

## **The case for a new Secondary breast cancer Specialist nurse in my team**

After noticing that her patient caseload was increasing by 13% each year, Wendy Aynsley (Clinical Nurse Specialist for Secondary Breast Cancer), submitted a successful business case for a new secondary breast cancer CNS post. The new post has transformed the service provided.

“I was appointed in October 2014 as CNS for secondary breast cancer to set up the service for patients in Cornwall. I established my case load and registered patients on the Somerset cancer register. My role includes nurse led clinics, seeing patients in the hospital wards, participating in three Consultant oncologist clinics and daily telephone support for patients.”

### **Why was the new post needed?**

“I initiated the Secondary Breast Cancer Pledge with Breast Cancer Care, Breast Cancer Now and the Royal Cornwall Hospitals NHS Trust in 2016. The project gave us a greater insight into how patients viewed the care they were receiving.”

“The findings emphasised that the specialist nurse role is critical to their care and wellbeing. However, the findings also recognised gaps in the service that were caused by the limitations of a lone CNS post holder. The pledge identified the vulnerability of one CNS supporting a high number of patients.”

“My patient caseload was increasing each year (approximately 100 new patients a year). I was unable to see all of the patients and assess their holistic needs. I had no cross cover for annual leave or study leave which increased the pressure on consultants.”

### **How was the new post created?**

“In order to further develop the secondary breast cancer service at the Royal Cornwall Hospital we applied to Macmillan for a 3 year funded post for a band 6 secondary breast cancer specialist nurse. The Trust agreed to continue to fund the post after 3 years of funding by Macmillan. This application was successful and my new nurse was appointed in March 2018. However, as you may expect, reaching this point does take time and some work in building evidence that the post is needed.”

“Initially, I raised my concerns about being a lone worker during my monthly one to one catch ups with my manager and it became a reoccurring topic of conversation. My manager raised my concerns to management and after a few months a meeting was arranged to discuss the possibility of creating a new post.”

“It was agreed that the Trust would apply for Macmillan funding to pay for the new role for the first 3 years but before submitting the application we sought reassurance that the role would carry on beyond the Macmillan funding.”

“In order to provide evidence that there was a need for further nursing resource I worked closely with our Improvement Facilitator and together we obtained statistics that included:

- Changes in patient case load numbers over time.
- Number of HNA's completed each year in comparison with patient numbers. The percentage of patients receiving HNA's was falling each year.

- The time I spent in direct contact with patients and how this contact occurred (eg face to face, by phone,)

“My manager and all involved understood my concerns and my belief that further nursing resource was needed. When discussing the matter we looked beyond numbers and statistics; all agreed that patients can have complex needs and all understood that the role has a huge influence on patient experience.”

### **What impact has it had?**

“The new specialist nurse post, like my own, is specific to secondary breast cancer. We share the responsibilities of supporting consultant clinics and offering telephone support but as a band 7 I am also responsible for the management and development of the service.

The new post has transformed the service. Introducing the new role means that I am able to take annual leave or study leave knowing that patients are still receiving CNS support.

It has also meant that I have been able to spend time developing the service in order to improve patient experience. Since introducing the new post I have brought in nurse led clinics for holistic needs as well as telephone and face to face clinics with the purpose of monitoring and prescribing systemic anti-cancer treatments and supportive medications.

Overall, the new post has offered greater consistency to the care provided and crucially, given the resource to improve the service rather than just maintaining it.”