



# APPENDIX 3: CANCER CARE COORDINATOR JOB DESCRIPTION



<b>Job Title:</b>	Health Care Co-Ordinator
<b>Salary:</b>	£21,892 – £24,157
<b>Employer:</b>	<Insert Name of Surgery/PCN>
<b>Reporting to:</b>	PCN Director & The designated Cancer Lead in each Practice
<b>Hours:</b>	37.5 hours per week, divided between the PCN member practices according to their agreed schedule. The post-holder may be required to work remotely for part of the week. Flexible working hours are possible.
<b>Experience:</b>	Previous admin and clerical experience within the NHS or similar field

**PURPOSE OF THE ROLE:**

- From 2028 55,000 more people will survive five years following a diagnosis of cancer. To achieve this about 75% of cancer patients need to survive five years. Currently just over 50% of patients survive 5 years.
- By 2028 75% of cancers will be diagnosed at an early stage (stage 1 or 2). Currently just over 50% of patients are diagnosed at an early stage.
- Patient experience of cancer care needs to be improved with better personalisation of cancer care.

The Health Care Co-ordinator will have responsibility for supporting and developing co-ordination and management of the Early Detection & Prevention of Cancer across the Primary Care Network and ensuring that the early part of the patient's cancer journey is as seamless as possible

**PRIMARY DUTIES AND AREAS OF RESPONSIBILITY:**

- To assist the Primary Care Network (PCN) in delivering improvements to the services we provide our patients in relation to the following aspects of patient care - Participation in national cancer screening programmes.
- Ensuring robust and supportive referral practices are in place for patients suspected of having cancer; including use of guidelines, professional development, and safety netting of those referred.
- In support of collaborative working the post holder will form productive and supportive relationships with practice staff who have the skills, knowledge and remit to contribute to this work. e.g., GP practice non – clinical cancer champions, social prescribers, pharmacists, secretaries etc.

- The post holder will assist the PCN constituent practices to evaluate their screening uptake and engage hard to reach populations and to reduce health inequalities. This will include working alongside practices to enhance processes to track and follow-up screening non-responders.
- Take forward proactive monitoring and tracking of patients suspected or confirmed of having a cancer diagnosis ensuring that their journey is processed in a timely and efficient manner, in line with Cancer Waiting Time Targets.
- Provide advice and support to practices on cancer audit/referral review of cancer diagnoses. To work with practices to collate the learning from case reviews to identify any trends or learning.
- Develop with core staff across the PCN consistent safety netting approaches/systems to monitoring patients who have been referred urgently with suspected cancer or for further investigations to exclude the possibility of cancer.
- Provide the PCN with support to host peer-to-peer learning events that look at data and trends in diagnosis and screening across a Network. Including appropriate contributors from other organisations
- Source appropriate resources, training, system examples from appropriate organization such as the Cancer Alliance, Cancer Research UK, Macmillan, and local authority partners.
- Be a point of contact for PCN member Practices to develop and implement their cancer screening improvement action plans.
- Create a Library of PCN data packs and other resources to support the delivery of information to patients in a wide variety of formats to meet the needs of all patient groups, including those with Learning Disabilities, and people for whom English is not a first language.
- Review practice coding for report building and templates to ensure consistency across the PCN and accuracy of data. Identify coding anomalies and liaise with Ardens (template and reports used by all member practices).
- Provide administrative support for project evaluation and feedback.

## **SKILLS**

- Communication is required with a wide variety of healthcare professionals, both face to face, by video consulting, via e-mail and telephone e.g. GPs, Nurse Practitioners, Practice Nurses, Consultants, Nurse Specialist, Managers, and attached personnel.

- The post holder must be able to communicate effectively with patients including diverse patient groups.
- The post holder must be able to establish and maintain effective working relationships with various healthcare professionals within the PCN, wider Multi- Disciplinary Team members, hospital organisations and colleagues in Wessex Cancer Alliance.
- The post holder may be required to attend practice/ PCN meetings to discuss issues impacting on patient care.
- The post holder is required to use tact and diplomacy on a daily basis, therefore needs excellent communication skills.
- The post holder must ensure confidentiality is maintained at all times.
- Able to gain a detailed knowledge of the cancer screening programmes, particularly in the areas of bowel, breast, and cervical cancer. Empathetically discuss screening processes with patients and answer questions and concerns.
- IT literate with data analysis skills with knowledge and experience of using a range of data bases or patient information systems
- Able to build network links with external organisations
- Previous admin and clerical experience within the NHS or similar field
- Knowledge of medical terminology, anatomy and physiology.
- Knowledge of primary care SystemOne/EMIS system would be preferred but is not essential.
- Excellent organisational skills.
- To provide, receive and analyse information of a clinical and statistical nature, to support the development of key workstreams to improve screening coverage and facilitate timely cancer diagnosis.
- To interpret medical records to maintain a cancer data base that enables the accurate tracking of patient care and progression through the cancer pathway for review by practices and the PCN.

- Work both directly and indirectly with patients and their carers to help navigate patients through the early part of the cancer diagnostic pathway. To improve patient compliance and experience, ensuring that all patients are signposted to /or receive information on their referral -including safety netting advice.
- To ensure patients continue to be monitored and supported post treatment completion, supporting the patient and their family for post treatment rehabilitation where necessary.
- Ensuring Cancer Care reviews are performed by the relevant clinician/s at 3 months and 12 months intervals according to the Quality & Outcomes Framework.
- Ability to input information accurately and in a timely manner and to work to tight deadlines.
- Develop with practices systems to ensure high quality patient referrals are completed (i.e. the effective review of referrals to ensure with all pre-work such as blood tests or scans are actioned in advance as required).
- Be responsible for identifying and resolving delays in the patient pathway, looking at diagnostic test dates and outpatient appointments. Where this is not possible, ways forward are to be discussed with the practice/PCN.
- Adaptable and flexible to differing operational frameworks of individual practice and patient needs.