

Reallocation of work within a CNS Team

NHS Lanarkshire

Creating new CNS posts and bringing in extra resource may be preferable in many hospitals but for a number of reasons it is not always possible. NHS Lanarkshire have found that by reallocating existing resources within the CNS team it is possible to provide a greater level of care.

NHS Lanarkshire

NHS Lanarkshire currently supports just under 200 patients that are living with secondary breast cancer. Up until 2015, a team of 7 Breast Care Nurses were jointly responsible for providing specialist nursing care to both primary and secondary breast cancer patients.

Over time the team noticed a growing need to provide further support to secondary breast cancer patients. "Due to the positive improvements in treatments, we found that more people were living for longer with secondary breast cancer which in turn meant that our team were supporting increasing numbers of patients. It became harder to care for the wider needs of our patients, making sure that their needs beyond their medical care were considered" (Jackie O'Donnell, Secondary breast care nurse).

Restructuring the team

The team decided that restructuring the team would be the best way to ensure more consistent care for secondary breast cancer patients. Rather than adding extra resource, Jackie O'Donnell's role was changed from a Breast Care Nurse to a Secondary Breast Care Nurse.

"Changing my role was easy. Together with our lead cancer nurse we created a new role description which was approved by management. As there was no extra resource required there was no need for a formal business case to be submitted. I would care for the secondary patients whereas the other breast care nurses would continue but with a sole focus on supporting primary patients".

Impact

The trust feels that restructuring the CNS team in this way has had a number of benefits to both staff and patients. These benefits have been confirmed in patient experience surveys.

- The care provided has moved from being 'ad hoc' to coordinated and consistent.
- There is a greater level of continuity in the care provided and patients know who they can contact.
- Becoming a CNS with a focus on secondary breast cancer has allowed Jackie to become more knowledgeable and experienced in this area.
- HNA's and data collection are now completed/collected more routinely.

Concerns

Given that no further resource has been added to the team there was some concern that the changes could negatively impact on primary breast cancer patients, however, it appears that it has not been the case:

'Redirecting my time away from primary breast cancer patients does not seem to have had a negative impact on patients at all. Clinics are still covered and it is not felt that patients receive any less CNS contact time'.

"In my role (Secondary Breast Care Nurse) I support a large number of patients, currently around 200 people. It may seem that having one person to support this number of patients is unrealistic but as there are varying levels of need within this patient group I am able to manage the workload; I don't need to provide lots of support to them all at once but I am there for when they do need help. I still work closely with the CNS team and when I am on annual leave the team ensure they are available to support my patients. I have never needed to have an extended period away from work but we would ensure that nursing support is always available to patients."