

Summary Report to Manchester Cancer Improvement Project Board

Scoping 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

27th October 2014

Project Team:

Dr Vanessa Taylor
Professor Gunn Grande
Dr Dai Roberts
John Humphreys
Hester Benson
Dr Anne Marie Sowerbutts
Dr Catherine Perry
Peter Mellor
Michael Spence

Executive Summary

This report is intended for Macmillan Cancer Improvement Partnership (MCIP) and stakeholder/partner organisations who are seeking to understand the cancer-specific learning and development needs of the clinical and non-clinical workforce in primary, palliative and community care across the city of Manchester. This evidence will inform MCIP in commissioning and providing learning and development opportunities that meet the needs of the workforce to deliver improved care to people affected by cancer (PABC).

Page | 2

Cancer care is provided by a range of clinical and non-clinical staff at all levels working across different service environments as members of multi-professional/disciplinary teams. Patient experience surveys reveal that there is a wide variation in the levels and standards of support received in terms of early recognition of signs of cancer, early referral and subsequent support offered during and post-diagnosis. Appropriate reviews in primary and community care are needed to meet the rehabilitation and survivorship agendas, as well as improvements in palliative/end of life care to support patients and their carers, and give people approaching the end of life choice about where they would like to be cared for and to die.

The delivery of contemporary cancer, palliative and end of life care therefore requires clinical and non-clinical staff to have an understanding of a range of evidence-based knowledge surrounding cancer, its treatment and care strategies along the cancer pathway. In addition, sophisticated clinical decision-making is required in order to achieve a high standard of holistic patient and family care throughout the cancer trajectory and individual patient pathway. Furthermore, the drive towards the integration of patient services requires practitioners who are able to function and innovate across clinical boundaries.

This project aimed to:

- Increase understanding of the current workforce in primary, community and palliative care services across Manchester who contribute to the care of people affected by cancer by illuminating the range of organisations/services, workforce and staff roles involved
- Understand the level of awareness, knowledge and skills about cancer/cancer care, the preparation to deliver cancer care (including the factors which form a 'good' patient experience), and 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.

The expected outcomes included a matrix identifying the following information per staff group:

- Numbers of staff roles within each workforce group across primary, community, palliative and end of life care
- Current level of cancer-specific skills and knowledge across each workforce group
- Required skills and knowledge to deliver improved cancer care
- Skills and knowledge gaps
- Numbers of staff requiring learning and development interventions
- Essential learning and development interventions required and where possible, should include proposed training method
- Recommendations on delivery mechanisms and resources required including personnel and financial
- An outline delivery and implementation plan including time frames

Over a period of five months, the project team achieved the projects aims and objectives using various methods of data collection and analysis including:

- Mapping of primary, community and palliative care services delivering cancer care
- Telephone interviews with Practice Managers, organisational and service leads
- A focus group with people affected by cancer
- Review of existing evidence to identify minimum outcomes for workforce groups and to develop a Cancer-specific Learning Needs Analysis Questionnaire targeted at organisations, services and individual workforce members
- A survey of organisations
- A survey of individual staff representing workforce groups
- Review of education/learning opportunities focused on early diagnosis, communication, acute oncology, survivorship/rehabilitation, palliative and end of life care.

Page | 3

The findings are reported fully in the Final Report of the 'Scoping 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' to the MCIP Board.

In summary;

- Data from the PABC focus group, telephone interview with a purposive sample of key contacts, and review of evidence informed the development of the Cancer-specific Learning Needs Analysis Questionnaire
- The Cancer-specific Learning Needs Analysis Questionnaire focused on:
 - Primary, Community and Palliative Care Organisations/Services providing cancer care across the city of Manchester to identify workforce composition, identification and commissioning of any cancer-specific learning and development
 - Three workforce groups – Administrative/Reception, Unregistered Support Workers in Health and Social Care, Registered Professionals in Health and Social Care
- To provide a benchmark for MCIP, training and development leads and partner organisations across the city of Manchester five learning and development areas were identified including communication, early diagnosis, acute oncology, survivorship/rehabilitation, palliative and end of life care. Minimum learning outcomes for each workforce group were developed in each of these five areas based on review of evidence and the views of PABC
- Questions which formed the Cancer-specific Learning Needs Analysis Questionnaire represented the minimum outcomes for cancer-specific knowledge and skills for each stage of the cancer journey (prevention, screening/early diagnosis, acute oncology, survivorship/rehabilitation, palliative/end of life care) alongside communication/signposting for each workforce group (Tables B-F)
- The Cancer-specific Learning Needs Analysis Questionnaire was circulated to key contacts within primary, palliative and community care services/organisations as either web link to the e-questionnaire or as a paper questionnaire (n=242).
- The project team were reliant on key contacts to distribute the web link or paper Cancer-specific Learning Needs Analysis Questionnaire to their workforce for completion. It is not, therefore, possible to confirm the response rate other than to report that 410 completed questionnaires were returned with 40 representing organisational data and 370 representing individual workforce members.
- Questionnaire data have identified gaps in the learning and development needs of the workforce groups relating to all aspects of the cancer pathway, palliative and end of life care

- Findings demonstrate that there are training shortcomings across each workforce group with only 28% of the primary, community and palliative care workforce having undertaken any cancer care or communication skills education in the last two years
- Closer analysis indicates that 'communication skills' training has been the predominant focus of any training undertaken and suggests that, across the workforce, there has been limited cancer-specific learning and development commissioned or undertaken. The absence of any city-wide minimum standard for cancer-specific knowledge and skills for the workforce may have contributed to this
- Narrative feedback demonstrates the willingness of workforce groups to undertake cancer-specific learning and development and identifies that some staff learn about cancer and treatment from personal and family experiences rather than through formal training/education
- A desk based review identified 60 cancer-specific and communication skills learning and development opportunities locally, regionally and nationally. These were reviewed and compared with the minimum outcomes identified for each workforce group. This enabled the project team to identify gaps in the available provision and to develop the proposed recommendations for cancer-specific learning and development summarised in Tables G-K
- Based on the findings, the project team recommend that, in order to develop the cancer-specific knowledge and skills of the workforce, a minimum standard and a five-year plan of cancer-specific learning and development for each of the workforce groups is co-ordinated and implemented for primary, community and palliative care services across the city of Manchester

Recommendations

To enhance the delivery of cancer care within primary, palliative and community services across the city of Manchester, MCIP and partner/stakeholder organisations should:

Page | 5

- **Consider** the bespoke five-year 'Cancer-specific Learning & Development Minimum Standard' proposed in Table A. For recommendation to MCIP Board.
- **Consider** a five-year implementation plan – for the duration of the MCIP Programme year 1 (2015) as a foundation and years 2-5 (post MCIP 2016-2019) to meet the minimum standard (Table A) of 75% of workforce by 2019. For recommendation at MCIP Board.
- **Consider** a minimum standard of learning and development for the workforce groups identified (Administrative and Reception staff, Unregistered Support Workers in Health and Social Care, Registered Professionals in Health and Social Care) (Table A). For recommendation to MCIP Board.
- **Consider** the minimum learning and development outcomes to be achieved by each workforce group proposed in Tables B-F (Column 2) and Tables G-K.
- **Consider** the learning and development opportunities proposed for each workforce group in the 'learning and development summary profiles' (Tables G-K) aiming to ensure that each workforce group develops their knowledge and skills, to the minimum level identified, and addresses any gaps in the following five areas:
 - Early diagnosis
 - Acute oncology
 - Survivorship
 - Palliative/end of life care
 - Communication.

This will ensure equity of access to the required learning and development opportunities with consistent achievement of the minimum learning outcomes for the workforce, whilst providing ease of commissioning and quality assurance by MCIP and partner/stakeholder organisations.

- **Consider** the recommendation that completion of the prescribed learning and development for each workforce group will lead to the achievement of a 'MCIP & City of Manchester Certificate for Cancer Care' – a passport for:
 - The workforce member to demonstrate achievement of the minimum operating standard for cancer learning and development to employers/potential employers reducing the potential for repeat learning
 - The workforce member to demonstrate personal/continuing professional development to employers and, if appropriate, professional bodies
 - MCIP and partner/stakeholder organisations to review/monitor progress of the workforce development and achievement of the minimum standard against any key performance indicators.
- **Consider** a process for evaluation, including identifying key performance indicators, to demonstrate return on investment and enhanced care for PABC across Manchester. For recommendation to MCIP Board.

Appendices:

Table A	Minimum standard for city of Manchester workforce learning and development for cancer	7	
Table B	Minimum learning & development outcomes: Practice Managers	9	
Page 6	Table C	Minimum learning & development outcomes: Administrative and Reception staff	10
Table D	Minimum learning & development outcomes: Unregistered Support Workers in Health & Social Care	12	
Table E	Minimum learning & development outcomes: Registered Professionals in Health & Social Care (Registered Nurses and Allied Health & Social Care Professionals)	14	
Table F	Minimum learning & development outcomes: Registered Professionals in Health & Social Care (GPs and doctors)	19	
Table G	Learning and development summary profile: Practice Manager	24	
Table H	Learning and development summary profile: Administrative and Reception staff	26	
Table I	Learning and development summary profile: Unregistered Support Workers in Health & Social Care	29	
Table J	Learning and development summary profile: Registered Professionals in Health & Social Care (Registered Nurses & Allied Health and Social Care Professionals)	32	
Table K	Learning and development summary profile: Registered Professionals in Health & Social Care (GPs and doctors)	36	

Table A: Minimum standard for city of Manchester workforce learning and development for cancer

Page | 7

Standard: 75% of the workforce in community, primary and palliative care across the city of Manchester have completed the MCIP & City of Manchester Certificate for Cancer Care by 2019		
Structure	Process	Outcome
<p>1) MCIP/City of Manchester Certificate for Cancer Care developed for:</p> <ul style="list-style-type: none"> • Practice Managers • Administrative and Reception staff • Unregistered Support Workers in Health and Social Care • Registered Professionals in Health and Social Care - Registered Nurses (including Practice Nurses, Community Nurses) and Allied Health and Social Care Professionals • Registered Professionals in Health and Social Care - doctors (including General Practitioners) <p>2) Specified learning and development units for MCIP Certificate for Cancer Care commissioned including:</p> <p>Administrative/Reception Staff: Sage & Thyme Foundation Level Introduction to Cancer Care</p> <p>Practice Manager: Sage & Thyme Foundation Level Introduction to Cancer Care Leading a service that supports individuals through significant life events</p> <p>Unregistered Support Workers in Health and Social Care:</p>	<p>MCIP and stakeholder/partner organisations jointly commission MCIP/City of Manchester Certificate for Cancer Care for each workforce group</p> <p>MCIP Learning & Development Lead to co-ordinate commissioning, planning, delivery and monitoring of MCIP Certificate for Cancer Care and specified units as rolling programme delivered twice/annum for each workforce group</p> <p>MCIP and stakeholder/partner organisations to work with MCIP Learning & Development Lead to identify 15% each workforce group to attend prescribed learning and development opportunities per annum for 5 years</p>	<p>Minimum 15% workforce annually between 2015-2019 complete the MCIP Certificate for Cancer Care</p> <p>By 2019, 75% workforce have completed MCIP Certificate for Cancer Care</p> <p>Identified key performance indicators monitored and reported annually to MCIP and stakeholder groups to demonstrate impact of workforce learning and development opportunities</p>

<p>Foundation level communication skills, Care and Compassion, Dignity and Respect Foundations in cancer and palliative care</p>		
<p>Registered Professionals in Health and Social Care - Registered Nurses (including Practice Nurses, Community Nurses) and Allied Health and Social Care Professionals Enhanced communication skills (Intermediate level) Delivering effective cancer care in primary and community settings for Registered Nurses and Allied Health and Social Care Professionals</p> <p>Registered Professionals in Health and Social Care - doctors (including General Practitioners) Spikes 'plus' communication skills Delivering effective cancer care in primary and community settings for GPs and doctors</p> <p>3) MCIP Learning & Development Lead to co-ordinate commissioning, planning, delivery and monitoring of MCIP Certificate for Cancer Care and specified units</p> <p>4) MCIP partner organisations to provide Board level commitment to continue implementation of 'MCIP & City of Manchester Certificate for Cancer Care' to achieve 75% workforce across community, primary and palliative care by 2019</p>		

Table B: Minimum learning & development outcomes Practice Managers

Page | 9

Area of practice					Minimum outcomes: The workforce member will be able to:	Current level of knowledge & skills – gaps identified	Recommendations for minimum learning & development
C	ED	AO	S	PC			
					1.1 Critically review the different policy contexts in which cancer care is delivered. 1.2 Outline the principles of cancer practice and explain how health care is organised through the cancer journey. 1.3 Communicate the different roles, responsibilities and functions of a multi-professional team and respond effectively to population and individual needs.	Not identified in Cancer-specific Learning Needs Analysis Questionnaire. Evidence that recording of PABC and EOLC registers needs improvement.	Practice Managers should complete the following learning and development to achieve the minimum outcomes identified in column 2: No L&D opportunity identified. Suggestion:
					1.4 Lead a service that supports individuals through significant life events including: <ul style="list-style-type: none"> • Be able to implement organisational systems and procedures necessary to support individuals experiencing significant life events • Be able to ensure sufficient and appropriate resources to support individuals experiencing significant life events • Be able to ensure staff can respond to individuals experiencing significant life events. 		Learning & Development Summary Profile provided in Appendix 6, Table 15.

Table C: Minimum learning & development outcomes Administrative and Reception staff

Area of practice					Minimum outcomes: The workforce member will be able to:	Current level of knowledge & skills – gaps identified	Recommendations for minimum learning & development
C	ED	AO	S	PC			
					1 Early Diagnosis: 1.1 Demonstrate an understanding of cancer risk factors and screening for common cancers.		Administrative and Reception staff should complete the following learning and development to achieve the minimum outcomes identified in column 2:
					2 Acute Oncology: 2.1 Demonstrate an understanding of cancer and the common treatment approaches focusing on the four common cancers (breast, colorectal, prostate and lung).	3.1 A 83% (combined) are confident that they know what cancer is. 50% (Community) are confident that they know what cancer is.	Communication skills. Introduction to cancer care.
					3 Survivorship: 3.1 Demonstrate an understanding of the potential psychosocial consequences of a cancer diagnosis and its treatment on individuals and their family members. 3.2 Demonstrate tact, reflexivity and sensitivity towards the needs of patients who are dying, and demonstrate awareness of their psychosocial and spiritual needs, and those of their family members.	3.1 B 70% (combined) are confident listening to patients on cancer related issues. 50% (Community) are confident listening to patients on cancer related issues.	Suggestion for Communication Skills: Sage and Thyme Foundation Level (3 hours face to face). Suggestion for 'Introduction to Cancer Care' included in:
					4 Information and Communication: 4.1 Identify the information requirements of individuals with cancer during their cancer diagnosis, therapy, after care and period of supportive care. 4.2 Reflect on communication skills and consider theories of good communication in supporting the individual and family affected by cancer. 4.3 Demonstrate the use of a range of communication techniques to promote well-being in a person with cancer, for example: active listening. 4.4 Identify how multidisciplinary team communication can benefit patient care and improve transitions between acute and home	3.1 D 53% (combined) are confident about providing information. 3.1 G 60% (combined) are confident in signposting to specialist services. 37% (Community) are confident in signposting to specialist services.	Learning & Development Summary Profile provided in Appendix 6, Table 16.

				<p>care.</p> <p>4.5 Direct individuals and family members to appropriate services and provide a plan or prescription of information.</p> <p>4.6 Provide information and advice within the multidisciplinary team to support patient care.</p>		
				<p>5 Palliative Care:</p> <p>5.1 Work with people, their families and friends in a sensitive and flexible manner, demonstrating awareness of the impact of death, dying and bereavement, and recognising that their priorities and ability to communicate may vary over time.</p>	<p>3.1 E 51% (combined) are confident in dealing with impact on patients of diagnosis of cancer, dying death and bereavement. 28% (Community) are confident in dealing with impact on patients of diagnosis of cancer, dying death and bereavement.</p>	

Table D: Minimum learning & development outcomes Unregistered Support Workers in Health & Social Care

Area of practice					Minimum outcomes: The workforce member will be able to:	Current level of knowledge & skills – gaps identified	Recommendations for minimum learning & development
C	ED	AO	S	PC			
					1 Early Diagnosis: 1.1 Demonstrate an understanding of cancer risk factors and screening for common cancers.	4.1 A 40% (combined) know what cancer is.	Unregistered Support Workers (including Assistant Practitioners) should complete the following learning and development to achieve the minimum outcomes identified in column 2: Communication skills. Foundations in cancer and palliative care. Suggestion for Communication Skills: Foundation Level Communication Skills, Care & Compassions, Dignity & Respect (1 day). Suggestion for ‘Foundations in cancer and palliative care’ unit included in: Learning & Development Summary Profile provided in Appendix 6, Table 17.
				2 Acute Oncology: 2.1 Demonstrate an understanding of cancer and the common treatment approaches focusing on the four common cancers (breast, colorectal, prostate and lung).			
				3 Survivorship: 3.1 Demonstrate an understanding of the potential psychosocial consequences of a cancer diagnosis and its treatment on individuals and their family members. 3.2 Recognise the differing care needs of patients from disadvantaged or vulnerable groups. 3.3 Consider own attitude, beliefs and behaviours towards end of life care. 3.4 Demonstrate tact, reflexivity and sensitivity towards the needs of patients who are dying, and demonstrate awareness of their psychosocial and spiritual needs, and those of their family members.	4.1 B 32% (combined) are confident in talking to patients on cancer related issues. 4.1 E 26% (combined) are confident talking about impact of diagnosis of cancer, the treatment, dying, death and bereavement.		
				4 Information and Communication: 4.1 Identify the information requirements of individuals with cancer during their cancer diagnosis, therapy, after care and period of supportive care. 4.2 Reflect on communication skills and consider theories of good communication in supporting the individual and family affected by cancer. 4.3 Demonstrate the use of a range of communication techniques to promote well-	4.1 D 15% (combined) are confident in providing information and support about cancer care in a range of formats.		

Page | 12

				<p>being in a person with cancer, for example: active listening.</p> <p>4.4 Identify how multidisciplinary team communication can benefit patient care and improve transitions between acute and home care.</p> <p>4.5 Direct individuals and family members to appropriate services and provide a plan or prescription of information.</p> <p>4.6 Provide information and advice within the multidisciplinary team to support patient care.</p>	<p>4.4 D 26% (combined) confident in sharing patient views with MDT.</p> <p>4.1 G 20% (combined) confident in signposting patients to specialists.</p>	
				<p>5 Palliative Care:</p> <p>5.1 Understand the philosophy and principles of palliative care.</p> <p>5.2 Work with people, their families and friends in a sensitive and flexible manner, demonstrating awareness of the impact of death, dying and bereavement, and recognising that their priorities and ability to communicate may vary over time.</p> <p>5.3 Contribute to multi-disciplinary assessment and information sharing.</p> <p>5.4 Assess pain and other symptoms in ways appropriate to your role. Know when to refer to specialist colleagues.</p> <p>5.5 Contribute to delivery of personal and psychological care.</p> <p>5.6 Demonstrate awareness and understanding of Advance Care Planning and the times when it may be appropriate.</p> <p>5.7 Work in accordance with care of the body after death policies.</p> <p>5.8 Support families and friends of the deceased.</p>	<p>4.2 C 23% (combined) are able to recognise when a person is dying.</p> <p>4.1 B 32% (combined) are confident in talking to patients on cancer related issues.</p> <p>4.1 C 26% (combined) confident in talking to relatives.</p> <p>4.2 A 16% (combined) confident in contributing to holistic needs assessment.</p> <p>4.2 D 7% (combined) can use end of life care assessment tools and documentation.</p> <p>4.3 A 17% confident in helping cancer patients with symptoms.</p> <p>4.3 B 10% confident in advising on coping strategies.</p> <p>4.4 A 18% (combined) understand ACP.</p> <p>4.4 B 19% confident in supporting patient deciding wishes.</p>	

Table E: Minimum learning & development outcomes Registered Professionals in Health & Social Care (Registered Nurses & Allied Health & Social Care Professionals)

Page | 14

Area of practice					Minimum outcomes: The workforce member will be able to:	Current level of knowledge & skills – gaps identified	Recommendations for minimum learning & development
C	ED	AO	S	PC			
					1 Early Diagnosis: 1.1 Identify common causes, signs and symptoms of cancer and explain how their recognition and early diagnosis influences morbidity. 1.2 Outline the principles of cancer practice and explain how health care is organised through the cancer journey in order to respond effectively to population and individual needs. 1.3 Communicate the different roles, responsibilities and functions of a multi-professional team.	5.5A 63% (PPE), 52% (Community) workforce confident in giving health promotion information, support and advice relating to an individuals or family's risk factors for cancer. 5.5B 74% (PPE), 65% (Community) workforce understand about risk factors for cancer (environmental and inherited). 5.5E 57% (PPE), 28% Community workforce confident in making timely referral to cancer services following NICE guidelines/local cancer-specific pathways.	Registered professionals in health and social care should complete the following learning and development to achieve the minimum outcomes identified in column 2: Communication skills. Delivering effective cancer care in primary and community settings. Suggestion for Communication Skills: For Nurses and AHP's – Enhanced Communication Skills (Intermediate level) (2 days). Suggestion for 'Delivering effective cancer care in primary and community settings' unit for Registered Nurses and Allied Health & Social Care Professionals included in: Learning & Development Summary Profile provided in Appendix 6, Table 18.
					2 Acute Oncology: 2.1 Demonstrate an understanding of the aetiology and biology in the development of cancer in order to provide information and reassurance about the causes of cancer to patients and their families. 2.2 Identify risk factors for cancer and describe approaches for prevention, screening and early detection of cancer (focus on four common cancers). 2.3 Describe approaches to the diagnosis and staging of cancer and own role in supporting patients through this process.	5.5I 51% (PPE), 27% (Community) workforce understand the cell biology relating to formation of a cancer cell. 5.5J 91% (PPE), 60% (Community) workforce understand the signs and symptoms for the common cancers.	

				<p>2.4 Demonstrate understanding of the principles of cancer therapies in order to explain and facilitate patient education and choice.</p> <p>2.5 Demonstrate knowledge of the common acute and late side effects of cancer therapies.</p> <p>2.6 Demonstrate the principles of holistic assessment in cancer practice taking into account relevant physical, social, cultural, psychological and spiritual factors.</p> <p>2.7 Demonstrate knowledge of management of cancer symptoms and treatment side effects.</p>	<p>5.5K 87% (PPE), 56% (Community) workforce know how cancers are diagnosed.</p> <p>5.5L 74% (PPE), 40% (Community) workforce understand the 'staging process' for the common cancers.</p> <p>5.5M 56% (PPE), 29% (Community) workforce confident in explaining to people affected by cancer about the range of treatments for their cancer and the potential side effects.</p> <p>5.5N 79% (PPE), 38% (Community) workforce can recognise signs and symptoms associated with acute treatment effects and possible recurrence.</p> <p>5.5O 73% (PPE), 37% (Community) workforce confident assessing and managing symptoms associated with treatment effects.</p> <p>5.2 A 50% Practice Nurses, 42% AHPs confident in carrying out a Holistic Needs Assessment.</p>	
				<p>3 Survivorship:</p> <p>3.1 Demonstrate knowledge of the implications of chronic illness and long-term survivorship in those affected by cancer and implement appropriate referrals to other professionals and agencies in respect of these.</p> <p>3.2 Understand the potential consequences of</p>	<p>5.5P 62% (PPE), 38% (Community) workforce confident in acting as a key worker to undertake holistic needs assessment for a person affected by cancer following</p>	

				<p>long term and late effects of cancer treatment.</p> <p>3.3 Describe the principles of rehabilitation, self-management and lifestyle interventions for improving quality of life in those affected by cancer.</p> <p>3.4 Understand the importance of long-term medicines management and the dangers of non-adherence in patients with cancer.</p> <p>3.5 Demonstrate an understanding of the importance of seamless transitions between the acute and home care and from active treatment to survival programmes, palliative and end-of-life care.</p> <p>3.6 Describe the role of supportive, palliative and end-of-life care, for patients and their family.</p> <p>3.7 Demonstrate an understanding of the potential social, financial and emotional consequences of a cancer diagnosis and its treatment on individuals and their family members.</p> <p>3.8 Recognise the differing care needs of patients from disadvantaged or vulnerable groups.</p> <p>3.9 Discuss the impact of inheritable, social or lifestyle traits which predispose particular individuals or families to cancer and, where appropriate, refer patient for a family history assessment.</p>	<p>their treatment providing advice relating to rehabilitation and survivorship.</p> <p>5.5Q 66% (PPE), 40% (Community) workforce feel equipped to support people to self-manage their cancer and related symptoms.</p> <p>5.5S 68% (PPE), 42% (Community) workforce can recognise signs and symptoms associated with long-term treatment effects and possible recurrence.</p>	
				<p>4 Information and Communication:</p> <p>4.1 Identify the information requirements of individuals with cancer during their cancer diagnosis, therapy, after care and period of supportive care.</p> <p>4.2 Reflect on communication skills and consider theories of good communication in supporting the individual and family affected by cancer.</p> <p>4.3 Demonstrate the use of a range of</p>	<p>5.1A 66% Practice Nurses, 63% AHPs confident in developing and maintain communication with people affected by cancer, their families and others.</p> <p>5.1 E 60% Practice Nurses, 45% AHPs confident in working with individuals, their families and</p>	

				<p>communication techniques to promote well-being in a person with cancer, for example: active listening.</p> <p>4.4 Identify how multidisciplinary team communication can benefit patient care and improve transitions between acute and home care.</p> <p>4.5 Direct individuals and family members to appropriate services and provide a plan or prescription of information.</p> <p>4.6 Provide information and advice within the multidisciplinary team to support patient care.</p>	<p>friends in a flexible and sensitive way that demonstrates awareness of the impact of a diagnosis of cancer, the treatment, dying, death and bereavement.</p> <p>5.1 D 50% Practice Nurses, 31% AHPs confident in providing information and support about cancer care in a range of formats.</p>	
				<p>5 Palliative Care:</p> <p>5.1 Understand the philosophy and principles of palliative care.</p> <p>5.2 Work with people, their families and friends in a sensitive and flexible manner, demonstrating awareness of the impact of death, dying and bereavement, and recognising that their priorities and ability to communicate may vary over time.</p> <p>5.3 Contribute to multi-disciplinary assessment and information sharing including the individualised plan of care and support for the dying person to other key professionals involved in the person's care.</p> <p>5.4 Assess pain and other symptoms in ways appropriate to own role. Know when to refer to specialist colleagues.</p> <p>5.5 Contribute to delivery of personal and psychological care acting upon the recognition or the signs that a person is clinically unstable and may not recover.</p> <p>5.6 Demonstrate awareness and understanding of Advance Care Planning and the times when it may be appropriate.</p> <p>5.7 Work in accordance with care of the body after death policies.</p> <p>5.8 Identify, support and refer appropriately</p>	<p>5.2C 50% Practice Nurses, 38% AHPs feel able to recognise when a person is dying.</p> <p>5.2D 33% Practice Nurses, 4% AHPs understand and can use end of life care assessment tools and documentation.</p> <p>5.3A 33% Practice Nurses, 27% AHPs, 83% RN feel confident about assessing and managing a person affected by cancer with their pain and other common symptoms.</p> <p>5.3E 33% Practice Nurses, 14% AHPs, 82% RN feel confident in working in partnership with the person affected by cancer, their family and friends to develop, implement and monitor an end of life care plan which will meet the needs of the individual.</p>	

				<p>people at risk in bereavement.</p> <p>5.9 Demonstrate understanding of the impact of loss and grief, including how to support individuals who are bereaved.</p>	<p>5.5Z 72% PPE, 44% (Community) workforce can use EoL care tools.</p> <p>5.5AA 57% PPE, 28% (Community) workforce can add person affected by cancer to GSF register in primary care.</p> <p>5.5AN 43% PPE, 24% (Community) workforce confident in using bereavement risk assessment tools and make appropriate onward referral to bereavement services.</p>	
--	--	--	--	--	--	--

Table F: Minimum learning & development outcomes Registered Professionals in Health & Social Care (GPs & doctors)

Area of practice					Minimum outcomes: The workforce member will be able to:	Current level of knowledge & skills – gaps identified	Recommendations for minimum learning & development
C	ED	AO	S	PC			
					1 Early Diagnosis: 1.1 Identify common causes, signs and symptoms of cancer and refer for further investigations/review as per national guidelines/standards. 1.2 Demonstrate awareness of how health care is organised through the cancer journey in order to respond effectively to population and individual needs. 1.3 Communicate the different roles, responsibilities and functions of a multi-professional team.	5.5A 63% (PPE), 52% (Community) workforce confident in giving health promotion information, support and advice relating to an individuals or family's risk factors for cancer. 5.5B 74% (PPE), 65% (Community) workforce understand about risk factors for cancer (environmental and inherited). 5.5E 57% (PPE), 28% (Community) workforce confident in making timely referral to cancer services following NICE guidelines/local cancer-specific pathways.	Registered professionals in health and social care should complete the following learning and development to achieve the minimum outcomes identified in column 2: Communication skills Delivering effective cancer care in primary and community settings (GPs and doctors). Suggestion for Communication Skills: For GPs – Spikes 'plus' has been identified for commissioning by MCIP. Suggestion for 'Delivering effective cancer care in primary and community settings' unit for GPs and doctors included in:
					2 Acute Oncology: 2.1 Demonstrate an understanding of the aetiology and biology in the development of cancer in order to provide information and reassurance about the causes of cancer to patients and their families. 2.2 Identify risk factors for cancer and implement approaches for prevention, screening and early detection of cancer (focus on four common cancers). 2.3 Describe approaches to the diagnosis and staging of cancer and own role in supporting patients through this process. 2.4 Demonstrate understanding of the principles	5.5I 51% (PPE), 27% (Community) workforce understand the cell biology relating to formation of a cancer cell. 5.5J 91% (PPE), 60% (Community) workforce understand the signs and symptoms for the common cancers. 5.5K 87% (PPE), 56% (Community) workforce know	Learning & Development Summary Profile provided in Appendix 6, Table 19.

				<p>of cancer therapies in order to explain and facilitate patient education and choice.</p> <p>2.5 Demonstrate knowledge of the common acute and late side effects of cancer therapies.</p> <p>2.6 Demonstrate the principles of holistic assessment in cancer practice taking into account relevant physical, social, cultural, psychological and spiritual factors and making referrals to appropriate services as required.</p> <p>2.7 Demonstrate knowledge of management of cancer symptoms and treatment side effects.</p>	<p>how cancers are diagnosed.</p> <p>5.5L 74% (PPE), 40% (Community) workforce understand the 'staging process' for the common cancers.</p> <p>5.5M 56% (PPE), 29% (Community) workforce confident when explaining to people affected by cancer about the range of treatments for their cancer and the potential side effects.</p> <p>5.5N 79% (PPE), 38% (Community) workforce can recognise signs and symptoms associated with acute treatment effects and possible recurrence.</p> <p>5.5O 73% (PPE), 37% (Community) workforce confident assessing and managing symptoms associated with treatment effects.</p> <p>5.2 A 60% GPs confident when carrying out a Holistic Needs Assessment.</p>	
				<p>3 Survivorship:</p> <p>3.1 Demonstrate knowledge of the implications of chronic illness and long-term survivorship in those affected by cancer and implement appropriate referrals to other professionals and agencies in respect of these.</p> <p>3.2 Understand the potential consequences of long term and late effects of cancer treatment.</p> <p>3.3 Describe the principles of rehabilitation, self-</p>	<p>5.5P 62% (PPE), 38% (Community) workforce confident when acting as a key worker to undertake holistic needs assessment for a person affected by cancer following their treatment providing advice relating to rehabilitation and</p>	

				<p>management and lifestyle interventions for improving quality of life in those affected by cancer.</p> <p>3.4 Understand the importance of long-term medicines management and the dangers of non-adherence in patients with cancer.</p> <p>3.5 Demonstrate an understanding of the importance of seamless transitions between the acute and home care and from active treatment to survival programmes, palliative and end-of-life care.</p> <p>3.6 Describe the role of supportive, palliative and end-of-life care, for patients and their family.</p> <p>3.7 Demonstrate an understanding of the potential social, financial and emotional consequences of a cancer diagnosis and its treatment on individuals and their family members.</p> <p>3.8 Recognise the differing care needs of patients from disadvantaged or vulnerable groups.</p> <p>3.9 Discuss the impact of inheritable, social or lifestyle traits which predispose particular individuals or families to cancer and, where appropriate, refer patient for a family history assessment</p>	<p>survivorship.</p> <p>5.5Q 66% (PPE), 40% (Community) workforce feel equipped to support people to self-manage their cancer and related symptoms.</p> <p>5.5S 68% (PPE), 42% (Community) workforce can recognise signs and symptoms associated with long-term treatment effects and possible recurrence.</p>	
				<p>4 Information and Communication:</p> <p>4.1 Identify the information requirements of individuals with cancer during their cancer diagnosis, therapy, after care and period of supportive care.</p> <p>4.2 Reflect on communication skills and consider theories of good communication in supporting the individual and family affected by cancer.</p> <p>4.3 Demonstrate the use of a range of communication techniques to promote well-being in a person with cancer, for example:</p>	<p>5.1A 90% GPs confident when developing and maintaining communication with people affected by cancer, their families and others</p> <p>5.1D 75% GPs confident when providing information and support about cancer care in a range of formats, including written and verbal, as appropriate to the circumstances</p>	

				<p>active listening.</p> <p>4.4 Identify how multidisciplinary team communication can benefit patient care and improve transitions between acute and home care.</p> <p>4.5 Direct individuals and family members to appropriate services and provide a plan or prescription of information.</p> <p>4.6 Provide information and advice within the multidisciplinary team to support patient care.</p>	<p>and the situation.</p> <p>5.1 E 85% GPs confident when working with individuals, their families and friends in a flexible and sensitive way that demonstrates awareness of the impact of a diagnosis of cancer, the treatment, dying, death and bereavement.</p>	
				<p>5 Palliative Care:</p> <p>5.1 Understand the philosophy and principles of palliative care.</p> <p>5.2 Work with people, their families and friends in a sensitive and flexible manner, demonstrating awareness of the impact of death, dying and bereavement, and recognising that their priorities and ability to communicate may vary over time.</p> <p>5.3 Contribute to multi-disciplinary assessment and information sharing including with out-of-hours services.</p> <p>5.4 Assess pain and other symptoms in ways appropriate to own role. Know when to refer to specialist colleagues.</p> <p>5.5 Prescribe anticipatory medications for potential specific symptoms including pain, nausea/vomiting, breathlessness, noisy breathing, agitation, confusion, dry mouth.</p> <p>5.6 Initiate and manage conversations with the dying person regarding their preferences for end of life care using Advance Care Planning. Assess mental capacity for each decision.</p> <p>5.7 Recognise and manage reversible causes of deterioration.</p> <p>5.8 Identify, support and refer appropriately people at risk in bereavement.</p>	<p>5.2C 95% GPs feel able to recognise when a person is dying.</p> <p>5.2D 70% GPs understand and can use end of life care assessment tools and documentation.</p> <p>5.3A 95% GPs feel confident about assessing and managing a person affected by cancer with their pain and other common symptoms.</p> <p>5.3E 78% GPs feel confident when working in partnership with the person affected by cancer, their family and friends to develop, implement and monitor an end of life care plan which will meet the needs of the individual.</p> <p>5.5Z 72% (PPE), 44% (Community) workforce can use</p>	

				<p>5.9 Demonstrate understanding of the impact of loss and grief, including how to support individuals who are bereaved.</p>	<p>EoL care tools.</p> <p>5.5AA 57% (PPE), 28% (Community) workforce can add person affected by cancer to GSF register in primary care.</p> <p>5.5AN 43% (PPE), 24% (Community) workforce confident when using bereavement risk assessment tools and make appropriate onward referral to bereavement services.</p>	
--	--	--	--	--	--	--

Table G: Learning and development summary profile: Practice Manager

Page | 24

Course	Lead a service that supports individuals through significant life events (QCF Level 5)
Course Reference	L/503/8138
Provided by	Skills for Care/local provider
LCS Area(s)	
Course Aims	<p>Lead a service that supports individuals through significant life events including:</p> <ol style="list-style-type: none"> 1. Be able to implement organisational systems and procedures necessary to support individuals experiencing significant life events. 2. Be able to ensure sufficient and appropriate resources to support individuals experiencing significant life events. 3. Be able to ensure staff can respond to individuals experiencing significant life events.
Learning Outcomes/Objectives	<ol style="list-style-type: none"> 1.1 Ensure systems and structures in your setting enable and demonstrate acceptance for cultural diversity, individual wishes, needs and preferences. 1.2 Ensure organisational systems and procedures uphold person centred approaches. 1.3 Implement organisational systems and procedures that ensure quality of service when supporting individuals experiencing significant life events. 1.4 Implement effective communication systems which promote open, sensitive and appropriate communication. 1.5 Implement reporting and recording systems which safeguard people you support in line with national and local agreed ways of working. 1.6 Ensure administrative arrangements for legal or financial issues are in line with legal requirements. 1.7 Describe how your organisational systems and procedures can respond to the particular and future needs, wishes and preferences of individuals experiencing significant life events. 1.8 Analyse how the service operates in ways which promote active participation for those you support, their families and carers. 1.9 Explain how to resolve tensions or conflicts that may arise for individuals experiencing significant life events, their families and carers. 2.1 Ensure appropriate staffing and skills levels that would be necessary to respond to individuals experiencing significant life events. 2.2 Provide staff and others for whom you are responsible with appropriate learning opportunities to enable them to respond sensitively to individuals experiencing significant life events. 2.3 Identify specialist resources that may be required in supporting individuals experiencing significant life events. 2.4 Develop collaborative working partnerships with other key services and resources to support individuals experiencing significant life events. 2.5 Implement effective methods for sharing information with

	<p>other services as appropriate.</p> <p>3.1 Support staff and others to accept and respect the emotions associated with major life changes and loss.</p> <p>3.2 Support staff and others to accept and respond sensitively to individuals wishes, choices and spiritual needs.</p> <p>3.3 Support staff to monitor individuals' emotional, behavioural, psychological or physical changes.</p> <p>3.4 Support staff and others to communicate effectively in response to individuals experiencing significant life events.</p> <p>3.5 Implement systems and procedures for staff to be able to seek additional guidance and information where they are faced with a situation which is outside of their own expertise.</p> <p>3.6 Provide appropriate support systems for staff and others to help them to manage the impact of their work on their own emotional and physical needs.</p>
Core content	
Delivery options	
Duration of course	
Timing of course	
Capacity	
Staff groups	For managers in health and social care services to demonstrate how they can lead and manage end of life care services that promote positive experiences for individuals and their families at the end of life.
Total cost	
Unit cost	
Comments	<p>Skills for Care identify this as one mandatory unit of 2 for a level 5 certificate in leading and managing services to support end of life and significant life events. This unit has been selected as it focuses on patients with any life-limiting illness and beyond end of life care.</p> <p>Bespoke version to be commissioned to meet outcomes identified by Skills for Care: Lead a service that supports individuals through significant life events (QCF Level 5).</p>
Recommendations	The outcomes identified for communication/information giving and palliative care reflect those identified in the Recommended Core Education Standards for Care and Support for the Dying Person in the Last Days and Hours of Life (Greater Manchester, Lancashire and South Cumbria Strategic Clinical Networks, 2014)

Table H: Learning and development summary profile: Administrative and Reception staff

Page | 26

Course	Introduction to Cancer and Palliative Care
Course Reference	
Provided by	Local provider/Macmillan Online
LCS Area(s)	All
Course Aims	To provide an introduction to cancer & palliative care
Learning Outcomes/Objectives	<p>1. Early Diagnosis: 1.1 Demonstrate an understanding of cancer risk factors and screening for common cancers.</p> <p>2. Acute Oncology: 2.1 Demonstrate an understanding of cancer and the common treatment approaches focusing on the four common cancers (breast, colorectal, prostate and lung).</p> <p>3. Survivorship: 3.1 Demonstrate an understanding of the potential psychosocial consequences of a cancer diagnosis and its treatment on individuals and their family members. 3.2 Demonstrate tact, reflexivity and sensitivity towards the needs of patients who are dying, and demonstrate awareness of their psychosocial and spiritual needs, and those of their family members.</p> <p>4. Information and Communication: 4.1 Identify the information requirements of individuals with cancer during their cancer diagnosis, therapy, after care and period of supportive care. 4.2 Reflect on communication skills and consider theories of good communication in supporting the individual and family affected by cancer. 4.3 Demonstrate the use of a range of communication techniques to promote well-being in a person with cancer, for example: active listening. 4.4 Identify how multidisciplinary team communication can benefit patient care and improve transitions between acute and home care. 4.5 Direct individuals and family members to appropriate services and provide a plan or prescription of information. 4.6 Provide information and advice within the multidisciplinary team to support patient care.</p> <p>5. Palliative Care: 5.1 Work with people, their families and friends in a sensitive and flexible manner, demonstrating awareness of the impact of death, dying and bereavement, and recognising that their priorities and ability to communicate may vary over time</p>
Core content	<p>1. Early Diagnosis and 2. Acute Oncology</p> <ul style="list-style-type: none"> • Introduction to cells, tissues and cancer

	<ul style="list-style-type: none"> • Classification of cancer – focus on four common cancers • The spread of cancer • Screening for cancer • Overview of treatment options <p>3. Survivorship</p> <ul style="list-style-type: none"> • Experience of carers, children, friends and non-traditional families • Impact of cancer diagnosis, recurrence and prognosis • Impact of cancer on disadvantaged groups, e.g. the elderly, immigrants, mentally ill, those with learning disabilities and those on low incomes • Societal attitudes to cancer <p>4. Information and Communication:</p> <ul style="list-style-type: none"> • Communication skills – effective and culturally sensitive communication • Optimising patient and family education – information giving • Patients autonomy and integrity • Professional/team communication • Sources of information and support <p>5. Palliative Care:</p> <ul style="list-style-type: none"> • Introduction to principles and practices of palliative care • Reactions to loss and bereavement
Delivery options	Introduction to Cancer & Palliative Care: Face to face/blended Sage & Thyme Foundation Level: Face to face
Duration of course	Introduction to Cancer and Palliative Care: Face to face/Blended – 2 days Sage & Thyme Foundation Level: Face to face – 3 hours
Timing of course	
Capacity	
Staff groups	For administrative and reception staff in community (health and social care), primary and palliative care
Total cost	
Unit cost	
Comments	<p>Suggestion to meet outcomes identified above for this staff group:</p> <p>1) Communication skills training - Sage and Thyme Foundation Level (3 hours face-to-face)</p> <p>2) Introduction to Cancer & Palliative Care – May be bespoke or modified commission for equivalent of 2 days face-to-</p>

	<p>face. May be developed as blended learning with Macmillan: Introduction to cancer (online) programme.</p> <p>Bespoke version commissioned or</p> <p>Modified version of Christie School of Oncology: 'An introduction to cancer – anatomy, biology and treatment' to focus on four common cancers including screening, treatment and sources of information/support. Principles of palliative care including reactions to loss and bereavement (Equivalent to 2 days face to face. May be developed as blended learning by including: Macmillan: Introduction to cancer (online)</p>
<p>Recommendations</p>	<p>The outcomes identified for communication/information giving and palliative care reflect those identified in the Recommended Core Education Standards for Care and Support for the Dying Person in the Last Days and Hours of Life (Greater Manchester, Lancashire and South Cumbria Strategic Clinical Networks, 2014)</p>

Table I: Learning and development summary profile: Unregistered Support Workers in Health and Social Care

Page | 29

Course	Foundations in Cancer and Palliative Care
Course Reference	
Provided by	Local provider/to incorporate Macmillan Online
LCS Area(s)	All
Course Aims	To provide an introduction to cancer & palliative care
Learning Outcomes/Objectives	<p>1. Early Diagnosis: 1.1 Demonstrate an understanding of cancer risk factors and screening for common cancers.</p> <p>2. Acute Oncology: 2.1 Demonstrate an understanding of cancer and the common treatment approaches focusing on the four common cancers (breast, colorectal, prostate and lung).</p> <p>3. Survivorship: 3.1 Demonstrate an understanding of the potential psychosocial consequences of a cancer diagnosis and its treatment on individuals and their family members. 3.2 Recognise the differing care needs of patients from disadvantaged or vulnerable groups. 3.3 Consider own attitude, beliefs and behaviours towards end of life care. 3.4 Demonstrate fact, reflexivity and sensitivity towards the needs of patients who are dying, and demonstrate awareness of their psychosocial and spiritual needs, and those of their family members.</p> <p>4. Information and Communication: 4.1 Identify the information requirements of individuals with cancer during their cancer diagnosis, therapy, after care and period of supportive care. 4.2 Reflect on communication skills and consider theories of good communication in supporting the individual and family affected by cancer. 4.3 Demonstrate the use of a range of communication techniques to promote well-being in a person with cancer, for example: active listening. 4.4 Identify how multidisciplinary team communication can benefit patient care and improve transitions between acute and home care. 4.5 Direct individuals and family members to appropriate services and provide a plan or prescription of information. 4.6 Provide information and advice within the multidisciplinary team to support patient care.</p> <p>5 Palliative Care: 5.1 Understand the philosophy and principles of palliative care. 5.2 Work with people, their families and friends in a sensitive and flexible manner, demonstrating awareness of the impact of death, dying and bereavement, and recognising that their priorities and ability to communicate may vary</p>

	<p>over time.</p> <p>5.3 Contribute to multi-disciplinary assessment and information sharing.</p> <p>5.4 Assess pain and other symptoms in ways appropriate to your role. Know when to refer to specialist colleagues.</p> <p>5.5 Contribute to delivery of personal and psychological care.</p> <p>5.6 Demonstrate awareness and understanding of Advance Care Planning and the times when it may be appropriate.</p> <p>5.7 Work in accordance with care of the body after death policies.</p> <p>5.8 Support families and friends of the deceased.</p>
Core content	<p>1. Early Diagnosis and 2. Acute Oncology</p> <ul style="list-style-type: none"> • Introduction to cells, tissues and cancer • Classification of cancer – focus on four common cancers • The spread of cancer • Screening for cancer • Overview of treatment options <p>3. Survivorship</p> <ul style="list-style-type: none"> • Experience of carers, children, friends and non-traditional families • Impact of cancer diagnosis, recurrence and prognosis • Impact of cancer on disadvantaged groups, e.g. the elderly, immigrants, mentally ill, those with learning disabilities and those on low incomes • Societal attitudes to cancer <p>4. Information and Communication:</p> <ul style="list-style-type: none"> • Communication skills – effective and culturally sensitive communication • Optimising patient and family education – information giving • Patients autonomy and integrity • Professional/team communication • Sources of information and support <p>5. Palliative Care:</p> <ul style="list-style-type: none"> • Principles of palliative care – physical, psychological, social and spiritual needs of dying person and their family • Symptom management – focus on pain, nausea/vomiting, breathlessness, noisy breathing, agitation, constipation, urinary retention, confusion • Personal care – skin integrity, oral care, hair care, nutrition and hydration • Understanding reactions to loss and bereavement • Providing bereavement support
Delivery options	<p>Foundations in Cancer and Palliative Care: Face to face/Blended</p> <p>Foundation Level Communication Skills, Care & Compassions, Dignity & Respect (1 day)</p>

Duration of course	Foundations in Cancer and Palliative Care: Face to face/Blended – 4 days Foundation Level Communication Skills, Care & Compassions, Dignity & Respect (1 day)
Timing of course	
Capacity	
Staff groups	For unregistered support workers in community (health and social care), primary and palliative care
Total cost	
Unit cost	
Comments	<p>Suggestion to meet outcomes identified above for this staff group:</p> <p>1. Communication skills training - Foundation Level Communication Skills, Care & Compassions, Dignity & Respect (1 day)</p> <p>2. Foundations in Cancer and Palliative Care - May be bespoke or modified commission for equivalent of 4 days face-to-face. May be developed as blended learning with Macmillan: Introduction to cancer (online) programme. Bespoke version commissioned or</p> <p>Modified version of Christie School of Oncology to form one 'unit': 'An introduction to cancer – anatomy, biology and treatment' to focus on four common cancers including screening, treatment, and sources of information/support Introduction to principles and practice of palliative and end of life care</p> <p>(Equivalent to 4 days face-to-face. May be developed as blended learning by including: Macmillan: Introduction to cancer (online))</p>
Recommendations	The outcomes identified for communication/information giving and palliative care reflect those identified in the Recommended Core Education Standards for Care and Support for the Dying Person in the Last Days and Hours of Life (Greater Manchester, Lancashire and South Cumbria Strategic Clinical Networks, 2014).

Table J: Learning and development summary profile: Registered Nurses and Allied Health and Social Care Professionals

Page | 32

Course	Delivering effective cancer care in primary and community settings (Registered Nurses and Allied Health & Social Care Professionals)
Course Reference	
Provided by	Local provider
LCS Area(s)	All
Course Aims	To enhance knowledge and understanding of cancer & palliative care
Learning Outcomes/Objectives	<p>1. Early Diagnosis:</p> <p>1.1 Identify common causes, signs and symptoms of cancer and explain how their recognition and early diagnosis influences morbidity.</p> <p>1.2 Outline the principles of cancer practice and explain how health care is organised through the cancer journey in order to respond effectively to population and individual needs</p> <p>1.3 Communicate the different roles, responsibilities and functions of a multi-professional team</p> <p>2. Acute Oncology:</p> <p>2.1 Demonstrate an understanding of the aetiology and biology in the development of cancer in order to provide information and reassurance about the causes of cancer to patients and their families.</p> <p>2.2 Identify risk factors for cancer and describe approaches for prevention, screening and early detection of cancer (focus on 4 common cancers).</p> <p>2.3 Describe approaches to the diagnosis and staging of cancer and own role in supporting patients through this process.</p> <p>2.4 Demonstrate understanding of the principles of cancer therapies in order to explain and facilitate patient education and choice.</p> <p>2.5 Demonstrate knowledge of the common acute and late side effects of cancer therapies.</p> <p>2.6 Demonstrate the principles of holistic assessment in cancer practice taking into account relevant physical, social, cultural, psychological and spiritual factors.</p> <p>2.7 Demonstrate knowledge of management of cancer symptoms and treatment side effects.</p> <p>3. Survivorship:</p> <p>3.1 Demonstrate knowledge of the implications of chronic illness and long-term survivorship in those affected by cancer and implement appropriate referrals to other professionals and agencies in respect of these.</p> <p>3.2 Understand the potential consequences of long term and late effects of cancer treatment.</p> <p>3.3 Describe the principles of rehabilitation, self-management and lifestyle interventions for improving quality of life in those affected by cancer.</p> <p>3.4 Understand the importance of long-term medicines management and the dangers of non-adherence in patients with cancer.</p> <p>3.5 Demonstrate an understanding of the importance of seamless transitions between the acute and home care and</p>

	<p>from active treatment to survival programmes, palliative and end-of-life care.</p> <p>3.6 Describe the role of supportive, palliative and end-of-life care, for patients and their family.</p> <p>3.7 Demonstrate an understanding of the potential social, financial and emotional consequences of a cancer diagnosis and its treatment on individuals and their family members.</p> <p>3.8 Recognise the differing care needs of patients from disadvantaged or vulnerable groups.</p> <p>3.9 Discuss the impact of inheritable, social or lifestyle traits which predispose particular individuals or families to cancer and, where appropriate, refer patient for a family history assessment</p> <p>4. Information and Communication:</p> <p>4.1 Identify the information requirements of individuals with cancer during their cancer diagnosis, therapy, after care and period of supportive care.</p> <p>4.2 Reflect on communication skills and consider theories of good communication in supporting the individual and family affected by cancer.</p> <p>4.3 Demonstrate the use of a range of communication techniques to promote well-being in a person with cancer, for example: active listening.</p> <p>4.4 Identify how multidisciplinary team communication can benefit patient care and improve transitions between acute and home care.</p> <p>4.5 Direct individuals and family members to appropriate services and provide a plan or prescription of information.</p> <p>4.6 Provide information and advice within the multidisciplinary team to support patient care.</p> <p>5. Palliative Care:</p> <p>5.1 Understand the philosophy and principles of palliative care.</p> <p>5.2 Work with people, their families and friends in a sensitive and flexible manner, demonstrating awareness of the impact of death, dying and bereavement, and recognising that their priorities and ability to communicate may vary over time.</p> <p>5.3 Contribute to multi-disciplinary assessment and information sharing including the individualised plan of care and support for the dying person to other key professionals involved in the person's care.</p> <p>5.4 Assess pain and other symptoms in ways appropriate to own role. Know when to refer to specialist colleagues.</p> <p>5.5 Contribute to delivery of personal and psychological care acting upon the recognition or the signs that a person is clinically unstable and may not recover.</p> <p>5.6 Demonstrate awareness and understanding of Advance Care Planning and the times when it may be appropriate.</p> <p>5.7 Work in accordance with care of the body after death policies.</p> <p>5.8 Identify, support and refer appropriately people at risk in bereavement.</p> <p>5.9 Demonstrate understanding of the impact of loss and grief, including how to support individuals who are bereaved.</p>
<p>Core content</p>	<p>1. Early Diagnosis</p> <ul style="list-style-type: none"> • Organisation of cancer services • Cancer pathway – prevention, screening, early detection, pre-diagnosis, management, treatment, post-treatment, follow-up, survivorship/rehabilitation, palliative and end of life care

	<ul style="list-style-type: none"> • Cancer risk <p>2. Acute Oncology</p> <ul style="list-style-type: none"> • Introduction to cells, tissues and cancer – carcinogenesis • Classification of cancer – focus on four common cancers • Staging and grading of cancer, tumour markers • Metastases and the spread of cancer • Screening for cancer • Overview of treatment options – surgery, radiotherapy, systemic therapy (chemotherapy, hormone therapy, targeted therapy) • Acute and late side effects of cancer treatment <p>3. Survivorship</p> <ul style="list-style-type: none"> • Holistic assessment including assessment of information needs • Cancer related signs and symptoms, treatment related signs and symptoms • Recognition and management of oncological emergencies (including neutropenia and spinal cord compression) • Experience of carers, children, friends and non-traditional families • Impact of cancer diagnosis, recurrence and prognosis • Impact of cancer on disadvantaged groups, e.g. the elderly, immigrants, mentally ill, those with learning disabilities and those on low incomes • Societal attitudes to cancer • Principles of rehabilitation and self-management <p>4. Information and Communication:</p> <ul style="list-style-type: none"> • Communication skills – effective and culturally sensitive communication • Optimising patient and family education – information giving • Breaking bad news • Patients autonomy and integrity • Professional/team communication • Sources of information and support <p>5. Palliative Care:</p> <ul style="list-style-type: none"> • Principles of palliative care – physical, psychological, social and spiritual needs of dying person and their family • Symptom management – focus on pain, nausea/vomiting, breathlessness, noisy breathing, agitation, constipation, urinary retention, confusion • Personal care – skin integrity, oral care, hair care, nutrition and hydration • Cultural approaches to death and dying • End of life definitions and triggers for assessment
--	---

	<ul style="list-style-type: none"> • Advance Care Planning • Understanding reactions to loss and bereavement • Bereavement risk assessment • Providing bereavement support
Delivery options	Delivering effective cancer care in primary and community settings (5 days) Enhanced Communication Skills (Intermediate level) (2 days)
Duration of course	Delivering effective cancer care in primary and community settings (5 days) Enhanced Communication Skills (Intermediate level) (2 days)
Timing of course	
Capacity	
Staff groups	For Registered Nurses and Allied Health Professionals in community (health and social care), primary and palliative care
Total cost	
Unit cost	
Comments	<p>Suggestion to meet outcomes identified above for this staff group:</p> <ol style="list-style-type: none"> 1. Enhanced Communication Skills (Intermediate level) (2 days) 2. Delivering effective cancer care in primary and community settings. May be bespoke or modified commission for equivalent of 5 days face-to-face. May be developed as blended learning with Macmillan: Introduction to cancer (online) programme. <p>Bespoke version commissioned could include:</p> <p>Modified version of Christie School of Oncology to form one 'unit': 'An introduction to cancer – anatomy, biology and treatment' to focus on 4 common cancers including screening, treatment 'Acute oncology – scenario based learning' 'Community Acute Oncology' Introduction to Palliative and End of Life Care to address each of the competency areas identified</p> <p>Equivalent 5 days face-to-face/blended</p>
Recommendations	The outcomes identified for communication/information giving and palliative care reflect those identified in the Recommended Core Education Standards for Care and Support for the Dying Person in the Last Days and Hours of Life (Greater Manchester, Lancashire and South Cumbria Strategic Clinical Networks, 2014)

Table K: Learning and development summary profile: GPs and doctors

Course	Delivering effective cancer care in primary and community settings (GPs and doctors)
Course Reference	
Provided by	GP update
LCS Area(s)	All
Course Aims	To enhance knowledge and understanding of cancer & palliative care
Learning Outcomes/Objectives	<p>1. Early Diagnosis:</p> <p>1.1 Identify common causes, signs and symptoms of cancer and refer for further investigations/review as per national guidelines/standards.</p> <p>1.2 Demonstrate awareness of how health care is organised through the cancer journey in order to respond effectively to population and individual needs.</p> <p>1.3 Communicate the different roles, responsibilities and functions of a multi-professional team.</p> <p>2. Acute Oncology:</p> <p>2.1 Demonstrate an understanding of the aetiology and biology in the development of cancer in order to provide information and reassurance about the causes of cancer to patients and their families.</p> <p>2.2 Identify risk factors for cancer and implement approaches for prevention, screening and early detection of cancer (focus on four common cancers).</p> <p>2.3 Describe approaches to the diagnosis and staging of cancer and own role in supporting patients through this process.</p> <p>2.4 Demonstrate understanding of the principles of cancer therapies in order to explain and facilitate patient education and choice.</p> <p>2.5 Demonstrate knowledge of the common acute and late side effects of cancer therapies.</p> <p>2.6 Demonstrate the principles of holistic assessment in cancer practice taking into account relevant physical, social, cultural, psychological and spiritual factors and making referrals to appropriate services as required.</p> <p>2.7 Demonstrate knowledge of management of cancer symptoms and treatment side effects.</p> <p>3. Survivorship:</p> <p>3.1 Demonstrate knowledge of the implications of chronic illness and long-term survivorship in those affected by cancer and implement appropriate referrals to other professionals and agencies in respect of these.</p> <p>3.2 Understand the potential consequences of long term and late effects of cancer treatment.</p> <p>3.3 Describe the principles of rehabilitation, self-management and lifestyle interventions for improving quality of life in those affected by cancer.</p> <p>3.4 Understand the importance of long-term medicines management and the dangers of non-adherence in patients with cancer.</p> <p>3.5 Demonstrate an understanding of the importance of seamless transitions between the acute and home care and from active treatment to survival programmes, palliative and end-of-life care.</p>

	<p>3.6 Describe the role of supportive, palliative and end-of-life care, for patients and their family.</p> <p>3.7 Demonstrate an understanding of the potential social, financial and emotional consequences of a cancer diagnosis and its treatment on individuals and their family members.</p> <p>3.8 Recognise the differing care needs of patients from disadvantaged or vulnerable groups.</p> <p>3.9 Discuss the impact of inheritable, social or lifestyle traits which predispose particular individuals or families to cancer and, where appropriate, refer patient for a family history assessment.</p> <p>4. Information and Communication:</p> <p>4.1 Identify the information requirements of individuals with cancer during their cancer diagnosis, therapy, after care and period of supportive care.</p> <p>4.2 Reflect on communication skills and consider theories of good communication in supporting the individual and family affected by cancer.</p> <p>4.3 Demonstrate the use of a range of communication techniques to promote well-being in a person with cancer, for example: active listening.</p> <p>4.4 Identify how multidisciplinary team communication can benefit patient care and improve transitions between acute and home care.</p> <p>4.5 Direct individuals and family members to appropriate services and provide a plan or prescription of information.</p> <p>4.6 Provide information and advice within the multidisciplinary team to support patient care.</p> <p>.</p> <p>5. Palliative Care:</p> <p>5.1 Understand the philosophy and principles of palliative care</p> <p>5.2 Work with people, their families and friends in a sensitive and flexible manner, demonstrating awareness of the impact of death, dying and bereavement, and recognising that their priorities and ability to communicate may vary over time.</p> <p>5.3 Contribute to multi-disciplinary assessment and information sharing including with out-of-hours services.</p> <p>5.4 Assess pain and other symptoms in ways appropriate to own role. Know when to refer to specialist colleagues.</p> <p>5.5 Prescribe anticipatory medications for potential specific symptoms including pain, nausea/vomiting, breathlessness, noisy breathing, agitation, confusion, dry mouth.</p> <p>5.6 Initiate and manage conversations with the dying person regarding their preferences for end of life care using Advance Care Planning. Assess mental capacity for each decision.</p> <p>5.7 Recognise and manage reversible causes of deterioration.</p> <p>5.8 Identify, support and refer appropriately people at risk in bereavement.</p> <p>5.9 Demonstrate understanding of the impact of loss and grief, including how to support individuals who are bereaved.</p>
<p>Core content</p>	<p>1. Early Diagnosis</p> <ul style="list-style-type: none"> • Organisation of cancer, palliative and end of life care services nationally and locally • National standards for cancer, palliative and end of life care and requirements for recording and reporting • Cancer pathway – prevention, screening, early detection, pre-diagnosis, management, treatment, post-treatment, follow-up, survivorship/rehabilitation, palliative and end of life care

	<ul style="list-style-type: none"> • Cancer risk nationally and locally <p>2. Acute Oncology</p> <ul style="list-style-type: none"> • Introduction to cells, tissues and cancer – carcinogenesis • Classification of cancer – focus on 4 common cancers • Staging and grading of cancer, tumour markers • Metastases and the spread of cancer • Screening for cancer including national screening programmes and initiatives • Overview of treatment options – surgery, radiotherapy, systemic therapy (chemotherapy, hormone therapy, targeted therapy) • Acute and late side effects of cancer treatment <p>3. Survivorship</p> <ul style="list-style-type: none"> • Holistic assessment including assessment of information needs • Cancer related signs and symptoms, treatment related signs and symptoms • Recognition and management of oncological emergencies (including neutropenic sepsis and spinal cord compression) • Experience of carers, children, friends and non-traditional families • Impact of cancer diagnosis, recurrence and prognosis • Impact of cancer on disadvantaged groups, e.g. the elderly, immigrants, mentally ill, those with learning disabilities and those on low incomes • Societal attitudes to cancer • Principles of rehabilitation and self-management <p>4. Information and Communication:</p> <ul style="list-style-type: none"> • Communication skills – effective and culturally sensitive communication • Optimising patient and family education – information giving • Breaking bad news • Patients autonomy and integrity • Professional/team communication • Sources of information and support <p>5. Palliative Care:</p> <ul style="list-style-type: none"> • Principles of palliative care – physical, psychological, social and spiritual needs of dying person and their family • Symptom management – focus on pain, nausea/vomiting, breathlessness, noisy breathing, agitation, constipation, urinary retention, confusion • Personal care – skin integrity, oral care, hair care, nutrition and hydration • Cultural approaches to death and dying
--	---

	<ul style="list-style-type: none"> • End of life definitions and triggers for assessment • Advance Care Planning • Understanding reactions to loss and bereavement • Bereavement risk assessment • Providing bereavement support
Delivery options	Delivering effective cancer care in primary and community settings (GPs and doctors) (5 days) Spikes plus
Duration of course	Delivering effective cancer care in primary and community settings (GPs and doctors) (5 days) Spikes plus
Timing of course	
Capacity	
Staff groups	For General Practitioners and doctors in community (health and social care), primary and palliative care
Total cost	
Unit cost	
Comments	<p>Suggestion to meet outcomes identified above for this staff group:</p> <ol style="list-style-type: none"> 1. Communication: Spikes plus 2. Delivering effective cancer care in primary and community settings (GPs and doctors) <p>May be bespoke or modified commission for equivalent of 5 days face-to-face.</p> <p>Bespoke commission with GP Cancer Update (as identified by MCIP/PPE Workstream)</p> <p>Could include:</p> <p>Modified version of Christie School of Oncology to form one 'unit':</p> <p>'An introduction to cancer – anatomy, biology and treatment' to focus on four common cancers including screening, treatment</p> <p>'Acute oncology – scenario based learning'</p> <p>'Community Acute Oncology'</p> <p>Introduction to Palliative and End of Life Care to address each of the outcomes identified</p>
Recommendations	The outcomes identified for communication/information giving and palliative care reflect those identified in the Recommended Core Education Standards for Care and Support for the Dying Person in the Last Days and Hours of Life (Greater Manchester, Lancashire and South Cumbria Strategic Clinical Networks, 2014)