

## **The role of Band 4 Support Worker alongside CNS Secondary Breast Cancer – Ruth Fox - Northampton**

I have been in my role as Macmillan Metastatic Breast Cancer CNS for four and a half years now.

During that time I've been a lone worker (with no cover when off) and had a very large, and increasing caseload of approximately 130–150 patients.

Managing this caseload was becoming increasingly difficult. After a discussion with my manager, we successfully put forward a business case to Macmillan Cancer Support to 'Pump Prime' a full-time Band 4 Support Worker post.

In June 2018 we recruited Dawn to the post, and having her in place is already making a significant difference to the capacity I have to fulfil my role.

Dawn does a lot of prep for clinics (chasing histology, scans etc), she takes phone messages, dealing with them if she can and escalating others to me.

Dawn is a very experienced health care assistant with 20 years in oncology and this also makes a positive difference to her ability to carry out her job. She is very happy to see inpatients if I can't get round to them all, and check any plan I may have put in place is being actioned, or escalate issues such as symptom control to me.

Dawn really enjoys patient contact and shares the outpatient lists with me, but we go through these first so I ensure I see the more complex patients, or those who will be receiving bad news. She also enjoys carrying out electronic HNAs with the patients when they come into Oncology, following which we put a care plan together, based on the issues raised.

Acutely aware that as a Band 4 post, the unqualified post holder would be working with a senior nurse in a very sensitive role, I was initially anxious that there was a risk the candidate may be used inappropriately to provide specialist nursing support at times when I wasn't present. It is very hard, no matter how much you plan clinics and patient contact, to avoid distressing events with a caseload of patients with incurable disease, and being exposed to this at times is inevitable.

However, with good understanding and awareness of the role and its boundaries, the right person in post, (ideally with good previous oncology experience) and good communication with members of the wider MDT, it's been possible to ensure there is no expectation placed on Dawn to manage these situations in any way.

Importantly, Dawn recognises her professional boundaries and passes any more complex or 'nursing' queries on to me, whilst confidently explaining the need to do this to patients, families and other professionals.

The difference to my work has been huge and really beneficial. It means I can spend more time with outpatients who are struggling, emotionally and physically, and that I can refer them on to other professionals in the community more quickly. It also means the many general queries and signposting tasks can be dealt with by someone else, where no nursing input is necessary.

Inpatients can be seen more regularly and patients get time to sit down one to one and go through the holistic needs checklist, whereas I was having to do all this by telephone before (which for me, was less than ideal).

The main benefit for patients is that whether they are in hospital or attending outpatients department, they are seen more frequently by someone, as before they could attend several appointments and may not actually see me if I was in with someone else (two concurrent clinics run several times a week for my patients, so it was impossible to see everyone).

Many patients have fed back that it is reassuring that when I am off work there is still someone who can listen to them and deal with some of their problems, even if not all of these can be addressed there and then. However, Dawn is very aware of other professionals she can signpost patients to in my absence. Patient calls tend to be returned more quickly as we share tasks rather than them having to wait until I was able to get back to them.

We'll need to undertake work to evaluate the impact of the post for it to become permanent once the Macmillan funding has come to an end, but we're very confident of proving the longer term positive benefit and improved experience to our patients.

For the right candidate, this role not only offers significant benefits to a secondary breast cancer nursing service, but offers a brilliant opportunity for the individual to upskill and realise potential, and I know Dawn feels the enhanced communication and one- to-one patient contact is really rewarding.