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Preparedness of UK workforce to deliver cancer care to older people: summary report from a scoping review

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The views contained within this report are those of the authors rather than of Macmillan Cancer Support.

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Executive Summary

This scoping review was conducted in 2016 to identify and analyse evidence about the preparedness of the existing UK workforce to deliver high quality cancer care and treatment to older people. Systematic database searching, grey literature identification and reference scanning led to the identification of 66 relevant papers which were then coded and thematically analysed. Six main themes were identified:

1. Workforce attitudes and beliefs: age equality and cancer treatment access not consistently achieved

2. Education, training and development: insufficient preparation of healthcare professionals in general workforce to deal with older peoples' health and social issues

3. Practice and tools: lack of consensus as to what instruments to use to support assessment and care planning

4. Knowledge and skills: lack of confidence and knowledge in cancer workforce to identify and address older people's needs

5. Capacity and access: short supply of key professionals to meet demand for specialist input, and staffing levels don't consistently reflect the extra time older people need

6. Working relationships, teams and specific roles: lack of consistently joined-up working between professions/specialists and across settings.

In summary, there is a need to improve the capacity of the existing UK workforce to deliver care and treatment to older people with cancer.

1. Aim

The aim of this scoping review was to identify and analyse evidence about the preparedness of the existing UK workforce to deliver high quality cancer care and treatment to older people.

2. Methods

The review, conducted in May and June 2016, was designed as a scoping review. A scoping review aims to map existing literature on a field of interest (1) and to examine the extent, range and nature of research activity (2). To answer the primary research question, 'How prepared is the existing UK workforce to deliver high quality cancer care and treatment to older people?' three key concepts were the focus of the search: 'Older people', 'Cancer' and 'Workforce'. Search terms mapping this field were drawn up from the team's knowledge and via keywords and medical subject headings within key databases. Searches were restricted to articles from 2000 to date, and those written in the English language. The search focused on papers that discussed the UK context. Searches were conducted across a number of databases via a single interface search tool (DelphiS). A grey literature search was also conducted and papers already known to the authors and references scanned from lists of retrieved papers were additionally reviewed. Database searching, grey literature and reference searching produced >4000 results. Following de-duplication and assessment of papers via title and abstracts, n=217 articles were assessed for inclusion and the full text of n=117 papers was subsequently retrieved and read. n=66 articles met the inclusion criteria.

3. Quality assessment strategy

In order to make it easier to assess the nature and weight of the evidence presented, the sources were split into a small number of simple categories determined by evidence type (documented in the below table).

No systematic reviews were found, but a number of other evidence reviews (n=11) were included, along with n=18 peer reviewed research papers published in academic journals. Over a third of the included items were reports and documents from government or healthcare agencies, charities and professional groups. Many of these reports covered the evidence from the retrieved reviews and research papers.

Evidence	Count	Evidence Type	Count
Systematic reviews	0	Reviews	11
Other reviews (narrative, literature)	5		
Journal articles with critical, educational or empirical research overview	6		
Prospective cohort study (comparative study)	1	Peer reviewed research papers	18
Interventional study	1		
Cross sectional survey	5		
Analysis of routine data	4		
Questionnaire development and pilot	1		
Mixed methods – qualitative and survey	2		
Qualitative study	4		
Government/health service policy or reports	9	Government, professional group and charity policy documents, guidelines and reports	25
Professional group reports, recommendations or position papers	9		
Charity policy, reports, briefing documents or reviews	7		
Editorial, opinion pieces, news articles/reports	12	Non empirical evidence	12
Total	**66**	-	**66**

4. Findings

The evidence for each theme was assessed and pulled into sub-themes. This was a systematic process of coding all of the data under each of the themes, and then working through all the findings of interest to summarise the main points in each of the thematic areas. The broad issues and gaps identified under each theme are outlined below.

4.1 Workforce attitudes and beliefs

Evidence suggests attitudes and beliefs of UK healthcare professionals shape the care and treatment that older people with cancer receive; that ageist attitudes persist within the workforce (3, 4, 5, 6, 7, 8) and that age related views affect practice, decision making and treatment (4, 8, 9, 10, 11, 12, 13, 14, 15, 16). However, some evidence points to a more positive picture. Research suggests that older people report being treated with respect and

dignity by doctors, nurses and other hospital staff, and rate staff highly in terms of communication (17, 18). Indeed, older people are more satisfied with their treatment than younger patients (7, 17). Furthermore, professional bodies are tackling age equality as a priority (8, 13, 16, 19, 20).

4.2 Education, training, development

Evidence strongly suggests deficits across the workforce in terms of education and training in assessing, managing and treating older people with cancer. The evidence suggests that medical and nursing education needs to have a curriculum emphasis on geriatric skills (10, 15, 21, 20, 22). Training in older people's care for the existing workforce also needs to be implemented (10, 21, 23, 24, 25). The agenda is being raised across different workforce roles, for example: oncologists (10), care assistants (26), non-cancer specialists (21), nursing (11, 27), and allied health professionals (10). Moreover, specific areas for training needs were also highlighted including: the assessment of older people (8, 9), chemotherapy and treatment decision-making (11, 13), communication skills (19, 24), as well as general skills in dealing with the issues that older people might face including cognitive impairment/delirium and polypharmacy (10), nutrition (8, 28), falls (8), dementia (19, 29), and co-morbidities (8, 10).

Across the literature, there is a sense that education and training to help the workforce care for older people with cancer is an emerging priority. Education in geriatric oncology is one of SIOG's (30) top priorities worldwide (7, 15, 19, 31), there has been development of the European Oncology Nursing Society curriculum in relation to older people and cancer (26), and the Association of Medical Oncologists has on its agenda the specific action of, 'training and CPD to address the problems of older patients with cancer' (16).

4.3 Practice and tools

This theme relates to the way in which current practice suggests the level of workforce readiness to deal with older people with cancer. It explores what is actually happening in practice and what resources and tools the workforce draw upon. Three areas came through in the literature. First, in practice, fewer diagnostic and staging procedures and less treatment is offered with advancing age (6, 13, 32, 33, 34). Second, that older people's needs in some cases are not being met (8, 35). In particular, older people are given less information on support and benefits and (33) less information on treatment and side effects (17); they are not referred appropriately onwards to support and voluntary organisations (8, 18); there is a lack of practical and social support in place (21), and within general settings

and nursing homes, staff are unable to meet their needs (36). Finally, older people are under-represented in clinical trials (5).

In particular, evidence suggested that the lack of a reliable assessment instrument hampers professionals' ability to treat and manage older people effectively (7, 10, 21, 24, 33, 37). Approaches such as Comprehensive Geriatric Assessment (CGA) are considered essential to enable the workforce to assess need and plan care accurately (7, 21). Evidence points to new approaches to assessment being piloted and trialled (14,16) and also describes some specific initiatives targeting delays in diagnosis and early presentation with older people (16, 38).

4.4 Knowledge and skills

There is evidence that health care professionals lack confidence and knowledge in caring for older people with cancer (10, 14, 15, 20). In particular, in how to refer older patients on for support (8, 12, 18, 21), how to manage and deal with older people's health issues, comorbidities and dementia (10, 15), how to communicate effectively with older people (11, 15), and how to discuss and deal with specific issues, for example, death and dying or sexual needs (29, 39). The evidence base is lacking to guide healthcare professionals, and this holds potential knowledge back (4, 10, 14, 31). This lack of knowledge ultimately impacts upon treatment decisions (7, 10, 13). Evidence suggests that the workforce needs experienced and skilled staff with strong interpersonal and communication skills (29) who understand aging processes (31, 40). Furthermore, it indicates that gerontological and oncology nursing skills need integration (31, 41) and that knowledge needs to be shared between gerontologists and oncologists (42, 43). Specifically, knowledge is needed on how to interpret and act on issues presented in the assessment of older people (21) as well as more research, innovation and the development of specialist roles (16).

4.5 Capacity and access

Underpinning the previous themes runs the issue of capacity. Across the workforce pathway, issues of capacity and access are reported. Within secondary care, older people (+75) have less access to clinical nurse specialists (CNSs) (17, 18, 24, 44, 45). Specifically, it is reported that another 1,234 CNS posts are needed (2010 data) and that there is a shortage of nurses with specialist experience in older people's care (31). Other areas of the workforce have capacity issues. Geriatricians are in short supply (21, 23, 46, 47, 48), and there is pressure on the radiologist workforce, who are unable to meet demands (49, 50, 51). Further, as reported by the Association of Cancer Physicians, there is a need to grow the number of medical oncology consultants through increasing the number of trainees (16).

Within community and primary care settings, older people value continuity of care, especially those who live alone (35) but access to this is variable. Research suggests that there are particular issues in this area; support services are not in place in time (12) and out of hours provision is patchy (40). Gaps in community support mean that health care professionals are less willing to offer intensive treatment (14). Additionally, the workforce is aging; this is noticeable in district nursing (40, 43) and palliative care nursing (52). Time and space are needed to assess and meet older people's needs (12) and health care professionals feel frustrated when they can't be met (21, 29). Some health professionals devalue work related to older people, (4,5) often for financial reasons, or because of lack of clarity in roles and lack of career prospects (51). The literature suggests that there is a clear need to examine capacity, skill mix and increase capacity across health and social care (40, 43).

4.6 Working relationships, teams, and specific roles

Evidence suggests that multidisciplinary working is the key to effective care for older people with cancer (7, 10, 15, 25, 53). However, coherent and joined up care is not always in place (29), and information and communication is cited as a weakness in care (13, 21, 25). There is a need for statutory and voluntary sectors to work together (14, 18) which includes the role of volunteers and carers as members of the wider workforce (38, 39, 43, 54). The role of the nurse is oft cited as crucial: as an advocate (37), for information (18), and specifically in terms of the CNS role (12, 14) and the skills provided (28, 45, 53). In this way, the development of a gero-competent oncology nursing workforce (31) and the development of the nurse role (11, 41) is needed as well as senior nurse posts (55).

The role of the geriatrician liaison or older people's care specialist in cancer care of older people also emerges as seminal (7, 8, 10, 12, 15, 20, 21, 23, 26, 33, 39, 56). However, while the value of geriatrician input is evidenced across this review, in the UK, oncology and geriatrics don't see each other's work as their business (12) and formal gero-oncology roles and links are rarely resourced (20, 46). To move forward, and prepare the workforce for caring for older people with cancer, effective leadership is needed; within professional organisations to establish models of joint working (12, 16); drawing on international models and alliances (16) and by delivering innovative change (16, 31).

5. Conclusions

To date, the UK National Health Service has not developed workforce across entire care pathways and has therefore missed the opportunity to use workforce developments to optimise health care delivery (40). Evidence tells us that there are gaps in education,

knowledge and skills to deal with assessment, management and treatment of older people. However, the issues are high on the right agendas. In particular, staff need deeper understanding of medical and social issues facing older people beyond cancer diagnosis and more research needs to inform the knowledge base. There is strong evidence for the role of assessment and involvement of gerontologists, the importance of nursing workforce and community teams. However, increasing capacity is at the core of providing a skilled, educated and competent workforce able to deliver effectively.

References

1 Arksey H and O'Malley M (2005) Scoping studies: towards a methodological framework. *International Journal of Social Research Methodology* 8(1): 19–32

2 Pham MT, Rajić A, Greig JD, Sargeant J, Papadopoulos A and SA McEwen (2014) A scoping review of scoping reviews: advancing the approach and enhancing the consistency. *Research Synthesis Methods* 5: 371–385

3 Kearney N, Miller M, Paul J and Smith K. (2000) Oncology healthcare professionals' attitudes toward elderly people. *Annals of Oncology* 11(5): 599

4 Department of Health; Centre for Policy on Aging (2009) *Ageism and Age Discrimination in Primary and Community Healthcare in the United Kingdom*. Available from: http://www.cpa.org.uk/information/reviews/CPA-ageism_and_age_discrimination_in_primary_and_community_health_care-report.pdf [Accessed 26 August 2016]

5 Kearney N and Miller M (2000) Elderly patients with cancer: an ethical dilemma. *Critical Reviews in Oncology/Haematology* 33(2): 149-154

6 Turner NJ, Haward RA, Mulley GP and Selby PJ (1999) Cancer in old age—is it inadequately investigated and treated? *BMJ* 319: 309

7 Audisio RA, Bozzetti F, Gennari R, Jaklitsch MT, Koperna T, Longo WE, Wiggers T and Zbar AP (2004) Position paper: The surgical management of elderly cancer patients; recommendations of the SIOG surgical task force. *European Journal of Cancer* 40: 926–938

8 Macmillan Cancer Support (2012) *The Age Old Excuse: The Under Treatment of Older Cancer Patients.* Available from: http://www.macmillan.org.uk/documents/getinvolved/campaigns/ageoldexcuse/ageoldexcusereport-macmillancancersupport.pdf [Accessed 26 August 2016]

9 Department of Health (2001) *National Standard Framework for Older People*. Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/198033/National_Service_Framework_for_Older_People.pdf [Accessed 26 August 2016]

10 Kalsi T, Payne S, Brodie H, Mansi J, Wang Y and Harari D (2013) Are the UK oncology trainees adequately informed about the needs of older people with cancer? *British Journal of Cancer* 108(10): 1936-1941

11 Ballinger R, Ford E, Pennery E, Jenkins V, Ring A and Fallowfield L (2012) Specialist breast care and research nurses' attitudes to adjuvant chemotherapy in older women with breast cancer. *European Journal of Oncology Nursing* 16: 78-86

12 All-Party Parliamentary Group on Breast Cancer (2013) *Age is Just a Number: The Report of the Parliamentary Enquiry into Older Age and Breast Cancer* (London: Breakthrough Breast Cancer). Available from:

http://breastcancernow.org/sites/default/files/public/age-is-just-a-number-report.pdf [Accessed 26 August 2016]

13 Ring A, Harder H, Langridge C, Ballinger RS and Fallowfield LJ (2013) Adjuvant chemotherapy in elderly women with breast cancer (AChEW): an observational study identifying MDT perceptions and barriers to decision making. *Annals of Oncology* 24(5): 1211-1219

14 Department of Health (2012) *The Impact of Patient Age on Clinical Decision-making in Oncology*. Available from: https://www.gov.uk/government/publications/the-impact-of-patient-age-on-clinical-decision-making-in-oncology [Accessed 26 August 2016]

15 The Royal College of Surgeons in England (2012) *Access all ages: Assessing the impact of age on access to surgical treatment* (London: RCSENG – Communications) Available from: https://www.rcseng.ac.uk/publications/docs/access-all-ages [Accessed 26 August 2016]

16 Baird R, Banks I, Cameron D, Chester J, Earl H, Flannagan M, Januszewski A, Kennedy R, Payne S, Samuel E, Taylor H, Agarwal R, Ahmed S, Archer C, Board R, Carser J, Copson E, Cunningham D, Coleman R, Dangoor A, Dark G, Eccles D, Gallagher C, Glaser A, Griffiths R, Hall G, Hall M, Harari D, Hawkins M, Hill M, Johnson P, Jones A, Kalsi T, Karapanagiotou E, Kemp Z, Mansi J, Marshall E, Mitchell A, Moe M, Michie C, Neal R, Newsom-Davis T, Norton A, Osborne R, Patel G, Radford J, Ring A, Shaw E, Skinner R, Stark D, Turnbull S, Velikova G, White J, Young A, Joffe J and Selby P. (2016) An Association of Cancer Physicians' strategy for improving services and outcomes for cancer patients. *E-cancer* 2016, 10:608

17 Public Health England (2014) *National Cancer Intelligence Network: Older People and Cancer* (Version 3.0 - reissued June 2015). Available from: http://www.ncin.org.uk/publications/older_people_and_cancer [Accessed 26 August 2016]

18 Blows E, de Blas Lop, J, Scanlon K, Richardson A and Ream E (2011) Information and Support for Older Women with Breast Cancer. *Cancer Nursing Practice* 1O(3): 31-37

19 Royal College of Nursing (2012) *Improving hospital care for older people a call to action: key messages for commissioners and NHS Hospital Providers*. Available from: https://www.rcn.org.uk/professional-development/publications/pub-004362 [Accessed 26 August 2016]

20 Kalsi T, Babic-Illman G, Ross PJ, Maisey NR, Hughes S, Fields P, Martin FC, Wang Y, Harari D (2015) The impact of comprehensive geriatric assessment interventions on tolerance to chemotherapy in older people. *British Journal of Cancer* 112: 1435–1444.

21 Macmillan Cancer Support (2012) *Cancer Services Coming of Age: Learning from the Improving Cancer Treatment Assessment and Support for Older People Project.*

Available from:
http://www.macmillan.org.uk/documents/aboutus/health_professionals/olderpeopleproject/cancerservicescomingofage.pdf

22 NHS Scotland (2000) *Adding Life to Years: Report of the Expert Group on the Healthcare of Older People*. Available from: http://www.gov.scot/Resource/Doc/158645/0043038.pdf [Accessed 26 August 2016]

23 Extermann M, Aapro M, Audisio R, Balducci L, Droz JP, Steer C, Wildiers H, Zulian G (2011) Main priorities for the development of geriatric oncology: A worldwide expert perspective. *Journal of Geriatric Oncology* 2(4): 270-273

24 Breast Cancer Care (2013) *The Outcomes and Experiences of Older Women with Breast Cancer: Driving Progress in the New NHS*. Available from: https://www.breastcancercare.org.uk/sites/default/files/files/outcomes-experience-older-women.pdf [Accessed 26 August 2016]

25 MDS UK and Leukaemia Care (2014) *Addressing the management of MDS in elderly patients: a time for change*. Available from: https://www.leukaemiacare.org.uk/resources/addressing-the-management-of-mds-in-elderly-patients [Accessed 26 August 2016]

26 Oliver D, Foot C, Humphries R (2014) *Making Our and Health and Care Systems Fit for an Ageing Population* (London: The King's Fund). Available from: http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/making-health-care-systems-fit-ageing-population-oliver-foot-humphries-mar14.pdf [Accessed 26 August 2016]

27 Faithfull S (2006) Care of older people with cancer: developing education. *Cancer Nursing Practice* 5(4): 23-24

28 Hopkinson JB (2015) Nutritional support of the elderly cancer patient: The role of the nurse. *Nutrition* 31(4): 598-602

29 Bartlett A and Clarke B (2012) An exploration of healthcare professionals' beliefs about caring for older people dying from cancer with a coincidental dementia. *Dementia* 11(4): 559-565

30 International Society of Geriatric Oncology. *SIOG 10 Priorities Initiative*. Available from: http://www.siog.org/content/siog-10-priorities-initiative [Accessed 26 August 2016]

31 Bond SM, Bryant AL, Puts M (2016) The Evolution of Gero-oncology Nursing. *Seminars in Oncology Nursing*, 32 (1): 3-15

32 Department of Health: Centre for Policy on Aging (2009) *Ageism and Age Discrimination in Secondary Care in the United Kingdom: A Review from the Literature*. Available from: http://www.cpa.org.uk/information/reviews/CPA-ageism_and_age_discrimination_in_secondary_health_care-report.pdf [Accessed 26 October 2016]

33 Department of Health (2013) Improving Outcomes: A Strategy for Cancer Third Annual Report (London). Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/264511/IOSC_3rd_Annual_Report_-_Proof_version_-_9_December_2013_v2.pdf [Accessed 26 August 2016]

34 Lavelle K, Todd C, Moran A, Howell A, Bundred N and Campbell M (2007) Non-standard management of breast cancer increases with age in the UK: a population based cohort of women > or =65 years. *British Journal of Cancer* 96: 1197 – 1203

35 Hanratty B, Addington-Hall J, Arthur A, Cooper L, Grande G, Payne S and Seymour J (2013) What Is different about living alone with cancer in old age? A qualitative study of experiences and preferences for care. *BMC Family Practice* 14:22

36 Blakemore S (2011) Staff in general settings lack skills to care for older patients with complex needs. *Cancer Nursing Practice* 10(9): 4

37 Cooley C and Coventry G (2003) Continuing Professional Development: Cancer. Cancer and older people. *Nursing Older People* 15(2): 22-27

38 All-Party Parliamentary Group on Breast Cancer (2015) *Two Years on: Age is still just a number*. (London: Breakthrough Breast Cancer) Available at: http://breastcancernow.org/sites/default/files/public/age-is-still-just-a-number-report.pdf [Accessed 26 August 2016]

39 O'Brien R, Rose P, Campbell C, Weller D, Neal RD, Wilkinson C, McIntosh H, Watson E; Prostate Cancer Follow-up Group. (2010) "I wish I'd told them'': A qualitative study examining the unmet psychosexual needs of prostate cancer patients during follow-up after treatment. *Patient Education and Counseling* 84(2): 200–207

40 Independent Cancer Taskforce (2015) *Achieving World Class cancer outcomes: A strategy for England 2015-2020*. Available at: https://www.cancerresearchuk.org/sites/default/files/achieving_world-class_cancer_outcomes_-_a_strategy_for_england_2015-2020.pdf [Accessed 26 August 2016]

41 Bridges J, Wengström Y, Bailey DE Jr. (2016) Educational preparation of nurses caring for older people with cancer: An International Perspective. *Seminars in Oncology Nursing* 32 (1):16-23

42 Forte D and McGregor R (2004) Older people and cancer: Considerations for Healthcare Practitioners. *European Journal of Cancer Care*, 13(5): 502-514

43 Macmillan Cancer Support (2014) *Working Together: Challenges, Opportunities and Priorities for the UK's Cancer Workforce.* Available at: http://www.macmillan.org.uk/documents/getinvolved/campaigns/weareaforceforchange/workforcediscussiondoc.pdf [Accessed 26 August 2016]

44 Khakwani A, Hubbard RB, Beckett P, Borthwick D, Tod A, Leary A, White J, Tata LJ. (2016) Which patients are assessed by lung cancer nurse specialists? A national lung cancer audit study of over 128,000 patients across England. *Lung Cancer* 96: 33-40

45 Macmillan Cancer Support (2013) *The Rich Picture on Older People with Cancer.* Available at: http://www.macmillan.org.uk/documents/aboutus/research/richpictures/richpicture-olderpeoplewithcancer.pdf [Accessed 26 August 2016]

46 Partridge JS, Collingridge G, Gordon AL, Martin FC, Harari D, Dhesi JK. (2014) Where are we in perioperative medicine for older surgical patients? A UK survey of geriatric medicine delivered services in surgery. *Age and Ageing*. 43(5): 721–724

47 Brodie H (2013) Getting the Skill mix right. *Nursing Older People* 25(6): 10-10

48 Gosney M (2007) Contribution of the Geriatrician to the management of cancer in older patients. *European Journal of Cancer* 43(15): 2153-2160

49 The Royal College of Radiologists (2014) *Clinical Oncology workforce: the case for expansion.* Available at: https://www.rcr.ac.uk/publication/clinical-oncology-workforce-case-expansion [Accessed 26 August 2016]

50 The Royal College of Radiologists (2014) *Clinical Oncology the future shape of the specialty*. Available at: https://www.rcr.ac.uk/sites/default/files/bfco144_co_shape_of_specialty.pdf [Accessed 26 August 2016]

51 The King's Fund (2000) *Briefing note: Age Discrimination in Health and Social Care*. Available at: http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/age-discrimination-health-social-care-emilie-roberts-kings-fund-1-june-2000.pdf [Accessed 26 August 2016]

52 Sprinks J (2014) Palliative staff recruitment crisis looms. *Cancer Nursing Practice*, 13 (9): 7-7

53 Johnson M (2012) Chemotherapy treatment decision making by professionals and older patients with cancer: A narrative review of the literature. *European Journal of Cancer Care* 21(1): 3–9

54 Foubert J and Faithfull S (2006) Education in Europe: are cancer nurses ready for the future? *Journal of B.U.ON: Official Journal Of The Balkan Union Of Oncology* 11(3): 281-284

55 Duffin C (2013) Tackling Ageism in Cancer Treatment. *Nursing Older People* 25(1): 14-17

56 Whittle AK, Kalsi T, Babic-Illman G, Wang Y, Fields P, Ross PJ, Maisey NR, Hughes S, Kwan W, Harari D (2016) A comprehensive geriatric assessment screening questionnaire (CGA-GOLD) for older people undergoing treatment for cancer. *European Journal of Cancer Care* <doi: 10.1111/ecc.12509>