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Aiming for a holistic integrated service for men diagnosed with prostate cancer – Definitions of standards and skill sets for nurses and allied healthcare professionals

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ABSTRACT

Purpose: To establish a comprehensive set of recommendations for the service structure and skill set of nurses and allied healthcare professionals in prostate cancer care.
Methods: Using components of formal consensus methodology, a 30-member multidisciplinary panel produced 53 items for discussion relating to the provision of care for prostate cancer patients by specialist nurses and allied healthcare professionals. Items were developed by two rounds of email correspondence in which, first, items were generated and, second, items refined to form the basis of a consensus meeting which constituted the third round of review. The fourth and final round was an email review of the consensus output.
Results: The panel agreed on 33 items that were appropriate for recommendations to be made. These items were grouped under categories of "Environment" and "Patient Pathway" and included comments on training, leadership, communication and quality assessment as well as specific items related to prostate diagnosis clinics, radical treatment clinics and follow-up survivor groups.
Conclusions: Specialist nurses and allied healthcare professionals play a vital role alongside urologists and oncologists to provide care to men with prostate cancer and their families. We present a set of standards and consensus recommendations for the roles and skill-set required for these practitioners to provide gold-standard prostate cancer care. These recommendations could form the basis for development of comprehensive integrated prostate cancer pathways in prostate cancer centres as well as providing guidance for any units treating men with prostate cancer.

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1. Introduction

Prostate cancer is a common disease that, on current statistics, will be diagnosed in 12.5% of the male population in the UK with current life expectancy projections (Cancer Research UK, 2016). While much focus in the field has been on improving diagnosis and treatment of prostate cancer, there has been little attention as yet to the role played by nurses and allied healthcare professionals (AHPs) in developing gold standards of care along the entire pathway, from first contact with a prostate cancer service through to follow up after treatment. Recently, attention has focussed on the interdisciplinary and multiprofessional nature of prostate cancer care with publications outlining some early recommendations on this front. For example, the European Prostate Cancer Unit (EPU) proposal which reviewed German prostate, British urological and European breast cancer structures to develop a set of core requirements for certified units (Valdagni et al., 2011; 2015). In addition, some units internationally have sought to define standards for nurse-led care in specific treatment domains, for example Robocare (Birch et al., 2016). And there has been a shift of focus towards the individual rather than the disease as outlined in the nursing literature (Frew and Dashfield, 2012) and support networks such as Prostate Cancer UK (UK PC, 2017). We sought to establish a comprehensive set of recommendations for the service structure and skill set of nurses and AHPs in prostate cancer care in a referral centre.

Receiving a cancer diagnosis has a big impact on any person and their family. From the point when patients 'walk through the door of the clinic' they should come into contact with staff who have been well trained sensitively to offer support, provide accurate and comprehensive information and easy access to services such as counselling and support groups.

The prostate cancer journey involves a great variety of specialisms and, in general, nurses need to be 'upskilled' to provide this wide-ranging support. There is no standard for advanced or specialist practice within the UK for nurses or allied health professionals. (The Nursing & Midwifery Council NMC) do not legislate a level or standard of skill or competence but rather require the individual practitioner to "work within limits of your competence" (The Code for Nurses and Midwives, 2015). Such training is not standard within the NHS. The majority of specialist nurses gain their experience through longevity of role, ad hoc training and self-funded courses. Nursing and allied health professional activity (and therefore patient care and flow) are often determined by the traditional boundaries of specialties and disciplines. These specialty boundaries need to be dissolved to open gaps in education and professional development for nurses who are adopting such a cross-discipline approach. The urology work force survey (Prostate Cancer UK (2014)) collated additional levels of qualification that nursing staff desire. This report examined the needs of the workforce and training requirements. The British Association of Urology Nurses (BAUN) is currently working to establish the definition of a prostate cancer nurse specialist (CNS) skill set (see definitions below).

Due to recent changes in prostate cancer diagnostics and management, for example minimally invasive treatments or the use of multiparametric magnetic resonance imaging (mpMRI) early in assessment and during active surveillance, there is a natural trend towards an integrated interdisciplinary prostate cancer service. In larger centres, prostate cancer professionals are making the ambitious step to grow together as an Integrated Practice Units (IPUs). European networks have proposed specialist multidisciplinary prostate cancer units to better organise prostate cancer care (Valdagni et al., 2011; 2015). In such units, the intention is that specialties and practitioners involved in prostate cancer care and research shape their practice together around the patient's journey. The overarching ambition is to provide the best prostate care from screening, diagnosis, treatment and patient support. This can be achieved by embracing quality-focused team working, with the patient and improved outcomes as the focus.

The formation of an IPU with a single team comprising those from prostate radiology, pathology, urology and oncology and the related allied disciplines has already begun in Cambridge with development of a vision and strategy involving all disciplines and specialties as well as external expertise. During this process and discussions, it became apparent that growing an integrated nursing and allied healthcare professional service is a key strategic pillar to these efforts.

In this study we describe a process leading to recommendations and standards for nurses and AHPs as part of a comprehensive integrated prostate cancer pathway for implementation in a large UK cancer centre. We gathered evidence, expertise and opinions by using a semi-structured approach with components of formal consensus methodology. The aim was to provide a summary of the process as guidance for our own and others' development.

2. Methods

Although publications and opinions from professional bodies relating to such integrated services exist in the literature, we felt that a semi-structured consensus methodology was important to allow transparency. We adopted a modified version of the Nominal Group process (Van de Ven and Delbecq, 1972) and Delphi method (Pill, 1971). The Nominal Group process is a recognised approach to structured meetings that provides an orderly procedure for obtaining qualitative information from target groups. The Delphi method consists of several rounds of contributions from a defined panel with review led by a facilitator leading to convergence of opinion (Fink et al., 1984). While using these approaches, it was felt that the process must not be restrictive and therefore the methodology was only used as a guide for discussion and documentation.

2.1. Panel

Individuals were invited to the discussion panel based on specialist expertise in their own hospital (external members) or local experience in the centre of interest (local members). This 30-member panel consisted of six local clinical nurse specialists and their leaders, four external clinical nurse specialists (three from UK, one from Germany), two physiotherapists, one advanced practitioner therapeutic radiographer, two brachytherapy physicists, two patient representatives, one trial co-ordinator, one psychologist, five oncologists and six urologists, one of whom was from Sweden.

2.2. Process

The 30-member panel were invited to suggest items relating to key stages of the patient pathway or questions (in PICO – Patient, Intervention, Comparison, Outcome - format (Richardson et al., 1995)) as part of the first stage of the process. This first round was conducted by e-mail, with items of interest and relating statements collated and in a second stage by email further comments were invited.

The third round of discussion took place at a meeting convened at Addenbrooke's Hospital, Cambridge. The items of interest were presented in tabular format with comments summarised where agreement was obvious or diverging opinions highlighted. This table was used as an agenda for the discussions of the day and minutes were taken by the two chairs whilst discussions were taking place.