

Scoping of the cancer-specific learning and development needs of clinical and non-clinical staff working in primary, community and palliative care across the city of Manchester

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Introduction

- Cancer, palliative and end of life care are national priorities as cancer is a major cause of morbidity and mortality in the UK.
- Cancer care is provided by a range of clinical and non-clinical staff working across different service environments as members of multi-professional and multi-disciplinary teams. Patient experience surveys reveal a wide variation in the levels and standards of support offered during and post-diagnosis.
- Appropriate reviews are needed in primary and community care to meet the rehabilitation and survivorship agendas, and make improvements in palliative and end of life care to support patients and their carers. This will give people approaching the end of their life choice about where they would like to be cared for and to die.

The Macmillan Cancer Improvement Partnership (MCIP)

Macmillan Cancer Support have created the MCIP to work with the three clinical commissioning groups in Manchester, as well as GPs, hospital trusts, St Ann's Hospice and Manchester City Council in order to bring cancer care providers together and improve care at every stage of the disease.

MCIP commissioned this project through the Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Greater Manchester to ensure that the best cancer care possible is provided for people affected by cancer (PABC) across Manchester. MCIP and CLAHRC Greater Manchester worked over a six month period to improve the cancer-specific knowledge and skills of the workforces that deliver cancer care in Manchester.

Aims

- Increase the understanding of the current workforce in primary, community and palliative care dedicated to the care of PABC across Manchester.
- Understand the level of awareness, knowledge and skills about a) cancer, b) cancer care, c) the preparation to deliver cancer care and d) the learning and development needs of the workforce.
- Analyse the cancer-specific learning opportunities across Manchester, regionally and nationally, and make recommendations to meet the workforce needs.

Methods

Over a period of six months from May-October 2014, various methods of data collection and analysis were used including:

1. Mapping of services delivering cancer care.

Primary, community and palliative care services were analysed in terms of the number of staff in the different roles and to establish their place in the cancer pathway.

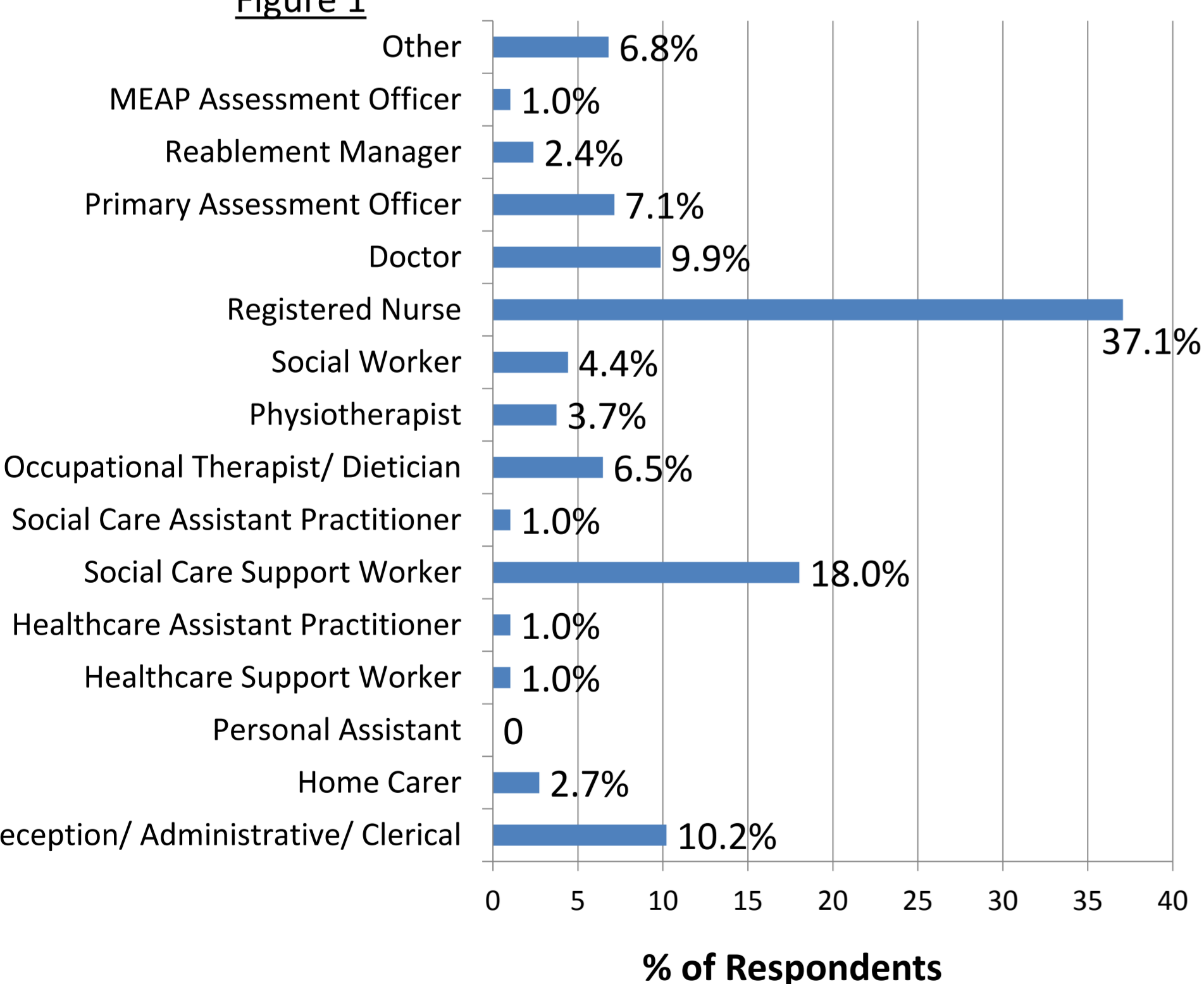
2. Telephone interviews with practice managers, organisational and service leads.

A range of services representing the spectrum of cancer care were sampled for interviews (n=11) to gain an overview of the roles of different workforce groups in the care for PABC. Participants were recruited from primary care (n=4), community care (n=4), palliative care (n=1), and out of hours services (n=1).

3. Review of existing evidence

The project team analysed existing published reports, policies and curricula to identify the standards for 'what needs to be learnt' across the cancer pathway from policy, professional, and service user/PABC perspectives.

Figure 1 Job Roles of Respondents



4. Survey of organisations/ workforces.

The information gathered from the telephone interviews and evidence review informed a two-part, cancer-specific learning needs analysis questionnaire. The questionnaire aimed to scope the current skills and knowledge as well as the learning and development needs of the workforce. An additional, organisational section of the survey was included for practice managers and service leads to complete. The questionnaires were electronically distributed through key contacts (n=240) with additional paper-based questionnaires for staff without access to a computer. In total 410 responses were received from a range of job roles (Figure 1).

5. Focus group with PABC.

The project team held a facilitated focus group to contribute to the workforce questionnaire and to find qualitative evidence around local experiences of cancer treatment. In total five participants contributed to the focus group and informed a thematic analysis of 'what needs to be learnt' for clinical and non-clinical staff in the treatment of cancer.

6. Review of education and learning opportunities available.

The project team scoped the learning and development opportunities already available for workforce groups. By doing so it was possible to identify potential learning gaps by cross-referencing with the outcomes of the questionnaire, and to provide recommendations on how to bridge the knowledge gaps.

Results

Analysis of PABC focus group

Four emerging themes were identified from the analysis of participant responses during the focus group:

1. Primary and community staff cannot know everything about cancer.

It was perceived that it would be unreasonable to expect healthcare professionals (HCPs) dealing with cancer care to have complete knowledge about all aspects of cancer care and there was a general consensus that patients would feel reassured if their healthcare professional was to try seek out additional information.

2. What primary and community staff should know about cancer care.

There were many aspects of cancer care that the focus group participants felt were necessary for HCPs to be aware of including the symptoms and side-effects, symptoms and mental health issues associated with cancer. An awareness that not all symptoms are directly related to cancer was also viewed positively.

3. What primary and community staff need to understand about the experience of having cancer.

It was deemed beneficial by participants that HCPs understand that each patient deals with cancer in a different way but that most often feel vulnerable post-diagnosis and experience fear of cancer returning in recovery. It is also important for staff to be aware of their patient's condition and to take a delicate approach when writing notes. It was also deemed desirable for HCPs to facilitate opportunities for PABC to meet with other affected individuals.

4. Cancer-specific training for primary and community staff.

Primary and community staff should use case studies to gain qualitative knowledge of how best to deliver cancer care, this could be especially beneficial for medical students. It was also suggested that pharmacists may benefit from having more knowledge around cancer and that having a number of GPs specialise in specific cancers could provide improved patient care.

Cancer-specific learning needs analysis questionnaire

45% of primary and palliative care staff (n=49) and 76.5% of community staff (n=176) indicated that they had not received any cancer-specific training in the past two years (Figure 2).

The responses from each workforce group suggested confidence in certain areas of cancer care and a lack of confidence in others (Table 1).

Figure 2 Have you attended cancer training in the past 2 years?

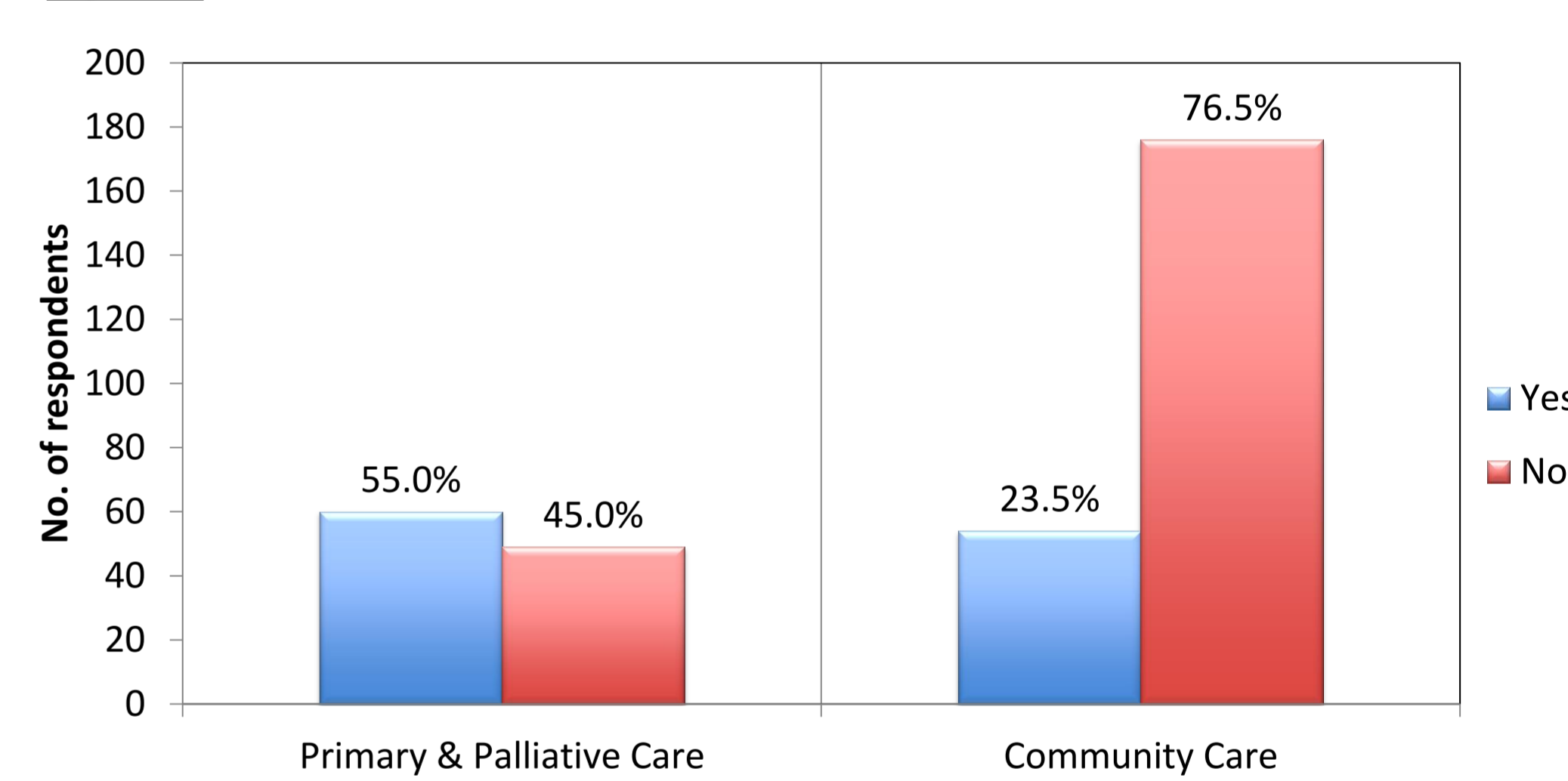


Table 1: Reported areas of confidence/ lack of confidence

Workforce group	Confident with	Lack of confidence with
Reception and administrative staff	Communication and signposting, knowing what cancer is	Providing information in a range of formats
Unregistered support workers in health and social care	Symptom management, advance care planning, pain and common symptom management	Holistic assessment, using end of life assessment tools, coping strategies
Nurses and allied health and social care professionals	Communication and signposting, contributing to a holistic needs assessment	Using end of life assessment tools, discussing anxiety about a cancer diagnosis
GPs and doctors	Communication and signposting, holistic needs assessment, pain and common symptom management	Providing information in a range of formats, using end of life assessment tools, discussing anxiety about a cancer diagnosis

Conclusions

Minimum operating standards

Using the evidence gathered throughout this project a set of minimum operating standards have been developed for each workforce group. Recommendations were made to the commissioning organisation for bespoke learning and development packages to be configured from training providers to meet workforce needs.

Further recommendations for the implementation of improved learning and development across all workforce groups including:

The 'MCIP and City of Manchester Certificate for Cancer Care' passport for a minimum standard for cancer care for individual professional development.

An implementation plan to be proposed in year one and a proposed target of 15% of all staff to achieve the passport annually.

A proposed target of 75% of all staff to achieve the passport by the end of year 5 (2014-2019).

MCIP and partners to monitor the progress of organisations against key performance indicators.

To propose processes for evaluation, including key performance indicators to demonstrate a return on investment and enhanced care for PABC.

A community sub-group will agree on the minimum operating standards for community staff based on these initial proposals.