Written evidence submitted by Anonymous (ECS0015)

Workforce

The Cancer Workforce Plan committed to the expansion of capacity and skills by 2021 Evidence could include Workforce planning Number of trained professionals in each role, change in percentage since the commitment was made, for example: -

WTE Medical Oncologists

WTE Clinical Oncologists

WTE Therapy Radiographers

WTE Chemotherapy Nurses

WTE Cancer Clinical Nurse Specialists (CNS)

Cancer specialists (Locums and Non-consultant grade)

Allied health professionals

Was the commitment met overall? or (in the case of a commitment whose deadline has not yet been reached) Is the commitment on track to be met?

1. Does the commitment have a clear and fixed deadline for implementation?

A national shortage of oncologists is impacting on services and will continue to do so if we don't have collective action or support. Further support, particularly around the training of oncologists would be appreciated. There appears to be a clear commitment around CNS support and development in 2022/23 operational guidance which is welcomed if sufficiently resourced.

2. Are there any mitigating factors or conflicting policy decisions that may have led to the commitment not being met or not being on track to be met? How significant are these? Was appropriate action taken to account for any mitigating factors?

The lead in time for training is impacting on oncology services as well as Covid leading to unexpected delays, early retirements and heightened staff pressures. Training and supervision capacity has been affected, limiting our capacity/ability.

3. To what extent has the NHS's Covid-19 response affected progress on targets?

As above.

4. How has this commitment been interpreted in practice at trust/patient level?

-

5. Does data show achievement against the target (if applicable)?

-

5. Has the commitment contributed to any measurable improvement in the wellbeing of the cancer services workforce?

Current operational pressures have had a negative impact on staff wellbeing which could be exacerbated further by continued staffing pressures.

Diagnostics

A faster diagnosis standard from 2020 to ensure most patients receive a definitive diagnosis or ruling out of cancer within 28 days of referral from GP or from screening. By 2028 the proportion of cancers diagnosed at stages 1 and 2 will rise from around 50% now to 75% of cancer patients. Evidence could include:

- Statistics on the 28-day target and at what stage diagnosis are made
- Regional variation in diagnostic or therapeutic equipment

Was the commitment met overall? or (in the case of a commitment whose deadline has not yet been reached) Is the commitment on track to be met?

1. Does the commitment have a clear and fixed deadline for implementation?

Yes.

2. Are there any mitigating factors or conflicting policy decisions that may have led to the commitment not being met or not being on track to be met? How significant are these? Was appropriate action taken to account for any mitigating factors?

No.

3. To what extent has the NHS's Covid-19 response affected progress on targets?

Staffing and operational pressures of Covid-19 has impacted the capacity to focus on transformation.

4. Does data show achievement against the target (if applicable)?

Yes, within possibility of Covid constraints.

Was the commitment effectively funded (or resourced)?

1. Was any financial commitment a 'new' resource stream? If not, did reallocation of funds result in any unforeseen consequences/ undesirable 'work arounds' at local level?

Yes.

2. Who was involved in determining the funding arrangements? Who was ultimately responsible for this decision?

SYB ICS Cancer Alliance with system partners

3. What factors were considered when funding arrangements were being determined?

Broader system priorities, cancer pathways most affected by covid and deliverability.

4. Do healthcare stakeholders view the funding as sufficient?

Yes, however short term revenue may lead to risks around sustainability.

Did the commitment achieve a positive impact for patients?

1. What was the impact on equity of outcome for different groups?

Still being assessed

2. Has (or will) there been (or be) a meaningful improvement in measurable outcomes, reasonably attributable to the commitment?

Will continue to be monitored and evaluated throughout the programme

3. Has the commitment been met/is it on track to be met equally across England or are there regional variations?

Programme being prioritised and funded appropriately across England.

Was it an appropriate commitment?

1. Was (or is) the commitment likely to achieve meaningful improvement for service users, healthcare staff and/or the healthcare system as a whole? If not, why not?

Yes.

2. Is the commitment specific enough?

Yes.

3. Has the commitment had any unintended consequences on other aspects of care?

No.

4. Is the target contained in the commitment an effective measure of policy success (if applicable)?

5. Was the commitment addressing an identified need and relevant to the problem?

For FDS yes, for earlier diagnosis there are some positive initiatives being worked through the national programme but it remains a significant challenge.

Living well with and beyond cancer

By 2021 where appropriate every person diagnosed with cancer will have access to personalised care, including needs assessment, a care plan and health and wellbeing information and support

Evidence could include:

- Patients' access to the right expertise and support at the right time.
- Quality of life outcomes for patients
- Support for long-term effects, including paediatric cancers
- Data detailing: - the proportion of patients who have received a personalised care plan.

Was the commitment met overall? or (in the case of a commitment whose deadline has not yet been reached) Is the commitment on track to be met?

1. Does the commitment have a clear and fixed deadline for implementation?

QoL has had a national deadline that was moved due to covid implications but is now in place.

The Alliance completed a dedicated 5 year, system wide LWABC programme of work in 2021 which had achieved significant outcomes related to personalised care. This included significant

strengthening of support mechanisms spanning organisational and sector boundaries. Large numbers of Cancer Support worker roles were created and filled providing a key point of contact for people affected by cancer in SYB. The also enabled greater expansion and rollout of Holistic Needs Assessment and Care Planning to ensure care and support was wrapped around the direct needs of the patient.

Work was also done to create greater health and wellbeing opportunities including the delivery of HWB programmes, establishing improved linkages to existing mechanisms which promote both physical and mental benefits.

Work was also undertaken to develop data reporting structures to facilitate understanding and oversight of the number of patients receiving HNA and a personalised plan. This continues to be a focus in to 2022 in order to meet on-going national reporting requirements.

Whilst at the delivery end there is recognition that work remains to establish the core components of personalised care across all cancer pathways – there remains a clear commitment to this – both nationally in the latest planning guidance, at system level through our Alliance Personalised Care Programme and at place – with clear evidence that the focus on personalised care remains.

2. Are there any mitigating factors or conflicting policy decisions that may have led to the commitment not being met or not being on track to be met? How significant are these? Was appropriate action taken to account for any mitigating factors?

No

3. To what extent has the NHS's Covid-19 response affected progress on targets?

It has presented challenges in harnessing traction in the development and implementation of personalised care initiatives. This is due to the significant operational pressures drawing focus and resource in-to the pandemic response. However, this has not prevented progress being made but has hindered pace and extent of impact.

4. How has this commitment been interpreted in practice at trust/patient level?

Clear pick-up of the personalised care agenda across our acute Trusts in SYB with participation in the regional programme and dedicated project resource at place.

5. Does data show achievement against the target (if applicable)?

Not yet reaching the full target population. Difficult to quantify and measure. However we continue to develop our BI processes to support both the personalised care elements of COSD and system oversight and understanding. We want to utilise the data to inform on-going work – targeting focus if inequity or gaps exist.

Was the commitment effectively funded (or resourced)?

1. Were specific funding arrangements made to support the implementation of the commitment? If not, why? If so, what were these, when and where were they made?

Macmillan funded 5 year programme culminated in 2021. Plus yearly Alliance budget which enabled allocation of funds to support the development and implementation of personalised care priorities.

February 2022