

Cross Party Group on Nursing and Midwifery

Minutes of meeting held on 15th October 2013.

Present

Assembly Members

Rebecca Evans AM

Darren Millar AM

Andrew RT Davies AM

David Rees AM

RCN Wales Staff

Peter Meredith-Smith Associate Director (Employment Relations)

Martin Semple Acting Director, RCN Wales

Lynne Hughes Policy and Public Affairs Adviser

John Hoddinott Media Assistant

Lee Anderson Admin Support

Invited guests

Alison Pugh Team Leader, Aneurin Bevan LHB Oncology

Jane Hart Lead Nurse for Cancer Services, Aneurin Bevan Health Board,

Yvonne Lush Senior Development Manager Macmillan

Susan Morris General Manager Macmillan

Nicola West Consultant Nurse Breast Care, Cardiff and Vale University Health Board and RCN Wales Nurse of the Year 2012, Clinical Nurse Specialist Award winner

Apologies

Carwyn Jones AM, First Minister

David Melding AM

Simon Thomas AM

Leanne Wood AM

Nick Ramsey AM

Lindsay Whittle AM

Mark Drakeford AM, Minister for Health & Social Services

Leighton Andrews AM

Christine Chapman AM

Andrew RT Davies AM

Mike Hedges AM

Ann Jones AM

Alun Ffred Jones AM

Lynne Neagle AM

Eluned Parrott AM

William Powell AM

Kirsty Williams AM

Julie Morgan AM

Joyce Watson AM

Carol Shillabeer Executive Director Nursing, Powys Teaching Health Board.

Caroline Oakley Director of Nursing & Midwifery, Hywel Dda Health Board

Ruth Walker Director of Nursing, Cardiff and the Vale Health Board.

Lynda Williams Director of Nursing, Cwm Taf Health Board.

Professor Jean White Chief Nursing Officer for Wales

Annual General meeting

Rebecca Evans AM was elected as Chair, and the RCN was elected Secretary.

The role of Specialist Nurses.

Martin Semple introduced the session by discussing both the clinical and cost benefits of using Clinical Nurse Specialists and Consultant Nurses. He made reference to the “Specialist nurses - changing lives, saving money” paper (attached) on the economic evidence supporting this. He also referred to a number of pilot projects in Wales testing this and agreed that the RCN would distribute a briefing paper on these.

Yvonne Lush, Senior Development Manager, Macmillan Cancer Support gave a presentation (slides attached)

- Cancer rates are increasing in Wales, there are currently 140,000 people living with and beyond cancer in Wales, by 2030 there will be around 250,000 living with the consequences of treatment.
- Whole systems approach to deal with this “chronic treatment”
- Self-management is necessary; working with body and mind
- Need to redefine the role of professional and patients
- Macmillan have invested £4million that was invested in staff (the highest % of which was nurses) but there is a challenge around sustainability and the local need/service
- Clinical Nurse Specialist are key change agents
- Frontier Economics report (2010) identified that one-to one support for all cancer patients in England would require substantial investment in specialist nurses and other one to one support workers. If 1:1 care was to be provided then there would be a need for many thousands of nurses. Macmillan are testing out re-stratified care teams.
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- In Wales there is a mismatch between CNS distribution and the numbers of cancer incidents.
- Patients who have access to CNSs have better experiences.
- A ‘gap’ in the CNS – The forthcoming Cancer patient Experience Survey will tell us if there are any gaps in the patient experience
- Is the CNS’s value being appreciated? Macmillan working to do an evaluation

- CNS can put patients on a better/cheaper pathway. “patient-centred”
- CNS provide high quality holistic care
- Cancer Patient Experience Survey (fieldwork closed in Sept), published before the end of the year

Nicola West, CNS, Breast Cancer, Cardiff and the Vale Health Board discussed her role and how pivotal it was in the care of patients with breast cancer.

- Nikki set up the service from scratch and now there are 6 CNSs for breast cancer in C&VUHB
- CNS provides continuity of care; a patient is able to see seeing the same nurse through the whole journey of their care. of
- Specifically trained and specialised in that particular
- Advocates for patients
- Questioned whether junior doctors or generalist nurses got the skills needed to provide the quality of care that CNS are able to.
- Not expensive commodities, we NEED them.
- Funds are strict but CNS are necessary
- CNS are the ones who contact someone telling them their results aren't ready due to stretched services. They have the skills to go through every step of the way
- CNS provides continuity and psychosocial support, the latter is so important but can be left out if specialist nurses not available.
- Nikki runs her own diagnostic clinics so sees patients for intial assessment, diagnosis, counselling and follow up care.
- Some tumour sites don't have a CNS
- We don't have follow up care right in Wales; we need to be clear on the optimum times for following up patients to ensure that morbidity and mortality are improved. We need to improve how we prepare people for life after cancer, the system we currently have in Wales is based on people's experience of cancer many years ago, not to how people experience cancer now; i.e. as a condition that many live through.
- Currently in third review of the CNS role.

Open discussion

- The Group discussed the importance of robust workforce planning.

- Debate is often framed about not having sufficient doctors, this lacks imagination. Need to consider how we develop the clinical workforce as a whole.
- Need to not only look at the economic evidence alongside patient safety. There was some concern that CNS posts may be risk of being lost/ downgraded.

It was agreed that the Group should look at NHS workforce planning in more depth at a later date and invite the Minister