

3,600 SPECIALIST ADULT CANCER NURSES

New evidence for workforce planning

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Background

The Cancer Patient Experience Survey has shown one factor is consistently linked to good patient experience – whether people are given the name of the clinical nurse specialist (CNS) in charge of their care. Most people with cancer are given support from a CNS but still 12% in Wales¹ and 11% in England² report not having a named CNS.

In 2014 Macmillan commissioned the first UK-wide cancer nurse census.

Methodology

The methodology was largely based on previous NCAT censuses undertaken in England³. Data was primarily collected through bespoke spreadsheets. These were sent to senior or lead cancer nurses / managers between April and June 2014. Respondents were asked to describe all hospital-based specialist adult cancer nurse posts on the 24 April 2014.

Inclusion criteria:

- Nurses who treat, support and manage adult cancer patients and promote health and wellbeing
- Agenda for Change band 5 to 9
- Vacant and filled posts

Excluded nurses:

- Specialists in chemotherapy, radiotherapy, palliative care or pain management
- Roles focusing on paediatrics or teenagers and young adults
- Community care
- Non-patient facing roles
- 'As and when required' – bank and agency staff

Results

The census identified the whole time equivalent (WTE) of 3,471 filled nurse posts and 124 vacant posts in the UK, a total of 3,595 WTEs. The majority (79%) of nurses were Clinical Nurse Specialists however we identified 738 WTEs of nurses with similar roles but different job titles – Figure 1.

The most common majority areas of practice align with the most common cancers; breast (19% of WTEs), colorectal (13%) and urology (12%) – Figure 2. However, there is apparent variation in nurse provision across areas of practice.

Figure 2 – Specialist adult cancer nursing workforce by majority area of practice, WTE, UK, 2014

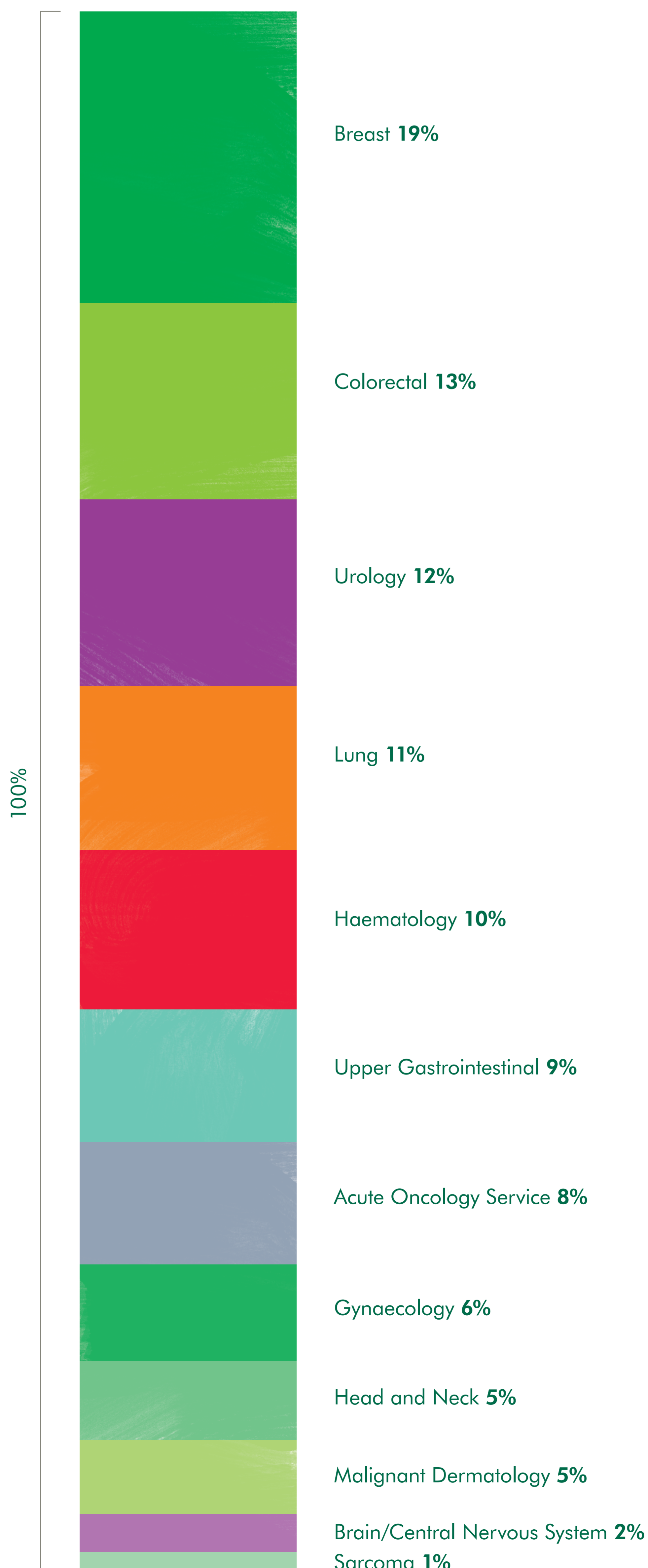
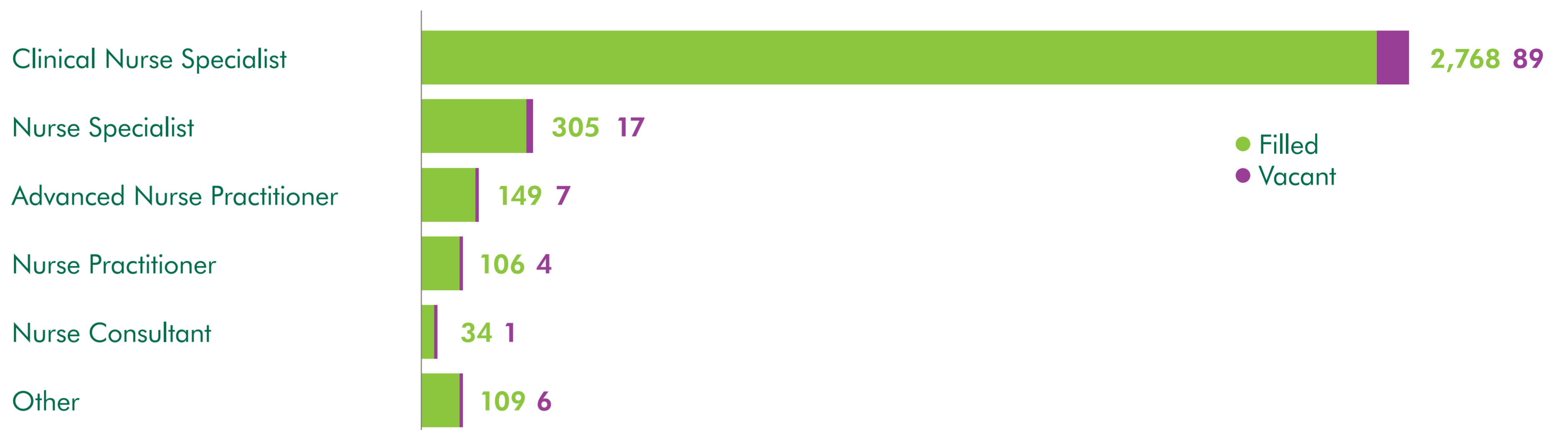
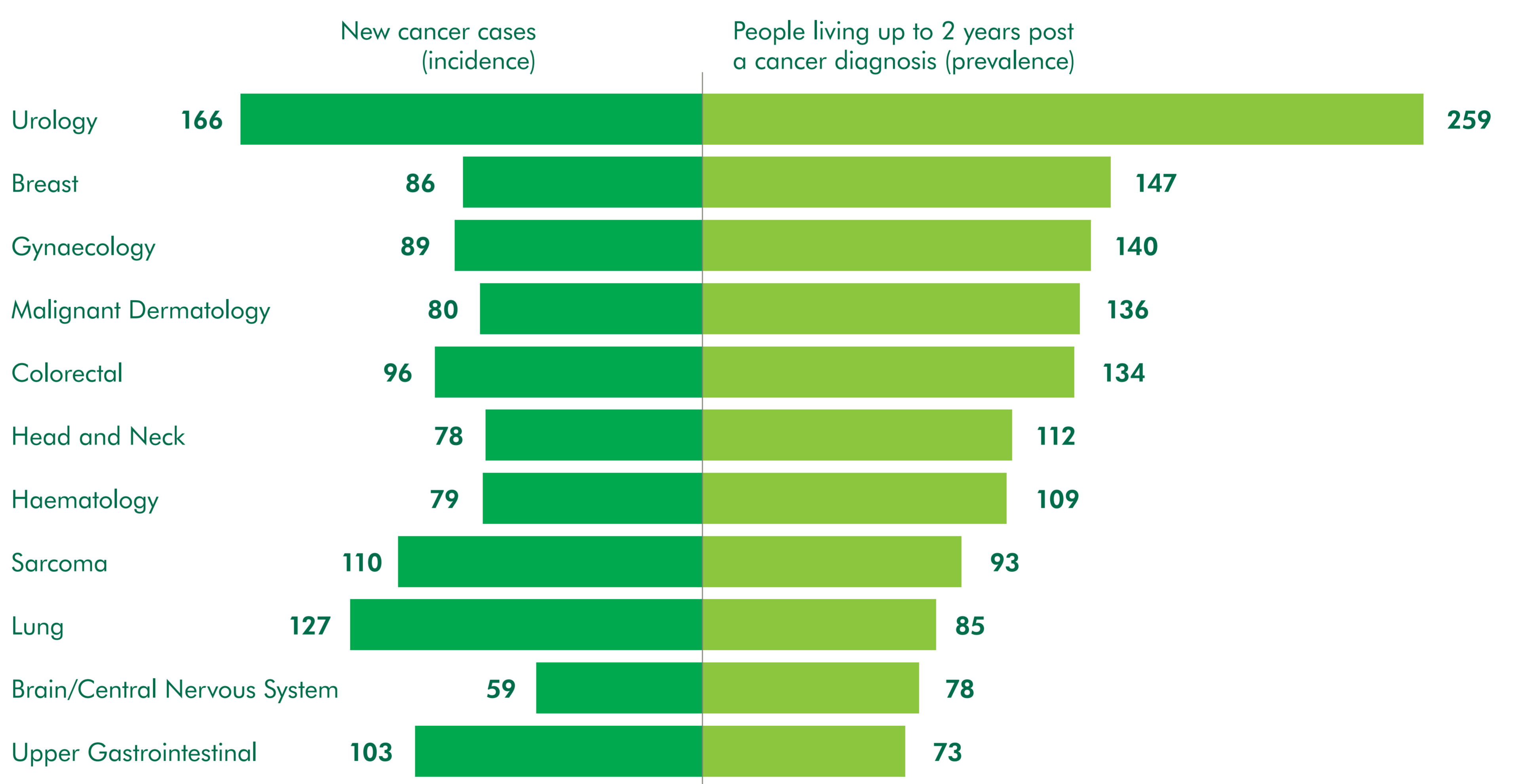


Figure 1 – Specialist adult cancer nursing workforce by job title, WTE, UK, 2014



There is no centrally agreed formula for determining the appropriate numbers of specialist nurses⁴. It is impractical to calculate if there is sufficient nurse provision fully taking into account the many aspects of need and service design. However, as a very crude measure, using the most recently available data at the time, we have mapped WTE onto new cancer cases (incidence in 2012) and onto the number of people living up to two years post a cancer diagnosis (two-year prevalence in 2010). This analysis showed that urology has the highest ratio; linked to a diverse case load including prostate, bladder (including in situ) and kidney cancer. The lowest ratio of cases per nurse is in brain and nervous system (incidence) and upper gastrointestinal cancer (2-year prevalence) – Figure 3.

Figure 3 – Specialist adult cancer nursing workforce ratios against incidence⁵ and two year prevalence⁶ (WTE nurse per cancer patient)



Conclusion

Specialist cancer nurses play a critical role in cancer care, so workforce planning is essential. The higher ratio of nurses to patients is in urology, together with only 79% of urology patients reporting being given the name of a CNS² – lower than any other tumour type, and the 12% increase in prostate cancer cases over 5 years⁷ indicate that the urology workforce could benefit from review and potential redesign. This would take account of the wider healthcare system and the specific needs of men with prostate cancer across the pathway.

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Full research reports available here –

www.macmillan.org.uk/Aboutus/Ourresearchandevaluation/Researchandevaluation/Researchandevaluationreports.aspx#DynamicJumpMenuManager_2_Anchor_2

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