and Education Framework for Cancer Nursing](#)

Source: Royal College of Nursing (RCN)

Publication date: March 2022

This Framework promotes a consistent, inclusive and flexible approach to learning and development focused on a career pathway for general and specialist cancer care for the nursing workforce. It is aspirational and values previous learning and existing knowledge and skills.

This guidance is for:

- pre-registration nursing students
- nursing support/support workers providing care to people affected by cancer in general settings and to adults in specialist cancer services
- registered nursing associates providing care to people affected by cancer in general settings and to adults in specialist cancer services
- registered nurses providing care to people affected by cancer in general settings

- registered nurses providing care to adults affected by cancer in specialist cancer service.

[Appendix 2: Competency Framework – Cancer Care Coordinator](#)

Source: Wessex Cancer Alliance

A competency framework is a structure, which sets out and attempts to define the key knowledge, skills and behaviours required for an individual to be able to perform a particular task or job. Pathway Navigators, Cancer Care Coordinators and Cancer Support Worker roles, job titles and day-to-day tasks vary depending on local context, including organisation function, peoples' existing skills and local population need. There is no 'one size fits all' and whilst flexibility and variation to meet local need is appropriate and expected in job roles this competency framework seeks to articulate some common generic 'threads', to promote consistency. These competencies have been taken and amalgamated from several documents.

[Macmillan Competency Framework for Nurses \(MCFN\)](#)

Source: Macmillan

Publication date: November 2020

The framework **does not**:

- set out to determine grades for specific roles. Indeed, some nurses will be working across the different levels within the framework – i.e. core level in some aspects of their work and specialised or highly specialised in others. It is anticipated that individuals working at specialised and highly specialised will have acquired all or most of the competencies at the preceding level/s
- **address the learning needs of the unregistered work force, including the Cancer Support Worker role or the Associate Nurse.** However some core competencies may be appropriate for unregistered and Nursing Associate roles, depending on their scope of practice and patient needs. It may be beneficial to also

Evidence Brief: Cancer Support Workers and Co-ordinators

refer to the Macmillan competency framework for person centred care

[Cancer Support Worker Competency Framework](#)

Source: Salisbury NHS Foundation Trust

Publication date: 2019

Cancer Support Workers work as part of the cancer care team alongside registered practitioners to improve care for people with cancer. They work with other professionals supporting patients with non-complex needs to allow registered practitioners to focus their expertise on managing more complex clinical care. They provide coordination of care to people affected by cancer, from the point of diagnosis, throughout treatment and beyond. They seek to enable people affected by cancer to self-manage their own care and optimise their quality of life with support.

[A competency framework for nurses providing care to people with breast cancer](#)

Source: Royal College of Nursing

Publication date: August 2019

Cancer is often considered to be a life-limiting illness, but is viewed increasingly as a long-term condition involving the individual with cancer, their family and carers. Enabling self-care and rehabilitation are viewed as a crucial component in developing future services. Health care services need to respond creatively to cancer strategies in the four UK countries to meet patients' needs. This framework defines the standards of care expected for a competent registered nurse providing general breast cancer care or specialist breast cancer care. This publication is supported by a grant from Roche Products Limited.

See p. 51 "Career Framework Level 2 – Indicative or Reference title: Support Worker"

[Core Competency Framework: For Band 4 Support Workers Caring for Adult Patients with a Cancer](#)

Source: East of England Cancer Alliance

Publication date: January 2019

A competency framework describes the range of knowledge, skills and performance levels required to help staff provide safe, effective and consistent practice all to the highest standards. The aim of this document is to support the recruitment of Band 4 Cancer Support Worker roles funded as part of the east of England Cancer Alliance Living with & Beyond Cancer Transformation Programme.

[Care Navigation: a competency framework](#)

Source: Health Education England

Publication date: 2016

The word 'navigator' derives from Latin navis - 'ship' - and agere - 'drive' - meaning 'a person who steers a ship'. Charting stormy uncertain seas requires good navigation – with purpose and direction. Similarly, most people at some point in their life may benefit from 'navigation' through encounters with different health services, agencies and professionals, across an often confusing seascape of health, social and community care. And it's not just an issue for service users, there is broad consensus from healthcare professionals that such systems can be complex and difficult to navigate.

[The Cancer Support Worker Portfolio](#)

Source: Southampton University NHS Hospitals Trust

First and foremost, this resource is about helping you as a Cancer Support Worker (CSW) to understand and recognise the opportunities and boundaries of your role. It aims to help you record the key skills and competencies that will enable you to be a safe, person-centred practitioner, working as part of a team to deliver high-quality, ethical and non-discriminatory care to patients and their families.

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