

INDICATIVE ROLE SPECIFICATION FOR A MACMILLAN COMPLEX CASE MANAGER

Indicative level of practice - Level 7 NHS Career Framework
(Skills for Health, 2006)



October 2011

Introduction and context

Macmillan has been working with the Department of Health in England (DHE) and NHS Improvement on the National Cancer Survivorship Initiative to develop new models of aftercare following completion of treatment and rehabilitation, as the current model of follow-up is unsustainable. The emerging aftercare models demonstrate that care needs should be assessed at key transition points and a plan of care developed to reflect risk stratification into one of 3 levels of care (supported self-management, shared care or complex care) to ensure that people are supported by the right person with the right skills and knowledge, to meet their individual needs.

In order to develop a sustainable aftercare model and provide the most effective and accessible care for people affected by cancer, there needs to be a change in the current cancer care pathway and the staff that are needed to support it. Increasingly, there will be roles for nurses working in the community to build on their existing long term condition management skills to support people affected by cancer.

As one workforce solution, Macmillan has developed an indicative role, called a Macmillan Complex Case Manager (CCM), whose main purpose is to case manage those people who have cancer and multiple other health and social care issues, are living at home and who have had a holistic needs assessment and been risk stratified as having complex care needs. We will be piloting this new role in 2012 as one of 4 new roles within primary care. Localities may choose to pilot one or more of the roles depending on local need and infrastructure. The other roles are: Macmillan Nurse Primary Care, Macmillan Nurse Community Care and Macmillan Cancer Support Worker. We see these new roles supporting the care pathway based on 3 risk stratified levels of aftercare:

Level 1	Self-Care with support and open access to the MDT	Macmillan Cancer Support Worker
Level 2	Shared Care	Macmillan Nurse Primary Care or Macmillan Nurse Community Care
Level 3	Complex management through MDT	Macmillan Complex Case Manager

The Macmillan CCM Role is expected to be an existing nurse or allied health professional (AHP) currently working as a Case Manager/Modern Matron or equivalent with people affected by long term conditions (LTC), who will provide weekly sessional time to case manage the complex care needs of people living with cancer and other health and social care issues in their practice population and in most cases across a number of practices. It would be ideal if the role was supported by an existing Macmillan GP within the practice area. The aim of this role is to work with people affected by cancer as a LTC specialist and not as a cancer specialist. The cancer expertise and knowledge will be achieved by building local relationships with site specific Clinical Nurse Specialists, Multi-Disciplinary Teams (MDT) in secondary care as well as learning and development provided by Macmillan. The Macmillan CCM will work closely with existing Specialist Palliative Care Teams in the locality to ensure clear definition of roles and define locally agreed pathways of care. The Macmillan CCM will lead the development of systems and processes locally to enable the pathway to be integrated across health and social care and will set up support networks for the role to ensure the role is embedded and complements existing service provision.

The NHS Career Framework Levels (2008) describe practice at level 7 as “professionals who have a critical awareness of knowledge issues in the field and at the interface between different fields. They

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are innovative, and have a responsibility for developing and changing practice and/or services in a complex and unpredictable environment”.

Scope of Role

The scope of the role will vary depending on the contractual time commitment and the local priorities determined during the set-up of the role and through discussion with the local Macmillan Service Development Team. The Macmillan CCM is encouraged to develop their role in the core elements outlined below and additional elements can be added to meet local priorities.

Expected Patient Outcomes

Patients risk stratified into complex care and supported by the Macmillan Complex Case Manager will be:

- Supported to maximise their quality of life, living with cancer.
- Given support to minimise their risk of crises, inappropriate admissions and enable the Preferred Priorities for Care (Dec, 2007).
- Given support to recognise possible signs of deterioration, recurrence or long-term effects of treatment.
- Enabled to re-access specialist services without delay should they need to do so.

Core elements of role:

The **core elements** of role specification must be **reflected** in all Macmillan CCM job descriptions (JDs), although the format and language is likely to differ according to the employing organisation’s (EO) preferences. Each Macmillan Development Manager has the responsibility to agree this with the EO for every new post approved and must ensure that the contents are in line with this. There is an expectation that the Senior Macmillan Development Manager and General Manager of the region will also take responsibility to check that JDs are reflecting our position before approving funding.

1. Provide proactive case-management to people living in the community who have cancer and multiple co-morbidities, taking on the role of key worker for those people who have been holistically assessed and risk stratified into Level 3 - Complex Care (NCSI risk stratification model (Feb, 2011)). *To work with primary, secondary and tertiary care to proactively manage a complex cancer caseload in order to prevent crisis, inappropriate admissions, reduce hospital inpatient stay, enable early re-access into the system when recurrence is suspected and enable the Preferred Priorities for Care across a defined geographical area.*

- Proactively case-manage patients and their carer/s by regular holistic assessment, determined by individual circumstances to identify current and anticipated future needs.
- Co-create a care plan with the patient and their carer/s for current and future healthcare needs, which may consist of complex activities and highly specialised programmes of care
- Regularly review the care plan with the patient and their carer/s, re-assess and adjust according to individual need.
- Develop links with the key local cancer multi-disciplinary teams across the geographical area in order to proactively seek their support and advice to effectively case-manage and fast track patients back into the system.
- Define local pathways for disease surveillance and monitoring through investigations, as appropriate and feedback results through predetermined Standard Operating Procedures
- Coordinate and enable the necessary assessments, appointments or investigations to fast track people back into the system as indicated.
- Coach patients and carers to understand what signs, symptoms or situations would indicate concern, including consequences of cancer and its treatment and in relation to their other long term conditions.

- Clearly inform patients and carers on how to make contact when they feel that their condition or needs have suddenly deteriorated, including what to do out of hours
- Coach patients and carers to select healthy lifestyle choices using motivational interviewing skills to support behaviour change
- Provide emotional and psychological support to patients and their carers.
- Refer on or sign-post to other sources of support
- Support information prescription delivery; this role may include printing out information prescriptions, assisting people accessing emailed information prescriptions, or offering to provide information prescriptions based on agreed Cancer Information Pathways.
- Act as a facilitator to resolve issues that may be perceived as barriers to care
- Provide and develop appropriate audit and outcome measures in order to evaluate the service.
- Demonstrate in practice the Macmillan Human Rights Standard for Cancer Care
- Ensure that people affected by cancer are aware that they are interacting with a Macmillan Professional and know about the full range of resources and services available through Macmillan.
- Actively engage with Macmillan Cancer Support to contribute expertise and experience and support the Macmillan Corporate Strategy.

2. Education. *To facilitate and enable the education of patients and their carer/s to maximise their quality of life, living with cancer. Support education for community and primary health care teams, working with and through other stakeholders as required, and supporting the use of Macmillan primary care tools and models of good practice.*

- Support people to access appropriate information and support, by sign-posting to a range of local support services and take an approach which helps people to self manage where appropriate. This should encompass all sectors and take account of voluntary services.
- Advise patients on individual self-care management principles and provide consistent planned aftercare to reinforce and further promote this information
- Deliver patient-centred, self-management support and education as necessary, including how to self-assess to promote a strong focus on health and wellbeing to improve health outcomes.
- Support the delivery of patient and carer training and education, including use of equipment as appropriate
- Encourage and support active and healthy lifestyle choices
- Provide input to existing educational programmes, with particularly emphasis on vocational training courses, post-graduate programmes and influencing educational programmes.
- Enhance the knowledge and skills of community health care teams in providing care to cancer patients. This is likely to include early diagnosis, the cancer care pathway, symptom control, oncological emergencies and supportive and end-of-life care using other professionals as appropriate, such as the local CNS's and Specialist Palliative Care team.
- Support the use and/or roll-out of Macmillan educational initiatives, e.g. Sexuality toolkit, Out of Hours toolkit, e-learning
- Provide placement supervision for nursing staff from acute settings, developmental posts and pre-registration learners to provide opportunities for future succession planning and increasing professionals' knowledge and understanding of cancer care in the community.
- Demonstrate self-directed learning, actively seeking role development opportunities to enhance practice, knowledge and role progression
- Identify personal learning and development needs.

3. Service redesign. *To work with Macmillan and other stakeholders to support cancer care pathway and service redesign taking account of national and Macmillan priorities, while responding to local need. Redesign should support national agendas of achieving quality and productivity in cancer care and achieving Macmillan's outcomes for people living with cancer (outlined later in this document).*

- Facilitate and inform the integration of cancer pathways between health and social care and support implementation of national guidance.
- Proactively identify opportunities for redesign in alignment with Macmillan's outcomes for people living with cancer, including support for and spread of recognised tools and models of good practice in cancer care.
- Identify and highlight any gaps in service provision with particular emphasis on cancer as a long-term condition and the consequences of cancer and its treatment, which may occur many years after completion of treatment.

4. Commissioning of cancer services. *To influence and support the development of cancer services within local commissioning structures within the professional scope of the role.*

- Develop a mechanism for raising awareness of gaps in service provision, informing the commissioning and development of cancer services to meet local need.
- Influence local commissioning of cancer pathways and models of care that are supported by an evidence base and/or supported by Macmillan Cancer Support as innovative models of best practice.
- Encourage and support meaningful engagement of secondary care colleagues, specialist advice for cancer and service users in the local commissioning of cancer services, ensuring that services are appropriate to local need and in line with national priorities (including Macmillan's desired outcomes for people living with cancer).

5. Communication. *To enhance communication between primary, secondary and tertiary care in order to promote a seamless service and improved patient experience.*

- Influence the development of local systems that improve communication between all providers, with particular attention given to the interfaces between primary care, secondary care, out-of-hours (OOH) and social care providers.
- Influence the commissioning process to enable improved communication where possible and to facilitate implementation of models of good practice as developed by Macmillan to support communication between providers (e.g. Treatment Summary and Cancer Care Review templates, (both currently being piloted in England) and the OOH Toolkit).
- Facilitate information provision for cancer patients, enabling patients' understanding of their condition and treatment, navigation of available services and access to information and support for self management where appropriate.
- Use patient experience feedback and facilitate patient involvement to ensure that services are patient-centred and reflect the diversity of the practice population.

Key relationships and national priorities

There is an inherent understanding that the following key relationships and priorities will run through all facets of the Macmillan CCM role.

Key Relationships

- Patients and their carers.
- Macmillan GP Advisor(s) and/or Macmillan GP's, Local GP Practices, the wider primary and community care teams and the UK-wide Community Care Community.
- Community specialist palliative care providers, providers of out-of-hours care, social care providers and voluntary sector organisations.
- Cancer commissioning leads or equivalents in the devolved nations, Cancer Networks and acute providers of cancer and palliative care services especially cancer site specific CNS's and Cancer MDTs.

- Macmillan Development Manager, other Macmillan Professionals and NHS Accreditation Bodies.

National Priorities across the UK

- End-of-Life strategies across the UK.
- National Cancer Survivorship Initiative (England).
- Improving Outcomes: A Strategy for Cancer (England).
- Information prescriptions (England).
- NICE Improving Outcomes Guidance (England and Wales).
- Clinician-led Commissioning (England and Northern Ireland).
- Better Health, Better Care (Scotland).
- Better Cancer Care (Scotland).
- Cancer Control Programme (Northern Ireland).
- Living with cancer agendas (assessment & care planning, new models of follow-up and support in primary care).
- Long-Term Conditions agendas (personalised care plans, personal budgets and managing cancer as a long-term condition).

Priorities of Macmillan Cancer Support

Macmillan has identified nine key outcomes that we wish to achieve for people living with cancer by 2030. These are outlined below and underpin all of Macmillan’s work, with our investments in community care typically supporting outcomes 1, 3 and 6 (highlighted).

By 2030, the 4 million people living with cancer in the UK will say:

 I was diagnosed early	I understand, so I make good decisions	I get the treatment and care which are best for my cancer, and my life 
Those around me are well supported to help me, and themselves	I am treated with dignity and respect	I know what I can do to help myself and who else can help me 
I can enjoy life	I feel part of a community and I’m inspired to give something back	I want to die well

PERSON SPECIFICATION MACMILLAN COMPLEX CASE MANAGER

	<u>ESSENTIAL</u>	<u>DESIRABLE</u>	<u>EVIDENCE</u>
EDUCATION AND QUALIFICATIONS	<ul style="list-style-type: none"> • Registered General Nurse or HPC Registered AHP • First level degree in related subject • Evidence of Masters level learning • Evidence of continued professional development • Advanced Communications Skills Training or prepared to work towards • Recognised teaching qualification or prepared to work towards 	<ul style="list-style-type: none"> • Research qualification • Post-registration qualification in cancer/palliative care or long term conditions • Masters Degree • Examination and Assessment qualification • Non Medical Prescribing 	Application form CV NMC eligibility to practice check Professional Portfolio
RELEVANT EXPERIENCE	<ul style="list-style-type: none"> • Relevant post registration experience at level 7 • Experience of complex case-management in long term conditions • Experience of teaching • Leadership and management experience • Experience of multi-professional working • Evidence of advanced communications skills training • Knowledge, understanding and experience of cancer care and treatment • Ability to lead and influence change 	<ul style="list-style-type: none"> • Experience of audit and research • Understanding of Macmillan Cancer Support and its role across the UK • Post-registration experience in cancer/palliative care or relevant subject • Coaching/CBT/motivational interviewing training or experience 	Interview References Application form
SKILLS AND ABILITY	<ul style="list-style-type: none"> • Highly developed analytical and judgemental skills to deal with complex cases • IT literate • Teaching/assessment and presentation skills • Organisation and negotiation skills • Effective communication • Leadership and motivational skills • Ability to motivate self and others • Ability to work 	<ul style="list-style-type: none"> • European Computer Driving Licence or equivalent 	Interview References Application form Presentation

	<p>autonomously and as part of a team</p> <ul style="list-style-type: none"> • Flexible attitude to working • Exemplar written communication skills • Willing to learn and adopt best practice 		
PERSONAL CAPABILITIES	<ul style="list-style-type: none"> • Diplomatic • Calm and objective • Assertive, confident, yet approachable • Personally and professionally mature • Recognition of own limitations • Demonstrates enthusiasm • Able to travel between sites within community area 		Interview
EFFORT	<ul style="list-style-type: none"> • Ability to deal with complex and difficult emotional situations and ability to convey unwelcome news 		Interview