LUNG CANCER NURSING UK

CRUCIAL, COMPLEX, CARING:

A Professional Development Framework for Lung Cancer Nurse Specialists

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"THIS IS AN EXCELLENT AND WELL THOUGHT THROUGH PROFESSIONAL DEVELOPMENT FRAMEWORK THAT HELPS ARTICULATE THE COMPLEXITY OF WORK OF LUNG CANCER NURSING AND HOW ONE MIGHT PROGRESS THROUGH A CAREER."

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ABOUT LUNG CANCER NURSING UK

Lung Cancer Nursing UK was established in 1998 as the National Lung Cancer Forum for Nurses (NLCFN), to provide networking and support to nurses specialising in the care of people with lung cancer. Any nurse specialist who spends more than 50 per cent of their working week or clinical activities in caring for patients with lung cancer is eligible for membership.

In 2019, to celebrate its 20th anniversary conference, the NLCFN announced a new name, Lung Cancer Nursing UK, along with a new website intended to improve understanding of the expertise and professionalism of lung cancer nurse specialists (LCNSs) among healthcare professionals and policymakers. Our website can be found at: www.lcnuk.org

Over the last 20 years, Lung Cancer Nursing UK (LCNUK) has supported its members in four key areas:

- **Clinical:** providing clinical support, sharing information, knowledge, and best practice to improve the care lung cancer patients receive
- **Developmental:** keeping our members up to date on the latest lung cancer news and developments, and encouraging regional participation in LCNUK
- **Educational:** creating a forum to share and disseminate new developments, skills, treatments and practice through educational programmes, events, and publications, and encouraging members to be involved in and lead lung cancer related research and audit
- **Professional:** encouraging networking, championing, and campaigning for recognition of the role, raising our voices on clinical and strategic issues, and representing UK LCNS in national and international bodies

ABOUT THIS DOCUMENT

This document was produced by a working group of the Lung Cancer Nursing UK Steering Committee, comprising LCNSs Josie Roberts, Peter Barton, Karen Clayton, Jackie Fenemore, Sarah Ivey, Julia McAdam, and Paula Shepherd. The working group was responsible for the inception of the document, reviewing relevant exemplars and supporting literature, generating content, consulting with and reviewing all feedback from the wider community, and all editorial decisions. The final document was approved by the Lung Cancer Nursing UK Steering Committee. As this is a new document, we will keep it under review and expect to revisit it 12–18 months after publication.

MSD *This framework was developed in a collaboration between Lung Cancer Nursing UK and MSD, who funded a policy agency (Incisive Health) to provide secretariat support in researching and compiling the framework. Lung Cancer Nursing UK retained editorial independence of the framework content.*

We are grateful to everyone who contributed ideas and views as part of this project and to MSD for their sponsorship.

INTRODUCTION

Lung cancer nurse specialists (LCNSs) are highly skilled professionals, working at the heart of multi-disciplinary teams (MDTs). We provide high-quality, safety-critical, patient-centred care for patients with a lung cancer diagnosis.

Working on the front line of cancer care, LCNSs **manage** and deliver **complex** and personalised care to patients from the point of diagnosis throughout their cancer journey. We provide information and support to help patients and their families understand different treatment options, manage the symptoms of disease and any side-effects of treatment, and to live as well as they can for as long as they can.

Often through our conversations with patients we uncover the fears and concerns – about changes to symptoms, how their disease may progress, what their future could be like – that means we can intervene early and provide the more holistic support and care that every patient deserves.

In this way, we make critical contributions to improve patient **safety**, outcomes and experience. But we also use our specialist expertise to redesign and lead lung cancer services, all the time expanding our understanding of lung cancer, its treatment and care through research and audit.

LCNS is a varied, valuable, and rewarding career. With 130 new lung cancer cases being diagnosed every day,[1] and more patients living for longer with lung cancer,[2] the need for LCNSs is increasing. As technologies and treatments change, our role and the skills we need to deliver it will continue to evolve.

LCNUK WELCOMES THE COMMITMENT IN THE NHS PEOPLE'S PLAN TO RECRUIT AND TRAIN AN EXTRA 350 CLINICAL NURSE SPECIALISTS[3] AND WE HOPE THAT A NEW GENERATION OF NURSES WILL BE ENCOURAGED TO SPECIALISE IN LUNG CANCER.

At the same time, we want to support those nurses already in a LCNS role to continue to develop throughout their careers.

LCNUK would like to see:

- **Nurses** who are considering their professional ambitions and options to make becoming a LCNS a career goal
- **LCNSs** who are already in role to be able to learn, develop and flourish professionally throughout their career
- **Employers** to recognise and value the qualifications, clinical and research skills, and leadership capabilities demonstrated by LCNS, and to recruit, reward and promote them accordingly

This Professional Development Framework has been written by a LCNS team.

It is intended to guide nurses – both aspiring and existing LCNSs – their line managers and their employers on the core skills, knowledge and training that LCNSs will gain and demonstrate as they progress in role.

The Framework is more than a list of competencies required to provide safe and personalised patient care. It also considers the **capabilities of professional practice** required to provide the highly complex care that lung cancer patients need, and the **career possibilities** and routes that LCNSs can take from entry to advancement with real examples from LCNSs themselves.

This Framework has been designed by LCNUK to align with and support both general nursing frameworks and cancer-specific nursing frameworks. Many of the core skills required by LCNSs are shared with clinical nurse specialists working with patients with other cancers, respiratory conditions, or other acute or long-term conditions. However, there are specific skills, capabilities, and behaviours that clinical nurse specialists will require when supporting lung cancer patients, and these are captured here.

We are grateful to the LCNSs, other healthcare professionals, academics and advocates who contributed to the development of this document.

As a membership organisation and a charity, LCNUK will continue to champion the needs and hopes of lung cancer patients and the importance of a sustainable, supported, and rewarded LCNS workforce so crucial to their care.

We are grateful to Alison Leary, Professor of Healthcare and Workforce Modelling, South Bank University, London for all her advice and support with this document.

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USING THIS DOCUMENT

This document has been designed to be used by:

- **Nurses aspiring to become a LCNS** to understand the qualifications, and hence training or professional development, they may need to complete to secure a LCNS role, and the skills and capabilities they will be using to support patients and services as a newly-appointed LCNS

- **Existing LCNSs,** with differing experience, time in role and at different levels, to aid them in:

  – Considering their priorities for professional development, and where they want to focus to develop in their practice as a LCNS
  – Supporting conversations with managers about their training needs and career goals
  – Job matching and making a case for promotion, where nurses are operating at a higher Agenda for Change band or level. The Royal College of Nursing has useful information and a guide to support members in seeking an evaluation of their role and pay banding decision[4] and we have included a case study later in this document

- **Line managers,** in aiding conversations with their direct reports about their current competencies, their priorities for their professional development and their career goals – both as part of, and outside, annual appraisals

- **Employers,** to understand in more detail the roles that their LCNS workforce will be playing in individual (and often complex) case management, pathway management, service design and delivery, management and leadership, and research, and to support them in determining the LCNS resource needed to meet the needs of the lung cancer population

- **Policymakers,** to bring to life the multiple and varied contributions that LCNSs make to improving service delivery and patient outcomes and experience, and the critical importance of the CNS workforce if we are to meet the NHS Long Term Plan's ambition to improve outcomes and save thousands more lives each year from cancer[5]

It is referenced, to signpost evidence and sources of information that readers may find helpful. As a lung-specific specialist nursing framework, it is designed to be read in conjunction with:

Professional standards for nursing practice	Professional development frameworks for nursing	Oncology specific competency frameworks
• The Nursing and Midwifery Code	• The Royal College of Nursing's Professional Development Framework for nurses* • The UK Oncology Nursing Society's (UKONS) professional development Framework for cancer nurse specialists*	• The UK Oncology Nursing Society's (UKONS) Acute Oncology Knowledge and Skills Guidance • Macmillan Cancer Support's Competency Framework for Nurses • Greater Manchester Cancer CNS Capabilities Framework*

*At time of drafting, these professional development frameworks are being developed. We have also noted the Review of Clinical Nurse Specialist and Nurse Practitioner Roles within Scotland, a document produced by Scotland Executive Nurse Directors and the Scottish Government. It is for the general role of clinical nurse specialist and not the specific role of lung cancer nurse specialist, therefore there are differences in the specifications of the role[6]

THE PATIENTS WE SUPPORT

*"BY 2021, WHERE APPROPRIATE EVERY PERSON DIAGNOSED WITH CANCER WILL HAVE ACCESS TO PERSONALISED CARE, INCLUDING NEEDS ASSESSMENT, A CARE PLAN AND HEALTH AND WELLBEING INFORMATION AND SUPPORT... **ALL PATIENTS, INCLUDING THOSE WITH SECONDARY CANCERS WILL HAVE ACCESS TO THE RIGHT EXPERTISE AND SUPPORT, INCLUDING A CLINICAL NURSE SPECIALIST** OR OTHER SUPPORT WORKER."*[7]

THE NHS LONG TERM PLAN

Every year, more than 47,800 people in the UK will be told that they have lung cancer.[8] It is a devastating diagnosis that turns their world upside down.

The risk of lung cancer increases with age. More than four in ten (44%) of lung cancers are diagnosed in people over the age of 75,[9] many of whom will have other comorbidities.

44% OF LUNG CANCERS ARE DIAGNOSED IN PEOPLE OVER THE AGE OF 75

Lung cancer is often but not always closely linked with deprivation. Lung cancer incidence is over 80% higher in more deprived communities, reflecting higher rates of smoking – the biggest risk factor for developing lung cancer – and greater occupational exposure to carcinogens.[10] We also know that patients with lower socio-economic status receive less treatment and have worse short-term and long-term outcomes compared to more affluent patients.[11]

We have also seen a rise in case numbers of people with lung cancer who have never smoked or who have been light smokers. There is much research and interest in this group of patients who have sometimes different support needs. As an organisation LCNUK are supporting current research being undertaken in this area, to improve our knowledge.

Survival is strongly related to the stage of disease at diagnosis. Nearly nine in ten patients (88%) diagnosed with a stage 1 lung cancer will live for a year after diagnosis, compared to just two in ten (19%) of those diagnosed at stage 4.[12]

Huge efforts are being made to encourage people to be aware of changes and come forward with possible symptoms, so that cancers can be detected earlier. However, most lung cancer patients present when their cancer is at stages 3 or 4, harder to treat and outcomes are poorer.[13] This means that most people diagnosed with lung cancer may have shorter prognoses and need more intensive support from nurse specialists and MDTs over a rapid timeframe than those with other common cancers.

AROUND 85,000 PEOPLE LIVING IN THE UK TODAY HAVE RECEIVED A LUNG CANCER DIAGNOSIS

While later-stage lung cancers are usually incurable, advances in treatment have given us more therapeutic options to slow progression or manage symptoms, meaning many people can still live well and for longer after diagnosis. These changes to treatments – coupled with our increasing understanding of lung cancer biomarkers and their implications for treatment efficacy – are also changing the support that LCNSs are providing to patients.

Around 85,000 people living in the UK today have received a lung cancer diagnosis.[14] Each one of them is a unique person, with individual needs, hopes and fears. Each one deserves to be listened to and heard, and to have high quality information, treatment, support, and advocacy. Each one deserves to have a LCNS there to ensure they have effective, coordinated care every step of the way.

THE LCNS ROLE

"WE STILL HAVE FURTHER TO GO IF WE ARE TO IMPROVE OUTCOMES FOR ALL CANCERS, WITH THE AIM OF BRINGING US IN LINE WITH THE BEST IN EUROPE. ENSURING PROVISION OF CNSS WHERE THEY ARE NEEDED, COUPLED WITH EFFECTIVE USE OF THEIR SKILLS AND EXPERTISE WILL ENABLE US TO MOVE FASTER TOWARDS THIS GOAL."[16]

EXCELLENCE IN CANCER CARE: THE CONTRIBUTION OF THE CLINICAL NURSE SPECIALIST

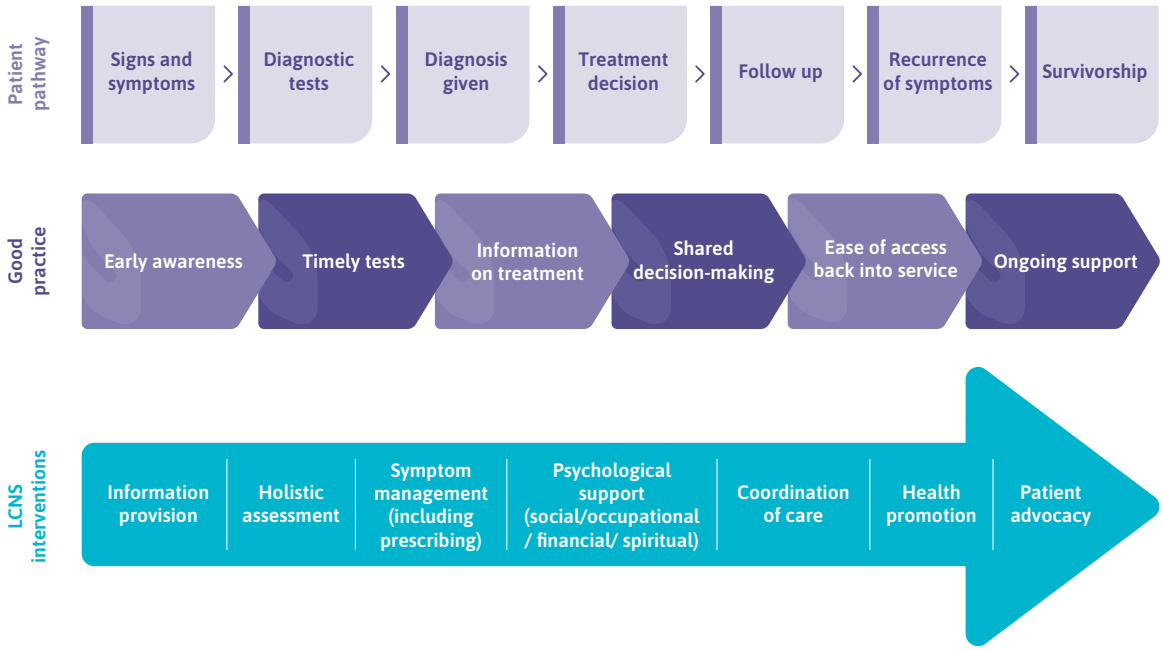
The role of the clinical nurse specialist in cancer is not new. Indeed, more than two decades of literature provide a wealth of evidence of the multiple ways in which CNSs improve holistic cancer care, in terms of patient outcomes and experience, service delivery, and system efficiency.[15]

Guidance from the Department of Health and Macmillan Cancer Support summarises many (but not all) of the key contributions made by CNSs to cancer care across the pathway:[16]

The CNS role constantly evolves as medicine advances and patients can benefit from new tests, treatments, and types of supportive care, and this is especially true in lung cancer. This means that, as LCNSs, we are continuing to learn, develop professionally, adapt our practice, and communicate effectively with others – both our patients and our colleagues.

MANAGING THE PATIENT PATHWAY

The critical role of the LCNS at different points of the patient pathway has been previously summarised by LCNUK and Roy Castle Lung Cancer Foundation as set out below:[17]



ACCESS TO A LCNS IS CRITICAL TO PATIENT SAFETY, OUTCOMES AND EXPERIENCE

The NICE Quality Standard for lung cancer in adults explicitly recognises the importance of patients having access to LCNS support from the earliest possible stage, stating that "adults with suspected or confirmed lung cancer [should] have access to a named lung cancer clinical nurse specialist."[18] The National Optimal Lung Cancer Pathway (NOLCP) likewise endorses the "key role [of the LCNS] in communication, coordination and as a point of contact throughout the patient journey."[19]

Why does access to a LCNS matter? Put simply, patients with a LCNS are more likely to get access to treatment – with clear consequences for their chances of survival – as well as a more positive experience of care.[20]

Research shows that LCNSs play a pivotal role in delivering optimal patient care by:[21]

1. Coordinating complex care in line with the NOLCP, avoiding delays and ensuring the right care is given at the right time and in the right place
2. Building relationships and using advanced communication skills and specialised knowledge to provide accurate information and advice
3. Undertaking specialist, holistic patient assessment to support the treatment and management of lung cancer and its symptoms
4. Providing emotional support and management of expectations for patients and relatives, as well as themselves and the wider healthcare community
5. Ensuring the effective utilisation of resources

Yet, in the most recent National Cancer Patient Experience Survey, 6% of lung cancer patients said they were not given the name of a LCNS to support them.[22] This will have implications for the information these patients receive, the choices they can make, and their outcomes and experience of care. Investment in expanding the LCNS workforce is urgently needed.

LCNS INTERVENTION ACROSS THE PATIENT PATHWAY

For many LCNSs, their work starts even before patients are referred. Many LCNSs lead or are actively involved in raising awareness of signs and symptoms in their local communities – for example through media or awareness-raising days. LCNSs will also work closely with teams running lung health checks, which aim to encourage people to be screened for potential lung problems so they can be picked up early.

As soon as a patient is referred into hospital for tests, a LCNS should be there to guide them through the investigation process, explain what tests they need and support and advise them when their diagnosis is made. The NOLCP recommends that a LCNS be involved in assessment as soon as a patient is referred to the fast track lung cancer clinic.[19]

The point of diagnosis is a critical – and often devastating – moment for every patient. While an oncologist will often be there when the diagnosis is shared, it will be the LCNS who spends most time with the patient and their family. The LCNS will explain the implications of the diagnosis, what treatment options the patient has and what they might mean in terms of side effects and potential outcomes. All the time, they will be asking questions, to check the patient and their family have understood and to assess what their physical and emotional support needs might be.

As **treatment** starts, LCNSs will be actively participating in the MDT meetings where patients' treatment options will be discussed. Data from the National Lung Cancer Audit has shown that patients reviewed by a LCNS were more than twice as likely to receive active treatment as those without.[23]

We are a key point of contact for patients, explaining what other tests, for example **biomarker testing**, the person might have available to them, what their different **treatment options** are and how these might affect them, and answering any questions that the patient and their family might have.

Throughout the treatment phase, we support patients to be involved in **shared decision-making**, acting as an **advocate for the patient** in MDT meetings and working with other members of the clinical team (surgeon, oncologist, radiologist) to relay often complex information back to the patient and their family in language they can understand, so they know what has been discussed and what will happen next. Patients can often feel overwhelmed, so the LCNSs will judge and tailor the information to the patient's needs at the time.

Care coordination is crucial to patients' outcomes and experience of care. Many patients will have **complex needs** and other conditions to manage alongside their lung cancer treatment. We are involved in supporting patients with fitness for and living well on treatment, for example signposting pre-habilitation, smoking cessation and dietary support.

We also have important roles in identifying and intervening early to **manage treatment side-effects** or signs of **disease progression**. Many LCNSs are **non-medical prescribers** and will be prescribing medicines to help control symptoms and side-effects. By coordinating care in the right place and at the right time we also **avert unplanned admissions** and enable more patients to receive **care at home** for longer.

The rise in treatment options and targeted therapies and combination treatments has meant that expert knowledge by a LCNS on treatment options and side effects of treatments is pivotal to the patient care needs, safety and experience.

LCNSs often lead on follow up in conjunction with other community teams. Thanks to medical advances, we now have patients who we have supported for many years. Sadly, most of our patients will need palliative and supportive care at some point, and there too we have a role in **coordinating with palliative care** teams and ensuring that the patient's holistic needs continue to be met as they approach end of life.

BEYOND INDIVIDUAL PATIENT CARE

LCNSs also take leadership roles in **service delivery, redesign, and improvement**. We are well placed to identify where services can be adapted or introduced to better meet patients' needs and efficiencies can be made. Many LCNS run **nurse-led clinics and services**, as well as leading on the **audit and reporting** of patient outcomes and experiences of care. Examples of the ways in which LCNSs innovate to change practice for the better can be found in LCNUK's Good Practice Guide.[24]

The configuration of teams varies across the country but, in addition to casework, many LCNSs will have line management responsibilities and will **train, manage, and mentor** nurses aspiring to become a clinical nurse specialist.

LCNUK also encourages members to participate in and, when ready, **devise, lead and publish research.** We believe it is important the LCNS' research interests and experiences are shared – regionally, nationally, and internationally – to **enhance the evidence base** for what works in lung cancer patient care. We are also keen for LCNSs to network, advocate and inform **local and national decision-making**, whether on workforce strategy, service configuration, or good practice in patient care.

PROFESSIONAL PRACTICE

Professional standards for practice and behaviour for nurses, midwives and nursing associates are set out by the Nursing & Midwifery Council in the Nursing and Midwifery Code.[25] All nurses are expected to be familiar with the Code and must uphold these standards to be registered to practise in the UK.

The Code exists to protect the public and to give patients confidence that their nurse is registered and fit to practise within the limits of their competence. It covers four themes, with specific standards under each theme:

In addition to the professional standards that we expect all nurses to uphold, in designing this Professional Development Framework for LCNSs, LCNUK has overlaid four additional domains that we expect LCNSs to develop and apply in their professional practice. These are based on the four pillars of advanced practice:[26]

QUALIFICATIONS, SKILLS, AND CAPABILITIES NEEDED BY A LCNS

At LCNUK, we believe that the advanced skills required in this complex role and the responsibilities taken on by nurses operating effectively at this level mean that the core LCNS role should be recognised and rewarded as an Agenda for Change band 7 post.

We know from our members that band 6 currently includes both nurses working in lung cancer teams in a developmental role and also extremely well qualified and experienced LCNS who should be at band 7 but who are under-recognised and under-rewarded due to poor business cases or lack of support. We recommend that all nurses working at band 6 within a LCNS team should have the opportunity and be supported to progress to a band 7. We believe experienced LCNS should be empowered to achieve the band 7 they already deserve. We have included a case study of a successful job match later in this document.

Below we have described the qualifications, clinical skills, knowledge and experience, leadership and management and research capabilities that we would expect aspiring and existing LCNSs to demonstrate or be working towards.

These have been designed to align with the Combined Nursing National Job Profiles available from NHS Employers.[27] The levels are cumulative, so we would expect a nurse operating at a higher band to be able to demonstrate that they have the skills and capabilities listed for the band before.

In the sections that follow, we have provided more detail of the skills and capabilities that we would expect LCNSs to have or to be working towards under each of these four domains.

LCNSs should be encouraged and supported by their line managers and employers to develop and enhance both their theoretical knowledge and technical skills under each area, from their first post as a newly appointed LCNSs, as they become more experienced in the role, and as they advance their expertise as a practitioner and leader.

As part of LCNUK's activities to support our members, we create educational opportunities for LCNSs to expand their knowledge and develop their professional networks. These include our annual conference and online learning via webinars. We also provide educational/service development/audit and research grants through annual grant awards. Please see the LCNUK website for more information: www.lcnuk.org

DEVELOPING ENHANCED PRACTICE IN LUNG CANCER NURSING

We would expect a nurse at band 6 who is working within a lung specialist team to hold the qualifications set out below and demonstrate the following skills to demonstrate expertise and skills as set out in the diagram below:

Clinical practice

- Develop enhanced clinical knowledge of lung cancer
- Develop advanced knowledge of treatments and their ongoing developments
- Develop on an In-depth knowledge of the lung cancer pathway
- Develop confidence in autonomous working
- Manage/keyworker of a patient caseload
- Evidence of advance communication skills
- Evidence of holistic assessment skills
- Develop your role with the MDT/Lung Cancer Team
- Develop ability to interpret investigations
- Develop knowledge and experience of managing complex patient symptoms/conditions
- Consideration of higher-level learning

Education and learning

- Build on current/in-depth knowledge of lung cancer
- Provide specialist education (formal/informal) to staff/students outside of your speciality
- Seek out opportunities to develop presentation skills
- Support, contribute to and seek out opportunities in audit/research locally, regionally and nationally

Qualifications

- NMC registration
- BSc in Nursing
- Work towards Advanced Communication Skills
- Work towards Psychology Assessment Level 2

Management and leadership

- Provide specialist leadership to staff/students providing care for patients with lung cancer
- Seek out opportunities/contribute towards service delivery and development
- Engage in clinical supervision /reflective practice

Research and development

- IT skills competency
- Ensure practice is current and evidence based
- Develop autonomous working
- Develop innovative approach/skills to practice/service
- Support, contribute and seek out opportunities in audit/research locally, regionally and nationally

ADVANCED PRACTICE IN LUNG CANCER NURSING

As a LCNS, in addition to those set out at the previous level, we would expect nurses to hold the following qualifications and to demonstrate (or be demonstrably working towards) the following experience and ways of working:

Clinical practice

- Advanced clinical knowledge of lung cancer
- Manage caseload of patients relevant to practice
- Keyworker to cohort of patients with lung cancer
- Decision making skills
- Advanced communication skills
- Assessment skills
- Ability to interpret investigations
- Evidence of managing complex patient symptoms/conditions
- NMP or willing to work towards this

Education and learning

- In-depth knowledge of lung cancer
- Ability to facilitate teaching/clinical education
- Able to seek out independent learning/ education and keep practice/knowledge up to date
- Evidence of advanced presentation skills
- Evidence of knowledge sharing
- Excellent understanding of the lung cancer pathway
- Undertake relevant audit/research and publish findings

Qualifications

- NMC registration
- BSc in nursing
- MSc or willing to work towards MSc

Management and leadership

- Evidence of leadership skills/qualities in MDT/wider lung cancer team
- Management/support of junior colleagues
- Evidence of evaluation of Service delivery
- Redesign of services/service improvement as needed

Research and development

- Innovation skills
- Project management skills
- Change management
- Organisational skills
- IT skills competency
- Evidence based research/audit implementation skills

CAREER PROGRESSION AS A LCNS

As LCNSs some nurses progress within a service to an 8a Agenda For Change band level or beyond depending on the complexity of the role, management tasks or service development opportunities. Examples of these roles can be;

- An experienced LCNS with a team management and/or on call component **OR**
- Trained to Advanced Clinical Practice (ACP) at MSc level and named as an Advanced Nurse Practitioner / Advanced Clinical Practitioner / Nurse Clinician **OR**
- Lead a service, for example pleural effusion nurse-led service or interstitial lung disease (ILD) service. These are separate to LCNS but are part of a wider thoracic service

Additional responsibilities that we would see demonstrated at this level are predominately related to clinical practice, including:

VALUING NURSE SPECIALISTS

We are aware that there are, in some areas of the UK, nurses that have been working within a lung CNS team and have been placed and are paid at Agenda for Change band 6. We are concerned about this downgrading of the nurse specialist role, and we believe that many of these nurses would be able to make a strong case for their role to be re-banded to band 7. Below is a case study of how a case was successfully made to job match and re-band a band 6 post to a band 7 LCNS.[4]

CASE STUDY OF JOB MATCHING

In 2019 the Cancer Alliance advertised a band 6 secondment post for 12 months for service improvement in cancer services. A successful application was made at the second attempt to support the implementation of the National Optimal Lung Cancer Pathway (NOLCP). The District General Hospital has one band 7 LCNS and one band 6, supporting on average 250–300 new lung cancer patients annually.

The successful applicant was appointed in March 2019. She has extensive experience in oncology and haematology and was currently managing the outreach chemotherapy department.

Due to COVID 19 and the need for staff redeployment an application was made for the secondment post to be extended until January 2021. At that point the existing Macmillan Lung Nurse Specialist was retiring and the need for succession planning was essential. The secondment extension was agreed within the Trust.

The secondee was successfully appointed to the permanent band 6 post. Her experience and qualifications in oncology and chemotherapy, as well as her enthusiasm and adaption to the post was exemplary. Her skills as a non-medical prescriber were utilised in the oncology clinics and nurse-led consultations, as well as supporting patients both in the community and in hospital.

After reviewing job descriptions for the new Acute Oncology Service / Cancer of Unknown Primary posts at a band 6 and 7 and other band 7 CNS posts, it was evident that the job description and person specification of the LCNS post matched that of a band 7 post. Following discussion with the management team, the band 6 LCNS post was submitted for job matching to a band 7 post in March 2021. This was agreed at panel and was successfully appointed by the medical directorate in July 2021.

In May 2021, a Macmillan Cancer Support Worker was appointed, to support the Macmillan Living With and Beyond Cancer programme, band 3. This was initially applied for in 2018 and was a lengthy process but eventually successful.

The success of the above posts has been an arduous and lengthy procedure but essential in maintaining the quality and success of the service in supporting patients and carers, through their diagnosis, treatment, living with and beyond and supporting end of life care. It has proved successful in ensuring staff retention and job satisfaction and the team will continue to influence service development and the best possible care for people living with lung cancer.

The nurse has a BSc, NMP and demonstrated they were committed to working towards an MSc in the future.

A CAREER AS A LCNS: CASE STUDIES

A career as a LCNS can be hugely rewarding, professionally and personally. Some of our members have shared their stories, setting out why they chose to become a LCNS and how they have developed their skills to progress in their role.

DEVELOPING ENHANCED PRACTICE IN LUNG CANCER NURSING

JOANNE GILSON, LUNG CANCER NURSE SPECIALIST
Starting band: 6 / current band: 6

I qualified with my RGN certificate in 1994 and my first permanent contract was on a respiratory ward. I then spent eleven years on the emergency assessment unit until I returned to a respiratory ward in the same acute trust. I moved to Lung Health outpatient clinic in 2015 and have been in post as a lung CNS for 20 months, since December 2019. I am employed at nursing grade band 6.

I have seen the role evolving as I have had to be an autonomous clinical expert managing patients and their families holistically, using evidence-based practice and advanced communication skills throughout the whole lung cancer pathway. Over the relatively short time I have been a lung CNS I can see how my role has evolved especially during the COVID-19 pandemic. As the respiratory consultants' priorities have undoubtedly changed, my role is pivotal in improving lung cancer management, coordinating services, personalising the cancer pathway, putting patients first and ultimately communicating effectively using my advanced communication skills.

I would like to see my role developing to include commencing a drop-in service for assessing people for earlier detection of lung cancer. I feel this would be proactive, and would help to increase the early rates of detection in patients in the north east of England.

CHLOE GIRVIN, FRIENDS OF THE CANCER CENTRE LUNG CANCER NURSE SPECIALIST, BELFAST HEALTH AND SOCIAL CARE TRUST
Starting band: 6 / current band: 6

I have been interested in becoming a LCNS ever since qualifying as a nurse. I previously worked as a Staff Nurse and then a Deputy Sister in a respiratory ward where I gained knowledge and skills in the management of patients with respiratory conditions. Through this I developed an interest in lung cancer and had close working relations with the LCNS. I was impressed with the knowledge, skill and relationships that LCNS develop in-post, so I applied for a band 6 CNS role when one became available.

My band 6 post, funded by Friends of the Cancer Centre, offers training and development that allows me to gain knowledge and skills specific to lung cancer with the support of a band 7. The protected study time gives me the opportunity to access learning in the areas of Oncology and Specialist Palliative Care.

As a band 6 LCNS in a large acute hospital, providing regional services for lung cancer patients, I hope to develop my role professionally as I form relations and links with thoracic, orthopaedic, neurology and acute oncology teams in advising care and offering support to patients and staff.

The skills I gained in my previous roles have helped me in my band 6 role, and I hope to develop the clinical expertise I need to become a band 7 CNS in the future.

PETER BARTON, MACMILLAN LUNG CANCER NURSE SPECIALIST, GREATER MANCHESTER
Starting band: 6 / current band: 6

Prior to moving into a Lung Cancer Specialist Nurse role, my main experience was in an acute setting. I started in an A&E environment and moved quickly into an Acute Medical Unit. I really enjoyed these roles however I felt it was difficult to see the patient holistically. Throughout my studies I was always interested in cancer care, and as such, I sought out opportunities in link nursing, Acute Oncology and Specialist Palliative Care. This allowed me to attend training more relevant to these areas and to work alongside experienced specialist nurses.

An opportunity became available for seconded cover of maternity leave for a band 6 Macmillan LCNS. During these ten months I was able to build my experience of the complexity of the LCNS role and focus on my development of the relevant skills needed in specialist nursing. I then moved to a full time band 6 Macmillan LCNS role and continuing my role in a different setting opened my eyes to the complexity of CNS working and how varied services can be, although the core principles remained the same.

My development in the role has continued – I have completed my masters' module in lung cancer, with a view to starting my specialist nursing masters next year. Working alongside such a supportive team has been incredibly helpful to my development in the LCNS role to date.

ADVANCED PRACTICE IN LUNG CANCER NURSING

JOSIE ROBERTS, MACMILLAN LUNG CANCER NURSE SPECIALIST, THE ROTHERHAM NHS FOUNDATION TRUST

Starting band: 6 / current band: 7

I qualified in 1992 and worked in general and respiratory medicine. I wanted to work in oncology and initially worked in haemato-oncology, working with patients having chemotherapy and stem cell transplants. This led to a secondment working with the palliative care team band 6.

I was offered the opportunity to manage the new outreach chemotherapy unit, initially treating patients with breast cancer.

In 2000, I was appointed to the permanent Macmillan Specialist Palliative Care CNS, band 7 on completion of my Bmed Sci (hons). I also trained to be an accredited facilitator for the National Advanced Communication Training Course.

In 2005 I was appointed to the Macmillan Lung Cancer Nurse Specialist (LCNS) role. I completed my MSC (cert) in Advanced Nursing Practice and my non medical prescribing. I have led and developed the LCNS team to date. As a committee member of LCNUK this has strengthened and supported my role immensely.

CAROL MCMASTER, LUNG CANCER NURSE SPECIALIST, BELFAST HEALTH AND SOCIAL CARE TRUST

Starting band: 7 / current band: 7

I have been a band 7 LCNS for seven years. If I'm honest, it wasn't in my plan when I became a nurse 20 years so, but I have grown into the role. I was inspired to become a LCNS after working in the areas of oncology, cancer genetic counselling and community Specialist Palliative Care. I noticed the stigma attached to lung cancer patients and the historically limited oncological treatments offered. These roles made me interested in lung cancer, hence my interest in becoming a LCNS.

Being available to manage symptoms, provide support for patients and their family, as well as advocate and aid them to live with a lung cancer diagnosis, is rewarding for me. It is not surprising therefore, with involvement from diagnosis, through treatments and ongoing connection into end-of-life care, how the role has developed in recent years with nurse-led clinics. I am now able to independently holistically assess patients, their needs, prescribe accordingly and make onward timely referrals to appropriate health professionals in both the statutory and voluntary sectors

The development of oncological treatments in 20 years has been the notable advancement within lung cancer for me. This is exciting for the future of the LCNS role. Increasing need of nurse-led clinics, as new treatments offer improved progression free survival outcomes, will create opportunity for the LCNS to further develop. There will be an opportunity to manage treatment and review clinics, adapt pathways, plan treatments as well as manage current programmes for patients living with lung cancer.

VICKI ANDERSON, LUNG CANCER NURSE SPECIALIST, ROYAL VICTORIA INFIRMARY, NEWCASTLE
Starting band: 6 / current band: 7

Prior to accepting a post as a lung cancer nurse specialist, I spent four years working in respiratory medicine followed by four years working on an in-patient oncology ward. I knew from my final year of student nursing, after spending some time with the lung cancer nursing team, that I wanted to work in lung cancer care.

I started as a lung cancer nurse specialist in 2012 and after working in my hospital for seven years as a part time band 6 LCNS, I met with my Directorate Manager to discuss my caseload which had risen to over 200 new patients a year. My manager was incredibly supportive in expanding the team to one band 7 and one band 6 role – I was delighted to be successful in my application for the band 7 role.

As a newly established team, I am keen to expand our nurse-led clinics, develop joint clinics with our local hospice and continue to present our service improvements at local and national conferences. I have been working as part of the lung cancer GIRFT (Getting It Right First Time) review and am excited to have recently joined the LCNUK committee. These positions will help me both personally and professionally and am looking forward to the challenges that lie ahead.

NICOLA (NICKY) BENSON, MACMILLAN PLEURAL SPECIALIST NURSE, ARROW PARK HOSPITAL
Starting band: 5 / current band: 7

I qualified as a band 5 nurse and worked in an intensive care unit before applying for a role providing chemotherapy to patients. During this time, I completed my chemotherapy and communication courses.

A band 6 maternity post became available in a local hospital as a LCNS at band 6. I applied for this job, which was an initial 12-month post, which got extended to 24 months. As my contract was due to finish, I applied for a band 7 Pleural Nurse Specialist, which is a new role from Macmillan Cancer Support. I now work in this area and support patients with pleural disease (including malignant pleural effusions / mesothelioma).

Having been a LCNS for two years, and a Pleural CNS for a year and a half, I see the role continuing to be that of supporting patients through a diagnosis and beyond. In terms of next steps, I see the role developing to gain new skills such as supporting with investigations. For example, I envisage running LCNS clinics to see new patients, assessing their performance. I will also have to support patients by breaking bad news and discussing next steps as I progress.

CAREER PROGRESSION AS A LCNS

JACKIE FENEMORE, NURSE CLINICIAN, LUNG CANCER, THE CHRISTIE NHS FOUNDATION TRUST AND CHAIR OF LUNG CANCER NURSING UK

Starting band: 7 / current band: 8a

I qualified as a Registered General Nurse in 1995 and worked in general oncology on the medical wards until 2002, whilst studying in my own time for a BSc in Nursing Practice. In 2002 I became a Clinical Research Nurse at the same specialist cancer hospital. I learnt many skills regarding clinical trials, working more closely within a specialist team and managing a caseload of patients enrolled on clinical trials.

After five years as a Clinical Research Nurse I really felt my future was looking for a clinical nurse specialist post. I first became a Lung CNS band 7 in 2007. I loved working within a specialist team, and we had some new and dynamic medical consultants who were supportive and encouraging of the LCNSs, of which I was one of two, to expand our knowledge and nurse-led practice.

I worked as a LCNS for a further ten years while undertaking my MSc in Advanced Practice part-time over five years, one module at a time, as I had young children. In 2017, with the support of Macmillan Cancer Support, we managed to secure an additional four LCNS posts. I evolved into a Lung Cancer Nurse Clinician at a band 8a, having passed my MSc and gained the support of my medical colleagues for this new post.

My new role has developed in part to lead on managing and supporting the patient pathway for our stage 3 lung cancer non-operable pathway patients. We sought support from the Trust for a better staffed lung nursing specialist team, with financial support from Macmillan for two years. This proved quite a challenging journey, but we pulled together a successful business case and all the new LCNSs are in permanent posts – three at a band 7 and one band 6 associate LCNS post.

I have also been a Lung Cancer Nursing UK committee member since 2012 and this has helped me enormously in my current knowledge and practice of lung cancer.

SARAH IVEY, MACMILLAN THORACIC ONCOLOGY CLINICAL NURSE SPECIALIST, FRIMLEY PARK HOSPITAL

Starting band: 6 / current band: 8

I started my journey to becoming a LCNS with a first-class BSc (Hons) in cancer care and was awarded a merit MSc in palliative care. After achieving these honours, I worked in intensive care and spent ten years District Nursing. I then moved onto my role as a Macmillan Community Palliative Care Nurse, based at a hospice before moving to the acute sector as a Palliative Care CNS.

I joined the lung cancer team as a Macmillan Clinical Nurse Specialist in 2015 – a role that I find incredibly rewarding. My advanced practice includes nurse-led surveillance clinics for patients who have had surgical and SABR treatments and taking biopsies during EBUS procedure. My areas of particular interest include research and reaching minority groups to ensure equal access of services to all.

I was a band 6 until I had completed my degree as a Palliative CNS, and had been a band 7 as Palliative community CNS and Hospital Palliative CNS. As a band 7 I had been running nurse-led clinics and commenced EBUS sampling as Advanced Practice. I am now a band 8 as I am a team leader across a site responsible for 8 LCNSs.

THE LCNUK COMMITTEE HOPE YOU FIND THIS FRAMEWORK USEFUL AND HELPFUL WITH YOUR EMPLOYER IF YOU ARE EVER ASKED TO PROVE YOUR WORTH, OR ASKED TO COVER FOR WARD STAFF, AS HAPPENED DURING THE 2020 PANDEMIC. THIS DOCUMENT IS THE RESULT OF MUCH WORK FROM A DEDICATED GROUP OF LCNSS AND WE WOULD WELCOME YOUR COMMENTS FOR ANY FUTURE UPDATES/EDITIONS.

THANKS TO EVERYONE WHO HAS CONTRIBUTED. ALSO THANKS TO SARAH WINSTONE AND DAVID HALL FROM INCISIVE HEALTH FOR THEIR PATIENCE IN GETTING THIS WORK PUBLISHED AND COMPLETED ON TIME.

JACKIE FENEMORE

CHAIR, LUNG CANCER NURSING UK

EVIDENCING CAPABILITIES AND PROFESSIONAL DEVELOPMENT

There are different ways that a LCNS can evidence that they have the skills under each domain of the Framework. These include (but are not limited to):

- Constructive feedback from supervision or directly observed practice by line managers or colleagues
- Feedback from patients, carers, and their families

- Records of accredited courses / work-based learning options attended and completed
- Certificates of academic achievements
- Certificates from study days / conferences attended

- Audits, quality improvement or research completed, submitted, and published
- Examples of service development initiatives or innovation

- Performance reviews and appraisals
- Reflective accounts or diaries

- Requests for presentations – internal or external
- Teaching, mentoring, or organising educational opportunities for others (eg through meetings, study days or conferences)

- Participation in or leadership of local, regional, or national committees and steering groups

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