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| **Policy document/web link** | **Author/led by** | **Relevant UK nation and date published** | **Overview of document** | **Specific reference to nursing/related areas** |
| **UK-wide** |
| 4th ESO-ESMO International Consensus Guidelines for Advanced Breast Cancer<https://www.esmo.org/guidelines/breast-cancer/advanced-breast-cancer><https://academic.oup.com/annonc/article/29/8/1634/5055519?searchresult=1> | European School of Oncology (ESO) and European School of Medical Oncology (ESMO) | UK-wide, 2018 | The European School of Oncology created an Advanced Breast Cancer (ABC) Taskforce in 2005 due to a lack of international consensus on managing this patient group. This led to the first international consensus guidelines conference on advanced breast cancer in Nov 2011. The 2018 Guideline is the 4th and latest version. They are intended to be management recommendations that can be applied internationally, albeit with the necessary adjustments for each country | **‘**Specialised oncologynurses (if possible specialised breast nurses) should be part of the multidisciplinary team managing ABC patients. In some countries, this role may be played by a physician assistant or another trained and specialised healthcare practitioner.’ |
| **England and Wales** |
| NICE Clinical Guideline 81 – Advanced Breast Cancer: Diagnosis and Treatment <https://www.nice.org.uk/guidance/cg81> | National Institute for Health and Care Excellence (NICE) | England and Wales, 2009 (last updated 2017) | The advice in the NICE guideline describes the tests, treatment, care and support that patients with advanced breast cancer should be offered. | Section 1.4 – Supportive care, includes recommendations around assessing patients’ needs at key points, plus the nomination of a ‘key worker’ to provide continuity of care. |
| Improving Supportive and Palliative Care for Adults with Cancer<https://www.nice.org.uk/guidance/csg4/resources/improving-supportive-and-palliative-care-for-adults-with-cancer-pdf-773375005> | National Institute for Health and Care Excellence (NICE) | England and Wales, 2004 | The guidelines advises those who develop and deliver cancer services for adults with cancer about what is needed to make sure that patients, and their families and carers, are well informed, cared for and supported. | Suggests that teams may wish to nominate (with the patient’s agreement) a person to act as their ‘key worker’. |
| End of Life Care for Adults: Service Delivery<https://www.nice.org.uk/guidance/ng142/resources/end-of-life-care-for-adults-service-delivery-pdf-66141776457925> | National Institute for Health and Care Excellence (NICE) | England and Wales, 2019 | This guideline covers organising and delivering end of life care services, which provide care and support in the final weeks/months/years of life and the planning and preparation for this.It is intended to be read alongside ‘Improving Supportive and Palliative Care for Adults with Cancer’. | Section 1.9 covers ‘Providing multidisciplinary care’ |
| **England**  |
| NICE Quality Standard for Breast Cancer <https://www.nice.org.uk/guidance/qs12>  | National Institute for Health and Care Excellence (NICE) | England, 2011 (last updated 2016) | Contains 6 statements covering different aspects of diagnosis and treatment. Statements 5 and 6 are relevant to secondary breast cancer. | Statement 6: ‘People with locally advanced, metastatic or distant recurrent breast cancer are assigned a key worker’ |
| Streamlining Multi-Disciplinary Team Meetings - Guidance for Cancer Alliances <https://www.england.nhs.uk/wp-content/uploads/2020/01/multi-disciplinary-team-streamlining-guidance.pdf> | NHS England | England, 2020 | This guidance for Cancer Alliances sets out how Multi-Disciplinary Teams (MDTs) can provide the most effective clinical management by focussing on patients with the most complex needs. |  |
| NHS Long Term Plan | NHS England | England, 2019 | Sets out ambitions and commitments to improve cancer outcomes and services in England over the next ten years.This document builds on the recommendations in [‘Achieving world-class cancer outcomes: a strategy for England 2015-2020’](https://www.cancerresearchuk.org/sites/default/files/achieving_world-class_cancer_outcomes_-_a_strategy_for_england_2015-2020.pdf)  | 3.64. ‘All patients, including those with secondary cancers, will have access to the right expertise and support, including a Clinical Nurse Specialist or other support worker.’ |
| Interim NHS People Plan<https://www.longtermplan.nhs.uk/wp-content/uploads/2019/05/Interim-NHS-People-Plan_June2019.pdf> | NHS England | England, 2019 | In response to the NHS Long Term Plan, this document identifies 5 key areas where action is needed to meet the changing demands on the NHS workforce. | Section 3 ‘Tackling the nursing challenge’ sets out planned actions to address the nursing shortage, including:* reviewing national and local investment in Continuing Professional Development (CPD) and workforce development
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| Clinical Advice to Cancer Alliances for the Provision of Breast Cancer Services<https://breastcancernow.org/sites/default/files/clinical_advice_for_the_provision_of_breast_cancer_services_aug_2017.pdf> | The Breast Cancer Clinical Expert Group | England, 2017 |  | 5.2.52 ‘It is particularly important that all patients with recurrent or metastatic breast cancer have access to a clinical nurse specialist with specialist knowledge of secondary disease. They should be available to give information and psychological support to patients and their families.’ |
| **Scotland** |
| Beating Cancer: Ambition and Action<https://www.gov.scot/publications/beating-cancer-ambition-action/> | The Scottish Government | Scotland, 2016 | Pan-cancer document. The Scottish Government’s cancer strategy. | Workforce section: Ambition for ‘all people with cancer, who need it, have access to a specialist nurse during and after their treatment.’ Action – ‘We will put the necessary levels of training in place to ensure that by 2021 people with cancer who need it have access to a specialist nurse during and after their treatment and care’ Living with, and beyond, cancer section: Ambition – ‘To ensure that, by 2021, everyone in Scotland who needs palliative care will have access to it.’ Action – ‘We will invest £3.5 million over 4 years to drive improvements across the palliative care sector and to support targeted action on training and education that support the aims of the Framework.’ |
| Scottish Palliative Care Guidelines <https://www.palliativecareguidelines.scot.nhs.uk/> | Produced by a multidisciplinary group of professionals working in the community, hospital and palliative care services throughout Scotland.The guidelines are supported by Healthcare Improvement Scotland and the Scottish Partnership for Palliative Care. | Scotland, 2014.Regularly reviewed and updated | The guidelines reflect a consensus of opinion about good practice in the management of people with a life limiting illness. |  |
| Strategic Framework for Action on Palliative and End of Life Care, 2016-2021<https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2015/12/strategic-framework-action-palliative-end-life-care/documents/strategic-framework-action-palliative-end-life-care-2016-2021/strategic-framework-action-palliative-end-life-care-2016-2021/govscot%3Adocument/00491388.pdf> | The Scottish Government  | Scotland, 2015 | Sets out a vision, outcomes and ten commitments to support improvements in the delivery of palliative and end of life care across Scotland. |  |
| **Wales**  |
| Cancer Delivery Plan for Wales 2016-2020<http://www.walescanet.wales.nhs.uk/sitesplus/documents/1113/Cancer%20Delivery%20Plan%202016-2020.pdf> | The Wales Cancer Network, Welsh Government | Wales, 2016 | Pan-cancer document. The Welsh Government’s cancer strategy. Sets out the Welsh Government’s plans to deliver the ‘best possible care and support to everyone affected by cancer’. | Highlights the importance of a named key worker to help the patient navigate the complex cancer pathway. States that this key worker is usually the clinical nurse specialist. |
| National Standards for Breast Cancer Services <http://www.wales.nhs.uk/sites3/documents/322/National_Standards_for_Breast_Cancer_Services_2005_English.pdf> | NHS Wales, Welsh Assembly Government  | Wales, 2005 | Cancer Standards define the core aspects of the service that should be provided for cancer patients throughout Wales. Standards on palliative care p.33 |  |
| National Standards for Rehabilitation of Adult Cancer Patients<http://www.wales.nhs.uk/sites3/Documents/322/National_Standards_for_Rehabilitation_of_Adult_Cancer_Patients_2010.pdf> | NHS Wales, Welsh Assembly Government | Wales, 2010 | Cancer Standards define the core aspects of the service that should be provided for cancer patients throughout Wales. These Standards inform the development of site specific rehabilitation pathways. The Standards describe the importance of rehabilitation in all phases in cancer care, including for those living with cancer and for end of life care | Page 16: Recommends that patients should be allocated an experienced key worker or navigator, who is the most appropriate health or social care professional for the patient’s stage along the cancer continuum. |
| **Northern Ireland** |
| Service Framework for Cancer Prevention, Treatment and Care<https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/service-framework-for-cancer-prevention-treament-and-care-full-document.pdf> | Department of Health, Social Services and Public Safety, Northern Ireland | Northern Ireland, 2011 | This document sets standards in relation to the prevention, diagnosis, treatment, care, rehabilitation and palliative care of people affected by cancer.  | Standard 21:All patients should be assessed by a clinical nurse specialist (CNS) at the time of diagnosis, at the end of each treatment episode and as required throughout their cancer journey. |
| A Workforce Plan for Nursing and Midwifery in Northern Ireland (2015-2025)<https://www.health-ni.gov.uk/sites/default/files/publications/health/workforce-plan-nursing-midwifery-2015-2025.pdf>  | Department of Health, Social Services and Public Safety, Northern Ireland | Northern Ireland, 2014 (updated 2016) | This document sets out proposed education and training commissions for the period 2015 to 2025, it explains the context and processes on which these decisions have been made and highlights the challenges which need to be addressed to ensure a nursing and midwifery workforce for the next 10 years. | This document discusses the increasing need for and importance of specialist nursing expertise (ages 16-17).  |
| **Breast Cancer Now resources**  |
| Breast Cancer Now, Unsurvivors <https://breastcancernow.org/sites/default/files/bcn_report1_1019v2_-_final_22.11.19_0.pdf> | Breast Cancer Now | UK-wide, 2019 | Reports findings of a UK-wide survey of over 2000 people living with secondary breast cancer and makes recommendations for actions needed to ensure that all those affected can live well for as long as possible. | Section on access to a Clinical Nurse Specialist (p.18)Calls for all UK governments to:Review and publish a breakdown of the current number of FTE CNSs supporting people with secondary breast cancer and how much time they dedicate to doing this.Take urgent action to address the shortfall of CNSs, including providing the investment needed to recruit and train enough CNSs to support people with secondary breast cancer now and in the future. |
| Secondary. Not Second Rate. Secondary breast cancer part three: support and impact<https://breastcancernow.org/sites/default/files/sbc_report_3_2017_final.pdf> | Breast Cancer Now (previously Breast Cancer Care) | England, Scotland and Wales, 2017 | This report highlights the ongoing support needs and difficulties faced by people with secondary breast cancer throughout their treatment and as their cancer changes. | P.14 Recommends that hospitals should establish or maintain a dedicated MDT for secondary breast cancer patients, or at the very least, a specific section in an existing MDT meeting for secondary breast cancer patients to be routinely discussed. P.14 Recommends that a key worker should be identified for the patient who will be responsible for the coordination of care. |
| Secondary. Not Second Rate. Secondary breast cancer part four: Nursing care<https://breastcancernow.org/sites/default/files/secondary-nursing-report.pdf> | Breast Cancer Now (previously Breast Cancer Care) | England, Scotland and Wales, 2017 | This report highlights the issues faced by breast care teams and patients across the UK: that patients with secondary breast cancer do not always have access to specialist nursing that may improve their quality of life and emotional wellbeing from the point of diagnosis.The report highlights the importance of specialist nursing for patients with secondary breast cancer and makes recommendations for improving nursing provision for those living with secondary breast cancer. |  |
| Secondary. Not Second Rate. The case for change <https://breastcancernow.org/sites/default/files/cool085_the_case_for_change_report_final.pdf> | Breast Cancer Now (previously Breast Cancer Care) | England, Scotland and Wales, 2017 | This document summarises the findings and recommendations from the Secondary. Not Second Rate campaign. | Includes findings and recommendations relating to secondary breast cancer nursing provision. |
| Secondary. Not Second Rate. Setting the standard for care: current best practice in secondary breast cancer<https://breastcancernow.org/sites/default/files/pubs177_secondary_best_practice_report_2018_final.pdf> | Breast Cancer Now (previously Breast Cancer Care) | England, Scotland and Wales, 2018 | This report outlines current best practice in secondary breast cancer care. | Includes examples of best practice in support and nursing care. |