

Job Description

Cancer Care Navigator

Hours of work: 37.5 hours

Annual Leave: 30 days FTE

Salary: Up to £25,833

Contract: Permanent

Employed by: Involve Kent

Responsible to: Social Prescribing Team Manager

Based: Sittingbourne GP Primary Care Network

Purpose of the job

To empower and support people with a cancer diagnosis, enabling them to navigate services and community support and take an active role in their care, promoting independence, wellbeing, and choice.

This role provides time, capacity, and expertise to support patients living with cancer in; navigating the system, taking an active role in care and support needed, linking up professionals, providing information and support and following-up and reflecting on clinical conversations they have with primary care professionals. This role will work closely with the GPs and other primary care professionals within the PCN to identify and manage a caseload of identified patients, making sure that appropriate support is made available to them and their carers, and ensuring that their changing needs are addressed and that their care and support is joined up across the system. The role will also involve working within GP practices to engage, refer and connect patients living with cancer to relevant services and community support groups. Giving people time and focusing on “what matters to me”, supporting them to gain and use knowledge, skills, and confidence to become active participants in their health and care. Ensure people feel supported from diagnosis, treatment and as they adjust to life afterwards.

Key tasks and responsibilities

- Proactively manage your own health, wellbeing, and resilience as a positive role model to patients and to ensure you can provide consistent, quality support to clients and Primary care network staff.
- Embed the Involve values in your practice and daily work.
- Ensure all necessary data and information about Clients is recorded accurately and entered on NHS collection systems, with awareness of information governance best practice.
- Monitor the wellbeing of patients with cancer, being aware of any change impacting on any care or support they need, ensuring that new needs are met, and written records are amended to reflect any changes.
- Work in partnership with key staff in GP practices within the local Primary Care Network (PCN), attending relevant meetings, becoming part of the wider network team, giving information and

feedback on interventions for patients living with cancer ensuring this is joined up with community services, secondary and primary care.

- Be a friendly, professional, and engaging source of information for the primary care network able to advise on the community support and information available to those living with cancer and ensure the PCN are connected to that support.
- Take referrals from a wide range of agencies, working with GP practices within primary care networks, pharmacies, multi-disciplinary teams, hospital discharge teams, allied health professionals etc. Provide personalised support to people living with cancer, their families, and carers to ensure that people are informed and have choice regarding their support needs.
- Proactively identify and work with a cohort of people living with cancer and maintain a point of contact for those patients within the PCN.
- Bring together all a person's identified care, information and support needs and explore their options to meet these into a single personalised care and support plan. This may include home visiting people.
- Help people to manage their needs, answering their queries and supporting them to make appointments or referrals into sources of support.
- Raise awareness of shared decision making and decision support tools and assist people to be more prepared to have a shared decision-making conversation.
- Discuss appointments and give people time to reflect on appointments.
- Ensure that people have good quality information to help them make choices about their support needs whilst living with cancer including pre, during and post diagnosis and treatment.
- Explore and assist people to access personal health budgets, and support for carers where appropriate.
- Support the coordination and delivery of MDTs within PCNs for patients living with cancer.
- Build relationships and bring together professionals working with patients you are supporting to ensure a personalised care approach throughout the primary care networks
- Confirm that the appropriate SNOMED codes are used on GP patient note systems with awareness of information governance best practice.
- Work with GP practices to review data on GP appointments and hospital admissions to track statistical improvements at practices.
- Support the PCN coordinator with administration, events and minutes where required.
- Any other tasks and responsibilities that may be identified as necessary as the service evolves and develops.
- Work to Involve Kent's safeguarding policy and procedures and take appropriate actions to ensure adults or children at risk of abuse are safeguarded appropriately.

Person Specification	Essential	Desirable
Experience of supporting people one to one and collaboratively developing care and or support plans with them	X	
Experience of working with or caring for people living with cancer		X
Driven, target focused, highly motivated	X	
Experience empowering and supporting people to achieve their goals and priorities.	X	
Experience of engaging with community services to source appropriate personalised support for people		X
Able to follow processes and systems, and with training develop and review support plans.	X	
Excellent communication skills, able to negotiate, build relationships, advocate for people and inspire people.	X	

Resilient and confident, able to work in a busy environment (GP practice) with colleagues under pressure and champion the service to health professionals	X	
Outgoing, energetic, and empathetic with the ability to support people at a very difficult and frightening time in their lives	X	
Experience of providing clear information / guidance to people	X	
Ability to learn and implement systems, policies and processes	X	
Good IT skills and experience of using a database or CRM system and accurately able to enter sensitive data	X	
Adaptable, flexible with a can-do attitude	X	
Experience of working in a multi-disciplined team or working with other professionals	X	
Driving licence and a car	X	