

A shared vision for a strategic review of the cancer workforce July 2016

We are at a crucial point for cancer care in England. Half of the people born since 1960 will be diagnosed with cancer in their lifetime and every two minutes someone in England will be told they have cancer. The increasing scale of cancer means that we must deal with these issues now to ensure the NHS can face future challenges and achieve world-class cancer outcomes for everyone who is affected by cancer.

Mortality rates from cancer are going down, which means we are making progress on improving cancer outcomes. In the 1970s, only 1 in 4 people diagnosed with cancer survived their disease more than 10 years. Today, it is more than half of people diagnosed. However, with increasing complexity and a rise in co-morbidities we need to ensure that we are meeting the growing and changing needs of people affected by cancer, including those with rare and less common cancers. And we will not be able to improve cancer outcomes in England without the right workforce equipped with the right skills and values.

Cancer strategy for England

The cancer strategy for England states: *'Health Education England should work with NHS England, charities, and others to develop a vision for the future shape and skills mix of the workforce required to deliver a modern, holistic patient-centred cancer service. This review should consider training needs for both new and existing NHS staff and should report by the end of 2016.'*¹

NHS England and Government have committed to taking forward the recommendations of the cancer strategy. The implementation plan published by the National Cancer Transformation Board states that 'we will develop a vision by March 2017 for the **future shape and skills mix of the workforce** required to deliver a modern, holistic patient-centred cancer service, in particular focussing on the workforce needs highlighted in the review.'²

Shaping the strategic cancer workforce review

In May 2016, Cancer Research UK and Macmillan Cancer Support hosted an engagement event to build consensus across the cancer community on how the review should be taken forward. This consensus document is the result of this event and wider discussions amongst the cancer community.

At the heart of this review is the patient. Improving patient outcomes and their experience of cancer care must always be the end goal for any recommendation of this review. We must therefore put their needs above the interests of individual professions and organisations. We must think wider than their immediate diagnosis and treatment. And we must put their experience and outcomes first when looking at new ways of working. We have come together to make the most of this opportunity to make sustainable change and ensure people affected by cancer get the best outcomes.

¹ Independent Cancer Taskforce (2015) *Achieving World-Class Cancer Outcomes: a Strategy for England 2015-2020* p.69

² NHS England (2016) *Achieving World-Class Cancer Outcomes: Taking the strategy forward*. Available from: <https://www.england.nhs.uk/wp-content/uploads/2016/05/cancer-strategy.pdf>

We, the signatories, believe that the review must:

1 Take a strategic approach, looking at the current and future cancer and related workforce across the cancer pathway, bearing in mind increasing incidence and survival as well as the shifting landscape of healthcare delivery.

Taking a strategic approach means using our vision for the future workforce to shape how we make changes now to improve outcomes. By cancer and related workforce, we mean both cancer specialists and those professions that are not necessarily cancer specialists, but may be generalists who come into contact with people affected by cancer or those whose decisions and roles affect the cancer pathway. This might include workforce involved in cancer research, the rehabilitative workforce, professions working on preventing cancer, and services delivered by the third sector. The review must also consider the wider context such as changing demographics and inequalities, financial constraints, devolution, Sustainability and Transformation Plans, changing commissioning structures, improvements in digital tools and technology, new models of care, and emerging findings from vanguards.

2 Determine the scale of both immediate and future workforce gaps and develop a plan to address them, beyond just increasing numbers.

We are experiencing severe workforce gaps, not only in medical and clinical oncology, but within several key cancer professions, including clinical radiologists, radiographers, nurses and pharmacists. Developing a plan to address these gaps includes looking at new ways of working, changing models of care and methods of attracting and retaining the future workforce to hard-to-fill positions. This may need to consider options like international recruitment, new ways of working and the use of the workforce across Trust boundaries. It involves looking beyond the potential short term cost of making sustainable changes to enable long-term gain and planning ahead and thinking innovatively.

We recognise that long-term workforce planning is difficult due to the ever-changing nature of the NHS and needs of people affected by cancer. Part of the problem is that we plan for the perpetuation of the current situation and we are therefore unable to deal with major impactful changes. For example, we could not predict 15 years ago that findings from new research would lead to the introduction of a national bowel cancer screening programme which would challenge the delivery of an effective and timely endoscopy service.

The review must therefore consider how workforce planning can be flexible enough to incorporate future changes to the NHS and adopt new approaches and innovative models. These future changes can be informed by current efforts: for example, will increased survival mean we need more workforce available to deal with long-term effects of treatment? Will efforts to improve earlier diagnosis increase the need for diagnosticians or surgeons, if a cancer is operable at an earlier stage?

3 Suggest how responsibility for workforce planning and strategic oversight will work in future, balancing national and local priorities.

Workforce planning and implementation is currently done on a local and national level. This creates many instances of competing agendas and priorities across organisations and professions. It is therefore essential that the review identifies who is responsible and accountable for implementing agreed changes, sets out the level of flexibility for local implementation and determines how consensus (on both a local and national level) around this review can be built.

4 Demonstrate how the workforce can be educated and supported to develop the right skills, training and behaviours to confidently deliver high quality and compassionate care.

We must look beyond roles and focus on skills. Training and education cannot only be focused on the clinical skills needed for certain professions. Non-clinical skills, behaviours and values must also be included in how we understand education and training, and the review must look beyond the professional siloes that have been created and ensure generalists are upskilled in cancer.

Given it takes more than ten years of medical training to become a specialist and more than three years to train nurses and allied health professionals, any changes made to education and training will not have an immediate impact on services. To have a more immediate effect any desired changes to our current workforce must look at innovative ways to change the structure and skill set of professions. The review must acknowledge this and work towards improving the system to allow for flexible education and training systems throughout careers, including ways to acknowledge time taken out of clinical work for cancer research.

5 Develop an attractive career progression offer for existing and future staff, which improves recruitment and retention and supports a flexible workforce.

We would like to see a concerted effort to improve the career offer for existing and future staff within the NHS, especially in the context of aiming to retain people. We want students to be incentivised to join the cancer workforce, for all regional areas to be attractive and for staff to feel resilient and supported. This can only be achieved by offering flexible careers, empowering staff to improve their skills, recognising and rewarding staff and encouraging staff to be leaders within their field. Professionals need variety in their roles, which includes a wide selection of training and research opportunities. For example, our cancer research outputs and workforce is renowned across the globe for its innovation and collaboration, and we want the future workforce to continue to be attracted to research.

6 Improve the coordination of care and the use of different roles across sectors, professions, conditions and locations to better meet the holistic needs of people affected by cancer.

It is common for professions, sectors, conditions and locations to focus on the immediate task at hand rather than its impact on the wider system. Putting the person affected by cancer at the heart of this review means breaking down these barriers between different systems and understanding how we can work together to improve patient experience across England. The increasing numbers of people living with and beyond cancer must be central to this review. Multi-morbidities will continue to increase in future years, and we must be able to coordinate care across different diseases and sectors.

7 Examine how we can support and make best use of our salaried and unsalaried workforce, including carers and volunteers.

Working in a financially constrained environment gives us the opportunity to think differently about how resources are allocated and prioritised. The review must look beyond the traditional professional role divisions and responsibilities, and examine how we can use the varied skill sets of people involved in service delivery to provide the best care and experience for people affected by cancer.

8 Focus the delivery of care on the needs and experiences of the individual person.

Putting people affected by cancer at the centre includes recognising their choice in their treatment and care. The review must reflect this and must acknowledge the importance of shared decision making. Roles such as the key worker must be considered to understand how people affected by cancer can be supported beyond diagnosis and treatment. Furthermore, the review must consider how the workforce empowers people to self-manage. This includes taking every opportunity to help people understand the harms and benefits of their treatment and ways to prevent cancer and other diseases by reducing risk factors. The review must also acknowledge the shift towards more community-based care, including more work in the primary care sector to improve cancer outcomes and quality of life.

Contact us

We look forward to the opportunity to work with Health Education England and the other Arm's-Length Bodies this year to ensure this vital work meets the current and future needs of people affected by cancer in England. For more information, please contact:

Camilla Pallesen
Policy Adviser
Cancer Research UK
Email: camilla.pallesen@cancer.org.uk

Nadine Kennedy
Senior Policy Analyst
Macmillan Cancer Support
Email: nkennedy@macmillan.org.uk



Shared cancer workforce vision

Along with Cancer Research UK and Macmillan Cancer Support, this statement has been signed by the following organisations:



The Association of Cancer Physicians



Baso – The Association for Cancer Surgery



The Faculty of Sport and Exercise Medicine (UK)



Society of Radiographers