

Written evidence submitted by Macmillan Cancer Support (EPW0049)

Written evidence to Health and Social Care Select Committee, May 2022

Expert Panel: Evaluation of progress on government workforce commitments

1. Macmillan Cancer Support is a registered charity providing information and support for people with cancer. There are around 3 million people currently living with cancer across the UK with 385,000 people receiving a cancer diagnosis every year.¹ The population of people living with cancer is projected to reach 4 million by 2030². Macmillan plays a key role in supporting the NHS workforce. Over the past ten years Macmillan has invested £386 million in the NHS. Macmillan funds nearly 12,000 Macmillan nurses, doctors and other health professionals.³ In this response we focus on commitments 1 and 2.

2. Summary of recommendations

- 2.1. In addition to Framework 15 and the recently commissioned long-term workforce strategy, NHS England and NHS Improvement (NHSE), and Health Education England (HEE) should urgently deliver a long-term fully costed cancer workforce plan. This must be based on realistic estimates of the workforce numbers, across all parts of the care pathway, required to meet the needs of people living with cancer.
- 2.2. The Government must ensure that a workforce assessment report is published at regular intervals to address workforce recruitment, training, and development requirements to ensure the NHS is able to deliver adequate care for cancer patients in all regions.
- 2.3. NHSE and HEE must urgently boost the supply and retention of Allied Health Professionals (AHPs) and the general adult nursing workforce. This is not only necessary to meet current demands, but to also ensure that all nurses and AHPs have backfill for their clinical commitments to undertake Continued Professional Development (CPD); and to provide a pipeline for specialist roles.
- 2.4. Training and development budgets must be protected and rise proportionally with NHSE budgets to ensure the continued development and expansion of the cancer workforce.
- 2.5. Trusts should be encouraged to be more flexible in the use of the existing experienced workforce, for example increasing opportunities for flexible or part time working for those nurses near or at retirement age to ensure they can work with new or aspiring specialist adult cancer nurses before they leave the NHS.

¹ [Statistics fact sheet](#), Macmillan Cancer Support, 2021

² [Statistics fact sheet](#), Macmillan Cancer Support, 2021

³ [Macmillan annual report](#), Macmillan Cancer Support, 2018

3. Commitment 1: 'Ensure that the NHS and social care system have the nurses, midwives, doctors, carers and other health professionals that it needs.'

Was the commitment met overall?

Shortages in the cancer workforce

- 3.1. Recruitment of a sufficient number of skilled staff, with the correct skills mix, is critical to ensuring that people living with cancer receive high quality, person-centred care throughout their cancer journey.
- 3.2. Long term staffing shortages across many areas of the cancer and general health and care workforce, are impacting on patient care. National arms-length bodies including the Care Quality Commission (CQC) and HEE have recognised the scale of the problem. As recently as July 2021, CQC highlighted that 'cancer nurse specialists (CNSs) were overstretched'⁴, but not enough has been done to address this issue.
- 3.3. Earlier diagnosis and better treatment mean that more people with cancer are living longer and with more complex health needs. 70% of people with cancer are also living with one or more long-term health conditions and will often require additional support⁵.
- 3.4. With the population of people living with cancer projected to reach 4 million by 2030⁶, significant increases in staff numbers will be required to meet demand.
- 3.5. Macmillan's 2021 modelling shows the situation is set to get worse: if the number of CNSs stays at current levels, we will be short of 3,371 specialist cancer nurses in England by 2030⁷. CNSs sit within a much larger team of professionals, all contributing to the delivery of high quality, personalised cancer care.
- 3.6. The Royal College of Radiologists (RCR) have estimated a current shortage of 1,939 consultant radiologists in the UK, equivalent to a third of the workforce.⁸
- 3.7. Cancer Research UK has estimated that assuming no changes to current ways of working, demand for services will increase such that by 2027, the number of gastroenterologists may need to grow by 45%, the number of therapeutic radiographers by 80% and the number of oncologists may have to triple⁹.
- 3.8. One person living with cancer told us; '*All the staff are lovely and doing the best they can but.... there just aren't enough*'.

Action across the workforce needed

- 3.9. Workforce funding and strategies must quantify and address gaps in this wider group of professionals to ensure that the right skills mix is available to deliver the best care to people living with cancer.
- 3.10. GPs and primary care teams also play a big role in supporting people across the cancer pathway, including cancer management, follow up care after treatment, and at end of life. This role is set to increase as the number of people living with cancer grows.
- 3.11. People with cancer require coordinated and personalised care from their GPs, in collaboration with secondary care teams, to support their health needs. Easy access to primary care services is a key component of this, but these services are currently under significant pressure.

⁴ [Provider collaboration review: ensuring the provision of cancer services](#), Care Quality Commission, July 2021; [Cancer Workforce Plan: Phase 1, Delivering the cancer strategy to 2021](#), Health Education England, 2017.

⁵ [The burden of cancer and other long-term health conditions](#), Macmillan Cancer Support, 2015.

⁶ [Statistics fact sheet](#), Macmillan Cancer Support, 2021

⁷ [Cancer nursing on the line](#), Macmillan Cancer Support, 2021.

⁸ [Clinical radiology UK workforce census 2020 report](#). The Royal College of Radiologists, 2021.

⁹ [Securing A Cancer Workforce for The Best Outcomes](#). Cancer Research UK. 2018

- 3.12. The Government has made a welcome commitment to recruit 6,000 additional GPs by 2024, but by its own admission it is not on track to deliver this and must urgently ramp up efforts to bolster our primary care workforce¹⁰.

Impact of the pandemic

- 3.13. These stark figures show the shortfalls in staffing across the cancer care pathway, which directly impact on a person's ability to receive high quality and timely cancer treatment and support.
- 3.14. The pandemic has exacerbated these issues. Many health professionals have stepped up and given everything to ensure that patients are still able to access care and support. However, the redeployment of cancer professionals and high levels of staff absence have led to a severely depleted workforce at risk of burnout¹¹.
- 3.15. In October 2021, NHS Providers found that 99% of Trusts were concerned about current levels of burnout across the workforce.¹² One CNS told us; *'I pride myself on the level of care I provide to my patients. However, at times I leave work feeling deflated knowing that if I had one less patient or there was one more nurse on shift those patients would have had an even better experience that day. There is only so much overwork, stress and heartache we can endure before we reach breaking point.'*
- 3.16. Even before the pandemic, 39% of cancer nurses surveyed felt their current workload was unmanageable, whilst 44% said that the current workload was negatively affecting their morale¹³. Health professionals need to be supported to prevent further burnout and reduce the risks of negatively impacting the wellbeing and mental health of staff.

Workforce burnout

- 3.17. On top of this, the CNS workforce is ageing and will be significantly affected by staff retirement over the next 5-10 years. Our 2017 census found that more than a third of CNSs in England are aged 50 or over (37%, compared to 33% in 2014), rising to around one in two in certain parts of the country¹⁴. In February 2021, almost 30% of nurses and midwives in England (equivalent to 108,000 staff) said they were more likely to leave the profession, compared to a year ago¹⁵, whilst another survey conducted 8 months later by the Royal College of Nursing in October 2021 found that 57% of nurses state that they are either thinking about leaving their job or actively planning to leave¹⁶.
- 3.18. Burnout is not just being felt by nurses – a survey from the General Medical Council found that 18% of doctors considered leaving the profession in 2021 – up from 12% in 2019¹⁷.
- 3.19. Retention of expertise should be an absolute priority for any future workforce strategy.

Measuring progress

- 3.20. The key measure against this commitment is whether the NHS has, or is at least on track to have the healthcare professionals it needs. It is insufficient to point to an increase in

¹⁰ [Government not on track to deliver 6,000 more GPs by 2024, admits Javid](#). GP Online, 2021.

¹¹ Background interviews for Macmillan Cancer Support's submission to the [Health and Social Care Select Committee Inquiry on Workforce burnout and resilience in the NHS and social care](#), June 2021.

¹² [Trust leaders fear staff burnout as winter pressures loom](#). NHS Providers, 2021.

¹³ [Voices from the frontline: challenges facing nurse specialists right now](#). Macmillan Cancer Support, 2019

¹⁴ [Cancer Workforce in England](#), Macmillan Cancer Support, 2017

¹⁵ [Recover, Reward, Renew: A post-pandemic plan for the healthcare workforce](#), Institute for Public Policy Research, March 2021.

¹⁶ [Royal College of Nursing raises alarm over state of nursing as pandemic ramps up again and moves into third year](#). Royal College of Nursing, 2021

¹⁷ [The state of medical education and practice in the UK 2021 \(gmc-uk.org\)](#). General Medical Council. 2021.

numbers as a sign of success. Figures show that on current projections, the Government is on course to meet its target for 50,000 extra nurses by March 2024. However, analysis by the Kings Fund shows that this is having little impact on the true scale of nursing shortages¹⁸

- 3.21. The importance of an accurate projection of future workforce needs led to Macmillan to conduct independent modelling of the specialist cancer nursing workforce over the next decade¹⁹. However, it is not practical or possible for organisations like Macmillan to do this for all workforce groups on an ongoing basis. This projection should be carried out by Government as part of its long-term workforce planning.
- 3.22. In this context, it cannot be said that this commitment has been met or is likely to be met by the end of this parliament. However, there remains an opportunity to at least steer things in the right direction.

Was the commitment effectively funded?

- 3.23. Funding has fallen short of what would have been required to meet this commitment, and it is not yet clear that the right levels of funding will be committed in the future.
- 3.24. As stated previously, Macmillan research indicates that if the number of CNSs stays at the current levels, the gap in the number of CNSs in England by 2030 will be 3,371. We estimate that a financial investment of £124 million will be needed to train the cancer nurses needed to fill this gap²⁰. However, this level of commitment has not yet been met and only represents one aspect of the wider cancer workforce.
- 3.25. If there is no additional funding for clinicians and AHPs, the NHS will not have the resources required to deliver the number of staff it needs for cancer care.
- 3.26. The Government has recently announced an additional £50 million for the cancer and diagnostic workforce – however more clarity is needed on how many more and which professionals will be recruited and trained.
- 3.27. The government must ensure that the NHS has the workforce required to match the rising levels of demand in cancer care. This will require a substantial uplift in the current levels of funding.

Did the commitment achieve a positive impact for patients and service users?

- 3.28. We know that dedicated cancer professionals, including the specialist cancer nurse workforce make a huge difference to the care and experiences patients receive. Cancer patients who report being given the name of a CNS are more likely to describe better care experiences²¹ - but these staff are currently being stretched too thinly. This is leading to severe health consequences for people with cancer. One person living with cancer highlighted the impact of staffing shortages; *'...when I was moved from critical care after my operation (full stomach removal) the nursing staff were completely under staffed, so if you wanted anything other than pain relief, you just never got it.'*
- 3.29. CNSs sit within a much larger team of professionals, all contributing to the delivery of high quality, personalised cancer care. Workforce funding and strategies must quantify and

¹⁸ [Is the NHS on track to recruit 50,000 more nurses? Hitting the target but missing the point.](#) Kings Fund, 2022

¹⁹ [Cancer nursing on the line](#), Macmillan Cancer Support, 2021

²⁰ [Cancer nursing on the line](#), Macmillan Cancer Support, 2021

²¹ [Being assigned a clinical nurse specialist is associated with better experiences of cancer care: English population-based study using the linked National Cancer Patient Experience Survey and Cancer Registration Dataset.](#) Alessy SA, Lüchtenborg M, Rawlinson J, Baker M, Davies EA., Eur J Cancer Care (Engl). 2021 Jul 26.

address gaps in this wider group of professionals to ensure that the right skills mix is available to deliver the best care to people living with cancer. Another person living with cancer told us; *'Cancer nurses are everything to people with cancer, they are our hope, our best advisor, our best mentor and our best friend. Nurses are indispensable'*

- 3.30. In a 2017 Macmillan survey, 52% of GPs and nurses did not feel confident that the workforce was able to provide adequate care for cancer patients²². They highlighted increasing complexity of workload (82%) and increased caseload (70%) as the two biggest challenges facing the cancer care system²³.
- 3.31. The pandemic exacerbated these issues. The latest Macmillan analysis estimates that more than 47,000 people are 'missing' a cancer diagnosis in the UK as of January 2022²⁴. The intense pressure that the – already strained – workforce has been under has impacted on the care they are able to deliver.
- 3.32. 25% of people diagnosed with cancer in the UK in the past two years – including at least an estimated 75,000 people diagnosed since the start of the pandemic – have lacked specialist cancer nursing support during their diagnosis or treatment (meaning they didn't get any support and would have liked to, or the support they got wasn't enough)²⁵. One person living with cancer told us: *'More nurses / staff in general needed. I am now in remission, but I have no support. I have no idea how to deal emotionally with what I've gone through. The specialist nurses and doctors are lovely but they just do not have the time to sit down with me and maybe refer me to specialists. Having a meeting after diagnosis but before treatment would have been great and also a meeting part way through which focuses on the emotional / mental / financial aspects as opposed to the medical side (as this is monitored throughout). I am completely lost right now and relying on facebook groups for support. That's not ok.'*
- 3.33. Performance on urgent referrals is also declining.²⁶ Macmillan's latest analysis estimates the NHS in England would still need to work at 110% capacity for further 16 months to catch up on missing cancer diagnoses and for 12 months to clear the cancer treatment backlog.

²² [From the frontline: workforce pressures in the NHS](#), Macmillan Cancer Support, 2017.

²³ [From the frontline: workforce pressures in the NHS](#), Macmillan Cancer Support, 2017.

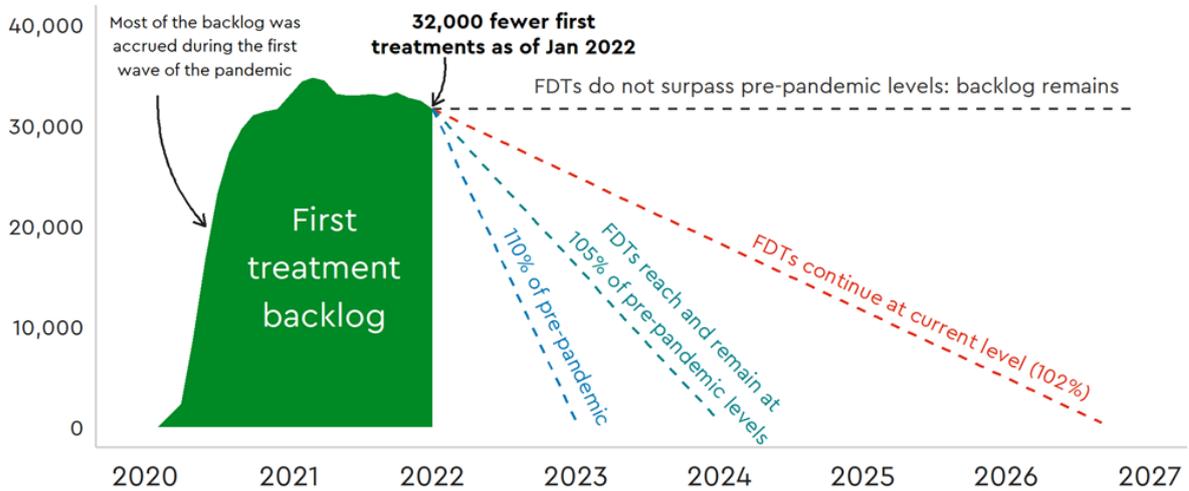
²⁴ January 2022 data showed that more than 47,000 people are 'missing' a cancer diagnosis in the UK (compared to January 2020). The total number of people starting cancer treatment in England since the start of the pandemic is still more than 31,000 lower than expected. Macmillan responds to January 2022's Cancer Waiting Times data for England, Macmillan Cancer Support, March 10 2022.

²⁵ [Cancer nursing on the line](#), Macmillan, 2021

²⁶ [Macmillan responds to January 2022's Cancer Waiting Times data for England](#), Macmillan Cancer Support, 2022

Redressing the first cancer treatment backlog could take years

First definitive treatments (FDTs) must remain above pre-pandemic levels to reverse the damage caused by the pandemic



Source: Macmillan Cancer Support analysis of Cancer Waiting Times (NHS England)
 'Backlog' is calculated as difference between reported and expected activity.
 Expected activity is based on average activity reported across 2019.

Was this an appropriate commitment?

3.34. In this context, it is critical to have a commitment to increasing the size of the healthcare workforce. This must be linked to demographic changes and levels of demand. However, the commitment could be strengthened by including specific targets on the numbers of staff required and the level of investment needed. For people living with cancer, this means funding the development and training of CNSs, cancer support workers, and wider AHPs that can support multidisciplinary teams to deliver high quality personalised care.

Recommendations

- 3.35. In addition to Framework 15 and the recently commissioned long-term workforce strategy, NHSE and Health Education England (HEE), should urgently deliver a long-term fully costed cancer workforce plan. This must be based on realistic estimates of the workforce numbers, across all parts of the care pathway, required to meet the needs of people living with cancer.
- 3.36. The Government must ensure that a workforce assessment report is published, at regular intervals, to address workforce recruitment, training and development requirements to ensure the NHS is able to deliver adequate care for cancer patients in all regions.

4. Commitment 2: 'Help the million and more NHS clinicians and support staff develop the skills they need, and the NHS requires in the decades ahead.'

Was the commitment met overall?

Access to training and development opportunities

4.1. People with cancer tell us that there are not enough cancer professionals to support them and provide the personalised care that they need. To tackle this issue, it is vital that

clinicians and AHPs are provided the opportunities and support to undertake further development and training. One person living with cancer told us; *'We need more staff, staff across the board! My nurses kept getting taken away to work on other wards etc. thanks to Covid-19... Train more specialist nurses and keep them in their departments. Give them proper breaks and BETTER PAY! We need more! And we need more holistic support staff to deal with the non-medical side of things.'*

- 4.2. Career and development opportunities are also hugely important to health and care professionals^{27,28} and are key to the NHS's ability to tackle current backlogs and rising demand.
- 4.3. As stated in points 3.17-3.19, many clinicians are considering leaving the profession, or have already left. Nuffield Trust analysis found those who have already left often cited a lack of opportunities and wanting to undertake further education or training amongst their reasons for leaving²⁹.
- 4.4. Over three quarters (76%) of CNSs responding to a Macmillan survey in England said that having more time for Continued Professional Development (CPD) would help them improve care for people living with cancer³⁰, yet many CNSs currently experience barriers to undertaking training.
- 4.5. Individual workload was the most significant reported barrier to professionals being able to take time to access and attend training, with over half (58%) agreeing this was the case. Without backfill for clinical commitments many nurses are unable or unwilling to undertake CPD.
- 4.6. The majority of nurses that responded to our survey (64%) cannot access protected time to undertake CPD, with one in five having to take annual leave. 43% of CNSs cited a lack of funding as the main barrier to accessing CPD in the last 12 months. Funding from charitable or professional grants accounted for over half (54%) of the overall funding for CPD and one in five (22%) of CNSs had self-funded their CPD.
- 4.7. Many issues with access to CPD have been compounded by the Covid-19 pandemic. In further interviews conducted in early 2022, staff raised issues around reduced availability of training courses during the pandemic, increased workloads making it difficult to take time out for CPD and changes in the format of courses (such as a move to virtual courses) resulting in a different experience of training.
- 4.8. NHSE have acknowledged the challenge and have introduced measures which have gone some way to addressing this. For example, their commitment to provide 250 grants for CNS training and 100 grants for chemotherapy nurse training in the 2020-21 NHS People Plan is a welcome step, and one of the few condition-specific commitments on nurse training. However, this is not enough to fill the gaps in the cancer workforce.
- 4.9. The lack of a clear, structured pathway from general adult nursing into specialist cancer nursing prevents many nurses specialising³¹. The Government needs to facilitate and support people into specialist nursing posts where there are vacancies, but also to significantly expand the CNS workforce if we are to meet patient needs.

Planning for the future

- 4.10. HEE has held a significant role in workforce development since its creation. It has been announced that HEE is to be merged into NHSE by April 2023. This could have significant

²⁷ [Cancer nursing on the line: why we need urgent investment across the UK](#), Macmillan Cancer Support, 2021

²⁸ [Allied Health Professional Workforce Report](#), Macmillan cancer Support, 2018

²⁹ [The long goodbye? Exploring rates of staff leaving the NHS and social care](#), Nuffield Trust. 2022.

³⁰ [Cancer nursing on the line: why we need urgent investment across the UK](#), Macmillan Cancer Support, 2021

³¹ [Voices from the frontline: challenges facing nurse specialists right now](#), Macmillan Cancer Support, 2019

impacts on workforce planning for the health service, particularly if the level of resource allocated for workforce functions is affected.

- 4.11. It is therefore vital that the merger protects these functions and disruption to national workforce planning is minimised.
- 4.12. Macmillan partner with HEE on a number of projects that have been of great benefit to the development of the cancer care workforce. One such programme currently underway is the ACCEnD (Aspirant Cancer Education and Career Development framework) programme. This programme aims to provide guidance on the knowledge, skills and capabilities required by all nurses and Allied Health Professionals (AHPs) who care for people living with cancer in generalist and specialist services, as well as roles that are part of multi-professional teams, across the four UK nations. This includes developing a clear career development pathway, with tailored education, to develop professionals at all stages of the career path; pre-registration, registered staff, enhanced, advanced and consultant practice, through to executive leadership.
- 4.13. The ACCEnD programme has the potential to attract more people into cancer careers, embedding core cancer competencies in the workforce, and create a strong pipeline of nursing and AHP specialists for the future. It is critical that programmes like this – as well as other ongoing work within HEE related to cancer workforce training and development – are not disrupted by the merger of NHSE and HEE.
- 4.14. Local bodies like integrated care systems (ICSs), Cancer Alliances and local trusts also have an important role in workforce planning. However, their ability to engage in comprehensive workforce planning is currently constrained by the lack of a national workforce strategy, supported by projections of the future health and care workforce numbers.

Was the commitment effectively funded?

- 4.15. HEE's budget was cut by 25% in real terms between 2013/14 and 2019/20, underlying the risk of further cuts ahead of the proposed merger³². This demonstrates the lack of priority that has been given to ensuring the cancer workforce has access to training and development opportunities. Following the merger, the medical workforce education and training budget must, at least, rise proportionally with the overall NHSE budget to ensure that the training and development of clinicians is not further compromised.
- 4.16. Without an increase in the education and training budget, the NHS Long Term plan commitment to diagnose 75% of cancers at an early stage by 2028, and to deliver personalised care for everyone diagnosed with cancer in England, will not be met^{33,34}.
- 4.17. A recent ministerial response to a Parliamentary question in the House of Commons stated that HEE's budget for the cancer and diagnostic workforce investment for the year 2022-2023 would be 'an additional £50m', but we are still waiting for further details on the full HEE budget and strategy for the future of workforce development.

Was it an appropriate commitment?

- 4.18. Given the importance of training opportunities to staff, and developing the skill base of the workforce being a prerequisite to delivering many of the NHS long term plan

³² [IFS Green Budget Chapter: pressures on the NHS](#). Institute of fiscal Studies (IFS). 2021.

³³ [Voices from the frontline: challenges facing cancer clinical nurse specialist right now](#). Macmillan Cancer Support. 2019.

³⁴ [Early Diagnosis Initiative](#). CRUK, 2022.

commitments, it is right to have a commitment to support the development of healthcare professionals.

Recommendations:

- 4.19. NHSE and HEE must urgently boost the supply and retention of Allied Health Professionals (AHPs) and the general adult nursing workforce. This is not only necessary to meet current demands, but to also ensure that all nurses and AHPs have backfill for their clinical commitments to undertake Continued Professional Development (CPD); and to provide a pipeline for specialist roles.
- 4.20. Training and development budgets must be protected and rise proportionally with NHSE budgets to ensure the continued development and expansion of the cancer workforce.
- 4.21. Trusts should be encouraged to be more flexible in the use of the existing experienced workforce, for example increasing opportunities for flexible or part time working for those nurses near or at retirement age to ensure they can work with new or aspiring specialist adult cancer nurses before they leave the NHS.

May 2022