

The emerging and expanding roles of the skin cancer nurse specialist and it's impact on patient care.

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Introduction

The role of the skin cancer nurse specialist has expanded over the last 15 years and the activities undertaken by these specialist nurses, advanced nurse practitioners and more recently skin cancer nurse consultants is becoming more diverse.

The Macmillan Cancer Nursing Workforce survey (2017) showed that only 5% (194 filled posts) of the Cancer Clinical Nurse Specialists (CNS) workforce are Malignant Dermatology CNSs.

Aim

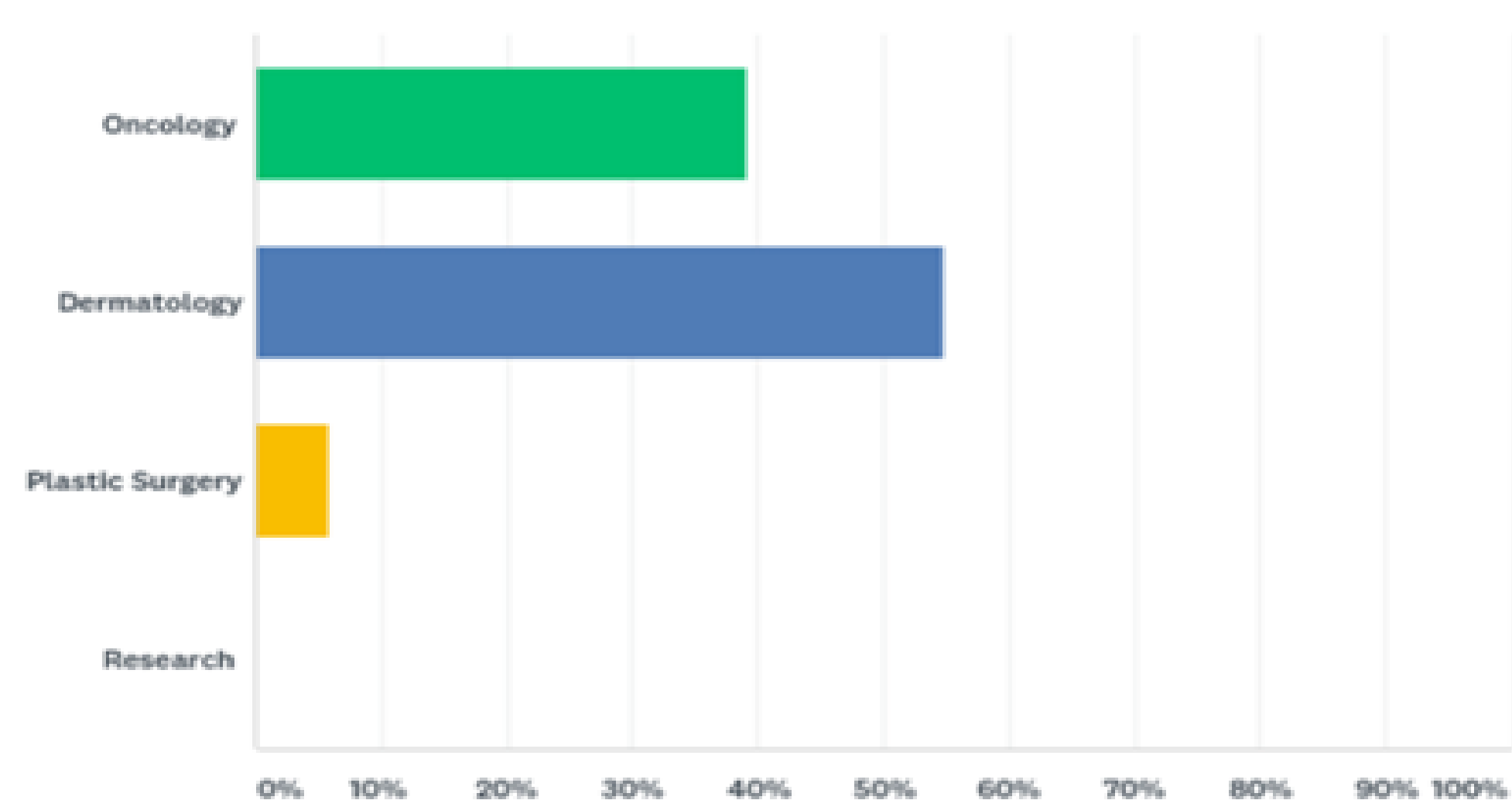
The British Association of Skin Cancer Specialist Nurses aim to explore the roles and activities of their members to determine which types of patients they care for.

Methodology

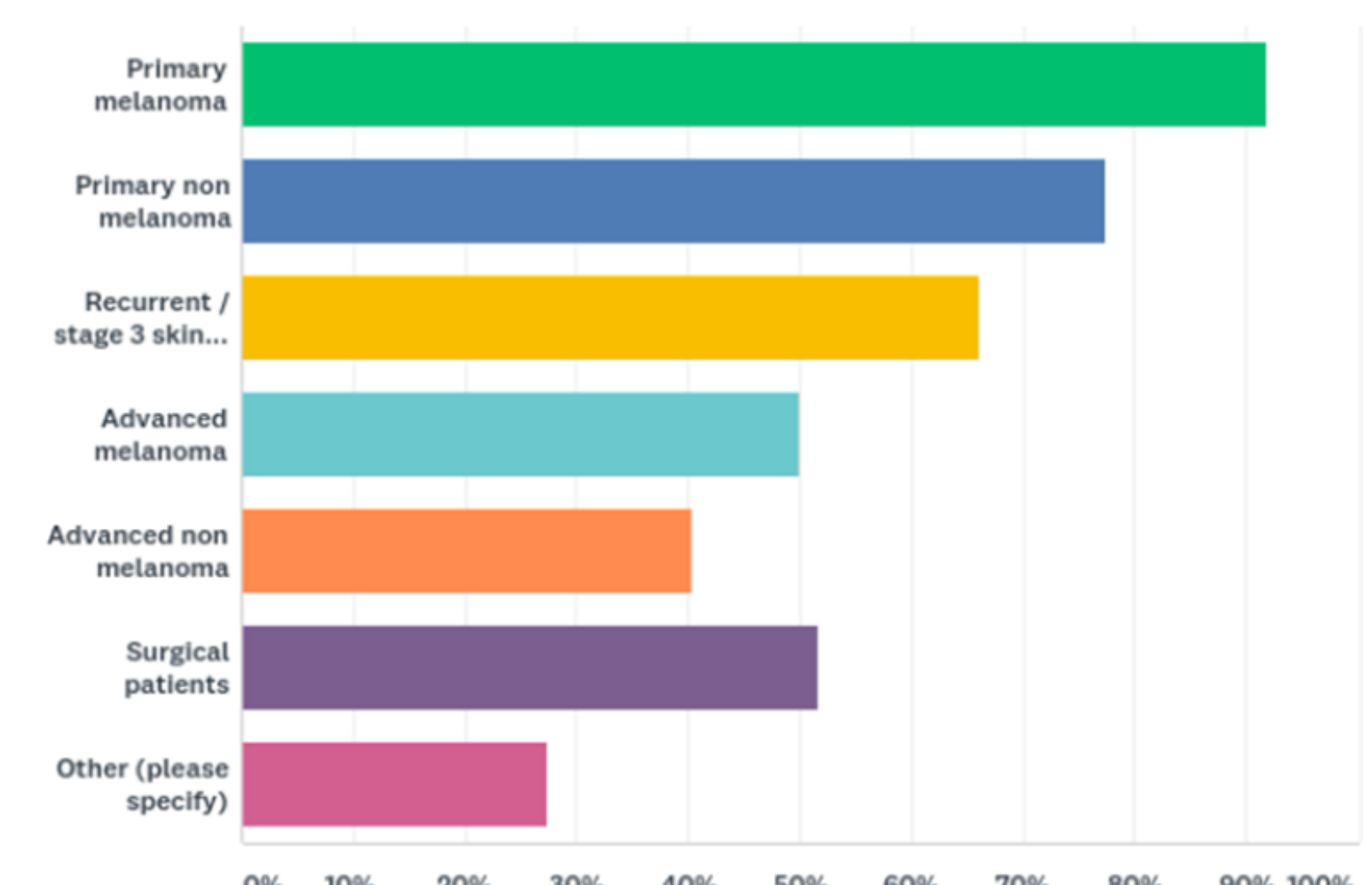
A semi- structured questionnaire in the form of an online survey was utilised to capture the data from September 2017 to May 2018

Results There were 62 responses. From the 62 Responses, the majority of the nurses (45%) stated their nursing background prior to being a skin cancer CNS was from dermatology . The majority of the nurses look after both primary melanoma and non melanoma patients.

Q6 Which of these best describes your nursing background prior to being a skin cancer CNS:

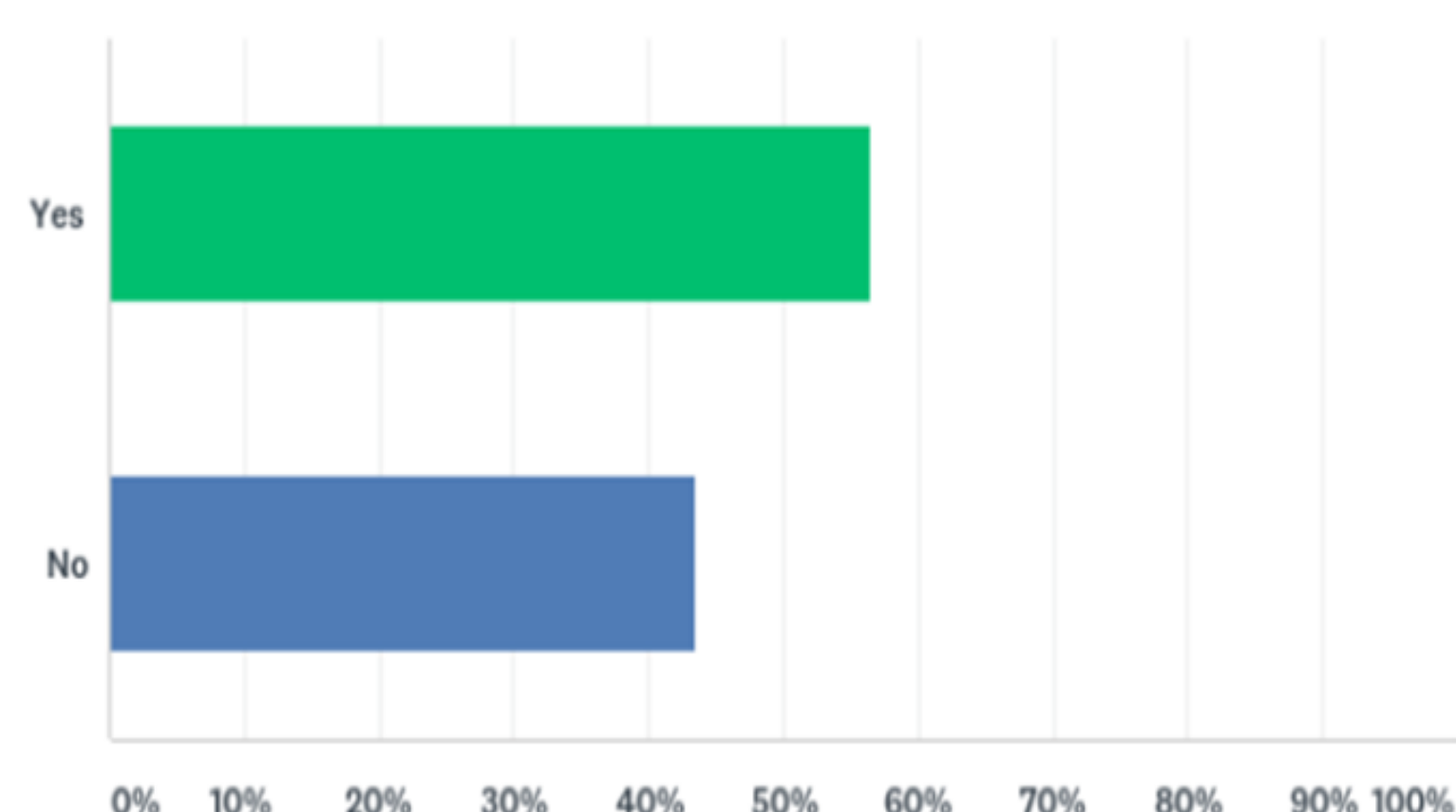


Q10 Which group of patients do you look after – tick all that apply

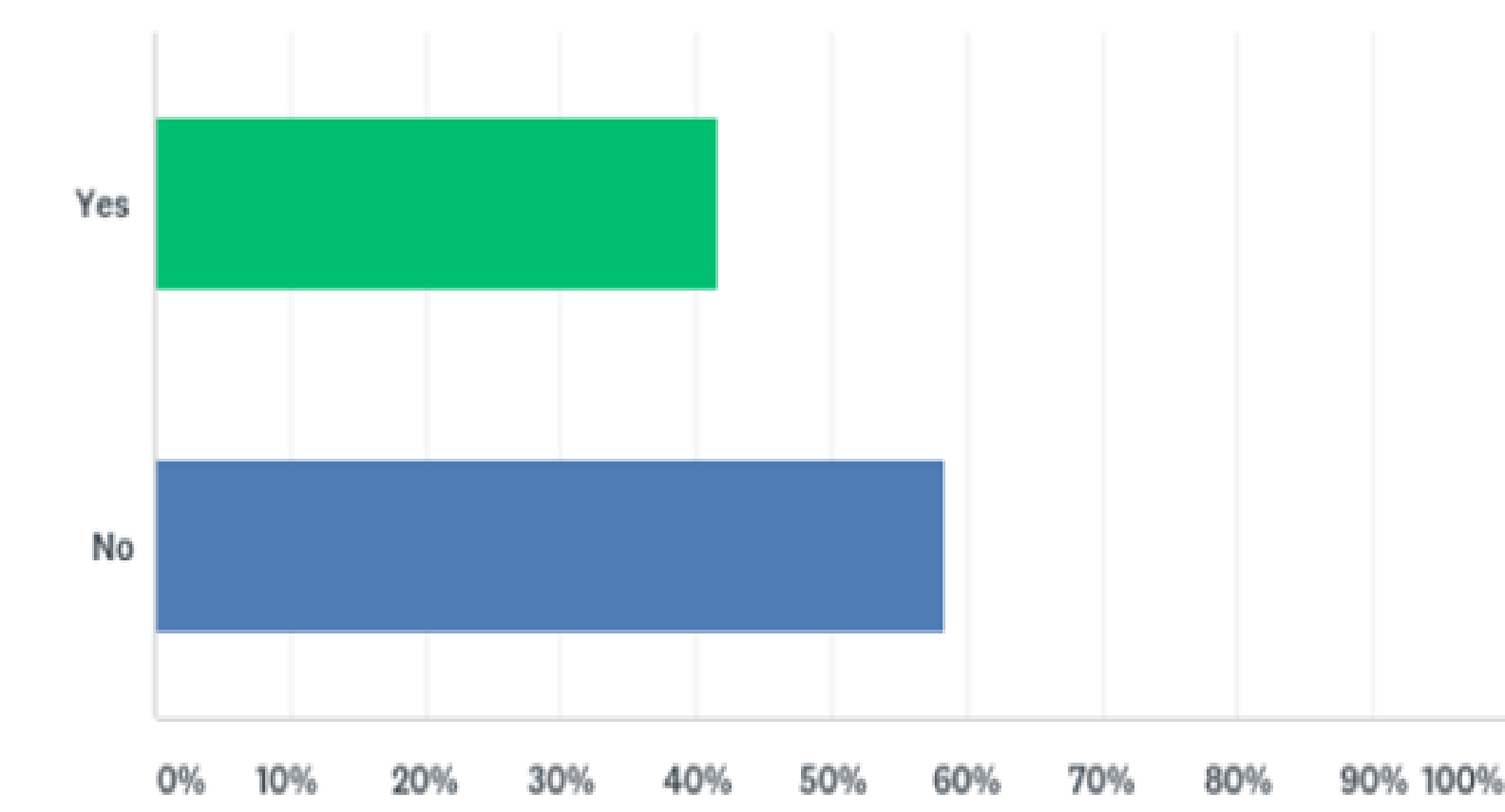


From the 62 responses 55% (34/62) run nurse led diagnostics clinics ,40% (25/62) are involved with carrying out surgery and 77% (48/62) run other nurse led services, these including photodynamic therapy (PDT). Only 1% (1/62) undertook immunotherapy nurse led clinics.

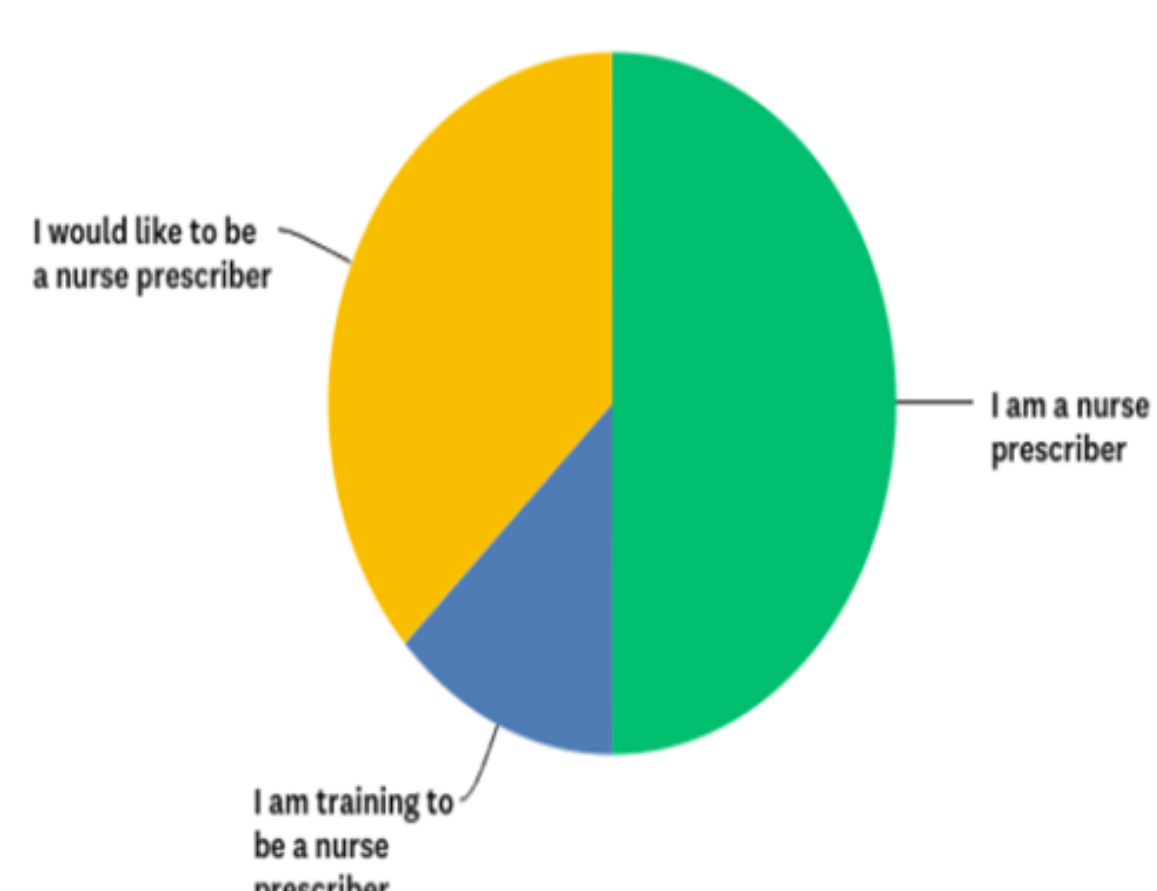
Q12 Do you run nurse led diagnostics clinics?



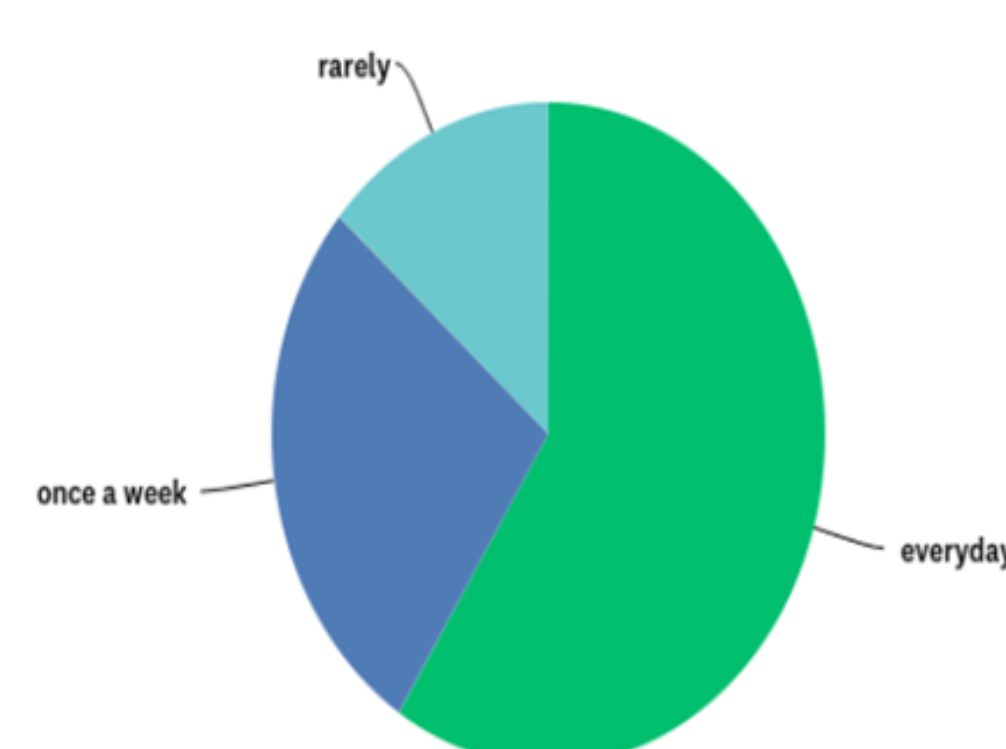
Q13 Are you involved with carrying out surgery?



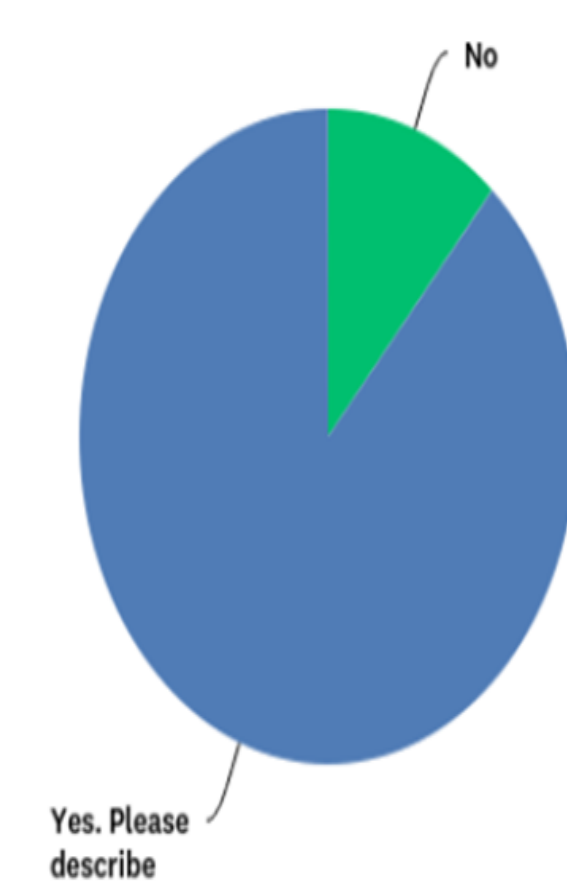
Q8 Nurse prescribing



Q9 If you are a nurse prescriber, how often do you prescribe?



Q11 Do you take part in any skin cancer prevention activities?



Discussion

The role of the Skin Cancer CNS within this cohort is variable,. The Macmillan 2017 Survey only used melanoma incidence, however the BASCSN survey shows that CNSs care for non- melanoma (NMSC) patients as well. The incidence of NMSC is also high, so the workload maybe under represented, this in turn can impact the quality of care our patients receive. Work needs to be done on quantifying the workload for skin cancer nurses to inform workforce planning

Conclusion

Areas for future development include more nurse led clinics for skin cancer patients on immunotherapies, including nurse led telephone assessments (Upton 2016) found that introducing this service reduced waiting times for treatment by 93%., currently as above only 1 CNS from this survey are running this type of clinic, The Skin Cancer CNS workforce needs to engage with Macmillan on ways to more accurately quantify the workload to ensure effective workforce planning