

# NURSING PEOPLE WITH CANCER IN SCOTLAND A FRAMEWORK



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## A FRAMEWORK

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# FOREWORD

## BY THE CHIEF NURSING OFFICER



The hard statistics on cancer, which show that up to 26,000 people in Scotland will receive a diagnosis of cancer each year, and that more than 150,000 have lost their lives to the disease over the last 10 years, make painful reading. But the statistics do not tell the whole story. For each one of these numbers represents a person – a person with a family, friends and colleagues, a person beset by the myriad physical, emotional, social and economic pressures that cancer brings in its wake.

It is to the needs of these individual people that nursing addresses itself.

At its most effective, nursing focuses on the whole spectrum of issues people with cancer and their carers face. It starts with the drive to do everything possible to prevent cancer occurring, with nurses in all areas of the health services offering vital education on measures people can take to reduce risks. Nurses are with patients from the time cancer is first suspected, through the diagnostic

process, into treatment and on to cure or, for some, through recurrence of disease, palliation, and end of life. They work in partnership with patients, helping them identify needs, offering support and advice, and delivering some of the interventions that will help them to find relief, remission or cure.

It is the importance of nurses to reducing the incidence of cancer, to improving outcomes of cancer treatments, and to making the experience of cancer a more positive one for patients and their carers, that makes this Framework such a significant document.

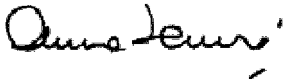
It sets out the strategic vision that will shape nursing services for people with cancer across NHSScotland, in all care settings and in all geographic areas. The overall aim is to ensure that nurses, working as part of multi-disciplinary teams and in partnership with patients and carers, can plan, deliver and evaluate individualised care focused on facilitating health, enhancing well-being and meeting patients' healthcare needs.

The Framework builds on key cancer care policy in Scotland, notably our Cancer Plan, *Cancer in Scotland: Action for Change*; indeed, the inspiration for the development of the Framework came from the Scottish Cancer Group, who were responsible for producing the Plan. It reflects the general drivers of healthcare policy in Scotland, with the need to increase the involvement of patients and the public in their own services, the need to ensure equity of access and consistency of quality of services throughout Scotland, and the need to ensure that the nursing workforce is appropriately educated and supported to fulfil its role, all featuring prominently throughout the document.

The Framework also recognises that while nurses working in specialist cancer settings provide vital services to patients and their carers at key junctures in their cancer experience, patients' greatest contact will be with those nurses who work in non cancer-specific services, for example in primary care, in general or non-cancer specialist departments in hospitals, in nursing homes, and in specialist services for children and people with mental health problems or learning disabilities. The impact of such nurses on people with cancer is enormous, and it is right that measures to support and develop their services are central to the Framework.

There are therefore exciting opportunities within the Framework for all nurses in Scotland to develop, improve and lead services for people living with cancer. More important, the Framework sets out through its recommended actions how better focused and co-ordinated nursing services, delivered within the existing structure of cancer services in Scotland, will result in better care for patients. The Scottish Executive is committed to taking the recommended actions forward, and will monitor how they are being implemented in practice through NHSScotland reporting mechanisms.

I am grateful to the many people – nurses, fellow healthcare professionals, stakeholder organisations and individual patients and carers – who have contributed to the development of this Framework. I am confident that their efforts will ensure continuous improvements in the nursing services delivered to the people behind the statistics.

A handwritten signature in black ink, appearing to read 'Anne Jarvie'.

**MISS ANNE JARVIE, CBE, RGN, RM, BA**

Chief Nursing Officer

Scottish Executive Health Department

# FOREWORD BY THE LEAD CLINICIAN FOR CANCER IN SCOTLAND



The Scottish Cancer Plan, *Cancer in Scotland: Action for Change*, was published in July 2001, setting out a clear direction of travel for developing and improving cancer services in Scotland.

*Cancer in Scotland* was the first step in a long-term process of renewing and strengthening the ways in which we tackle cancer. Managed Clinical Networks (MCNs), working through the three Regional Cancer Advisory Groups (RCAGs), have been a springboard for change and improvement, empowering staff, the voluntary sector and patients to have their say in the planning and development of cancer services.

The strategy highlighted the crucial part nurses play in developing services, enhancing continuity of care to patients and their carers, and in securing continuous improvements in cancer care generally. They are often the first line of contact for patients and offer invaluable support to those undergoing highly

technical treatments. They have a central role within the wider clinical team, in which they not only deliver increasingly specialist inputs, but also help to provide the cement that binds the team together.

It was always clear that *Cancer in Scotland's* implementation would present NHSScotland with significant challenges, and that nursing services would need a clear direction in order to play their part. *Nursing People with Cancer in Scotland: A Framework* provides that clear direction, setting out as it does the scope, diversity and future shape of nursing's contribution.

I warmly welcome this framework for nursing, and look forward to seeing it being enacted throughout the many services accessed by people with cancer in Scotland.

A handwritten signature in black ink, appearing to read 'Anna Gregor'. The signature is fluid and cursive.

**DR ANNA GREGOR**

Lead Clinician for Cancer in Scotland and Chair, Scottish Cancer Group

# EXECUTIVE SUMMARY

The Cancer Nursing Sub-group of the Scottish Cancer Group identified a Steering Group to take forward the work of developing the Framework on its behalf.

The Steering Group decided to adopt a slightly modified version of the 'key drivers' identified in the national strategy for nursing and midwifery, *Caring for Scotland*, as the basis of the Framework:

- leadership
- accountability, support and supervision
- career development and workforce planning
- continuing professional development and education
- research, evidence-based practice, development and innovation.

The Framework complements *Cancer in Scotland: Action for Change* (the Scottish Cancer Plan) by:

- focusing on patient/public needs in relation to cancer
- emphasising the nursing contribution to the care of people with cancer and their carers
- recognising nurses' ongoing education, training and professional development needs in caring for people with cancer.

It links with relevant Scottish Executive documents and policies, such as *Patient Focus and Public Involvement*, *Partnership for Care*, and *Health Improvement in Scotland: The Challenge*. The Framework recognises the primacy of the Managed Clinical Network (MCN) model in the delivery of services to people with cancer and their carers in Scotland.

While the contribution of nurses working in cancer specialist settings is recognised as significant, most care for people with cancer and their carers is delivered by practitioners in non cancer-specific settings in all sectors. The Framework therefore addresses nursing services for people with cancer and their carers across the age spectrum, wherever care is offered and whoever is involved in its planning, delivery and evaluation.

## ACTIONS

The chapters in Section 2 of the Framework contain specific recommendations for action at a number of levels.

*The Scottish Executive Health Department is urged to use existing NHSScotland reporting systems to monitor and evaluate the implementation of the recommended actions in this Framework, and to ensure that evaluations of impact are carried out.*

### 1. LEADERSHIP

Nursing needs strong leadership at all levels to ensure it is able to influence the direction of care and services for people with cancer and their carers. Essential components of leadership within nursing are the promotion of high standards of care and ongoing monitoring of the effectiveness of practice through appropriate quality assurance and audit processes.

New Consultant Nurse in Cancer posts would be likely to strengthen the body of nursing leadership throughout the country, but the relative positions of Lead Cancer Nurses and Consultant Nurses in Cancer need to be considered. Over time, the role of Lead Cancer Nurse should evolve into the role of Consultant Nurse in Cancer.

### 2. ACCOUNTABILITY, SUPPORT AND SUPERVISION

Nurses and their managers should understand the nature of their contribution to MCNs and how they can contribute effectively to team development. Ensuring that the nursing contribution within MCNs is transparent will help nurses to develop well-defined accountability and communication lines.

Nursing is a profession that exerts a heavy emotional and physical toll on its practitioners, and those who face the challenge of caring for people with cancer and their carers should be able to practice within a culture that recognises the importance of support and supervision. Adequate and appropriate processes should be in place to ensure that nurses are effectively supported and supervised.

### **3. CAREER DEVELOPMENT AND WORKFORCE PLANNING**

Cancer is predominantly a chronic disease of older people, and survival rates are increasing. Workforce modelling for nursing in specialist and non cancer-specific settings should reflect these characteristics and should be sufficient to meet local needs. It should also reflect opportunities presented by role development for nurses and new employment/contracting practices in NHSScotland, and promote opportunities for nurses to lead care for people with cancer and their carers.

The Clinical Nurse Specialist in Cancer role in Scotland has developed inconsistently, and its future direction needs to be mapped to offer consistency of approach throughout the country. Consideration should be given to a review of the remit, preparation and outcomes of the role.

### **4. CONTINUING PROFESSIONAL DEVELOPMENT AND EDUCATION**

Nurses in specialist and non cancer-specific settings should have access to appropriate education to enable them to provide effective care and to develop their leadership potential within cancer care. They would benefit from being able to benchmark their clinical practice and education needs against a competency framework. NHS Education for Scotland is facilitating and supporting the development of a competency framework for nursing people with cancer.

Nurses should be supported to access opportunities to develop their knowledge, skills and competencies through planned continuing professional development (CPD) activity, which should reflect technological advances and the changing epidemiological and social features of cancer in Scotland. Students on pre-registration nursing programmes in Scotland should be prepared with an understanding of the fundamentals of nursing people with cancer; post-registration education should be mapped nationally to ensure it remains fit for purpose.

### **5. RESEARCH, EVIDENCE-BASED PRACTICE AND INNOVATION**

Nursing research into caring for people with cancer and their carers in Scotland should be supported and facilitated at national level, and should be fully engaged with the commissioning process for research on cancer priorities, including the development of future priorities.

Nurses caring for people with cancer and their carers should ensure, whenever possible, that their practice is based on reliable research evidence. They should have access to resources that will help them deliver clinically effective and evidence-based practice.

Chapter 1: Introduction

Chapter 2: Policy context for cancer care in Scotland

Chapter 3: Meeting patients' needs

## CHAPTER 1. INTRODUCTION

**1.1** New cases of cancer are diagnosed in almost 26,000 people in Scotland each year, with 15,000 deaths (SEHD, 2001a). Cancer is a significant cause of mortality and morbidity and can have profound effects on people's physical and psychological well-being and relationships. It can also affect their social, employment and education activities.

**1.2** Cancer has been defined as one of the four key health priority areas for NHSScotland, and has received much attention through national policy. *Cancer in Scotland: Action for Change* (SEHD, 2001a), the Scottish Cancer Plan, sets out the Scottish Executive's strategies to develop and improve cancer services in Scotland.

**1.3** *Nursing People with Cancer in Scotland: A Framework* complements the Cancer Plan by:

- focusing on patient/public needs in relation to cancer
- emphasising the nursing contribution to the care of people with cancer and their carers
- recognising nurses' ongoing education, training and professional development needs in caring for people with cancer.

**1.4** Nurses and midwives in many diverse settings in the statutory, voluntary and independent sectors provide care to people with cancer and their carers across Scotland. They are at the forefront of delivering services that encourage healthy lifestyles and consequently help to prevent the development of some cancers. They also screen to detect signs of early disease and provide treatment and care for patients and carers from pre-diagnosis, through diagnosis and treatment, to palliative care, end of life and into bereavement.

**1.5** The contribution of nurses working in cancer specialist settings (cancer centres, cancer units and hospices that provide specialist palliative care services

to people with cancer) to these services is significant. Most care for people with cancer and their carers, however, is delivered by practitioners in non cancer-specific settings across all sectors, including primary care, general hospital settings, care homes, hospices and mental health and learning disability services. Nurses in these services consequently have an enormous impact on patients' experience of cancer care.

**1.6** Particularly important is the contribution of nurses in primary care services, not only in the prevention and early detection of cancer and in the provision of palliative care, but also in the treatment and follow-up of people with cancer. Primary care services are widely recognised as providing a vital role in screening populations and supporting patients with cancer and their carers throughout their experience of cancer (SCACC, 1997).

**1.7** Also significant, in particular circumstances, is the care given by midwives to women accessing maternity services who have (or have had) cancer or are caring for someone with cancer. The term 'nurse' is used throughout this Framework for convenience and to enhance consistency, but the important contribution of midwives to cancer care in Scotland is readily acknowledged.

**1.8** The Framework therefore addresses nursing services for people with cancer and their carers across the age spectrum, wherever care is offered and whoever is involved in its planning, delivery and evaluation. It highlights the specific contribution of nurses to cancer care at strategic level, focusing on the structures and support needed to develop nursing services. The overall aim is to ensure that nurses, working as part of multi-disciplinary teams and in partnership with patients and carers, can plan, deliver and evaluate individualised care focused on facilitating health, enhancing well-being and meeting patients' healthcare needs.

## PROCESS AND STRUCTURE

**1.9** The Cancer Nursing Sub-group of the Scottish Cancer Group (Appendix 1) identified a Steering Group (Appendix 2) to take forward the work of developing the Framework on its behalf.

**1.10** The Steering Group devised a project plan which focused initially on convening three national conferences to elicit responses from nurses and others on how the Framework should be developed. These conferences supplied rich material that the Steering Group was able to take into account in deliberations on the structure and content of the document.

**1.11** The Steering Group decided to adopt the 'key drivers' identified in the national strategy for nursing and midwifery, *Caring for Scotland* (SEHD, 2001b), as the basis of the Framework, modifying them slightly to focus on specific implications for nursing services for people with cancer and their carers. The key drivers are:

- leadership
- accountability, support and supervision
- career development and workforce planning
- continuing professional development and education
- research, evidence-based practice, development and innovation.

**1.12** These drivers offer a comprehensive framework on which the direction for development of nursing services for people with cancer in Scotland can be set. They provide the structure for Section 2 of the Framework, in which recommendations for action at a range of levels, from individual practitioner to national policy level, are placed.

**1.13** The core principles of Regional Cancer Advisory Groups (RCAGs) and Managed Clinical Networks (MCNs) also have a significant influence on the structure and content of the Framework. RCAGs and MCNs provide a structure for organising and developing cancer services in Scotland, and the principles on which they are based are reflected throughout the document.

**1.14** The Framework text was finalised following comments received from key stakeholders (Appendix 3).

# CHAPTER 2. POLICY CONTEXT FOR CANCER CARE IN SCOTLAND

**2.1** Nursing services for people with cancer and their carers in Scotland are shaped and affected by a number of policy statements. Some of these concentrate on improving the population's health and well-being and defining the structure of NHSScotland; some are specific to cancer care; and some are specific to nursing and midwifery services. National guidelines and standards from organisations such as NHS Quality Improvement Scotland (NHS QIS), the Scottish Intercollegiate Guidelines Network (SIGN) and NHS Health Scotland also have a significant influence.

## GENERAL POLICY STATEMENTS

**2.2** The present-day structure of NHSScotland has been developed through successive policy initiatives, including *Designed to Care* (SODoH, 1997) (which introduced clinical governance into the service), the *Acute Services Review Report* (SODoH, 1998), the *Report of the Joint Future Group* (SEHD, 2000a) (which sets out the basis for joint planning and working between health and social care services), *Our National Health* (SEHD, 2000b), and *Partnership for Care* (SEHD, 2003a). These major policy statements have been augmented and developed with follow-up reports and documents focusing specifically on key areas such as service redesign and workforce development.

**2.3** The *Acute Services Review Report* introduced the concept of Managed Clinical Networks (MCNs). MCNs have been defined as:

... linked groups of health professionals and organisations from primary, secondary and tertiary care working in a co-ordinated manner, unconstrained by existing professional and Health Board boundaries, to ensure equitable provision of high quality clinically effective services throughout Scotland (SODoH, 1999a).

**2.4** MCNs are now being formed across a range of healthcare services in Scotland, including cancer care.

**2.5** The Regulation of Care (Scotland) Act 2001 put in place the Scottish Commission for the Regulation of Care (Care Commission) and gave Ministers the power to publish National Care Standards which providers in the independent sector, including private hospitals, hospices and care homes, have to work towards to meet the health and social care needs of patients/clients.

**2.6** Throughout these policy initiatives, four key issues have featured prominently:

- improving people's health and well-being
- ensuring equity of service provision
- increasing access to services throughout Scotland
- promoting patient and carer involvement in the design, delivery and evaluation of services.

**2.7** The need to improve the health and well-being of Scotland's population is particularly marked (SEHD, 2003a), with prevention and early detection of cancer having a high priority. *Health Improvement in Scotland: The Challenge* (Scottish Executive, 2003) set out two challenges to the service: to improve the health of all people in Scotland, and to improve the health of the most disadvantaged communities at a faster rate, thereby narrowing the 'health gap'. It prioritised action in relation to five health-risk factors – tobacco and alcohol use, fruit and vegetable intake, physical activity levels and obesity. There are proven links between all of these factors and cancer levels; indeed, the document sets mortality rates from cancer as one of the key inequality indicators used as a measure to judge the success of actions.

**2.8** *Our National Health* (SEHD, 2000b) emphasised the importance of equity and access to services for people throughout Scotland. *Towards a Healthier Scotland* (SODoH, 1999b) highlighted the need to focus on promoting health and identified the four key health priority areas for NHSScotland, one of which is cancer.

**2.9** *Patient Focus and Public Involvement* (SEHD, 2001c) paved the way for greater patient and carer involvement in their own care services, a process given further impetus by *Partnership for Care* (SEHD, 2003a). Increasing patient involvement calls not only for new ways of working for healthcare professionals, but also for new ways of thinking (SEHD, 2001c). It is recognised that members of the public and professionals will need support to contribute effectively to this process, and patient involvement workers are currently being appointed by Regional Cancer Advisory Groups. Evaluation of patient and public involvement in services is now carried out as part of the Performance Assessment Framework (PAF) for NHS Boards.

## POLICY STATEMENTS ON CANCER SERVICES

**2.10** Cancer services in Scotland have evolved in response to patient needs, local and regional variations, and Scottish, UK and international research evidence on cancer care. A number of initiatives from within Scotland, such as *Commissioning Cancer Services in Scotland* (SCCAC, 1996 and 1997) and *Cancer Scenarios* (SEHD, 2001d), and from outwith the country (the Calman-Hine Report (DOH, 1995), for instance), have influenced the development of cancer services in Scotland.

**2.11** Most significant is the national Cancer Plan, *Cancer in Scotland: Action for Change* (SEHD, 2001a). The main aim of the Plan is to develop services focusing on:

- preventing cancer
- detecting and treating cancer early
- facilitating rapid access to diagnosis and treatment
- improving cancer treatment and care
- improving palliative care
- investing in staff and technology
- supporting research and development.

**2.12** The Cancer Plan has been followed by a national strategy for information management and technology (SEHD, 2002a) and guidelines on making information available for people with cancer and their carers (SEHD, 2003b).

## POLICY STATEMENTS ON NURSING AND MIDWIFERY

**2.13** The nursing and midwifery strategy for Scotland, *Caring for Scotland* (SEHD, 2001b), set out a vision of nurses and midwives leading services in partnership with patients and women accessing maternity services. It spearheaded the further development of consultant nurse and midwife roles and encouraged nurses and midwives to embrace change, develop their practice and become innovative practitioners.

**2.14** As the strategy's name suggests, however, it also emphasised the core principle at the heart of nursing and midwifery – caring – and encouraged development of the fundamental elements of nursing and midwifery practice. All of these factors are significant for nurses and midwives caring for people with cancer and their carers.

**2.15** Nursing's public health function has long been under-utilised. *Nursing for Health* (SEHD, 2001e) helped to re-establish nursing's expertise in this area, which is of great importance to the delivery of effective cancer services, and provided the impetus for the development of the Public Health Practitioner role. *Nursing for Health – Two Years On* (SEHD, 2003c) sets out progress in meeting the report's objectives.

**2.16** The importance of research and development to nursing and midwifery is the focus of *Choices and Challenges* (SEHD, 2002b). This document is briefly summarised in Box 8.1 on page 22.

# CHAPTER 3. MEETING PATIENTS' NEEDS

**3.1** Cancer services in Scotland are being designed to deliver effective services locally to people throughout Scotland. Key principles of ensuring equity of access to services, encouraging patient and carer involvement and promoting health and well-being are fundamental to the design of these services.

## STRUCTURE OF CANCER SERVICES IN SCOTLAND

**3.2** Three *Regional Cancer Advisory Groups* (RCAGs) have been set up in North, West and South-East Scotland. The RCAGs are responsible for overseeing the local implementation of the Cancer Plan, agreeing annual investment plans and maintaining good communications with NHS Boards. They report directly to the *Scottish Cancer Group*, the strategic body set up to advise the Scottish Executive.

**3.3** The RCAGs work with *Managed Clinical Networks* (MCNs) which bring together patients and/or patient representatives with a multi-disciplinary team of professionals providing care for patients with specific tumour types or who provide services such as palliative care or paediatric oncology. MCNs aim to ensure that care within the network is seamless from the patient's perspective by:

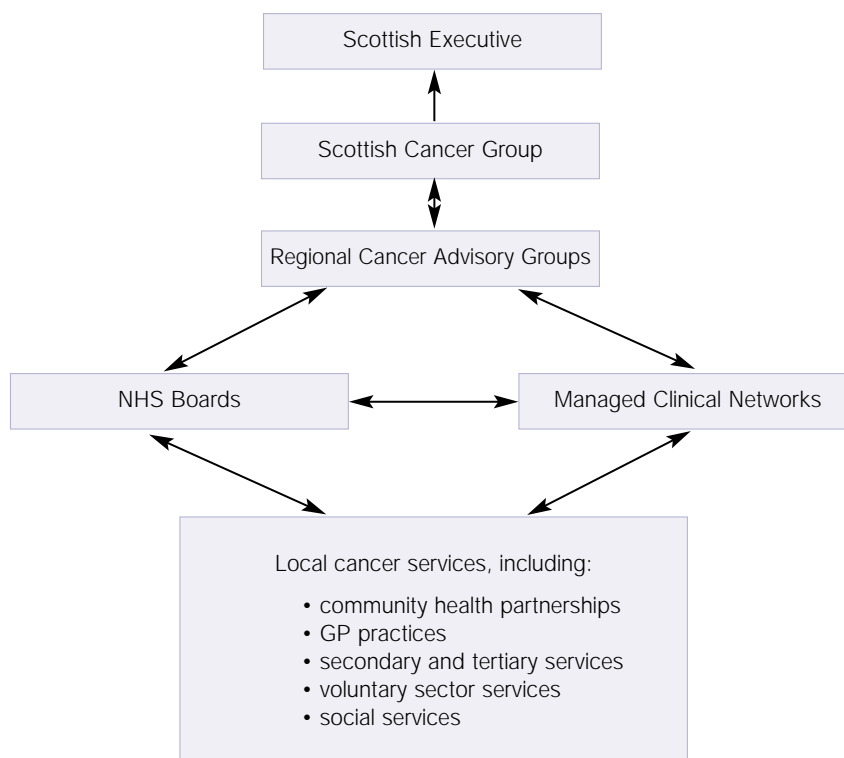
- agreeing protocols and patient pathways
- auditing patient outcomes
- being active in research, development and education
- sharing good practice through dissemination of, for example, NHS QIS reports relevant to cancer care and specialist palliative care
- having clear policies on providing information to patients and carers.

**3.4** A full summary of the core principles of MCNs is set out in NHS Circular HDL(2002) 69 (SEHD, 2002c).

**3.5** Many NHS Boards have also appointed *Lead Cancer Teams*, commonly consisting of a Lead Clinician, Lead Cancer Nurse and Lead GP. Regional Network Managers are also in place.

**3.6** While structures in each of the three Scottish regions vary to suit local needs, the overall structure of cancer services in Scotland can be described as set out in Figure 3.1.

**Figure 3.1: Structure of cancer services in Scotland**



## INVOLVING PATIENTS AND CARERS

**3.7** The issue of patient and carer involvement is central to Scottish Executive healthcare policy. The Cancer Plan, *Cancer in Scotland* (SEHD, 2001a), states:

*We are aiming for a future where patients and their relatives and carers are at the heart of the healthcare and support services – involved not just in receiving care, but in planning and developing that care.*

**3.8** Increasing patient and carer involvement is likely to make services more responsive to patients' needs, more acceptable and accountable to patients, and more equitable and accessible, with consequent benefits in improved quality and outcomes of care. It is also likely to improve patients' and carers' experience of cancer care, a key quality indicator and a central component of clinical governance.

**3.9** Patient and carer involvement is, however, a challenging concept to enact in practice. It requires a genuine 'patient focus' in services, where the patient's experience of care is the essential ingredient in developing partnerships at operational level, and where patient involvement drives change at organisational level. It requires significant commitment from patients and professionals and the ability to reject stereotypical perceptions of role. In short, it requires cultural change across the board.

**3.10** Patient involvement is particularly complex in cancer care, where the heavy demands of treatment and uncertainty about the future can place exceptional strains on patients and carers which may militate against involvement in planning, delivering and evaluating care.

**3.11** In Scotland, research is being carried out to try and identify effective models of patient involvement, and a number of initiatives with a specific cancer focus have been launched. The RCAGs have responsibility for increasing patient involvement, and each is recruiting Patient Involvement Workers. MCNs are required to identify patient views through appropriate methods such as surveys and focus groups, then act on them accordingly. And patient representatives sit on the Scottish Cancer Group and other key committees within the Scottish Executive.

## THE NURSING CONTRIBUTION

**3.12** It is important to re-emphasise that nursing services for patients with cancer and their carers are not predominately provided in specialist cancer centres, and are not solely delivered by nurses who have specialised in cancer care. The reality is that most nursing care for people with cancer and their carers is provided by nurses working in non cancer-specific services (see 1.5).

**3.13** Nurses at all levels are involved in caring for people with cancer, from nursing auxiliaries and healthcare assistants to senior nurses in clinical, management, education and research environments. All are aiming to influence practice and improve patient care in different ways, some directly and, equally important, some indirectly.

**3.14** The next section of the Framework sets out specific actions that need to be taken to develop and strengthen the nursing contribution to care for people with cancer and their carers.

## CHAPTER 4. LEADERSHIP

**4.1** The Scottish Cancer Plan, *Cancer in Scotland* (SEHD, 2001a), calls for nursing services to be:

*... better focused and co-ordinated to maximise opportunities for development of services, to enhance continuity of care and to secure continuous improvements in cancer care generally.*

**4.2** The successful implementation of the actions in this Framework will go a considerable way to ensuring this aspiration is met. But this will require focused effort and strong leadership. Ongoing monitoring and evaluation of the actions' fitness for purpose and the introduction of measures to tackle new issues as they arise will also be necessary.

### ACTION

**A.1** The Scottish Executive Health Department should use existing NHSScotland reporting systems to monitor and evaluate the implementation of the recommended actions in this Framework, and to ensure that evaluations of impact are carried out.

**4.3** Leadership is necessary across all types of service – clinical, management, education and research – and at all levels of service – national, regional and local. A strong leadership presence will help to ensure that nursing is able to influence the direction of care and services for people with cancer and their carers in MCNs, in Regional Cancer Advisory Groups, and within the Scottish Executive Health Department (SEHD). Strong representation at these levels will be key to ensuring 'better focused and co-ordinated' nursing services to patients and their carers.

### ACTION

**A.2** The Scottish Executive Health Department and NHS Boards should ensure that nursing leadership is explicit within all decision-making forums for cancer care in Scotland and at all levels – local (NHS Boards), regional (Regional Cancer Advisory Groups and MCNs), and national (SEHD).

**4.4** Essential components of leadership within nursing are the promotion of high standards of care and ongoing monitoring of the effectiveness of practice through appropriate quality assurance and audit processes. This has particular relevance for nursing people with cancer and their carers, which is delivered across a number of different settings and applies itself to a wide range of physical, psychological, social and spiritual issues.

### ACTION

**A.3** Nursing leaders should support high standards of nursing care, consistent with best evidence, for people with cancer and their carers and ensure that relevant quality assurance and audit mechanisms are integral components of ongoing evaluation of services.

**4.5** Nurses across Scotland, many of whom care for people with cancer and their carers, have benefited from leadership development programmes put in place through *Caring for Scotland* (SEHD, 2001b). These kinds of initiatives need to be developed and extended through education and performance appraisal mechanisms and by the promotion of a culture that welcomes innovative practice and nurtures nurses' leadership potential (see Chapter 8).

**4.6** Nursing is already benefiting from strong leadership within services for people with cancer. Lead Cancer Nurse posts have been established in NHS Board areas to provide strategic leadership for cancer nursing services, and Consultant Nurse in Cancer posts have also been created.

**4.7** Evaluations of the role of the Consultant Nurse in Cancer are beginning to emerge. The initial signs are that the role is popular with patients and their carers and that Consultant Nurses are proving to be a valuable resource within clinical, education, management and research settings.

**4.8** The Scottish Executive strongly supports and encourages the development of the Consultant Nurse role across the profession, presenting an excellent opportunity for the creation of new Consultant Nurse in Cancer posts throughout Scotland. New Consultant Nurse in Cancer posts, held by nurses with the requisite skills, knowledge, qualifications and experience who can provide services shaped to meet the needs of defined populations, would be likely to strengthen the body of nursing leadership throughout the country.

#### ACTION

A.4 Directors of Nursing should take steps to increase the number of posts for Consultant Nurses in Cancer, in line with Scottish Executive Health Department policy on increasing the number of Consultant Nurse posts in Scotland.

**4.9** The relative positions of Lead Cancer Nurses and Consultant Nurses in Cancer need to be considered. Each role currently provides opportunities not only to focus and co-ordinate cancer services, education and research, but also to strengthen and develop nursing leadership. Consultations involving Lead Cancer Nurses and Consultant Nurses in Cancer throughout Scotland have concluded that over time, the role of Lead Cancer Nurse may develop into the role of Consultant Nurse in Cancer, and that any newly created posts for leaders in cancer nursing should be positioned at consultant level.

#### ACTION

A.5 The Scottish Executive Health Department and NHS Boards, working with relevant stakeholders, should explore a process to facilitate the evolution of the role of Lead Cancer Nurse to Consultant Nurse in Cancer. The process should reflect the need to support Lead Cancer Nurses currently in post who wish to develop their role to that of Consultant Nurse in Cancer.

**4.10** In addition to SEHD and NHS Boards, other stakeholders play a significant part in the development of posts for leaders in cancer nursing, and their active engagement in the process should be sought.

#### ACTION

A.6 The Scottish Executive Health Department and NHS Boards should engage with key stakeholders, such as voluntary organisations and trade unions/professional organisations, in furthering the evolution of the role of Consultant Nurse in Cancer.

# CHAPTER 5. ACCOUNTABILITY, SUPPORT AND SUPERVISION

## ACCOUNTABILITY

**5.1** Managed Clinical Networks in cancer (MCNs) are being developed throughout the country. They are the preferred method of delivering high quality, clinically effective care to people with cancer in Scotland (SEHD, 2001a; SEHD, 2002c).

**5.2** Team-working is integral to the effective operation of an MCN, and the multi-disciplinary team is at the core of service delivery. Nurses are vital members of these teams, with a long history of successful co-working with colleagues from across the health and social care professional spectrum.

**5.3** MCNs are, however, a relatively new concept, and are taking time to 'bed in'. Nurses will need help and support to understand their roles within MCNs during this transitional period to enhance their contribution to services.

### ACTION

**A.7** Regional Cancer Advisory Groups must ensure that the contribution of nurses within MCNs for Cancer Care is clearly understood within the region to maximise nurses' potential in service design, delivery and evaluation. They must also ensure that nurses working within or with MCNs have access to information to help them understand the structure of the MCN and how it operates.

**5.4** The success of MCNs will to a large extent be determined by how effectively professionals work together in teams – communicating with each other, planning jointly and adopting a teamwork ethos that places patients at the centre of service planning, delivery and evaluation.

**5.5** But there is no 'one-size-fits-all' model. Individual MCNs and Regional Cancer Advisory Groups (RCAGs) will define the systems best suited to meet their populations' needs. Nurses and their managers will have to ensure they understand the nature of their contribution to MCNs and can contribute effectively to team development to provide services that represent best outcomes for patients and carers and best value for money for NHSScotland.

### ACTION

**A.8** Individual nurses and nurse managers should ensure they understand their roles within MCNs for Cancer Care and contribute to team development.

**5.6** Nurses will also need clear lines of accountability and responsibility to enable them to function effectively within MCNs. Ensuring that the nursing contribution within MCNs is transparent will help nurses to develop well-defined accountability and communication lines.

### ACTION

**A.9** Regional Cancer Advisory Groups and NHS Boards should ensure that nurses in MCNs have well-defined lines of accountability and communication.

**5.7** It is nurses' accountability to ensure the safety of the people they care for, however, that is paramount. They must not only ensure their practice is safe, clinically effective and up to date (see Chapter 7), but must also acknowledge the parameters of their competence and recognise when to seek advice or refer patients to more senior colleagues as appropriate (NMC, 2002a).

**5.8** A patient focus and public involvement ethos must drive the planning, delivery and monitoring of services within NHSScotland (SEHD, 2000b), and nowhere is this more relevant than in care for people with cancer and their carers. Nurses are aware of the benefits of working with patients and carers as partners. They have enthusiastically adopted the ethos of partnership working and support the development of patient-focused services, based on the foundation of sound communication skills and knowledge of the implications of the Caldicott Guardian and Data Protection legislation. This must continue into the future, with patients being fully informed and active partners (when they so wish) in planning, delivering and evaluating their care.

## SUPPORT AND SUPERVISION

**5.9** The importance of ongoing support and supervision for nurses and other NHSScotland staff is a key tenet of clinical governance and a prominent feature of the *Staff Governance Standard* (SEHD, 2002d). It was also highlighted as an area for action in *Caring for Scotland* (SEHD, 2001b).

**5.10** Nursing is a profession that exerts a heavy emotional and physical toll on its practitioners. Nursing people with cancer is beset by significant physical, ethical, moral and spiritual considerations that can affect nurses' emotional and physical well-being.

**5.11** Nurses facing the challenge of caring for people with cancer and their carers should be able to practise within a culture that recognises the importance of support and supervision, encourages nurses to share their load, and does not brand appropriate disclosure of emotional responses as 'weakness'.

**5.12** Effective support and supervision aims to produce benefits for patients, for nurses and for service providers. It sets out to:

- serve patients' and carers' best interests by encouraging nurses to reflect critically on their practice and supporting them to develop their skills and knowledge
- facilitate nurses to develop deeper insights into their professional roles and identify areas where further education, training and experience are necessary
- help organisations achieve better quality services for patients and carers within a clinical governance framework.

**5.13** Support and supervision will be especially necessary for those nurses who have just attained their registration, those who are moving to new areas of practice or into new posts, and those who are taking on the challenge of caring for people with cancer and their carers for the first time. But all nurses need support to enable them to support others.

## ACTIONS

**A.10** Directors of Nursing should ensure that adequate and appropriate processes (such as clinical supervision, mentoring, preceptorship, critical incident analysis and counselling) are in place to ensure that nurses caring for people with cancer and their carers are effectively supported and supervised to provide effective and safe care.

**A.11** Directors of Nursing should ensure that these processes are sensitive to the particular needs of nurses who care for people with cancer and their carers.

**5.14** Consultant Nurses and Clinical Nurse Specialists in cancer care (CNSs), Ward Managers and other senior practitioners with relevant expertise and experience or who are leading nursing services for people with cancer have a clear responsibility to provide support, supervision, advice and education to colleagues. Their experience and understanding of the issues at the core of caring for people with cancer and their carers are enormous resources on which less experienced colleagues can draw.

# CHAPTER 6. CAREER DEVELOPMENT AND WORKFORCE PLANNING

**6.1** The nursing workforce in cancer specialist and non cancer-specific services needs to be appropriately skilled, sufficiently numbered and adequately equipped to meet the needs of people with cancer and their carers.

**6.2** The epidemiological, social and professional factors that characterise cancer in Scotland must impact on calculations on workforce development. In particular, it is known that:

- cancer predominantly (but not exclusively) affects older people (who commonly have co-morbidities)
- people are surviving longer with the disease
- most care is delivered by practitioners in non cancer-specific settings
- new contracting/employment practices (such as the pay modernisation framework (Agenda for Change), the General Medical Services Contract, the Consultant Contract and the European Working Time Directive) are being introduced to NHSScotland
- new opportunities for role development are being offered to nurses, including opportunities to lead certain cancer services.

**6.3** Each of these factors has implications for the size of the nursing workforce required, its skill mix and the career development of the practitioners within it. They also have implications for team work; nurses work within teams and patients benefit from team work when the skills within those teams are maximised and used to greatest effect.

## ACTIONS

A.12 Regional Workforce Networks, linking with Regional Cancer Advisory Groups and NHS Boards, should base nursing workforce modelling on the clear understanding that cancer is predominantly a disease of older people (who may have co-morbidities) with lengthening survival times; it should also reflect opportunities presented by role development for nurses and new employment/contracting practices in NHSScotland.

A.13 Regional Workforce Networks, linking with Regional Cancer Advisory Groups and NHS Boards, should ensure that workforce modelling for nurses in specialist cancer services and in non cancer-specific settings takes account of the need to meet the needs of local populations and promote opportunities for nurses to lead care for people with cancer and their carers.

**6.4** A flexible workforce that is capable of providing care for patients in a variety of environments – home, care and nursing homes, community hospital, hospice, community-hospital interface, hospital – is required to meet the needs of people with cancer and their carers. Specialist cancer nursing services should be sufficiently flexible to provide and support specialist care in all these environments as appropriate.

## ACTION

A.14 Regional Workforce Networks, linking with Regional Cancer Advisory Groups and NHS Boards, should ensure that specialist cancer nursing services are planned and structured to provide and support flexible services in a variety of environments.

**6.5** There should be a clear link between career development, workforce development and leadership. As nurses develop their careers, their leadership skills should develop accordingly.

## CLINICAL NURSE SPECIALISTS IN CANCER (CNSs IN CANCER)

**6.6** Significant progress has been made by CNSs in Cancer in Scotland in planning, delivering and evaluating care for people with cancer and their carers. Their number has increased in recent years, their profile has grown, and there are individual examples of excellent services delivered by CNSs in Cancer.

**6.7** The CNS in Cancer role in Scotland has, however, developed inconsistently throughout the country. There is little reliable information that would inform estimates of how many CNSs in Cancer are needed, where, and for what purpose.

**6.8** Regional and local variation in a country as diverse as Scotland is a positive feature of many services for people with cancer, but it is clear that the diversity in the CNS in Cancer role cannot be accounted for solely on grounds of local need.

**6.9** The future direction of the CNS in Cancer role needs to be mapped to offer consistency of approach throughout the country, while maintaining sensitivity to regional and local needs. There must be a strong focus on how the role of the CNS in Cancer shapes up nationally, and how the role offers opportunities to develop excellence and expertise in areas such as:

- leadership
- developing autonomous practice
- developing nurse-led services
- developing new CNS in Cancer roles.

### ACTION

A.15 The Scottish Executive Health Department and NHS Boards, working with relevant stakeholders, should consider launching a review of the role, remit, preparation and outcomes of the Clinical Nurse Specialist in Cancer. Any such review would be taken forward within the context of the Consensus Statement on New Nursing Roles (Facing the Future Group/SEHD, 2003).

# CHAPTER 7. CONTINUING PROFESSIONAL DEVELOPMENT AND EDUCATION

## CONTINUING PROFESSIONAL DEVELOPMENT

**7.1** The importance of nursing interventions to people with cancer, and nurses' accountability to patients for the care they deliver, means that nurses must ensure their knowledge, skills and competencies are up to date.

**7.2** In common with other areas of nursing practice, nurses at a variety of levels caring for patients with cancer and their carers would benefit from being able to benchmark their clinical practice and education needs against a competency framework. A competency framework could also be used nationally in work carried out as part of the process of implementing the pay modernisation framework, Agenda for Change.

**7.3** In Scotland, NHS Education for Scotland (NES) has taken the lead in supporting practitioners to develop competency frameworks across a range of practice areas. NES is now facilitating and supporting the development of a competency framework for nurses caring for people with cancer.

**7.4** Ongoing Continuing Professional Development (CPD) will ensure that competencies are maintained and developed and that practice is informed by current knowledge. CPD activity can be encouraged and supported through, for instance:

- the provision of support for attendance at CPD events and individual study
- availability of appropriate education courses and activities
- support for nurses through the application process for courses of formal study and throughout the duration of the course
- personal development planning.

This would ensure that individual nurses' CPD activity is directly relevant to caring for people with cancer and their carers.

## ACTIONS

A.16 Individual nurses caring for people with cancer and their carers must ensure their knowledge, skills and competencies are regularly updated; as a minimum, this should ensure compliance with Nursing and Midwifery Council (NMC) statutory requirements for re-registration (NMC, 2002b).

A.17 Regional Cancer Advisory Groups, NHS Boards, NES, education providers<sup>1</sup> and Directors of Nursing should ensure that nurses are supported to access opportunities to develop their knowledge, skills and competencies through planned CPD activity.

**7.5** The 'face' of cancer in Scotland is changing. As has been noted, it is predominantly a disease of older people and some cancers are more common among people from socially deprived communities. Increased survival rates through early detection and advanced treatments mean patients are now living for prolonged periods with cancer. Cancer is tending to present in conjunction with other conditions – for example diabetes, rheumatoid arthritis and Parkinson's disease – and in association with mental illness and learning disabilities. Greater understanding of the causes of cancer has heightened the role of health promotion in prevention and early detection.

**7.6** These demographic changes, augmented by heightened patient and public expectations of health services and the changing framework within which cancer services are delivered, provide catalysts for change in professional healthcare roles. Nurses and others are being presented with opportunities to develop their current repertoire of skills and services to best meet patients' needs, which has implications not only for the way nurses work, but also for their CPD.

<sup>1</sup> 'Education providers' refers to those in both the higher and further education sectors.

## ACTION

A.18 Education providers, NES and those responsible for facilitating and supporting CPD within NHS Boards should ensure their plans for cancer-related CPD activities reflect technological advances and the changing epidemiological and social features of cancer in Scotland within individual regions and areas. Training issues raised by nurses adopting new and extended roles in delivering patient services should also be addressed.

**7.7** For some nurses working in non cancer-specific settings, contact with people with cancer may be occasional or sporadic. These nurses, however, tend to see people with cancer and their carers at crucial times – for instance, when suspicion of cancer first appears, during the diagnostic process, while investigations are being carried out, following a course of treatment, at recurrence of disease, or as end of life approaches. It is essential that they are equipped with effective communication skills, are prepared to encourage patient involvement in their care, and can effectively manage the day-to-day anxieties and crises patients and carers may experience.

## ACTION

A.19 NHS Boards, working with NES and education providers, should ensure that nurses in non cancer-specific settings who have contact with people with cancer and their carers at significant times have access to appropriate CPD and education opportunities on issues such as communication, patient involvement and cancer-related topics.

**7.8** It has been established that most nursing care for people with cancer and their carers is delivered by nurses in non cancer-specific settings, but the CPD needs of nurses in specialist cancer settings nevertheless require attention. This will affect a relatively small number of nurses caring for people with cancer and their carers, but they are an important group with very specific needs in relation to ongoing CPD and career development support. While nurses in non cancer-specific settings generally engage with CPD aiming to develop their skills in caring for people with cancer over a wide range of areas, those in specialist cancer settings tend to focus on discrete areas of practice.

## ACTION

A.20 NHS Boards, education providers and NES should work together at national level to address the CPD needs of nurses in specialist cancer settings.

**7.9** The nature of modern cancer care and the structure of MCNs demand that nurses develop their skills in working as part of multi-disciplinary teams. This is an area in which CPD effort is liable to pay significant dividends.

## ACTION

A.21 NHS Boards, NES, education providers and those responsible for facilitating and supporting CPD activity at local levels should explore the possibility of providing/facilitating CPD activity for nurses in relation to developing multi-disciplinary team-working skills.

## EDUCATION

**7.10** Whichever branch of nursing students enter – adult general, mental health, care of children or care of people with learning disability – they will encounter people with cancer in the course of their work and will need to develop knowledge of cancer prevention and screening strategies. All nurses therefore require an understanding of how cancer affects people in a variety of contexts.

**7.11** Awareness of the complexities of living with cancer and cancer prevention and screening should be promoted within pre-registration nursing programmes. Nurses emerging from these programmes should have a grounding in the physical, psychological, social and spiritual sequelae of cancer, how it can be prevented and detected, and how nursing practice (in both non cancer-specific and specialist settings) supports people with cancer and their carers.

## ACTION

A.22 Education providers, NES and the Scottish Executive Health Department should ensure that pre-registration nursing programmes in Scotland prepare nursing students with an understanding of cancer, its prevention and detection, its effect on people, and how nurses can respond effectively to meet their needs.

7.12 At post-registration level, the issues discussed above in relation to technological advances, the epidemiological and social characteristics of cancer in Scotland and the changing roles of nurses should influence the way education in cancer care is developed. It is important that an understanding is reached on how effectively post-registration education programmes are currently addressing these issues, with action being taken to correct anomalies.

7.13 In addition, national consultation conferences held to inform the development of this Framework, and which involved nurses from a wide variety of backgrounds, identified key issues on which education at post-registration level should focus. Prominent among these was a desire to ensure that clinical roles have links with formal education programmes, and that education and service areas should work closely in developing, delivering and evaluating education programmes.

## ACTIONS

A.23 NES, education providers and NHS Boards should work collaboratively to review information on cancer nursing post-registration education, map it against current epidemiological and social data on the characteristics of cancer in Scotland, the changing roles of nurses and key areas of education need as defined by the national consultation conferences, and ensure action is taken to address anomalies.

A.24 NES, education providers and NHS Boards should ensure that clinical roles in cancer nursing at all levels are linked with identified education programmes, and that education and service sectors co-ordinate on curriculum development and programme delivery and evaluation.

# CHAPTER 8. RESEARCH, EVIDENCE-BASED PRACTICE, DEVELOPMENT AND INNOVATION

## RESEARCH

**8.1** Nurses have been active in both uni-disciplinary and multi-disciplinary research into the care of people with cancer and their carers for many years. Despite this, nursing can still not claim to be a fully research-based discipline whose practitioners consistently deliver services based on sound research evidence.

**8.2** There are several reasons for this, many of which equate with deficiencies in other areas of nursing research:

- critical appraisal and research awareness skills are not universal among the nursing population
- while funders of cancer research are keen to provide resources to support nursing research, proposals submitted by nurses in cancer care are relatively few in number, and often are not robust
- research carried out by nurses into cancer care is often small-scale and non-replicable; this means that while the research may be of interest to nurses and others, the implications for practice cannot reliably be extended to a wider arena
- the driver for research too often seems to be personal interest rather than engagement with a common, agreed cancer nursing research agenda.

**8.3** The result is that there is not a great store of valid, reliable evidence on which to base nursing practice in caring for people with cancer and their carers.

**8.4** The situation is changing, however. Cancer nursing research societies and networks have been set up locally, nationally and internationally. The number of peer-reviewed journals specialising in cancer nursing has grown significantly in recent years. National and international cancer conferences offer nurses the opportunity to meet, learn and network with colleagues from different areas of practice. In Scotland, the Cancer Care Research Centre has been established within the Department of Nursing and Midwifery at the University of Stirling.

**8.5** Perhaps most significantly, the national strategy for research and development in nursing and midwifery, *Choices and Challenges* (SEHD, 2002b) (see Box 8.1), offers a route map for the further development of nursing and midwifery research in Scotland.

### Box 8.1. *Choices and Challenges* (SEHD, 2002b)

The national strategy for research and development (R+D) in nursing and midwifery in Scotland was launched in December 2002 following recommendations in *Caring for Scotland* (SEHD, 2001b). It sets out a series of recommendations relating to four key areas:

- developing R+D infrastructure
- adopting a focused approach to R+D
- building an evidence-based culture
- promoting dissemination.

Central to the strategy's design is the concept of Research Consortia. These are likely to be 'virtual' bodies working on a collaborative model involving partnerships of NHS Boards, academic and clinical researchers and their teams, other disciplines, and Scottish, UK and international organisations. They will reflect national research and policy drivers in devising and implementing carefully co-ordinated and focused programmes of uni- and multi-disciplinary research and will implement dissemination strategies to ensure the widest possible impact for research findings and the promotion of an evidence-based culture.

**8.6** The Scottish Executive, working in partnership with the Chief Scientist Office, NHS Education for Scotland, the Scottish Higher Education Funding Council and other stakeholders, has made significant progress since the publication of *Choices and Challenges* (SEHD 2002b), on a number of fronts, including maximising nursing's capacity to develop clinical/academic career pathways and strengthening research leadership in nursing.

**8.7** For cancer nursing research to fully benefit from the advances made and to contribute to advances in future, it needs to:

- become an integral part of the wider cancer research agenda through articulating with national research priorities for cancer defined by the Scottish Executive
- explore opportunities for research partnerships involving patients and their carers, practitioners, academics and managers at local, regional, national and international levels
- explore the potential of integrating research programmes within Research Consortia
- explore opportunities for multi-disciplinary, multi-sectoral research
- offer research training to selected nurses caring for patients with cancer and their carers, and ensure that they maintain clinical responsibilities within their roles
- disseminate research findings to nurses caring for people with cancer and their carers in an organised and co-ordinated manner using a variety of appropriate media.

**8.8** Nursing research has a great deal to offer cancer care, particularly in addressing patients' and carers' experience of care – an area which, while not so far attracting significant funds for research, nevertheless has a significant impact on the daily lives of people with cancer and their carers. It is therefore imperative that nursing research in cancer care is refined and developed.

## ACTIONS

A.25 The Scottish Executive Health Department and NHS Boards should encourage and facilitate nursing research into caring for people with cancer and their carers in Scotland.

A.26 The Scottish Executive Health Department, education providers and NHS Boards, working with Research Consortia within Scotland, should ensure that nursing is fully engaged with the commissioning process for research on cancer priorities and in the development of future priorities.

A.27 NHS Boards, in partnership with education providers, should offer opportunities to appropriately motivated, prepared and experienced nurses to undertake research training programmes while continuing to carry clinical responsibilities.

## EVIDENCE-BASED PRACTICE AND DEVELOPMENT

**8.9** Nurses caring for people with cancer and their carers should ensure, whenever possible, that their practice is based on reliable research evidence.

**8.10** A variety of organisations and resources have been introduced in recent years to support the endeavours of nurses and others to keep abreast with current knowledge and develop their practice through the application of reliable research – the NHSScotland e-Library, the Nursing and Midwifery Practice Development Unit (NMPDU) (now incorporated into the Practice Development and Clinical Effectiveness Support Division of NHS QIS), the Nursing, Midwifery and Allied Health Professions Research Unit (NMAHPRU) (formerly known as the Nursing Research Initiative for Scotland (NRIS)), and Managed Knowledge Networks within MCNs, for instance.

**8.11** Nurses contribute to and have access to a wide range of clinical standards and guidelines from organisations such as NHS Quality Improvement Scotland (NHS QIS), the Scottish Intercollegiate Guidelines Network (SIGN), NHS Health Scotland and the National Institute for Clinical Excellence (NICE) that have direct relevance to caring for people with cancer. There are also numerous cancer-specific protocols, guidelines and integrated care pathways devised at local, national and international levels by a variety of organisations in the statutory, voluntary and independent sectors.

**8.12** To deliver on a consistent basis quality care that is clinically effective, nurses must be encouraged and facilitated to access and use resources such as these.

## ACTIONS

A.28 Nurses caring for people with cancer and their carers must ensure that, whenever possible, their practice is informed and guided by reliable research evidence.

A.29 NHS Boards and Directors of Nursing should ensure that nurses caring for people with cancer have access to research materials, organisations, guidelines, standards, protocols and care pathways that will help them deliver practice that is clinically effective and evidence based.

**INNOVATION**

**8.13** While much modern health care is rightly governed by guidelines, protocols and standards, innovation, when backed by reliable evidence, will always have a place in the delivery of nursing care. This is perhaps particularly the case in nursing care for people with cancer and their carers, which so often calls for flexible, innovative responses to situations.

**ACTION**

A.30 NHS Boards and Directors of Nursing should support and encourage evidence-based innovative approaches that challenge traditional practice and thinking.

# APPENDIX 1

## MEMBERSHIP OF THE CANCER NURSING SUB-GROUP OF THE SCOTTISH CANCER GROUP

### Chair

- Anne Jarvie CBE  
Chief Nursing Officer, Scottish Executive Health Department

### Members

- Jane Belmore  
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- Ali Barclay  
Senior Occupational Therapist, Lothian University Hospitals NHS Trust
- Bill Brand  
Patient representative, Aberdeen
- Jessica Corner  
Professor of Cancer and Palliative Care, University of Southampton
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- Liz Gillies OBE  
Professional Officer, NHS Education for Scotland
- Rhona Hotchkiss  
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- Elaine MacLean  
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- Sheila McGoran  
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- Donna McGowan  
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- Elizabeth Porterfield  
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- Lesley-Jean Rugg  
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- Jean Swaffield  
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- Karen Timberlake  
District Nurse, NHS Borders
- Mary Wells  
Research Fellow, University of Dundee and Head, Maggie's Centre, Dundee

### Secretary

- Maria Kellacher  
Programme Support Officer, Scottish Executive Health Department

# APPENDIX 2

## MEMBERSHIP OF THE STEERING GROUP

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Cancer Nursing Development Co-ordinator, NHS  
Quality Improvement Scotland

### Chair

- Margaret Smith  
Director of Nursing, North Glasgow Hospitals  
University NHS Trust

### Members

- Lynn Adams  
Lead Cancer Nurse for Grampian, Orkney and  
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- Cathy Hutchison  
Consultant Nurse for Cancer Services, North  
Glasgow Hospitals University NHS Trust
- Nora Kearney  
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- Roma Maguire  
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- Alex Mathieson  
Freelance Writer and Editor, Edinburgh
- Helen Spratt  
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Trust

# APPENDIX 3

## **STAKEHOLDERS INVOLVED IN DEVELOPMENT OF THE FRAMEWORK**

Thanks are extended to those whose comments helped to shape the Framework.

- Scottish Cancer Group
- Regional Cancer Advisory Groups
- NHS Board Chief Executives
- NHS Trust Chief Executives, Medical Directors and Directors of Nursing
- Academic Heads of Nursing and Midwifery Departments
- Nursing Officers, Scottish Executive Health Department
- NHS Quality Improvement Scotland
- NHS Education for Scotland
- Local Health Councils
- Lead Cancer Nurses Group
- Royal College of Nursing
- Royal College of Midwives
- UNISON
- Scottish Cancer Coalition
- Scottish Commission for the Regulation of Care
- Nurses throughout Scotland who helped through participation in three conferences held on 18 November 2002, 20 January 2003 and 24 February 2003.

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Useful web addresses:

**Cancer in Scotland:**

[www.cancerinscotland.scot.nhs.uk](http://www.cancerinscotland.scot.nhs.uk)

**Scottish Executive Health Department:**

[www.scotland.gov.uk](http://www.scotland.gov.uk)

**Scottish Health on the Web**

[www.show.scot.nhs.uk](http://www.show.scot.nhs.uk)

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