**Meeting the workforce challenges for older people living with cancer**

**Editorial for International Journal of Nursing Studies**

Jackie Bridges

Richard Simcock

This autumn saw the launch of a major report commissioned by a UK health charity on the preparedness of the current workforce to meet the needs of older people with cancer.1 Cancer is a major health challenge for older people. Nearly two thirds of cancer diagnoses occur in the over 65s and one third in people aged 75+, with over half of all cancer deaths occurring in people aged 75 years or more.2 Ageing populations globally are leading to similar trends but treatment outcomes vary internationally. For instance, the 2005-07 survival rates at one year and five years for colorectal cancer were lower in the UK and Denmark than Australia, Canada, and Sweden for people aged 65+ years.3 These differences in outcomes suggest differences in timeliness of diagnosis and in treatment,3 and recent analyses of cancer treatment for older people in the UK support this theory. Older people with cancer in the UK are more likely to present as an emergency and less likely to have surgery, radiotherapy or chemotherapy than younger people.2 The International Society for Geriatric Oncology (SIOG) has drawn attention to these international variations and linked them with the stage of development of integrated gero-oncology services, suggesting that countries with more developed services enable higher survival rates for older people.4

The health care workforce has a critical role in maintaining optimal health and quality of life for older people and families through their cancer journey.5 However, in many countries insufficient attention has been given to the development of a workforce that is able to provide this support or to which specific and overlapping skill sets are required. The issues with ensuring the “right staff, right place, right time, right skills” 6 and the tensions with the growing needs of an ageing population have created what has been recognised as a global crisis in the health workforce, including cancer care and treatment.5 The workforce delivering care, treatment and support to older people living with cancer needs to be equipped to deal with their needs, but a recent review of the existing UK workforce suggests that it is ill-prepared across a number of important dimensions, and these are summarised here:

* Workforce attitudes and beliefs: age equality and cancer treatment access not consistently achieved
* Education, training and development: insufficient preparation of healthcare professionals in general workforce to deal with older peoples’ health and social issues
* Practice and tools: lack of consensus as to what instruments to use to support assessment and care planning
* Knowledge and skills: lack of confidence and knowledge in cancer workforce to identify and address older people’s needs
* 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
* Working relationships, teams and specific roles: lack of consistently joined-up working between professions/specialists and across settings.7

Other evidence suggests these issues are relevant in many other countries.4 5

Patterns of cancer presentation are different in older people. Public awareness of cancer symptoms is lower, proportionally more older people see their family doctor more than twice before a diagnosis of cancer is made and emergency diagnoses are more common. With more confounders for symptoms, getting an accurate diagnosis can involve a number of specialists. Once a cancer diagnosis has been made, age-related changes to tumour biology, a lack of evidence on effective treatments for older people and an increased vulnerability to the side effects of treatment, can mean treatment plans need more careful tailoring and oversight.1 In addition, older people with cancer are more likely to have needs that extend beyond the cancer and its treatment, including comorbidities, more complex social situations and an increased need for personal care.1 These factors all have implications for the assessment and planning of treatment for older people. Older people need time, full assessment and professional input before cancer treatment commences, and during its execution, to discuss their goals, and to optimise their health and social support, in order to achieve the care and treatment outcomes important to them.1

In the UK, the charity Macmillan Cancer Support has convened a national Expert Reference Group to guide the development of better services for older people with cancer. A recent report by the group sets out a number of recommendations for the development of the workforce to better meet the needs of older people with cancer.1 The recommendations extend beyond active treatment to include workforce members at all stages of the cancer journey. They also reflect the need for caring for older people to be seen as everyone’s business, so that all health care professionals know more about common age-related health issues and social challenges, and are able to screen for problems and make plans to address them, confidently referring to specialists such as geriatric physicians and older people's nurse specialists when this is merited.

An equally important feature of the workforce is that staff know how to optimise patient participation in understanding and making decisions about their care and treatment. Evidence of under-treatment of older people with cancer can be explained by a lack of research evidence for safe and effective treatments. However, it also chimes with other evidence of negative attitudes towards older patients by the health care workforce and the importance of staff having positive attitudes towards the prospects for cancer treatment for this group cannot be underestimated.2 8 9

The report’s recommendations include education and training, not just about how we prepare the workforce of the future, but how we need to prepare our current workforce with the requisite skills, knowledge and attitudes. A survey of UK medical oncology trainees found that only 27.1% of the trainees were confident in assessing risk to make treatment recommendations for older patients compared with 81.4% being confident to treat younger patients.10 But there is not just a deficit in relation to cancer treatment, but also in relation to supporting people at other points in the cancer journey. For instance, UK nurses and allied health professionals reported important deficits in their confidence in providing long-term cancer patient management to adults, including in long-term medications management, care planning and complex symptom management.11 In spite of these shortcomings, educational provision for nurses and other professionals in this field is in its infancy internationally.4 5 7

As the populations that we serve age, individual patient needs are more likely to be complex and to extend beyond the cancer. Thus, ensuring a straightforward and speedy journey through diagnosis and treatment becomes harder to manage in the absence of input from a wider range of disciplines.5 For cancer patients with the most complex health and social care needs, input from specialists in older people’s care will be an essential part of setting goals, optimising patients for treatment and preventing avoidable problems such as delirium, extended hospital stays or major struggles to manage independently at home. The composition of the cancer multidisciplinary team needs review in this light, as does the function of multidisciplinary meetings.12 It may well be more productive to focus meetings on patients with very complex need, recognising that more routine cases do not need this input. In some countries, particularly France, geriatric oncology liaison services are very well developed and include joint clinics and advanced nursing roles, but in the UK, as in many other countries, such services are only now beginning to emerge and struggle to attract long-term funding.

All cancer patients, but particularly those with more complex needs, deserve access to a nurse specialist to coordinate their care, provide psychosocial support and information, to advocate and promote involvement in decision-making.13 In the UK, cancer patients commonly have access to a key worker nurse during their active treatment phase, and this is highly valued and linked to positive patient experiences, but provision at other points in the cancer journey is inconsistent and there is insufficient support to enable older patients to live well beyond their cancer diagnosis.

Finally, assessing and involving patients more fully and dealing proactively with their issues is likely to require higher staff resources allocated to earlier parts of the cancer pathway. It may be possible to release this cost through savings in hospital stays and complications of delayed presentation. Importantly, if the right staffing levels and skill mix are made available, then services are more likely to achieve full patient participation, consultation with and support of family and friends, delivery of care and treatment tailored to the requirements and preferences of that individual. Meeting this full range of needs in each episode of care will require upskilling of all healthcare professionals at all points in the pathway

Achieving these goals will be challenging, in the face of financial pressures on health care systems and recruitment difficulties in key professional groups including, in the UK, nursing, geriatricians, oncologists and family doctors. It will require investment in research, education and in the review and development of services and specialist roles. However, what is proposed here is not a luxury. It is a necessity to ensure good care and treatment for this important client group.

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