



NLCFN Newsletter

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MESSAGE FROM THE NEWS CO-EDITOR

Welcome to the Spring Newsletter

The spring season always comes to us as a time of change, of opportunities and new beginnings. This year, springtime has also brought about a few changes in the NLCFN Committee. Diana Borthwick handed over the reigns as chair to Vanessa Beattie in January. We are indebted to Diana for the commitment, energy and enthusiasm she has demonstrated and shared as NLCFN committee member and chair, and wish her well for new ventures ahead. We very much look forward to Vanessa's leadership over the next three years. Jackie Fenemore has easily stepped into the role of deputy chair, passing on the duties of newsletter co-editor to Helena Stanley. Our new committee member is Sandra Wakelin (Maidstone and Tunbridge Wells) whom we warmly welcome to the team.

In addition to information updates from national organisations, this newsletter contains feedback from recent conferences and experiences of NLCFN members. Do take note of forthcoming conferences and courses and consider attendance for you or a colleague.

If there is anything you would like to contribute to future newsletters, or areas of interest you would like to explore further, then please contact us by any of the methods indicated at the foot of this page. The forum members provide a rich and varied source of knowledge and experience for you to utilize. We look forward to hearing from you.



Best wishes,

Lavinia Magee
 Newsletter Co-Editor

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The National Lung Cancer Forum for Nurses

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NLCFN ANNUAL CONFERENCE 2017

2ND AND 3RD NOVEMBER, HILTON HOTEL, NEWCASTLE GATESHEAD

Investing in the Future: Aspiring for Excellence

We are delighted to launch this year's conference to be held on 2nd and 3rd November at the Hilton Hotel, Newcastle Gateshead.

Key plenary sessions on mesothelioma, lung cancer pathways, the value of holistic needs assessment and information on supportive care packages, as well as the latest research developments, ensures there's plenty of highly relevant clinical content.

In addition, we will support your own personal and professional development looking at taking the first steps in the preparation of abstracts. There's a highly relevant, informative and inspiring session on making the most of available resources and we will also be looking at LCNS competencies and frameworks with Rachel Thomas and Richard Henry from UKONS.

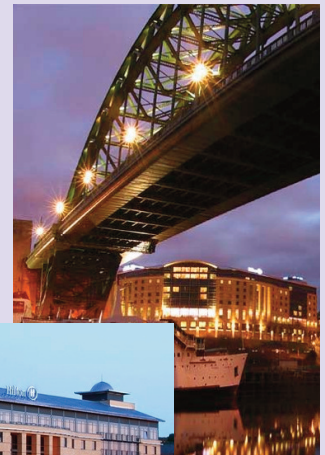
This year's conference is the only conference organized exclusively by lung cancer nurse specialists (NLCFN Committee) and promises to sift through all the jargon and noise to provide you with the most relevant topical information and advice specifically for lung cancer nurse specialists. There's plenty of clinical information so you can learn about new models of care to support lung cancer patients and their carers as well as information to support your own professional development and revalidation.

The meeting will be held at the Hilton Hotel, Newcastle Gateshead. In the heart of the vibrant North East, the hotel is situated between the famous Tyne and Swing Bridges which link Newcastle and Gateshead Quays with unsurpassed views of the bridges from the foyer. The hotel is within walking distance of the city's exciting attractions and within easy access by road and rail and just 20 minutes from Newcastle International Airport. Parking is available at the hotel.

Don't miss out on our exciting conference dinner on 2nd November which offers a great opportunity for networking and this year features a guest after-dinner speaker you won't want to miss (more information to follow). With a disco to conclude the evening make sure you bring your glad rags and be prepared to have a great time.

For more information visit the website now at <https://www.nlcfn.org.uk/2017-annual-conference>

Early bird registration is available from £100 for both days and access to the gala dinner - see <https://www.nlcfn.org.uk/registration-rates>. Make sure you log in to access member rates.



Get recognised for the work you do... Think about your conference abstract now

Support provided for the production of posters for accepted abstracts - full details upon acceptance of abstract

CLOSING DATE FOR RECEIPT OF ABSTRACTS 15TH SEPTEMBER 2017

Submit an abstract for poster presentations on the following topics:

- Examples of achievement in improving patient care
- Developing good practice
- Implementing evidence based care
- Symptom management
- Nurse led initiatives
- Clinical leadership

Abstracts should include a maximum of 250 words and must be submitted by 15th September 2017 indicating the appropriate category.

Please see website for more information at <https://www.nlcfn.org.uk/content/submit-abstract>

Posters will be judged at the conference and the winner(s) will receive a prize

The NLCFN does consider abstracts which have previously been submitted elsewhere and/or will be submitted to other future events including BTOG 2018.

Feedback from a first attender of last year's conference by an acute oncology nurse

In East Cheshire 123 people were diagnosed with lung cancer in 2016. As an Acute Oncology Nurse I encounter these patients when they present to hospital as a consequence of the disease or as a result from their cancer treatment. Like other clinical nurse specialists the role of the Acute Oncology Nurse is multi-faceted, demanding leadership, negotiation, teaching and clinical skills. The role is influenced by local need and differs between cancer centres and local health care trusts.

At East Cheshire I have the privilege of working alongside my friend and colleague Karen Clayton (Macmillan Lung/Palliative care CNS). I was invited to attend the NLCFN 2 day annual conference, which I accepted whole heartedly, without hesitation. This was an opportunity to meet and network with other professionals, learn from the experts and make new friendships along the way. The conference provided a voice for lung cancer care. I found it to be both educational and inspirational and not least entertaining (particularly the debate SABR vs Surgery). The dinner dance at the end of day one an added bonus, so suffice to say I was not disappointed.

On day two I attended the parallel teaching sessions on symptom management: a practical approach to the management of hypercalcaemia and reminded us of the unpleasant side effects associated with dexamethasone use. The bone metastases presentation was delivered by Dr. Eugene McCuskey who explained the pathophysiology of bone metastases, the difference between sclerotic and lytic lesions and the use of bisphosphonates in this clinical setting.

I was touched by Jacqueline Shaw's moving account of her cancer journey and her personal experience of participating in a clinical trial. I was impressed by her courage at addressing such a large audience.

The conference was an enjoyable and inspirational two days which have since impacted on my practice. Now my first point of call is to liaise directly with the lung CNS as opposed to medical colleagues as a means of "getting things done". Working alongside oncologists and respiratory physicians and other members of the multidisciplinary team I find they are best placed to influence care and management for their patients. I have since received positive patient feedback to support this.

I have taken on board the tips and advice from Tim Antiss on motivational interviewing techniques and these are beginning to pay dividends.

Having attended the conference I have a clearer understanding of the responsibilities of the Lung Cancer Nurse Specialist and recognise they play a vital role in preventing hospital admissions and achieving outcomes for patients, something to strive for in my role as Acute Oncology Nurse.

Anne Allen
Acute Oncology Nurse,
Macclesfield

NLCFN Conference Travel Bursaries

The NLCFN Committee will once again this year offer 10 travel bursaries of up to £100 each to NLCFN members who have registered and attend the conference. The 10 bursaries will be allocated on a first come, first served basis*.



Please visit our website at <https://www.nlcfn.org.uk/bursary-places> for information on how to apply and details of the terms and conditions.

*Preference will be given to those who have NOT previously received an NLCFN Conference travel bursary

NEWS, FEEDBACK AND PUBLICATIONS

GLCC Immunotherapy Factsheet

The Global Lung Cancer Coalition (GLCC) have produced a simple two-page factsheet on immunotherapy for patients. The factsheet, which is available in 17 different languages, is available at <http://www.lungcancer-coalition.org/immunotherapy-factsheets.html>



Warning that EU nurses are already leaving the NHS

An investigation by the RCN shows a significant drop in the number of EU nurses coming to work in the UK since the UK after the referendum last year, months before the Article 50 process leading to Brexit was triggered. The Nursing and Midwifery Council register shows that 2,700 nurses from EU countries left the UK in 2016. Thousands of nursing posts in England are currently vacant and the situation is expected to worsen unless the Prime Minister guarantees EU nationals their right to remain. For more information visit <https://www.rcn.org.uk/news-and-events/news/eu-nurses-turn-away-from-nhs>

World Health Organisation – Guide to cancer early diagnosis

Detecting cancer early can effectively reduce the mortality associated with cancer. In resource-poor settings, cancer is often diagnosed at a late-stage of disease resulting in lower survival and potentially greater morbidity and higher costs of treatment. Even in countries with strong health systems and services, many cancer cases are diagnosed at a late-stage. Addressing delays in cancer diagnosis and inaccessible treatment is therefore critical in all settings for cancer control.

Early diagnosis strategies improve cancer outcomes by providing care at the earliest possible stage and are therefore an important public health strategy in all settings. The barriers that delay cancer diagnosis must first be identified and assessed, and these factors may originate from patients to carers to health systems. Effective programmes can then be implemented at various levels that include community engagement to address patient behaviour, improving diagnostic and referral capacity and ensuring access to timely, high-quality treatment.

This WHO Guide to cancer early diagnosis aims to help policy-makers and programme managers facilitate timely diagnosis and improve access to cancer treatment for all.

http://www.who.int/cancer/publications/cancer_early_diagnosis/en/

Cancer Nursing Partnership Bulletin

The Cancer Nursing Partnership (CNP) is a partnership of key nursing organisations and communities of practice who are working collaboratively to implement improvements in cancer care. The partnership produces a regular bulletin comprising useful practical advice and information.

To see the latest news Bulletin from the CNP please access <http://www.ukons.org/downloads/>



Diana Borthwick,
Clinical Nurse Specialist - Lung Cancer,
Edinburgh Cancer Centre

INFORMATION FOR PATIENTS

Feedback from Roy Castle Lung Cancer Foundation



We have some new publications recently available and more updates coming this spring. Recent booklets include Travelling and lung cancer, an update of our Targeted Therapy booklet and Small Cell lung cancer. Coming soon are a booklet on brain metastases and factsheet on immunotherapy. Our latest order form can be found here [https://www.roy-](https://www.roy-castle.org/how-we-help/lung-cancer-information/information-for-health-care-professionals/order-supplies)

[castle.org/how-we-help/lung-cancer-information/information-for-health-care-professionals/order-supplies](https://www.roy-castle.org/how-we-help/lung-cancer-information/information-for-health-care-professionals/order-supplies) or call us on 0333 323 7200 option 2.

We are currently looking at service need amongst people who are diagnosed under retirement age. If you have views on any gaps in service or would be interested in the development of a virtual support service do let us know.

continued...

Our helpline, which has been led by a team of sessional nurses for the last year now has its own Freephone telephone number 0800 358 7200.

In 2017 we are planning to hold 10 Information Days for patients and carers in partnership with local lung cancer teams. Some of our dates can be found here. <https://www.roycastle.org/how-we-help/services-for-you/lung-cancer-information-days>. If you are interested in co-hosting an event please contact us.

We have seen a number of requests for support around wills and power of attorney issues for patients. We are developing these areas of work alongside linking with the National Bereavement Service supporting

carers facing the practical issues arising from the death of a loved one. <https://www.roycastle.org/how-we-help/services-for-you>

We have a number of requests for patients and carers to get involved with consultations and advisory groups. In 2017 we will be delivering a training event to help patients/ carers "Use your voice and harness your experience", if you have patients who might want to get involved let us know.

Lorraine Dallas
Director of Information & Support
Roy castle Lung Cancer Foundation

MESOTHELIOMA NEWS

Mesothelioma UK is a national resource centre dedicated to providing free specialist information, support, and improved care and treatment. We offer support to patients through a dedicated helpline and a team of specialist nurses, and also work with health care professionals and other organisations to fund research into mesothelioma. The charity had a busy 2016 with our services reaching more mesothelioma patients and health care professionals than ever before. We also launched our 5 year Strategy in 2016 – Mesothelioma Matters outlining our vision for the charity's development. The strategy is available at www.mesothelioma.uk.com/EasySiteWeb/GatewayLink.aspx?allId=45848

To date, we have funded 12 mesothelioma clinical nurse specialists across the country and are looking to appoint more in the near future. We have recently advertised a call for expressions of interest to host a Mesothelioma CNS and urge those interested to make contact for more information.

After successfully applying for funding through the Government's LIBOR grants scheme, we are now making plans to launch a dedicated service for military personnel and veterans. The specialist service will, amongst other support, provide a nurse and a benefits advisor to deal with complex compensation claims.

We recently supported the Royal College of Physicians London to produce the second National Lung Cancer Audit on pleural mesothelioma. This was a hugely important project as, without it, statistics on mesothelioma would only have been included in the broader lung cancer figures. The report provided an insight into the variations in treatment and care received across the UK – vital information if we are going to work toward a nationwide equitable service. The report is available at www.rcplondon.ac.uk.

This year, we are pleased to be providing funding support for a cordotomy service in Glasgow at the Beatson West of Scotland Cancer Centre. In addition, the Invasive Neurodestructive Procedures in Cancer Pain (INPiC) study group has established a national registry to track the role of cordotomy in the management of mesothelioma-related pain and we are supporting the continuation of this with funding. We hope that by funding the service in Glasgow and submitting the results to the INPiC audit, we will help to gather evidence to support the provision on cordotomy in more regions.



MESOTHELIOMA UK
CHARITABLE TRUST - 1126083
Supporting People With This Asbestos Cancer

Mesothelioma UK to provide support for patients travel expenses

There's good news for mesothelioma patients who need to travel for their care. Mesothelioma UK will now provide travel expenses for patients who need to attend specialist centres for treatment, trials and care.

Funding will be available from 1 April 2017 and claim forms are available by calling the Mesothelioma UK helpline on 0800 169 2409.

To make a claim, certain criteria must be met:

- hospital is out of area and not the patient's local hospital/ cancer centre
- patient is seeking specialist opinion out of area
- patient is seeking a second opinion out of area
- patient is accessing appropriate treatment / trials
- patient is attending for treatment out of area
- travel costs for those who self-fund their treatment
- accommodation costs when the distance travelled is too great to reasonably complete in one day

What is covered (for the patient and one carer):

- full, standard class travel or mileage costs
- up to £60 per night for accommodation for maximum of two nights
- car parking

A copy of the full policy is available online at www.mesothelioma.uk.com. Please note that if you participate in a trial that supports travel expenses, you will not be able to claim from Mesothelioma UK.

Get in touch with Mesothelioma UK

Telephone: 0800 169 2409 **Email:** Mesothelioma.uk@uhl-tr.nhs.uk

Website: www.mesothelioma.uk.com **Facebook:** @therealmesouk **Twitter:** @Mesouk

RESEARCH NEWS

National Lung Cancer Forum for Nurses Research Interest Group (RIG)

The National Lung Cancer Forum for Nurses (NLCFN) is keen to develop research and evaluation activity to help improve care and services within lung cancer. With this goal in mind the NLCFN established a Research Interest Group (RIG) in 2010. This RIG aims to facilitate collaboration and dialogue between clinical and academic colleagues and bring together experienced researchers and nurse specialists with a declared interest in lung cancer and research.

Are you interested in research in lung cancer and / or mesothelioma? Please contact Tricia Bryant at info@nlcfn.net to express your interest in joining the group

Thoracic Oncology Research Concept to Homerun (TORCH) TORCH for Nursing: Research Workshop

Over the last year the NLCFN RIG has been working with Boehringer Ingelheim Ltd (BIL) to develop a training workshop for nurses. The workshop was held on 22nd and 23rd April 2016 in Birmingham. A TORCH Top-up day was held in October 2016.

Academic and clinical experts were involved in the delivery of the training along with members of the NLCFN executive.

An evaluation of the initiative was conducted and the report is available on the NLCFN website. Findings indicated an increase in knowledge, understanding and confidence in research methods and skills. Participants reported an increased ability to develop networks to facilitate research and an ability to develop a research question or proposal.

Two project groups were established with Faculty members and delegates to develop fundable proposals. Topics are 1) Living with and beyond lung cancer 2) The impact of the lung cancer research nurse on patient experience. Progress will be reported.

Following discussions with UKONS a decision has been made to continue to deliver TORCH for Nursing as a collaborative venture. We are currently seeking funding to repeat the training. If you are interested in attending TORCH for nurses 2017 please let us know and we will keep you posted on progress. Contact: info@nlcfn.net to express your interest

NLCFN small grants scheme 2017

For the last few years the NLCFN has run a small grants scheme. This is to promote new, exploratory research, audit or service evaluation that will inform nursing practice and improve the quality of patient care. The intention is to support the development of research skills and experience of Forum members.

Visit

<https://www.nlcfn.org.uk/smallgrants>
for full details, criteria and online application

**Deadline for applications is 5pm
on 1 June 2017**

A decision will be made by 1st August 2017

A date for your diary....

On 13 June 2017 the Thoracic Surgery sub-group of the NLCFN will hold a joint meeting with the RIG. Details will follow later in 2017 but do let us know if you are interested in attending. Please contact Tricia at info@nlcfn.net

Angela Tod
Chair of the NLCFN Research
Interest Group
Professor of Older People and
Care, School of Nursing and
Midwifery, University of Sheffield

IASLC World Conference on Lung Cancer, Vienna, 4-7 December 2016

Last year the International Association of the Study of Lung Cancer (IASLC) took place in Vienna. The NLCFN maintained an impact at the conference with excellent oral and poster presentations.

This year IASLC conference will be held in Yokohama, Japan on 15-18 October.

Good luck to all of you who submit an abstract. Please let the Forum know if you are successful.

BTOG January 2017

This year the nursing workshop at BTOG focused on surgery research. Three excellent presentations were delivered to a packed room. It was excellent to hear emerging findings from Matthew Johnson regarding communication of risk of recurrence following lung cancer surgery - update and findings of a study. Matt is conducting a part time PhD supported by the NLCFN and Sheffield Hallam University.

Katy Clark kindly presented findings from the feasibility study (Physical activity following surgery – evidence review and feasibility trial on yoga) she has conducted with John White, ex-Chair of the NLCFN. Sadly John couldn't attend BTOG. The results were fascinating and we wish John and Katy well in seeking funding for a full trial.

Karen Lord and Helena Stanley then presented emerging findings from the patient experience sub-study of the MARS2 feasibility trial. This sub-study will be complete by the end of the year but findings to date provide insight into MARS 2 participants symptom burden as well as helping us understand the impact of trial participation.

Research database

We have recently launched the NLCFN research database. This will keep a live record of any research projects and outputs that the RIG is currently involved in. Are you currently running or involved in any research projects?

Please let us know so we can record this activity on our database simply contact us at info@nlcfn.net or login to the NLCFN website (<https://www.nlcfn.org.uk/user/login>) and enter the information directly at <https://www.nlcfn.org.uk/research-projects>.

Roy Castle Lung Cancer Foundation

RCLCF are currently seeking submissions for research grants. The funding focuses on early diagnosis and patient experience. See <https://www.roycastle.org/how-we-help/research/research-grants>

PROFESSIONAL DEVELOPMENT AND SUPPORT

The Florence Nightingale Foundation

The Florence Nightingale Foundation has a number of categories of scholarship to support your career including research, travel and leadership scholarships.

The Foundation is open to applications in all areas of care but in 2017/18 is particularly interested in supporting scholarships in each of our categories looking at the following key areas:

- Long term conditions (including dementia) across the whole care pathway
- End of life care
- Projects that improve the patient/user experience, enhance dignity, health or wellbeing across the whole life course
- Enhancing clinical leadership
- Respiratory

To find out more visit

<http://www.florence-nightingale-foundation.org.uk/content/page/33/>

MEMBERS NEWS NEWS NEWS NEWS NEWS

Karen Clayton – My first year as a member of the NLCFN committee

I was elected to the NLCFN Committee in January 2016, having been a member of the forum since 2010. My first year has been a very interesting learning curve. The committee members have various roles and responsibilities and I was allocated patient representative for NICE and The Annual Lilly Workshop. I share these duties with other members and their guidance has been invaluable.

The Annual Workshop poster won 1st prize at NLCFN Conference and was accepted at BTOG. I have taken the findings of this work back to my trust to improve patients care and experience. As the work is recognised nationally, it has resulted in the findings being significantly better funded and therefore a more attractive consideration to be had by the CCG and Commissioners.

I attended NICE appraisals as patient representative for both Pembrolizumab and Osimertinib, this was quite daunting but enlightening to the workings of such a revered organisation. My role was to highlight how these drugs could impact on patients' lives and improve outcomes. Both drugs have now been licensed for use.

I enjoy working at a national level and chairing a session at the NLCFN Conference in 2016 was a real highlight. I would urge all members to get involved with the Forum's work including attending the Annual Workshop, TORCH and Using your Voice; or, if you have an interest in research then join the NLCFN research interest group (RIG) and get involved. If you are a thoracic nurse then join do consider joining the

thoracic surgical group (TSG). Who knows you could be joining us on the committee one day!

*Karen Clayton, Macmillan Cancer Lead,
Macclesfield District General Hospital*

Have you got an example of good practice you would like to see in print?

This year, the NLCFN will once again be updating its popular Good Practice Guide. If you have an example of best practice that you would like to share and see included in the Good Practice Guide why not tell us all about it – it's simple to let us know, just go to <https://www.nlcfn.org.uk/best-practice> and fill in the four fields (make sure you login to the NLCFN site first at <https://www.nlcfn.org.uk/user/login> for the form to auto-populate your personal details).

You could also submit your example of good practice as an abstract – you never know you might win our best abstract prize!

Just go to <https://www.nlcfn.org.uk/content/submit-abstract> to submit your work as an abstract too.

Committee Member Feedback

January started as a very busy month. I attended a NLCFN committee meeting, BTOG and a NICE appraisal. Feedback from NLCFN 2016 conference was positive with exciting suggestions put forward for the 2017 conference. So thank you everyone for inspiring us; and yes planning of the 2017 NLCFN conference is in full swing.

I attended BTOG with a nurse colleague who is new in post; on her induction programme. As with the NLCFN Conference it was an ideal introduction into what is going on within the Lung Cancer World. She was again impressed by the friendly supportive environment from all members of the lung cancer multidisciplinary team. The passionate nature of speakers and delegates was evident; all working toward improvements for lung cancer patients. It was also great to see patient representatives present. For the NICE appraisal; we are invited as a patient expert.

As Leslie identified in the last newsletter, a NICE appraisal is a robust process. Our role is to represent the patient. A common theme ran through all three meetings; improving outcomes for lung cancer patients. When asked what patients want, I think we would all agree; higher cure rates, better outcomes for non-curative disease, early presentation/diagnosis and more tolerable treatments are all a priority.

Traditionally chemotherapy is given for a set period of cycles. EGFR or ALK positive adenocarcinoma targeted treatments are 1st line. This introduced the concept of continuous treatment up to the point of disease progression, or patient intolerance for this select subgroup. NICE recommended maintenance chemotherapy to be considered for another select subgroup of adenocarcinoma patients. Such changes are both exciting and challenging. Along with the many new treatments being considered comes changes in practice. Immune therapies introduce the possibility of continuous treatment for up to 23 months.

Do we really know what patients feel about this? Not all patients want the same. I decided to informally ask patients and carers who attend our local lung cancer and mesothelioma patient support group what their feelings and thoughts were with regard to continuous treatment for up to 23 months. I was surprised by some responses and wanted to share some of their questions and answers.

Patient 1. Q “Will it be a cure?” “No” “Then (if it worked, as mine has) I would prefer to have chemotherapy & radiotherapy; then time off treatment. I know further chemotherapy an option if cancer comes back”

Patient 2. “I’d go for whatever was recommended by the doctor or nurse”

Patient 3. “Long time to be on treatment”

Patient 4. Q “How often would I need to attend hospital?” “Bloods, oncology appointment & treatment on 3 weekly basis”
A. “How would I work?”

Patient 5. “Yes if it buys me more time”

Patient 6. “Don’t know; you only know when in that position” “You think you know what you would want” “But until it happens you, you have no idea”

Patient 7. “I’d try Anything”

Carer 1. “Not sure he could cope with that! Life so much better now treatment stopped”

Carer 2. “If it helps she should think about it; but her decision”

Carer 3. “What would you recommend?”

Carer 4. “Don’t know; not up to me”

**Carol Davies, Macmillan Lung Cancer Nurse Specialist,
Nevill Hall Hospital, South Wales**

Annual Award 2017

Don't miss out on your opportunity to shine and share best practice with your peers

The NLCFN invites applications for the 2017 Annual Award. This is a fantastic opportunity for NLCFN members to showcase a project or initiative they have been involved with. The project should be related to the care of patients with lung cancer/mesothelioma and/or their carers and involve an aspect of service delivery related to the role of the lung cancer nurse specialist.

Open to all current members of the NLCFN the NLCFN Annual Award is £1,500 and exists to recognize and celebrate the achievements of NLCFN members.

Visit our website for more information, award criteria, terms and conditions and information on how to apply using our simple online form <https://www.nlcf.org.uk/content/AnnualAward>

Society for Cardiothoracic Surgery (SCTS) Annual Meeting – Belfast 12-14th March 2017

I was invited to be the plenary speaker at the nursing session of the SCTS to talk about the NLCFN. The committee had heard John White talking the previous year at the International group about the Forum and wanted their nurses to see how their group could develop as well as realising the possibilities of networking and collaboration between both groups.

It was their Annual meeting and I must admit to being slightly intimidated but the nursing session was very friendly and I was well looked after. The session consisted of nurse-led initiatives from the development of a recovery programmes to nurse-led audits and developing a nurse-led clinic. I was also invited to dinner at the Titanic Museum which started with a tour and finished with dinner and Irish dancing. It was a real honour to be invited to such a prestigious meeting and it made me realise what an institution the Forum is and that we should all be proud of it..

Diana Borthwick,
*Clinical Nurse Specialist - Lung Cancer
Edinburgh Cancer Centre*

OBITUARY

Very sadly one of our Lung Cancer Nurse colleagues, Natalie Parkes, passed away on Wednesday 11th January. She joined the Forum last year after landing what she called her "dream job" as a Lung CNS at Heart of England Foundation Trust.

Natalie had undergone planned cardiac surgery but sadly died of an unexpected complication. She was 32 years old and had the biggest zest for life you could imagine. She was, in her 8 months as a lung CNS, already brilliant at her job and destined for great things. Her patients and colleagues alike adored her. Natalie attended her first NFLCN conference in Solihull in November, literally around the corner from her home. She was utterly blown away by the friendliness, inclusiveness but more over the professionalism of the whole set up and spoke so highly of everyone she met there. Thank you for making her feel so welcome.

The team at HoEFT feel devastated and broken hearted and know that those of you who had the privilege of meeting her will feel the same.

Lynn Reaper,
*Lung Cancer Nurse Specialist,
Heartlands Hospital*

FEEDBACK



*Your opinion
is important
to us!*

Short Poll

Please complete our short (1-question) poll on the home page of the website (www.nlcf.org.uk) on which holistic needs assessment your Trust requires you to use. It will take less than 30 seconds and will help us with our planning on the issue of holistic needs assessment which we will be discussing at our annual conference

DATES FOR THE DIARY



**28th
April 2017**

New Technologies in Thoracic Oncology Conference 2017

London
<http://tinyurl.com/znaob3e>

**8th-9th
May 2017**

BTOG Postgraduate Thoracic Oncology Course

Glenfield Hospital, Leicester
Aimed at trainees, newly appointed consultants, specialist registrars, specialist nurses or allied health professionals involved in thoracic oncology.

**2nd-3rd
November 2017**

NLCFN National Annual Conference 2017

Hilton Hotel, Newcastle Gateshead
<https://www.nlcf.org.uk/2017-annual-conference>

COMMERCIAL COMPANY EVENT

Monday 5 June 2017

Nurse Prescribing in Cancer Care

De Vere West One Conference Centre, London

This conference focuses on Nurse Prescribing in Cancer Care. Through national updates and practical case studies the conference will demonstrate how the effective use of nurse prescribing in cancer care can improve patient care, experience and outcomes. The conference will focus on developing competence and confidence in nurse prescribing in cancer care, including using the new National Competency Framework for all Prescribers.

For further information and to book your place visit <http://www.healthcareconferencesuk.co.uk/nurse-prescribing-cancer> or email hanisha@hc-uk.org.uk
Follow the conference on Twitter #NMPCancer

A **20% discount** is available by quoting ref: hcuk20nlcf when booking. (Cannot be used in conjunction with any other offer. Full T&Cs available upon request.)



National Lung Cancer Forum for Nurses

Address: Unit 2, Warwick House, Kingsbury Road, Curdworth, Warwicks, B76 9EE

Telephone: 01675 477607 Website: <http://www.nlcf.org.uk> Email: info@nlcf.net

The National Lung Cancer Forum for Nurses is grateful to its corporate sponsor Lilly Oncology for the provision of an educational grant to support the activities of the organisation. Lilly Oncology have had no input to the production of this newsletter. Click <http://www.nlcf.org.uk/content/sponsorship-opportunities> for the NLCFN information on sponsorship including our statement on funding