

Evidence Brief: Cancer Support Workers

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Evidence Brief: Cancer Support Workers

Produced by the HEE Knowledge Management team Evidence Briefs offer a quick overview of the published reports, research and evidence on a workforce-related topic. A starter for 10 on the evidence if you will.

Please acknowledge this work in any resulting paper or presentation as:

Evidence Brief: Cancer support workers. Katie Nicholas and Hannah Wood. (December 2022). UK: Health Education England Knowledge Management Team

Key publications – the big picture

[National cancer plan: progress report](#) - August 2022, NHS Scotland

This partnership will make Scotland the first country in the UK where all cancer patients will have access to a key support worker to receive dedicated financial, practical and emotional support.

[The 10-Year Cancer Plan for England](#), UK Gov, 2022

Call closed April 2022, no update since. Cancer Research UK [posted this update](#) on the 8th December 2022.

[NHS Cancer Programme update report](#), NHS England, updated January 2022

These reports provide updates on what we have achieved so far to deliver on our [NHS Long Term Plan ambitions](#) for each quarter from 2019/20 onwards.

[Cancer services recovery plan](#) NHS England, December 2020

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.” The coronavirus pandemic has presented major challenges for all healthcare systems. 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. 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.

[Estimating the cost of growing the NHS cancer workforce in England by 2029](#) October 2020, Cancer Research UK

HEE Knowledge Management Team, Updated December 2022

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.

[Key worker policy to support people living with cancer](#) June 2020, East Midlands Cancer Alliance

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

[Interim NHS People Plan](#) June 2019, NHS

Our Interim NHS People Plan, developed collaboratively with national leaders and partners, sets a vision for how people working in the NHS will be supported to deliver that care and identifies the actions we will take to help them.

[Making workforce change at scale in Cheshire and Merseyside: guiding patients to quality outcomes by expanding the role of the Cancer Support Worker](#)

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May 2019, Cheshire and Merseyside Cancer Alliance
The implementation of the cancer support/navigator role (CSW/CN) is enabling more holistic care whilst responding to the changing demands of cancer services. When correctly developed the CSW/CN can help to build effective teams around patients and facilitate continuity and coordination of care across primary and secondary care.

[NHS Long Term Plan](#) January 2019, NHS

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

[Strategic Framework for Cancer Workforce: Interim working paper \(phase 2\)](#) July 2018, HEE

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](#) February 2017, Macmillan

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 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](#) 2017, HEE

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 speciality nurses and support workers in England](#) 2017, Macmillan

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

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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”

[Indicative role specification for a macmillan cancer support worker – care coordination](#) August 2011, Macmillan

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.

Case Studies

[Macmillan teams up with hospital trust to invest £824k in specialist cancer care](#), 2022, South Tees NHS

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.

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

HEE Knowledge Management Team, Updated December 2022

[From diagnosis to discharge – the new hospital role supporting patients through their cancer journey](#), 2022, South Tees NHS

The newly-appointed cancer care coordinators at North Tees and Hartlepool NHS Foundation Trust offer patients extra support from the offset. The early intervention is aimed at reducing anxiety, improving outcomes and reducing hospital admissions.

[Expansion of cancer support service to help people navigate their cancer journey](#), 2022, Norfolk ICS

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. The teams are jointly funded by Macmillan Cancer Support and NHS Norfolk and Waveney to ensure that every person affected by cancer can access support, which might not necessarily be related to their medical care.

[Supporting people living with cancer](#), RCN Magazine, 2022

Working in partnership with clinical nurse specialists and specialist consultants, Jenny acts as an intermediary for patients and provides a high level of support to all urology cancer patients. She works in partnership with a clinical nurse specialist to undertake remote holistic needs assessments (HNAs) and makes relevant onward referrals where required. She also supports new cancer care navigators within the trust.

[The Transforming Cancer Care in the Community \(TCCC\) Programme – Testing the shift of Cancer Care Provision and Patient Support from Secondary to Primary Care](#) 2015, East of England Strategic Cancer Networks

In response to the national evidence³, in 2011 the Anglia Cancer Network and Macmillan launched the Transforming Cancer Care in the Community (TCCC) programme, in recognition that current secondary care service provision models cannot continue to

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sustain this increasing demand, and that patient satisfaction levels with today's services are already on the decline. See p. 3-4 for Case Studies from Cambridgeshire and Huntingdonshire

[Support Worker – Impact Brief](#) n.d., 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.

See also p. 36 of the [Care Navigation Competency Framework](#) (Health Education England, 2016) for more case studies
See p. 18 "[Velindre Cancer Care](#)" and their Health Care Support Worker (HCSW)

HEE Star

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

Statistics

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

[Cancer Research UK](#) also have a wealth of statistics for the UK

HEE Knowledge Management Team, Updated December 2022

[Using cancer data](#) Macmillan

HEE National Data Programme

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

Published Peer Reviewed Research

Role Specification

[Specifications for the Macmillan Cancer Support Worker](#)

December 2017, British Journal of Healthcare Assistants
*Abstract only**

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.

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Role Scope

[Expertise, advocacy and activism: A qualitative study on the activities of prostate cancer peer support workers](#) January 2020, Health

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.

[Scope of Practice, Role Legitimacy, and Role Potential for Cancer Care Coordinators](#) 2019, Asia-Pacific Journal of Oncology Nursing

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.

[Health professionals involved in cancer care coordination: nature of the role and scope of practice](#) August 2018, Collegian *Abstract only**

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

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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.

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

April 2016, Cancer Nursing Practice Abstract only* 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.

[Opinion: Giving a helping hand to cancer survivors](#) (the role in the UK) May 2016, Cancer Nursing Practice *Abstract only** The article discusses the scope and criteria of the support worker's role in cancer care in Great Britain. Topics covered include identification of the optimal skill mix in specific cancer care teams, the Shape of Caring review of Health Education England in 2015, and clear identification of the scope of practice of each support worker.

Reviews and other reports

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

[Is care really shared? A systematic review of collaborative care \(shared care\) interventions for adult cancer patients with depression](#) February 2019, BMC Health Services Research

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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. **PROTOCOL REGISTRATION** The protocol for this systematic review has been registered with PROSPERO. The registration number is CRD42018086515.

[One Size Doesn't Fit All: Why We Need to Make Cancer Care More Personal in the NHS](#), Macmillan, 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.

[Patient navigators for people with chronic disease: a systematic review](#) February 2018, PLoS One
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 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

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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](#)

2015, Australian Journal of Primary Health *Abstract only**
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.

Cost

[Cancer Care Coordinators to Improve Tamoxifen Persistence in Breast Cancer: How Heterogeneity in Baseline Prognosis Impacts on Cost-Effectiveness](#) December 2016, Value in Health:

HEE Knowledge Management Team, Updated December 2022

The Journal of the International Society for Pharmacoeconomics and Outcomes Research *Abstract only**

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 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.

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Patient Experience and Care

[Efficacy of the Breast Cancer Navigator Role in reducing distress in new diagnoses breast cancer patients: a pilot study](#) May 2018,

Journal of Oncology and Survivorship

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 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](#) 2018, Canadian Oncology Nursing Journal

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](#)

February 2015, Cancer Nursing Practice

Aim: To map the prevalence and type of unregistered roles that have emerged to support lung cancer nurse specialists (LCNSs), and to explore the effect of support worker roles on the work of LCNSs and how this may affect multidisciplinary teams and service delivery. Methods A mixed methods approach was taken using an electronic survey and qualitative telephone interviews. Findings When appropriately planned and resourced, support worker roles can have a significant effect on practice and service delivery, enhance the work of the LCNS and have a positive effect on patient experience. Support workers create opportunities for service improvement initiatives that would not otherwise be feasible. Conclusion This study highlights the

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importance of planning and training to ensure the success of support worker roles.

[An evaluation report of the nurse navigator services for the breast cancer support program](#) 2015, Canadian Oncology Nursing Journal *Abstract only**

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

Peer Support and 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](#). British Psychological Society, 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.

[Psychological wellbeing in professionals working in the cancer setting: The impact of the COVID-19 pandemic](#) 2021, WHO

A total of 102 HCPs were recruited comprising medical staff, nursing staff, radiographers, allied health professionals (non-Radiographers) and support staff (Cancer Support Workers, Healthcare Assistants). Fifty participants submitted diaries and 35 interviews were undertaken. Support was believed to differ between management grades, with those closer to the workforce and more visible being valued. Communication between staff and the organisation was seen as key to understanding wellbeing needs.

CSWs and Multidisciplinary teams

Competency Frameworks

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

November 2020, Macmillan

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

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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 refer to the Macmillan competency framework for person centred care

[A competency framework for nurses providing care to people with breast cancer](#) August 2019, Royal College of Nursing
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"

[Cancer Support Worker Competency Framework](#) April 2019, Salisbury NHS Foundation Trust
Macmillan Cancer Support developed the Cancer Support Worker role to work alongside the existing cancer workforce across the UK. The role has been piloted as part of a national evaluation called One-to-One Support, however other local evaluation and learning has also been drawn upon. The pilot of One-to-One Support involved working with 16 sites across the

UK. The aim of One-to-One Support Workers is to enable people living with cancer with non-complex needs to self-manage. This helps registered clinicians focus on supporting those with complex needs. In the SWAG Alliance, Bristol was part of the One-to-One Support pilot with Cancer Support Workers working in both North Bristol NHS Trust and University Hospitals Bristol NHS Foundation Trust. Macmillan are in the process of developing a Cancer Support Worker Competency Framework and this SWAG Cancer Alliance Framework is based on this work to date.

[Core Competency Framework: for Band 4 Support Workers caring Adult Patients with Cancer](#) January 2019, East of England Cancer Alliance

This document is recommended for Band 4 Cancer Support Workers who have been recruited to support delivery of the Personalised Care Package (formally known as the Recovery Package) and Patient Centred Follow-Up programmes within Trusts across the east of England

[Care Navigation Competency Framework](#) Health Education England, 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.

Evidence Brief: Cancer Support Workers

[The Cancer Support Worker Portfolio](#) n.d. Cheshire & Merseyside Cancer Alliance

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. The development programme has been created with the support of CSW's in Merseyside and Cheshire who have been able to identify key areas of education and training which are fundamental to providing optimal care coordination and support. our portfolio is a collection of documents and resources that you assemble in order to demonstrate that you have undertaken or achieved the appropriate learning and development to deliver your role competently and offer care coordination for a person with a suspected a cancer, a patient who is receiving cancer treatment or those patients who have completed their treatment and require support with their continuing surveillance. The principles behind the portfolio development are those of adult learning, where the learner is self-directed, and experiences provide a rich resource for learning. A readiness to learn develops from everyday tasks and problems and the individual becomes self-motivated to grow and achieve.

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