

Macmillan Cancer Support response to Introducing Health Education England – Our Strategic Intent



Contact: **Katharine McDonald, Senior Policy Analyst,**
KMcDonald@macmillan.org.uk, 020 7840 7859

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Macmillan welcomes the opportunity to provide feedback on Health Education England's (HEE) Strategic Intent document. As an investor in the NHS workforce, an innovator of new roles and skills, and a learning and development provider, Macmillan has a keen interest in the NHS workforce planning, education and training system. Detailed below are Macmillan's views on each of HEE's proposed strategic priorities.

The cancer story has changed dramatically over the last few decades with more people than ever surviving the disease. There are now two million people living with or after cancer in the UK and this is expected to increase to four million by 2030. However, due to the nature of their condition or the treatment they have received, many patients continue to have ongoing health and social care needs after their initial treatment has ended. For example they may face fertility or digestion difficulties, depression, impaired mobility and difficulty returning to, or remaining in work. There is also a new story for incurable cancer. Many people with incurable cancer can live good quality lives with the right support. Not all will die 'soon'. Many will live with their disease for years, with different patterns of illnesses: chronic, progressive and dying.

The UK needs a cancer workforce to meet the needs of this changing story.

Macmillan's key messages

- HEE should allocate a specific amount of funding for CPD for all healthcare professionals, and recognise the need for protected learning and study time.
- There is an important need for both a dementia and cancer aware workforce.
- The UK needs a competent, trained and cancer aware generalist and specialist workforce.
- All healthcare professionals must have some foundation training in cancer as both an acute and chronic condition.
- There should be clear opportunities for Allied Health Professionals (AHPs) to progress their career and specialise in cancer or end of life care – this should be championed by HEE.
- Patient feedback should be integrated within the system for improving education and training for healthcare professionals.
- Workforce planning, education and CPD should be coordinated at a national, multi-professional level.
- HEE should ensure that education, training and workforce planning should support the implementation of care within the community and a 24/7 service.
- Macmillan would like to work with HEE to develop a values-based approach for healthcare professionals.

Domain 1 - Excellent education

HEE Strategic Priority: Develop role models for education and training – ‘make being a trainer a badge of honour’

It would be extremely valuable to identify models of high quality education and training, values and behaviours for adoption on a wider scale. This would help create a cultural shift within the healthcare workforce, leading to high quality care. Macmillan has already undertaken similar work by developing a Values Based Standard for cancer care. More information on this framework and how it should be incorporated within HEE’s strategic priorities can be found within our comments on domain 6.

[HEE Strategic Priority: Education for Life – ‘supporting and championing multi-professional CPD’

Macmillan supports multi-professional continued professional development (CPD) and is encouraged by HEE’s commitment to agree a targeted use of CPD resources for support workers.

All CPD funding should be protected at HEE, LETB and employer level. Macmillan is extremely concerned that some employers have established complete embargoes on anything but mandatory training. Although HEE will ensure greater investment in CPD, Macmillan suggests it should go further and allocate a specified amount of funding for CPD for all healthcare professionals, and recognise the need for protected learning and study time.

Domain 2 - Competent and capable staff

HEE Strategic Priority: Support a dementia aware workforce – ‘ensuring all staff are trained to rise to the challenge on dementia’

With an ageing population and a rising number of people suffering from dementia Macmillan recognises the important need for a dementia aware workforce. Likewise, a cancer aware workforce is also crucial. Half of all cancers occur in people aged 70 or over, resulting in many health professionals dealing with patients who have dementia or another long term condition(s), alongside cancer.

Additionally, over the next 20 years more people than ever will be living with or after cancer; and generalist professionals will require a clear understanding of cancer, and the skills to support patients with cancer as a long term condition, alongside additional co-morbidities. For example they will need to be able to support patients to self manage, or support people who experience side effects of their treatment some years after the treatment has been completed.

Macmillan’s vision is that by 2020 we will have a world-class, UK-wide cancer workforce. This workforce will meet the needs of people affected by cancer, by working in partnership with them and their health communities to improve health and well-being. However the needs of those affected by cancer differ according to individual circumstances and the workforce should be adequately trained to deal with these differing needs. To achieve this, we will need a competent, trained and cancer aware generalist workforce, in addition to a more specialist cancer workforce when required.

Support may be provided by a number of different health and social care staff and volunteers working as a team, and will depend on the level and type of need of each patient, at different points in their cancer journey. For example it may be a clinical nurse specialist, a district nurse, physiotherapist, social care worker, elderly care specialist or support worker. What is vital is that the person receives holistic support from the right person at the right time and with the right level of skills to meet all their health and social care needs. It must therefore be ensured that all health and care professionals have some foundation training in cancer as both an acute, and chronic condition.

Domain 3 - Widening Participation

HEE Strategic Priority: Making healthcare the career of choice – ‘use NHS Careers to reach out into schools for our future workforce’ and open to all – ‘encourage more part-time degrees’

Macmillan supports HEE’s commitment to make it easier for staff to progress in their careers and would like to see clear opportunities for all professionals to specialise in cancer or end of life – particularly for Allied Health Professionals (AHPs). A recent study has shown that more cancer specialist AHPs are needed to provide support across the whole cancer pathway.¹

Once in practice, AHPs have difficulty accessing highly specialist oncology postgraduate courses; and although a Department of Health career framework exists for AHPs in England, in practice career planning and succession planning for AHPs is given low priority. This issue should be remedied at employer level and progression for AHPs should be championed by HEE both with regard to the payment of course fees, and the provision of study time.

Domain 4 - Flexible workforce responsive to research and innovation

HEE Strategic Priority: Making technology central to education – ‘introduce an app to allow students to access information and feedback on their experience’

Macmillan supports the ethos of a flexible workforce which responds to research and innovation. Macmillan itself has recently pledged to invest £300 million over the next seven to ten years in an innovative project to improve one to one support for people with cancer. Identifying the right support at the right time, from the right person with the right level of skills is vital; and only by matching the healthcare workforce to the needs of the population will we ensure that patients receive high quality care. We look forward to sharing the results of our project with HEE, as results start to emerge.

We support the suggestion of an app allowing students and trainees to feed back on their experience. We would encourage that it also capture feedback on the breadth of placement opportunities offered to students and trainees, to ensure they are receiving adequate exposure to all possible career paths.

We would also suggest that HEE should respond not only to feedback from students, but also feedback from patients. Patient feedback should be integrated within the

¹ A 2011 National Cancer Action Team (NCAT) Cancer Rehabilitation Workforce Model Paper found that there is a significant shortfall in the required number of AHPs specialising in cancer and palliative care - <http://ncat.nhs.uk/sites/default/files/NCAT%20Rehab%20Workforce%20model%20Briefing%20Paper.pdf> [Accessed 10.03.13]

system improving the education and training of healthcare professionals, particularly in light of the Francis review.

Domain 5 - Ensuring a workforce with the right numbers, skills and behaviours

HEE Strategic Priority: Securing future supply and supporting stakeholders with current problems in 'key areas such as emergency care workforce, primary care workforce, 24/7 services'

Some of the widest changes in health and social care ever are currently being executed as a result of recognition that current systems do not best serve the population. Macmillan therefore supports HEE's priority of securing the future supply of a healthcare workforce with the right skills and behaviours, and deployed in the right places, to meet the needs of the public. We would like to see multi-professional coordinated workforce planning, education and CPD across the whole cancer workforce. This will encourage integration of health and social care provision, and ensure that patients receive high quality care from each professional they see, throughout their entire cancer care pathway.

Macmillan is currently campaigning for anyone living with cancer, nearing the end of their lives, to have access to 24/7 nursing in the community, so they can die at home if they wish. Not only would 24/7 community nursing make a difference to people with cancer, the NHS would save money too. The average cost of keeping someone in hospital for the last year of their life is £222 per day, compared to £28 per day for care at home – nearly eight times less.² Currently, with the right support, 73%³ of people would prefer to die at home. But only 27% actually do.⁴ HEE should ensure that education and training delivered to healthcare professionals, and their workforce planning, supports the implementation of both care within the community and a 24/7 service.

Domain 6 - NHS values and behaviours

HEE Strategic Priority: Roll out best practice so that healthcare workers are 'recruited for values, trained for values, appraised for values and held to account for values'

Macmillan is committed to promoting and developing a healthcare workforce based on core values and behaviours. We recently signed up to a partnership with the Point of Care Programme to run the Schwartz Centre Rounds, which provide support for staff to deliver compassionate care. In addition, in 2009 we commissioned work to research and develop a standard framework for cancer care services, expressing human rights principles as specific behaviours – [Macmillan's Values Based Standard \(VBS\)](#). In *Improving Outcomes: A Strategy for Cancer Care* the government confirmed its support for the Macmillan standard.

The VBS framework was co-created by over 300 professionals, patients, families and carers and consists of eight practical behaviours. These behaviours give a practical meaning to concepts such as dignity, respect and autonomy, which although are

² National Audit Office (2008), End of life care.

³ Statistic taken from Macmillan February 2010 online survey of 1,019 UK adults living with cancer. 73% of people with cancer said they would prefer to die at home if all their concerns about dying at home (such as access to pain relief, round the clock care, and support for their family and carers) were addressed.

⁴ Office for National Statistics. Mortality Statistics: deaths registered in 2009 in England and Wales.

difficult to define, are areas that patients and professionals consider the key 'moments that matter' when delivering/receiving care. This staff, patient and carer-led framework promotes behavioural change to embed core values, rather than acting as a 'top down' approach.

Macmillan is keen to work with HEE in developing a values-based approach and cultural change for healthcare professionals. A lot of our work is aligned with the recommendations from the Public Inquiry into the Mid Staffordshire Foundation Trust and we plan to develop this work further.