

NOCRI supported Collaboration/Group Work stream Template

Cancer and Nutrition infrastructure collaboration

Professionals work stream

Introduction

The following document outlines the objectives and agreed timelines for delivering a work stream that focuses on fostering the development of a workforce with assured knowledge, skills and competencies to deliver nutrition advice and care in the context of cancer prevention and management.

Background

Nutritional factors are key determinants of common cancers in the UK, and are important prognostic indicators in people with diagnosed cancer. Patients with diagnosed cancer often experience nutrition related problems but do not receive consistent or evidence based advice, while practitioners also identify a dearth of evidence on which to base their care. Although the UK has world class research both in nutrition and in cancer, these two domains of activity rarely collaborate.

Aims

The NIHR Cancer and Nutrition infrastructure collaboration was set up to foster collaborative translational research in nutrition and cancer for the benefit of patients and the public. The overall aim of the professionals work stream is to provide better care and support for patients throughout the cancer journey, including prevention, early diagnosis, treatment, end of life care, and those in the community living with and beyond cancer. The objectives within that are:

- To develop a community of practice that is self-sustaining and self-propelling
- To develop a system for sharing knowledge and assessing outcomes, including critical appraisal leading to improved performance
- To develop and agree measureable, quality-assured standards of practice for clinicians
- To develop a continuous process of improvement through competency-based training programmes

Project Team and Roles

Work stream member	Role/Responsibilities	Name	Organisation
Work stream lead	Responsible for the delivery of the work stream including communication of outputs and reporting progress to steering group.	Ramsey Cutress	Associate Professor in Breast Surgery, Southampton BRC
Work stream sponsor (if	To provide steer and guidance to the work stream lead and	Professor Martin	Medical and Scientific Advisor, WCRF;

different to work stream lead)	team. The sponsor will be a member of the collaboration/group steering committee.	Wiseman	Southampton BRC; AfN
Team member		Mhairi Donald	Macmillan Consultant Dietitian, Brighton and Sussex UHT
		Lucy Eldridge	Dietetic Team Leader, Royal Marsden Hospital
		Dr Fehmidah Munir	Reader in Health Psychology, Leicester-Loughborough BRU
		Dr Jane Murphy	Associate Professor of Nutrition, Bournemouth University and Wessex AHSN
		Karen Llewellyn-Date	Health Professions Engagement Education Senior Manager, CRUK
		Carol Granger	Doctoral Researcher, Faculty of Science and Technology, University of Westminster
		<p>Mairead MacKenzie</p> <p>Trustee of Independent Cancer Patients' Voice Lay member of UK Therapeutic Cancer Prevention Network Steering Group Member of Breast Cancer Now Tissue Bank Access Committee Lay member of the Advanced Disease Subgroup of the Breast CSG Involved in a number of trials as TMG member and co-applicant</p>	Patient/public representative
		<p>Victoria Iyamide Nnatuanya</p> <p>Member of NCRI Consumer Forum</p>	Patient/public representative
		Dr Paul Barker	Wessex CRUK GP Lead
		Jill Scott	Registered Dietitian and Macmillan Learning &

			Development Manager for Bristol, Bath and Somerset, and Gloucestershire Next Steps Project
		Dr Justin Roe	Clinical Service Lead – Speech & Language Therapy, Imperial College Healthcare NHS Trust and Joint Head of Department of Speech & Language Therapy, the Royal Marsden NHS Foundation Trust
		Kelly Gleason	CRUK Senior Nurse, Imperial
		Dr Robert Thomas	Consultant Oncologist, Bedford and Addenbrooke's Cambridge University Hospitals
		Dr Catherine Zollman	Macmillan GP Cancer Lead for Bristol CCG Clinical Lead, Penny Brohn UK
		TBC further down the line	Others e.g. AfN, BDA, NS,RCN, UKONS representation

Work stream Objectives and Project Plan

At all stages of the work plan, we aim to ensure appropriate communication and engagement with public and patients. It will also be important to maintain good communication links with other work streams, especially the Toolkit stream, to avoid overlap and optimise outcomes. See communication strategy for more info.

Objective 1: Identify existing authoritative guidance on nutrition in cancer care. While it is recognised that guidance on prevention and at point of diagnosis is also important, the focus of this task is on post-diagnosis, ongoing nutritional guidance for cancer patients.

Outputs	Activities	Timeframe	Responsible people
<p>Catalogue of advice given by professional bodies</p>	<p>Identify guidance currently in use by each specialty area, using two approaches:</p> <p>i. Add 3-4 specific questions to Toolkit questionnaire for professional bodies and clinicians, about what nutritional guidance is being used in clinical practice</p> <p>Analyse the findings of the questionnaire, write a summary report with recommendations e.g. does guidance exist, is it consistent, what are the gaps, training needs identified, and issues of implementation?</p> <p>ii. For cancer in general and the top five cancer sites in the UK conduct a desk-based internet search to identify the relevant information on nutritional guidance accessible to health professionals in the UK. Search to include websites of relevant professional groups for doctors, surgeons, Ca nurse specialists, dietitians, and NGOs.</p> <p>For general guidance: CRUK, WCRF, BAPEN and others if deemed necessary.</p> <p>For cancer site specific guidance: CRUK, WCRF, BAPEN, relevant professional bodies, and charities such as Breast Cancer Now and Prostate UK for NGO/charity sector.</p> <p>Catalogue of Advice:</p> <ul style="list-style-type: none"> • Order the guidance in the catalogue according to the cancer journey from primary prevention to 'living with'/end of life/and palliative care • develop a critical appraisal framework for judging the evidence • apply the framework to the guidance in the catalogue • develop mechanism for hosting and maintaining the catalogue • launch catalogue 	<p>May-July 2016</p> <p>Sept-Dec 2016</p> <p>Jan-March 2017</p> <p>Jan-March 2017</p> <p>Phase 3</p> <p>Phase 3</p>	<p>All members of work stream to contribute</p>

	<ul style="list-style-type: none"> • training and implementation 		
Objective 2: Identify the gaps in knowledge, skills and competencies required by the clinical workforce in order to improve services to cancer patients in the UK			
Outputs	Activities	Timeframe	Responsible person
<p>Statement of defined knowledge, skills and competencies according to professional domain and stage of training/career</p> <p>Define measurable, quality - assured standards for professionals adopted by relevant professional bodies</p> <p>Publications relating to the practice of nutrition in cancer prevention and management</p>	<p>Inter-professional task group (based on work stream members) to meet twice and produce draft statement</p> <p>Statement to cover issues of process as well as substance</p> <p>Self-directed research supported by colleagues</p>	Phase 3	All work stream members
Long term Objective 3: Develop community of practice for professionals going forward			
<p>Develop suitable platform for sharing experience and maintaining community of practice</p>	<p>Define measures needed for continuous improvement within a self-sustaining and self-propelling community of practice.</p>	Phase 3	

Progress report November 2016

Ongoing activities relate to the analysis of the Clinicians' survey with the Toolkit work stream, with Fehmidah Munir leading from the Professionals. Fehmidah also presented some early findings at the Joint Toolkit and Professionals meeting on 12th October in London. Eight members of the Professionals work stream attended the Joint Meeting and participated in

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productive discussions around ongoing activities such as the Catalogue of Advice, and the survey analysis.

The **Catalogue of Advice** has been broken down into three distinct phases:

- Level One: assembling and organising the information (Phase 2 ongoing)
- Level Two: agreeing in principal a framework for judging the strength of the evidence (Phase 2, not yet started)
- Level Three: critical analysis of the information using the agreed framework (Phase 3), and training/implementation stage

It was also recently agreed that the Professionals work stream would provide a discussion document around the Catalogue of Advice to the next Charity Consortium work shop due to take place on 7th February 2017. It is hoped that the Charity Consortium may support this activity.

Clinicians' survey – the group has been discussing the possibility of amending the survey and circulating it to GPs in order to secure a broader representation of clinicians working with cancer patients. Catherine Zollman has agreed to help amend the survey so that it is appropriate for GPs, as it was originally designed for clinicians working in secondary care.

ESPEN Guidance on nutrition support for cancer patients – the group has discussed the implications of this recently published guidance, which is aimed at health professionals and may have implications for Phase 3 developments.

Work stream communications & stakeholder engagement

When the objectives and outputs within each are agreed, with timelines and named responsible people, a GANTT chart should be made with key milestones and communication actions attached to them.

Work stream communications and stakeholder engagement should be developed in line with the collaboration/group communication plan.

Communication should be well thought-out at work stream, objective and output levels. In addition, consideration of whether communication should occur before, during and/or after completion of outputs, objectives and the overall work stream is also important.

Outputs from each objective of the work stream will be used to inform subsequent objectives and may also be communicated externally to key stakeholders. In order to tailor the output appropriately, consideration will therefore be given to:

- Format (e.g. written report, verbal recommendation, data, briefing note, presentation slides, leaflet etc...)
- Audience (e.g. internal stakeholders v.s. external stakeholders)
- Communication route (e.g. NIHR Hub, as part of comms from other NIHR strategic objectives, etc...), and

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- Timing (e.g. Q1 20YY/YY, Month YYYY, or during what point in the work stream (before, during and/or after an objective or output)).

The work stream will generate a range of communication needs and opportunities that will be relevant for both internal and external stakeholders. For both the overall work stream, and specific outputs from each objective, key audiences will be identified and assessment will be made of the appropriate content and timing of messages.

Internal Stakeholders (work stream members and steering committee)					
Communication Type (e.g. status report, achievement of output, etc)	Audience (e.g. project team, advisory board)	Format (e.g. report, slides)	Frequency/ Timing	Route (e.g. meeting, t-con, email)	Who is responsible for this?
Regular meetings	Workstream team	Papers	TBC	face to face or teleconf	
Progress reports on objectives	Other workstreams, Steering Committee, NIHR/NOCRI	Papers, slides	TBC	Email, meetings, slides, teleconf	
External Stakeholders (external to work stream and steering committee)					
Communication Type (e.g. status report, achievement of output, etc)	Audience (e.g. NIHR Infrastructure, NOCRI)	Format (e.g. report, slides)	Frequency/ Timing	Route (e.g. meeting, t-con, email)	Who is responsible for this?
Bulletins on progress	Professional bodies and their members; patients and public	Papers; collaboration newsletter?	TBC	Email, presentations at meetings, posted on collaboration website	
Promotion of completed outputs	Professional bodies and their members; patients and public	Papers, slides	TBC	Email, presentations at meetings, posted on collaboration website	