



CARING FOR THE FUTURE

**Understanding the importance
of Lung Cancer Nurse Specialists**

Lung Cancer Nursing UK 2020 Survey

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ABOUT LUNG CANCER NURSE SPECIALIST (LCNS)

To better understand the challenges that the workforce is facing, Lung Cancer Nursing UK carried out a survey of its membership between May and July 2019.

The survey was disseminated through Lung Cancer Nursing UK's secretariat to all 300 members. Participants were encouraged to complete an online form, which consisted of 17 questions. A full list of questions in the survey can be found in the appendix.

77 LCNSs responded to the survey, totalling 26% of the membership of Lung Cancer Nursing UK. 47% of the respondents had over ten years' experience. The trend of an older workforce highlights the increasing challenge the NHS finds itself in, with the average age of its workforce increasing, and therefore edging closer to retirement.

In regard to banding levels of respondents, 13% were band six, the majority (74%) were band seven, and 13% were band eight. NHS banding is a reflection of seniority and also dictates the pay that nurses receive.



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THE ROLE OF LUNG CANCER NURSE SPECIALISTS

LCNSs work as part of a multi-disciplinary team, providing high-quality, patient-centred care, acting as an intermediary between patients and other healthcare professionals. LCNSs ensure patients are provided with the right level of information and support to manage their symptoms and are assisted through their treatment and care pathway.

LCNSs also play a vital role in providing reassurance to patients and in communicating their needs to clinicians. In the 2018 Cancer Patient Experience Survey, 88% of respondents stated that LNCs had been crucial in helping them understand important decisions about their treatment and care.¹

Advances in treatment and care are enabling lung cancer patients to live longer and with a better quality of life. Whilst this is a welcome trend, it has also resulted in the care pathway becoming more complex with patients requiring a series of diagnostic tests and careful management of the effects of living on treatment for longer. This rising demand on the LCNS workforce coupled with an increasingly complex workload have proven to be barriers to delivering high-quality specialist care for people with lung cancer.



LCNSs ARE CRITICAL BOTH AS PART OF A MULTIDISCIPLINARY TEAM AND FOR IMPROVING PATIENTS' EXPERIENCE OF CARE

HEADLINE FINDINGS

There are number of key themes emerging from the survey findings, which are summarised below and explored in the report in further detail:



THE LCNS WORKLOAD IS INCREASING

47% of respondents reported that they were caring for over 200 patients, with a marked increase in caseload over the last four years



MOST LCNSs DO NOT FEEL THEIR TRUSTS ARE RESPONDING TO WORKFORCE PRESSURES

78% of respondents did not believe their hospital was meeting recommended recruitment standards and 65% did not think there was an LCNS recruitment strategy in place



LCNSs FEEL SUFFICIENTLY SKILLED TO DELIVER PSYCHOLOGICAL SUPPORT

79% felt that they had the tools and resources to provide psychological support to patients



LCNSs ARE CONFIDENT IN THEIR KNOWLEDGE OF NEW TREATMENTS BUT MANY LACK TIME TO INFORM PATIENTS

LCNSs believe that access to treatment is good, and 71% feel confident introducing new treatment types. However, over a third feel they do not have enough time to fully inform patients of the options available



LCNSs WHO TAKE MORE PERSONAL DEVELOPMENT DAYS FEEL IT HELPS THEM DELIVER CARE TO THE HIGHEST STANDARD

100% of respondents who completed more than five CPD days agreed that it helped them to fulfil their job to the highest standard. LCNSs taking fewer days felt this was insufficient to maintain their skills

POLICY RECOMMENDATIONS

To help address the challenges highlighted by the survey responses, Lung Cancer Nursing UK has developed a series of policy recommendations to help enable LCNSs provide the best possible care for their patients:



The current shortage in the LCNS workforce needs to be urgently addressed in the upcoming full NHS People Plan



NHS England should ensure that current LCNS staffing numbers are in line with the guidance set out in the National Optimal Lung Cancer Pathway (NOLCP)



NHS England should support Trusts in setting up recruitment plans to address the current shortage in the LCNS workforce



NHS England together with the Royal College of Nursing should explore the potential of making Lung Cancer Nurse Specialist a protected professional title with specialist training associated with it



With the number of new and targeted lung cancer treatments expected to increase over the coming years, LCNSs should be better supported in managing their introduction and ensuring that patients are adequately informed about their treatment options



LCNSs should be able to take at least five days a year for professional development to ensure that they continue to have the necessary skillset and training to deliver the best possible care for their patients



The Royal College of Nursing and NHS England should partner with Lung Cancer Nursing UK to explore the potential to develop a tailored training programme for LCNSs

A WORKFORCE UNDER INCREASING PRESSURE



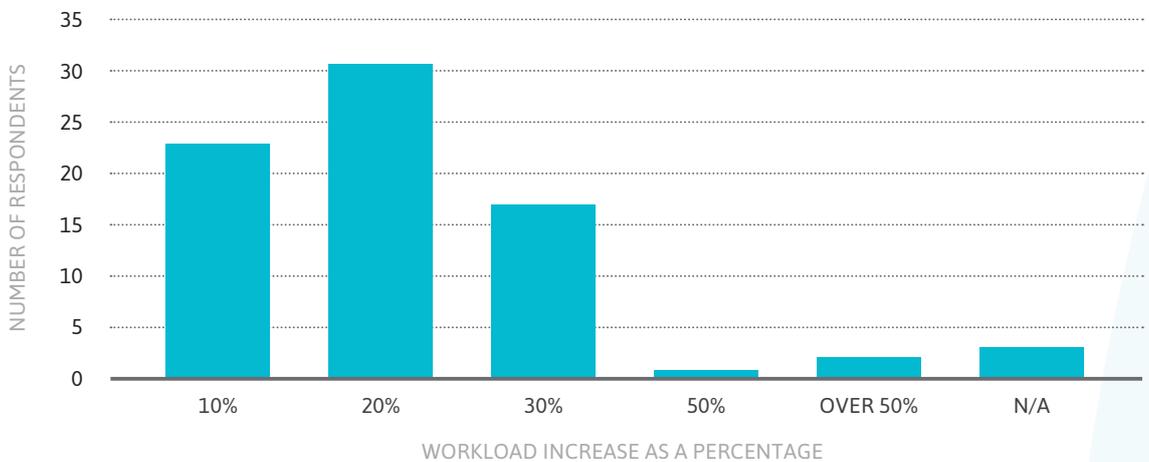
"I FEEL THAT MORE AND MORE WE ARE FIREFIGHTING RATHER THAN PROACTIVELY CARING FOR OUR PATIENTS"

SURVEY RESPONDENT

Recent years have seen welcome improvements in care, support and treatment for lung cancer. However, current survival rates for lung cancer remain the second lowest out of 20 common cancers in England and Wales.²

However, increased numbers of patients having surgery, as well as better access to radiotherapy means that more people are able to live longer with lung cancer. This is undoubtedly good news for people affected by the condition. However, it also creates challenges for health services and for the LCNS workforce.

CASELOAD INCREASE OVER FOUR YEARS AS REPORTED BY RESPONDENTS



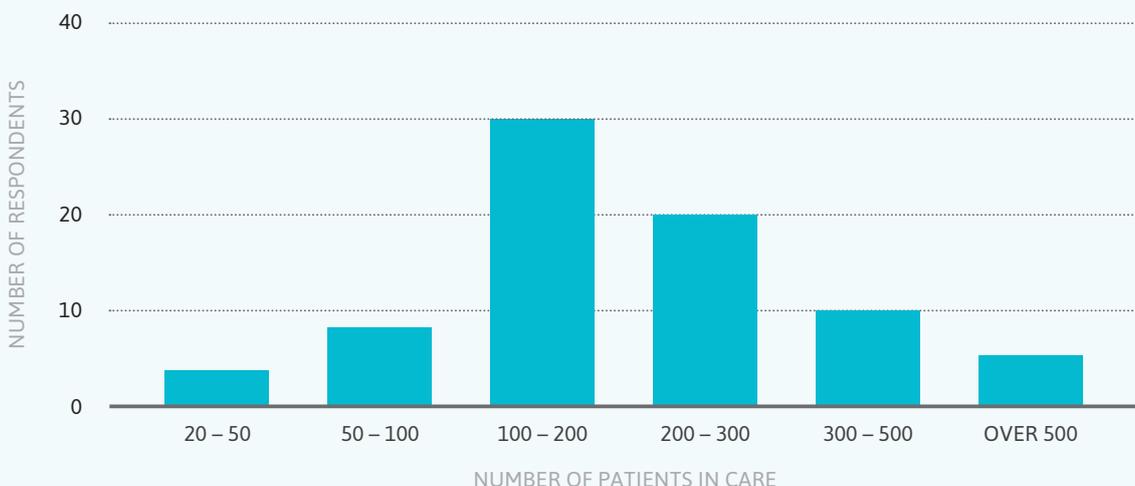
This has been recognised by NHS England’s recent Interim NHS People’s Plan which states that demand for health and care services is increasing as a result of a growing and ageing population and the ever-increasing possibilities of medical science.³ The shortage has also been recognised in the 2018 National Lung Cancer Audit report. It was found that despite the fact it is recommended that 80% of lung cancer patients in England should have an LCNS present at diagnosis, only 58% did.⁴

Our survey findings confirm this trend. All LCNSs interviewed agreed that their workload has increased by at least 10% in the past four years.



100% OF LCNSs SAY THEIR WORKLOAD HAS INCREASED IN THE LAST FOUR YEARS

IN MY ROLE AS LUNG CANCER NURSE SPECIALIST, I ESTIMATE THAT I AM CURRENTLY LOOKING AFTER APPROXIMATELY ___ LUNG CANCER PATIENTS



As a result, LCNSs are looking after an increasing number of patients, with 45% of survey respondents indicating that they are caring for 200 lung cancer patients or more at any one time.

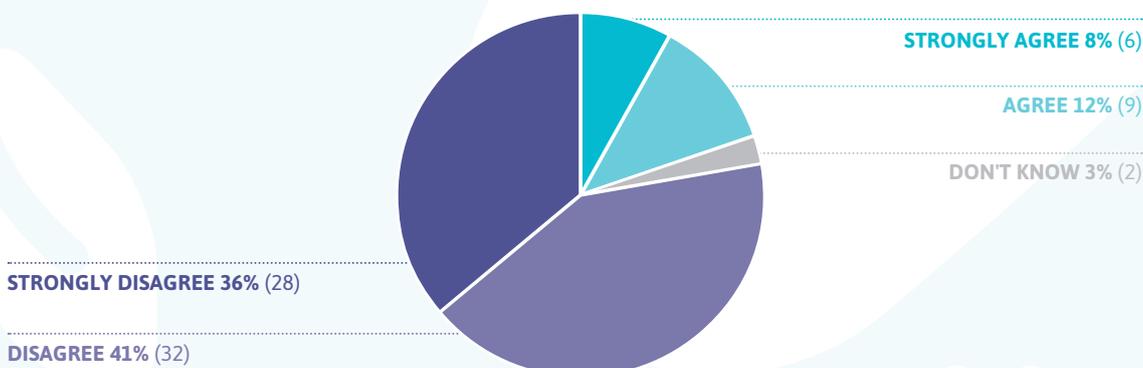
A nurse who has 500 patients to look after would have just 3.5 hours a year to spend with each of them. This also assumes no time for essential administration, meetings or training.

The 2017 NOLCP guidelines indicate that LCNSs should look after no more than 80 new patients per year.⁵ The survey shows that this is not happening in practice, with 77% of respondents disagreeing that there are sufficient LCNSs to meet the NOLCP recommendation. At present, there is no figure which refers to the overall number of patients that is optimal for LCNS workload. Further work needs to be undertaken to ascertain this figure.



77% OF LCNSs FEEL THAT NOLCP TARGETS ARE BEING BREACHED

WITHIN MY TEAM THERE IS ONE LUNG CANCER NURSE SPECIALIST FOR EVERY 80 NEW LUNG CANCER DIAGNOSES PER YEAR

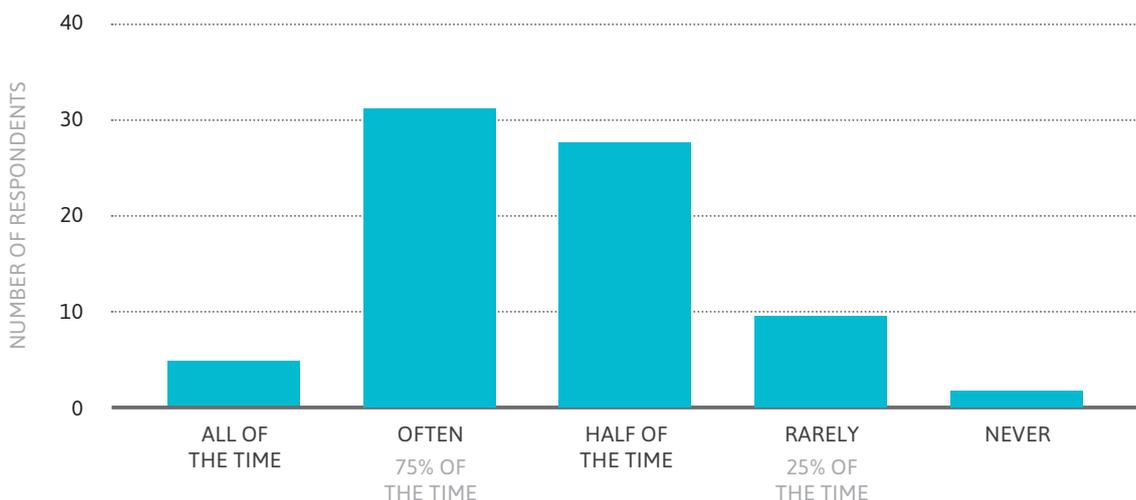




"I LOVE MY ROLE – BUT THERE IS NEVER ENOUGH TIME OR RESOURCES"

SURVEY RESPONDENT

LUNG CANCER NURSE SPECIALISTS AT MY HOSPITAL HAVE THE NECESSARY TIME AND RESOURCES TO PROVIDE THE BEST POSSIBLE CARE TO PEOPLE WITH LUNG CANCER



1/2 OF LCNSs FEEL LIKE THEY ONLY PROVIDE THE NECESSARY LEVEL OF CARE HALF OF THE TIME OR LESS

Increasing workload and lack of resources can leave LCNSs feeling overwhelmed and not able to provide the best possible care to all patients all the time. Over half of the respondents (52%) felt that they can only provide the best possible level of care half of the time or less.

These workload pressures are not only making it difficult for LCNSs to carry out their day-to-day tasks, but also has implications for workforce retention. The numbers of nurse trainees wanting to pursue a career in the profession have declined over recent years, in part due to declining numbers of nurses from the EU.⁶ Patients are also becoming aware of the challenges facing the LCNS workforce, with a recent study finding that one in five people diagnosed with lung cancer say the staff responsible for their care have unmanageable demands.⁷



RECOMMENDATION 1

The current shortage in the LCNS workforce needs to be urgently addressed in the upcoming full NHS People Plan



RECOMMENDATION 2

NHS England should ensure that current LCNS staffing numbers are in line with the guidance set out in the National Optimal Lung Cancer Pathway

A WORKFORCE NEEDING SUPPORT



"TRUSTS NEED TO TAKE SERIOUSLY THE LEVEL OF LCNS SUPPORT FOR THE NUMBER OF PATIENTS AS THIS AFFECTS THE PATIENTS EXPERIENCE"

SURVEY RESPONDENT

LCNSs need to be able to continually develop their practice and educational needs in an ever changing field of healthcare. The profession needs recognition from employers and health service managers that educational needs are met. It is also essential to recognise that all LCNS caseloads are increasing every year. Lung cancer patients continue to survive longer from successful treatments and have ongoing often complex survivorship support needs as a result.



4/5 OF LCNSs FEELS VALUED AND SUPPORTED BY THEIR SENIOR COLLEAGUES

The survey results demonstrate that LCNS feel that their role and work is valued by their senior colleagues with 4/5 (79%) of respondents agreeing they feel supported by their line manager.

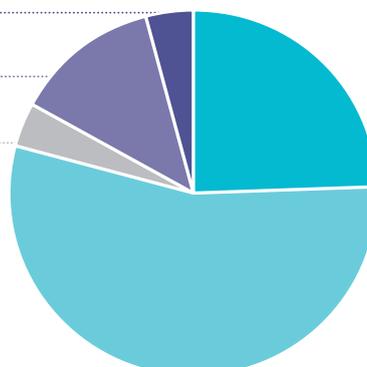
However, there is a clear dissonance in the way that the LCNS role is viewed and treated more widely. Despite their increasing workload, 66% of respondents did not believe their hospital was looking to protect or expand the position. This undermines confidence that existing workforce pressures will be adequately addressed.

I FEEL THE ROLE OF LUNG CANCER NURSE SPECIALISTS IS VALUED BY MY LINE MANAGER

STRONGLY DISAGREE 4% (3)

DISAGREE 13% (10)

DON'T KNOW 4% (3)



STRONGLY AGREE 25% (19)

AGREE 54% (42)



"WE ARE HOPING A BUSINESS CASE TO RECRUIT MORE NURSES WILL BE SUCCESSFUL IN ORDER FOR US TO PROVIDE A QUALITY SERVICE FOR OUR LUNG CANCER PATIENTS"

SURVEY RESPONDENT

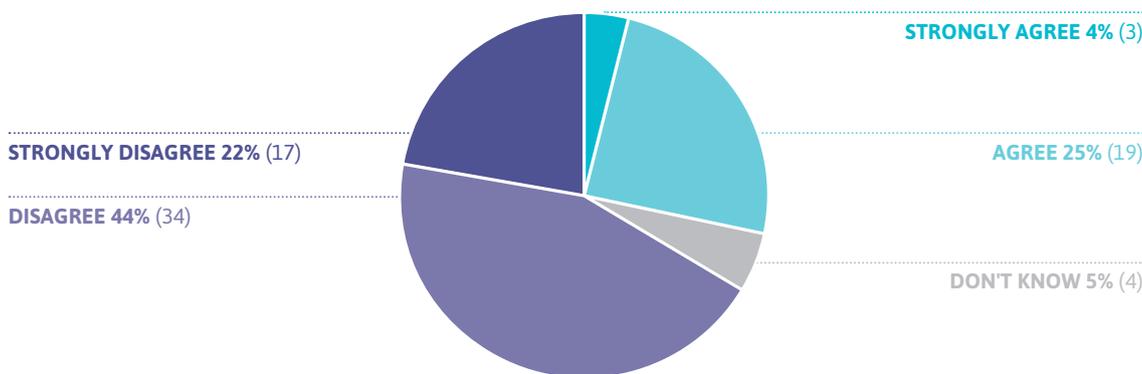


83% OF LCNSs
ARE WORRIED
ABOUT THE FUTURE
OF THE ROLE

Respondents were clear about their concerns around the status of the LCNS role. **83%** agreed that they were worried about the move towards lower banded roles.

In the absence of recognised metrics and a professional qualification associated with the title of an LCNS, nurses across a number of bands can adopt the title 'specialist nurse' even when they are not delivering advanced clinical or professional practice. As such, **87%** of respondents supported making LCNS a protected title with associated professional training.

I AM CONFIDENT THAT MY HOSPITAL HAS PUT IN PLACE A PLAN TO RECRUIT AND RETAIN LUNG CANCER NURSE SPECIALISTS OVER THE NEXT THREE YEARS



87% OF LCNSs
WANT TO PROTECT
THEIR TITLE

With increasing workforce pressures across the whole of the lung cancer care pathway, LCNSs are also often asked to devote their time to undertaking administrative tasks, undermining the ability to care for patients. Protecting LCNS as a professional title will help free up time for nurses who have received specialist training to provide care for more complex and demanding patient needs.

3 RECOMMENDATION 3
NHS England should support Trusts in setting up recruitment plans to address the current shortage in the LCNS workforce

4 RECOMMENDATION 4
NHS England together with the Royal College of Nursing should explore the potential of making Lung Cancer Nurse Specialist a protected professional title with specialist training associated with it

A WORKFORCE SUPPORTING PATIENTS WITH NEW TREATMENTS



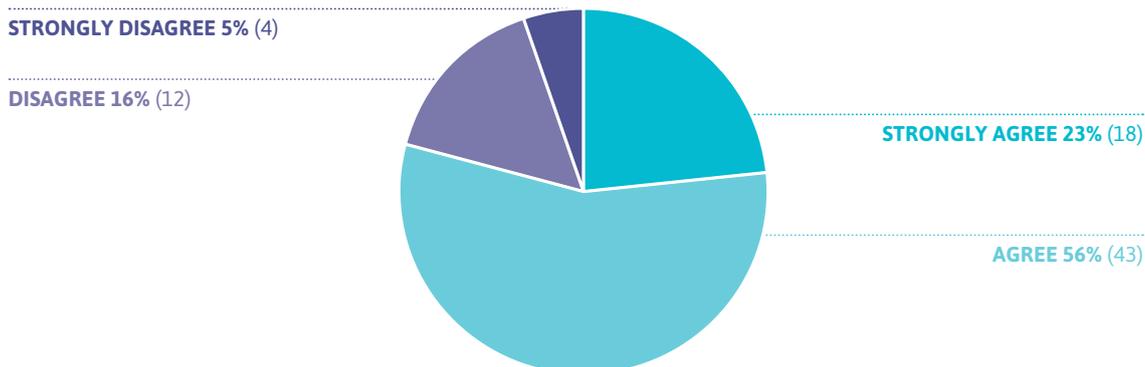
"I FEEL THE ROLE HAS CHANGED SIGNIFICANTLY... PATIENT NUMBERS HAVE INCREASED BUT SO HAVE TREATMENT OPTIONS... THIS IS POSITIVE FOR PATIENTS"

SURVEY RESPONDENT

Advancement in cancer therapy have helped improve the chance of long-term survival for some patients.⁸ If more patients are to benefit from these advances in treatment, it is vital to address existing variation in access.

The most recent data from the National Lung Cancer Audit (NLCA) shows that 66% of patients in England received anticancer treatment,⁹ an improvement of the 62% seen last year.¹⁰ Despite this overall improvement, results range from 36% to 96% across individual trusts, meaning that 65 trusts failed to achieve the recommended standard.¹¹

PEOPLE WITH LUNG CANCER ARE ABLE TO ACCESS THE LATEST AND MOST APPROPRIATE TREATMENTS ON THE NHS



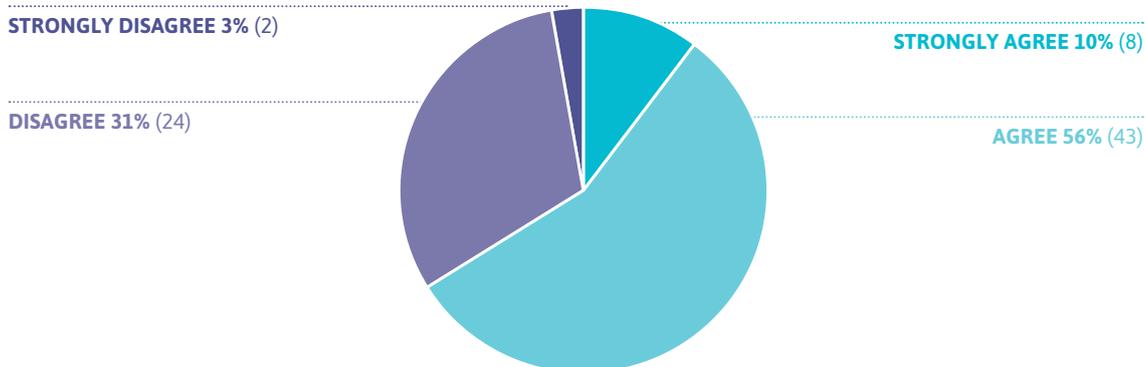
Despite the existing variation across the country, the survey results showed that overall 79% of respondents were confident that patients are being able to receive the most appropriate treatment.



4/5 OF LCNSs
FEEL THAT
APPROPRIATE
TREATMENT
OPTIONS ARE
AVAILABLE

LCNSs are integral in helping patients access active treatment, which is a particular challenge in lung cancer as patients are often older and have other comorbidities. Data from the NLCA has shown that people with lung cancer seen by a LCNS were more than twice as likely to receive treatment compared to those who were not.

I HAVE ENOUGH TIME TO GIVE COMPREHENSIVE AND ACCURATE INFORMATION ABOUT THE TREATMENT OPTIONS AVAILABLE TO PEOPLE WITH LUNG CANCER



If we are to improve survival rates and experience of care, it is important that every patient has access to an LCNS, and that nurses are supported in delivering new treatment options. This means that LCNSs will need to be able to provide information on new and existing treatment options whilst managing patient expectations of treatment and side effects.



69% OF LCNSs
FEEL CONFIDENT
INTRODUCING
NEW TREATMENTS

The survey results show that 69% of respondents feel confident in managing the introduction of new treatments. However, 36% indicated that they do not have sufficient time to adequately inform patients of the options available.



RECOMMENDATION 5

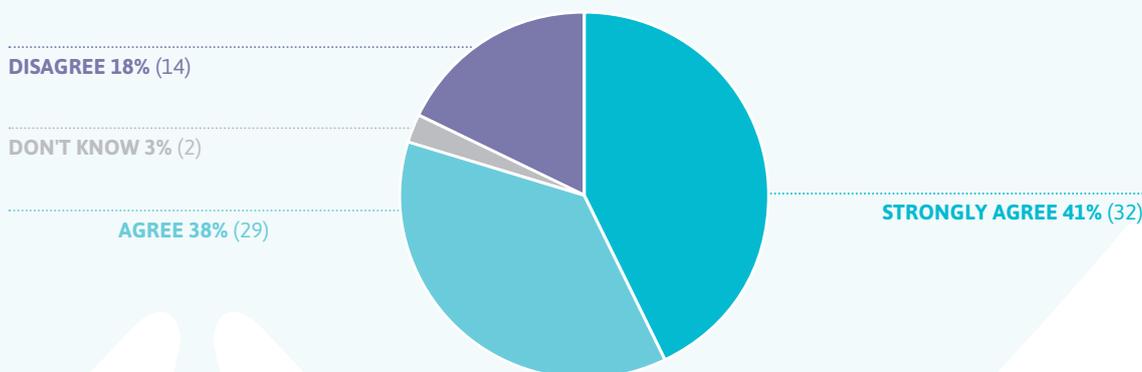
With the number of new and targeted lung cancer treatments expected to increase over the coming years, LCNSs should be better supported in managing their introduction and ensuring that patients are adequately informed about their treatment options



79% OF LCNSs
FEEL CONFIDENT TO
PROVIDE MENTAL
HEALTH SUPPORT

Managing the increased workload associated with the introduction of advanced treatment poses a challenge for an already strained LCNS workforce. However, the survey produced an encouraging finding in LCNSs' confidence in their ability to provide mental health support for patients. 79% of respondents felt confident in providing psychological support for newly diagnosed patients.

I AM CONFIDENT THAT I HAVE ENOUGH TRAINING TO BE ABLE TO DISCUSS THE PSYCHOLOGICAL IMPACT OF LUNG CANCER WITH PATIENTS



"MY TEAM HAVE PROVIDED ME WITH SUPPORT AND OPPORTUNITIES TO INCREASE MY KNOWLEDGE AND SKILLS BEFORE BECOMING FULLY INDEPENDENT"

SURVEY RESPONDENT

A WORKFORCE EAGER FOR PROFESSIONAL DEVELOPMENT



"THERE IS NO INFRASTRUCTURE WITH REGARD TO LEARNING AND DEVELOPMENT"

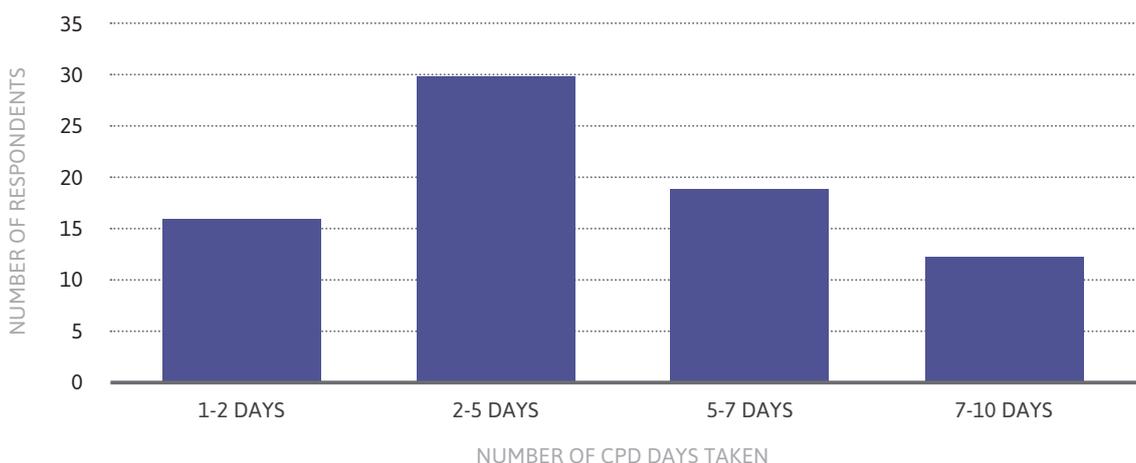
SURVEY RESPONDENT

To keep abreast of the latest developments within the nursing profession, it is essential that LCNSs are informed of areas of best practice. New treatment options and other ways to help care for patients in the most efficient way, while maintaining a high-quality standard of care, is essential for the LCNS role.

Just 29 out of the 77 respondents (38%) were able to take five or more days for continued professional development (CPD) in the previous year.

Of those, 100% indicated that the level of training has helped them to fulfil their job to the highest standard.

I WAS ABLE TO TAKE ___ CONTINUED PROFESSIONAL DEVELOPMENT (CPD) LAST YEAR



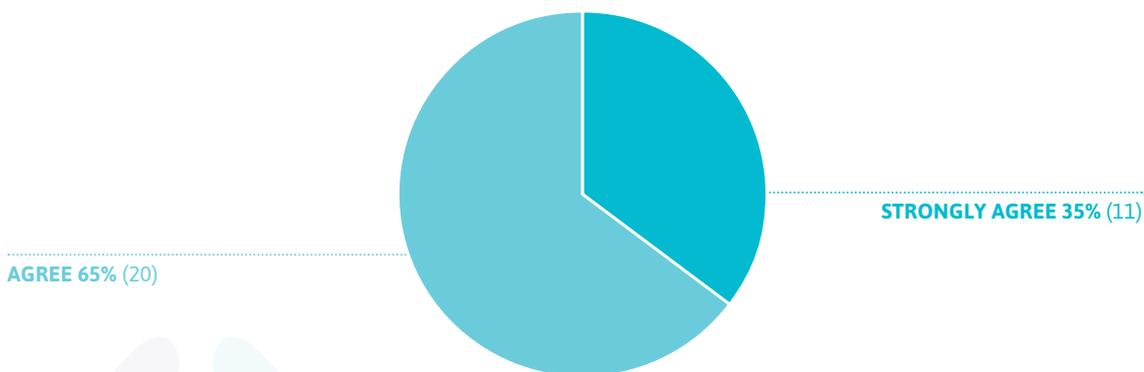
This is in contrast to those who were able to take fewer training days. Of those respondents taking four days or less of CPD, 50% indicated that it was not enough time for them to adequately maintain and develop the skills necessary to fulfil the role's responsibilities.



100% OF LCNSs WHO TOOK FIVE OR MORE DAYS OF CPD FOUND IT HELPFUL

Lung Cancer Nursing UK welcomes the extra £150 million for training of frontline staff^{f12} announced in the Government’s 2019 Spending Review. However, with 6 out of 10 LCNSs unable to take five days CPD last year, Lung Cancer Nursing UK is concerned that increasing workload pressures are preventing LCNSs from undertaking adequate levels of training to ensure that they maintain the necessary skillset to fulfil their role.

THE LEVEL OF CPD WAS ADEQUATE TO MAINTAIN AND DEVELOP THE SKILLS NECESSARY FOR ME TO FULFIL MY JOB TO THE HIGHEST STANDARD – FIVE DAYS OR MORE CPD TAKEN



RECOMMENDATION 6

LCNSs should be able to take at least five days a year for professional development to ensure that they continue to have the necessary skillset and training to deliver the best possible care for their patients



RECOMMENDATION 7

The Royal College of Nursing and NHS England should partner with Lung Cancer Nursing UK to explore the potential to develop a tailored training programme for LCNSs

CONCLUSION



The NHS is under intense pressure, and this has had a significant impact on the entire nursing profession including LCNSs. The survey results depict a confident, skilled workforce, but one that continues to face ongoing challenges. More than 33,000 nurses left the NHS in 2017, with nearly 7,000 of those over the age of 55, and therefore eligible for a full pension.¹³ This has implications not only for the existing LCNS workforce but also for succession planning. These include recruitment and retention, as well as ongoing pay restraints in the face of rising demands.

Given the vital role of LCNSs in improving survival outcomes and ensuring positive patient experience across the care journey, addressing these challenges is vital. The implementation of the NHS Long Term Plan, together with the full NHS People Plan present a welcome opportunity to address the workforce challenges highlighted through this survey.



LUNG CANCER NURSING UK LOOKS FORWARD TO WORKING WITH POLICY-MAKERS AND COMMISSIONERS TO ENSURE THAT LCNS ARE ADEQUATELY SUPPORTED IN PROVIDING THE BEST POSSIBLE CARE FOR PEOPLE FACING THE DIFFICULT DIAGNOSIS OF LUNG CANCER



APPENDIX

List of questions in the Lung Cancer Nursing UK 2019 survey

- 1 My current nursing grade is
 - Band 5
 - Band 6
 - Band 7
 - Band 8

- 2 I have worked as a Lung Cancer Nurse Specialist for
 - < 1 year
 - 1-5 years
 - 5-10 years
 - 10-15 years
 - > 15 years

- 3 Lung Cancer Nurse Specialists at my hospital have the necessary time and resources to provide the best possible care to people with lung cancer
 - All of the time
 - Often (75% of the time)
 - Half of the time
 - Rarely (25% of the time)
 - Never

- 4 I have access to the appropriate tools and resources to provide the best psychological support to people diagnosed with lung cancer
 - Strongly agree
 - Agree
 - Disagree
 - Strongly disagree
 - Don't know

- 5 I am confident that I have enough training to be able to discuss the psychological impact of lung cancer with patients
 - Strongly agree
 - Agree
 - Disagree
 - Strongly disagree
 - Don't know

- 6 I feel the role of Lung Cancer Nurse Specialists is valued by my line-manager
 - Strongly agree
 - Agree
 - Disagree
 - Strongly disagree
 - Don't know

- 7 In my role as Lung Cancer Nurse Specialist, I estimate that I am currently looking after approximately [please select] lung cancer patients
 - 0 – 20
 - 20 – 50
 - 50 – 100
 - 100 – 200
 - 200 – 300
 - 300 – 500
 - Over 500

- 8** Within my team there is one Lung Cancer Nurse Specialist for every 80 new lung cancer diagnoses per year?
- Strongly agree
 - Agree
 - Disagree
 - Strongly disagree
 - Don't know
- 9** The number of lung cancer patients I am caring for has a) increased b) decreased by [please select] over the past 4 years
- If a) please select by how much it has increased
- N/A (I have been in post for less than a year)
 - 10%
 - 20%
 - 30%
 - 50%
 - Over 50%
- If b) please select by how much it has decreased
- 0%
 - 10%
 - 20%
 - 30%
 - 50%
 - Over 50%
- 10** I am confident that my hospital has put in place a plan to recruit and retain Lung Cancer Nurse Specialists over the next three years
- Strongly agree
 - Agree
 - Disagree
 - Strongly disagree
 - Don't know
- 11** I am concerned about a move towards lower banded roles for Lung Cancer Nurse Specialists
- Strongly agree
 - Agree
 - Disagree
 - Strongly disagree
 - Don't know
- 12** I would prefer 'Lung Cancer Nurse Specialist' to become a professionally protected title with specific professional training required for its award
- Strongly agree
 - Agree
 - Disagree
 - Strongly disagree
 - Don't know
- 13** I was able to take [please select] continued professional development (CPD) last year
- 1 – 2 days
 - 2 – 5 days
 - 5 – 7 days
 - 7 – 10 days

- 14** The level of CPD indicated in question 13 was adequate to maintain and develop the skills necessary for me to fulfill my job to the highest standard
- Strongly agree
 - Agree
 - Disagree
 - Strongly disagree
 - Don't know
- 15** I have enough time to give comprehensive and accurate information about the treatment options available to people with lung cancer
- Strongly agree
 - Agree
 - Disagree
 - Strongly disagree
 - Don't know
- 16** I feel confident managing the introduction of new treatments for lung cancer such as immunotherapies
- Strongly agree
 - Agree
 - Disagree
 - Strongly disagree
 - Don't know
- 17** People with lung cancer are able to access the latest and most appropriate treatments on the NHS
- Strongly agree
 - Agree
 - Disagree
 - Strongly disagree
 - Don't know
- 18** If there are any further comments that you would like to add in relation to any aspect of your experience as an LCNS please insert them in the text box below.

REFERENCES **1** National Cancer Patient Experience Survey 2018 www.ncpes.co.uk/reports/2018-reports/national-reports-2018/4539-cpes-2018-national-report/ Accessed 30 September 2019 **2** Quaresma et al., 40-year trends in an index of survival for all cancers combined and survival adjusted for age and sex for each cancer in England and Wales, 1971–2011: a population-based study <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2814%2961396-9> Accessed 20 February 2020 **3** NHS England, Interim NHS People Plan www.longtermplan.nhs.uk/wp-content/uploads/2019/05/Interim-NHS-People-Plan_June2019.pdf Accessed 30 September 2019 **4** Royal College of Physicians, National Lung Cancer Audit annual report 2018 (for the audit period 2017) www.rcplondon.ac.uk/file/12841/download?token=7L_Bdmm8 Accessed 30 September 2019 **5** Royal College of Physicians, National Lung Cancer Audit annual report 2018 (for the audit period 2017) www.rcplondon.ac.uk/file/12841/download?token=7L_Bdmm8 Accessed 30 September 2019 **6** Nursing and Midwifery Council, The NMC register <https://www.nmc.org.uk/globalassets/sitedocuments/other-publications/the-nmc-register-2018.pdf> Accessed 20 February 2020 **7** Macmillan Cancer Support, Treatable but not curable cancer https://www.macmillan.org.uk/_images/tbcn-research-summary_tcm9-355791.PDF Accessed February 2020 **8** Takano et al., Improvement in the Survival of Patients With Stage IV Non-Small-Cell Lung Cancer: Experience in a Single Institutional 1995-2017 <https://pubmed.ncbi.nlm.nih.gov/31027701-improvement-in-the-survival-of-patients-with-stage-iv-non-small-cell-lung-cancer-experience-in-a-single-institutional-1995-2017/> Accessed February 2020 **9** Royal College of Physicians, National Lung Cancer Audit annual report 2018 (for the audit period 2017) www.rcplondon.ac.uk/file/12841/download?token=7L_Bdmm8 Accessed 30 September 2019 **10** Royal College of Physicians, National Lung Cancer Audit annual report 2017 (for the audit period 2016) <https://www.rcplondon.ac.uk/file/8986/download> Accessed 21 February 2020 **11** Royal College of Physicians, National Lung Cancer Audit annual report 2018 (for the audit period 2017) www.rcplondon.ac.uk/file/12841/download?token=7L_Bdmm8 Accessed 30 September 2019 **12** HM Treasury, Spending Round 2019 assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/829177/Spending_Round_2019_web.pdf Accessed 30 September 2019 **13** Nurse and Health Visitor joiners and leavers from the NHS – October 2018 <https://digital.nhs.uk/data-and-information/find-data-and-publications/supplementary-information/2018-supplementary-information-files/leavers-and-joiners/nurse-and-health-visitor-joiners-and-leavers-from-the-nhs> Accessed February 2020.



Lung Cancer Nursing UK, formerly known as the National Lung Cancer Forum for Nurses (NLCFN), was established in 1999 to provide networking and support to Lung Cancer Nurse Specialists (LCNS) who dedicate themselves to the care of people with lung cancer.

Over the last 20 years, Lung Cancer Nursing UK has supported its members by:

- Providing clinical support, sharing of knowledge and best practice for LCNS
- Supporting and encouraging lung cancer related research and audit
- Encouraging and supporting professional development through our national conference, educational and regional programmes
- Developing and sharing educational materials, publications and resources for LCNS, patients and carers
- Providing a voice for lung cancer nurse specialists on clinical and strategic issues associated with lung cancer and service delivery