

Cancer Workforce Development Strategy 2010-2015

2011 Update

Mary Dowglass, July 2011

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**UK Office, 89 Albert Embankment, London SE1 7UQ Questions about cancer?
Call the Macmillan Support Line free on 0808 808 00 00 or visit macmillan.org.uk**

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1 Introduction

The story of Macmillan Cancer Support has at its centre the introduction, development and expansion of the role of the specialist nurse, initially providing support during the palliative stage of people's disease, and more recently providing high levels of expertise during the entire cancer journey. Over time this role has been supplemented by others ensuring the social, financial and information needs of people affected by cancer are met.

The story of cancer is changing.

There is 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. There will be different patterns of illness: chronic, progressive and dying.

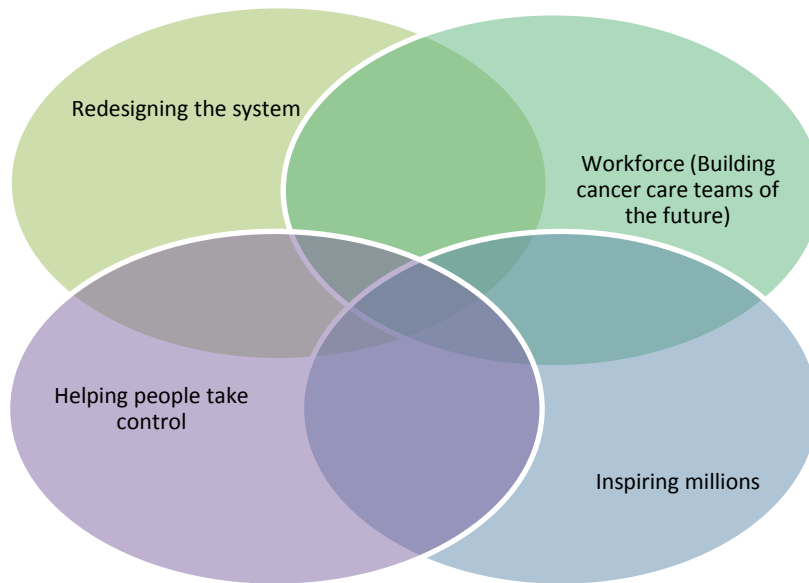
There is a new story for curable cancer. It is a myth that people who are cured of cancer are therefore well. Lots of people survive cancer but at least a quarter have unmet needs from their cancer and treatment. New cancer and treatment related illnesses emerge months, years, or decades later. Survivors experience more chronic illness and need to be made aware that lifestyle changes are important.

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

Our 2010 corporate planning process resulted in a unique opportunity to focus on nine outcomes determined by people affected by cancer and align our thinking on four key areas that will deliver these. By 2030, the four million people living with cancer will say:

- I was diagnosed early
- I understand, so I make good decisions
- I get the treatment and care which are best for my cancer, and my life
- Those around me are well supported
- I am treated with dignity and respect
- I know what I can do to help myself and who else can help me
- I can enjoy life
- I feel part of a community and I'm inspired to give something back
- I want to die well

The availability, development and redesign of the cancer workforce form one of four areas for transformation which will ensure we bring this about. Each area brings new ways of working for Macmillan and our partners and the four areas interface creating support and synergy.



We have aligned our vision on workforce with our long-term aims and aspire to be viewed as a leading edge organisation in cancer workforce development by partners and others with whom we share responsibility for ensuring the effective development of the cancer workforce.

In the UK 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. There are opportunities presented by this situation where social care is being seen as increasingly important and will be combined with health interventions in comprehensive planning and restructuring of systems¹. There will be structural realignment with greater public health responsibilities moving to local authorities and a commitment to disinvestment from acute parts of the healthcare system. Although currently protected, health sits within a public sector environment undergoing significant cuts in public spending and will be judged by a new emphasis on outcomes instead of processes. The cancer workforce has already been affected by an NHS budget which will grow less than the rate of inflation and require £20bn savings between 2011 and 2014. The refreshed Cancer Reform Strategy in England will bring further challenges. The devolved nations have established their own models but are following the same direction in seeking to provide more cost effective and joined up services. This strategy encompasses all the four nations but is not nation-specific acknowledging their differing priorities and changing political and policy environments.

¹ Supporting People to Live and Die Well: a framework for social care at the end of life, Report of the Social Care Advisory Group July 2010

People affected by cancer will be affected in different ways according to their individual situation but we specifically need to be able to innovate and drive system change for the benefit of people affected by cancer, whilst also ensuring that the outcome is what people want and need.

2 Our vision

2.1 By 2020 we will have a world-class, UK-wide cancer workforce, but we aim to be well on the way towards achieving this aim by 2015. 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. This will be done in an integrated, personalised and coordinated way, ensuring that every person experiences quality health care.

2.2 People being treated for or living with and beyond cancer will be supported by a competent, trained and qualified workforce whose specialist expertise in all aspects of cancer is used to deliver effective interventions at the right time and in the right place for the individual's cancer journey.

2.3 The workforce will comprise of a team of practitioners, trained and qualified to a level appropriate to their role and linked as a team within sectors, organisations or across traditional health and social care boundaries.

2.4 The cancer workforce includes all those who work regularly as employees or independent practitioners with people affected by cancer, where it is the main purpose of their position or where it comprises a significant part of their work. There is increasing involvement of the more generalist health and social care workforce with people surviving an initial acute cancer episode. We will therefore lead strategies to ensure the various systems are joined up and that all members of the workforce have opportunities to achieve competence within their respective non-specialist roles. The specialist role is critical to the quality of services but should enhance and not undermine the skills of the generalist.

2.5 Within Macmillan Cancer Support the staff delivering our directly-funded services are part of that cancer workforce and will be leading and demonstrating best practice in the new cancer story. Our service development teams (supported by Macmillan professionals) will be key to working with partner organisations in health and social care and they will be able to share and use tools, techniques and Macmillan knowledge and information to lead and shape the cancer workforce of the future, ensuring change is driven by the voice of people affected by cancer.

2.6 Macmillan professionals are a force which will demonstrate the highest commitment to change and mobilise public, professional and employer commitment to transforming the cancer workforce.

2.7 Professionals working alongside volunteers will become involved in delegation, training, supervision and governance as the reach of our programme for volunteer support grows. Volunteers will be valued as members of the cancer workforce team.

2.8 The cancer workforce will:

- Demonstrate the highest standards of competence, continuous learning and the core values of Macmillan
- Work as exemplar teams
- Maintain a constant focus on the needs of people affected by cancer
- Work with communities, employers and partner organisations to lead design and redesign of services towards independence, self management and control for people living with cancer
- Respond flexibly to changing work environments, systems, knowledge and working practices
- Collaborate across systems, organisations and the commercial, private, non profit and voluntary sectors

2.9 Our core beliefs about workforce development are:

- We base our approach to supporting people affected by cancer on lifelong learning for all
- As an organisation we can learn from others and use learning to lead thinking
- We strive to achieve excellence in all learning that is supported by Macmillan
- We recognise that succession planning, role development and reflective practice are key to the maintenance of a quality workforce
- We will expand our reach and impact by working with partners
- We support the role of employers as the primary focus for development of their workforce
- We work most effectively in teams and as members of communities
- We can improve equity in the cancer workforce and in the services they provide

What success will look like

I wonder if the time has come for me to start that special communication training

Health care assistant

We had a good range of applicants for our new CNS post and were able to choose the very best

NHS lead nurse

My career has been taken to a new level with support from Macmillan to get started

Information centre coordinator

Macmillan can be relied upon to support new ways of working in this sector

Social Services HR Director

The 2020 outcomes for people affected by with cancer

I recognise I have some useful experience to help others and love being part of the team

Macmillan volunteer

We always build innovative L&D and workforce planning into our service development plans with partners

Macmillan Development Manager

We have a much better grip on the cancer workforce and how it is shaping and reshaping services

Macmillan Director of Cancer Services Innovations

My Wednesday sessions are now led by the specialist practice nurse who has a direct line to her colleague's clinic at the hospital if needed. Between them they tackle some really challenging problems

GP

Macmillan's experience with succession planning will help prepare employers for the new all graduate nurses when they qualify

Council of Deans

3 Context

3.1 **The iconic role of the Clinical Nurse Specialist (CNS)** has expanded and modernised becoming increasingly specialised with Macmillan professionals working in a central role in an enlarging multidisciplinary team. However the delivery of community based health services, co morbidity and chronic disease management initiatives mean that the entire health workforce may have contact with people affected by cancer to a greater or lesser extent. As the management of people surviving cancer is normalised a greater proportion of the general health workforce will be seeing, treating and sometimes working alongside people affected by cancer.

3.2 **System changes in health and social care** are focussing away from acute services towards care closer to people's homes, joint and integrated service planning and commissioning. People affected by cancer said they want 'services to talk to each other'.

3.3 **Health data, equity and the whole cancer journey** are not always well linked. We know that there will be 4 million people affected by cancer by 2030 and that there is uneven provision of care across the UK. The experience of people with cancer is linked to their education, socio economic status and diversity factors. As people survive cancer they will experience co-morbidity, often also related to the social determinants of health. Macmillan needs to ensure the cancer workforce is equipped to contribute to reducing inequalities.

3.4 **The public sector is planning for greater financial constraints** than have been known in all the time it has worked in partnership with us. The comprehensive spending review and change of government at Westminster will impact upon all the UK nations. Macmillan therefore not only faces a challenging funding environment itself but needs to be able to work with partner organisations undergoing stringent budget planning.

3.5 **Workforce planning in the public sector** has not been good in the past failing to ensure supply meets demand and periods of both glut and shortage have been experienced. Linkage is often weak between workforce planning and the broader objectives of service planning². In the next five years the health and social care workforce will have difficulty retaining new qualifiers and those with high levels of training if there is high competition for talented and trained professionals during economic recovery³. It may be affected in the medium term by fewer entrants to the professions due to education cuts and a demographic retirement factor which has not yet completely worked through the system. The devolved administrations have particular workforce challenges related to age profiles, employment patterns and availability of clinical training, but each nation has the same risk of being unable to secure the very best practitioners for cancer services. We can lead initiatives to retain experienced staff specialising in cancer *or* with cancer as a specialism, and ensure a succession planning process to fill new and existing roles.

² Nursing Workforce Planning in the UK : a report for the Royal College of Nursing, RCN June 2007

³ Leading the NHS workforce through to recovery: a briefing paper from NHS Employers Policy Board, NHS Confederation November 2009

3.6 At different times during the cancer journey different skill levels are appropriate and cost effective. Evidence has been available for many years which shows that in clinical care higher level practitioner skills raise the quality of care. Macmillan continues to promote a cancer workforce centred on this principle. However, the delivery of both clinical and non clinical services has been subject to extensive review by partner organisations who are considering the appropriateness of the skill mix of the workforce. During a time of economic constraint coupled with poor workforce planning experience, this has the potential to lead to inconsistent and uncoordinated skill mix responses which damage and compromise services. Macmillan is in a position to actively engage with partners and lead this development within the cancer workforce to ensure quality is maintained and outcomes are improved.

3.7 Leadership in development of services has been lacking across the cancer speciality. Clinical professionals are not consistently drawn into service improvement and commissioning or the development of cancer services and where this does occur it is not adequately resourced and impinges on clinical time. We have supported posts specifically for service development in Northern Ireland but few are found across other parts of the UK dedicated to cancer. This is a missed opportunity for Macmillan to increase reach by leading service development for people with cancer using the combined expertise of professionals and our unique access to patient views.

3.8 Macmillan in every community builds on our expertise with fundraising volunteers. The size and scope of this new direction requires all cancer professionals to be aware, able to signpost to and confident about the way volunteer services are delivered and that they are able to participate in the governance and supervision of volunteers.

3.9 Financial changes will impact the way in which services are delivered and the roles and functions of the professions within them. Personalisation of services in England and a more general user-centred approach places control in the hands of the person with cancer - opening up greater plurality of provision. The social care professional will have an increasing brokerage role, coordinating services, overseeing quality and standards, while health professionals will be working within patient centred but much more complex and variable patterns of provision. The redistribution of funding between acute and community sectors of the system, and changes to primary care practice, demand a more responsive approach to funding support than offered through our current business model. It requires long-term commitment by partners to sustaining posts at a time when significant system change is being sought and when a more flexible approach should be used to support beneficial change.

3.10 The Survivorship Vision across the UK comprises of key elements, one of which is a fundamental change to the relationship between patient and professional, with professionals becoming focussed on supporting the patient to take as much control after treatment as they can. Patients will be offered assessment and care plans at specific points on their journey, and following treatment, will be assessed as to what level of clinical support that they require, a process known as 'risk stratification'. For those in the supported self management group this will include advice about healthy lifestyle, about signs and symptoms that the patient should be alert for, and how the patient can get help quickly should they have concerns.

There is likely to be significant work to facilitate this change of ethos, which will challenge existing professional culture and attitudes. Specific skills development will be needed in assessment and care planning, and also promoting healthy lifestyles.

3.11 **Our public profile** strongly associates Macmillan with 'nurses' so both media and people affected by cancer have little knowledge of the wider roles funded by Macmillan and of the teams that care for cancer patients. There is a need to ensure better profiling of the cancer workforce so that we inform the public about how care is given and about the types of support services beyond the hospital model. We should also be able to lead public understanding of a broader team with the Macmillan brand.

4 Strategic aims and key changes

To achieve the world-class, UK-wide cancer workforce which meets the needs of people affected by cancer, we will work with partners to:

- **Increase the reach and equity of directly and indirectly funded Macmillan services, across the entire care pathway, for the new cancer journey**

The support required varies between individuals, their cancer and where they are situated on the pathway at any one time. The ideal mix of support varies from highly skilled technical clinicians at some stages, includes multidisciplinary teams, sources of information and advice and embraces the contribution of gifted volunteers able to provide practical and emotional support outside the formal service provision of the NHS or local government.

Based on the best available economic modelling and empirical evidence we will develop, pilot, test, and evaluate new models of workforce which can be used to transform the way in which services are provided at the right time and in the right place. We will promote the best aspects of teamwork and develop systems which recognise and support effective teams delivering high quality care.

We will ensure through Macmillan funding of new and revised posts, and through funding learning and development and upskilling packages, that local cancer workforces are redesigned to address known gaps and to deliver the full gamut of survivorship services such as assessment and care planning, supported self management, health and wellbeing clinics, rehabilitation and return to work support. We will recognise that central to any new model remains the role of the cancer specialist able to lead, teach and supervise others.

- **Increase the influence of Macmillan and Macmillan professionals in service changes to improve the lives of people living with cancer**

We will ensure the existing cancer workforce are prepared to be competent proponents of survivorship, that they are confident to act as supervisors, mentors and clinical and professional leads, and that their practice is revised and updated with new skills and knowledge. They will be able to measure their success in terms

of patient outcomes and will be guided by best practice and achievement of the nine key Macmillan outcomes for people with cancer.

Increased survival means that for large parts of the cancer journey individuals will have their main interactions with services through non cancer practitioners. Most of the care outside acute centres will be delivered in or near to people's homes. Therefore to increase the spread of specialist knowledge and skills among the generalist workforce we will support posts which have a sessional element in them for cancer and may not be wholly dedicated to caring for people with cancer. The creation of two new nursing roles is the driver which will rapidly advance the skills of the generalist but, as information and social care roles are increasingly seen as part of a long term conditions approach to care, the model for nurses may need to be considered for other parts of the workforce.

- **Increase employer commitment and collaboration in new approaches to the cancer workforce**

Our ability to work with partners is currently constrained by a business model which has a high requirement for sustainability and which has not lent itself to radical approaches to the supply and development of workforce. Amongst these is the use of skill mix to reduce cost and increase access to high level specialists. When undertaken in a planned way it frees up the specialist from tasks that can be delegated but on the other side places increased responsibility on the specialist to teach and supervise other team members. We are aware and supportive of our partners in this time of economic restraint, but as champions of people affected by cancer we have to ensure that the organisations with which we work use the opportunities presented by service redesign to move the workforce forward toward greater productivity, while maintaining the quality we have always fought to achieve.

We will ensure through influencing local employers that Macmillan's historic investment in cancer services is protected and recognised, as new services are designed and implemented, and that "revolving door syndrome" is prevented.

We will build a more strategic, agile, user led workforce planning capability in Macmillan so we are viewed and respected as a leader in workforce planning and development.

Macmillan has been viewed as an expert and strong thought leader in specialist nursing roles and we have many well established routes by which we can continue to influence and advance them. However, there are weaknesses in our ability to interrogate our own systems in order to better understand our traditional Macmillan workforce. We must undertake research, analysis and interpretation of complex external information from a variety of sources and develop systems of our own to use this to formulate options within nations and regions.

Summary of key changes

	Title or Change	Brief Description	Target date
New Roles	Macmillan nurse community/primary care	New role likely to be taken up by general workforce on a sessional basis. Populate services with cancer expertise. Strongly support normalisation and survivorship. Some fulltime posts depending on caseload	Tested & piloted 2011/12
	Macmillan nurse practitioner	New role likely to be taken up by general or specialist workforce. Provide case management for complex and advanced to avoid hospital admission by leading care team of patient at home	Tested & piloted 2011/12
	Information pharmacist	New role likely to be taken up by community pharmacists providing special cancer information sessions in local retail pharmacies	Tested & piloted 2011/12 (Boots)
	Information prescription dispenser	Dispenses information determined by clinical colleagues and is able to signpost to or supplement additional information requests	Tested & piloted 2011/12
	Health information manager	Manages a general health information service but has specialist knowledge and may provide specific sessions on cancer	Tested 2011
	Macmillan care coordinator	A new role likely to be fulfilled by new appointments or additions to existing roles for workforce at a level below professional registration. May include working within telehealth and remote access facilities	Tested & piloted 2011/12
Cornerstones	Skillmix Teams	Working with partners to develop productive multi-skilled teams with frameworks to support new roles, vocational learning, supervision and assessment	Late 2011
	Succession Planning	Ensuring the supply of cancer specialists meets demand by establishing development schemes for aspirant cancer specialists so that they have the appropriate practical or clinical experience, formal learning and mentoring to prepare for specialist posts	Early 2011
	Support for Development	Supplementing our existing learning and development offer for Macmillan professionals with access to quality assured coaches and mentors who can advise and guide professionals through role change, cultural adaptation and organisational upheaval	In use Second half 2011
Influence	Strong links with professional associations	Use learning from Survivorship pilots to inform and advise, share workforce information.	From Jan 2011
	Influence four nation governments in non health areas	Good links already exist through professional health routes – now there are opportunities for Macmillan to become more of a leading player and source of expertise in information and social care change	2012 for full effect

Organisational Change	Develop evaluation capability	We need to be able to be systematic and critical when we work with partners on workforce innovation so that lessons can be learned, the voice of people living with cancer included and evidence generated to use for influence	Fully effective 2012
	Develop workforce information and planning capability	We must have workforce information to model, profile and develop the Macmillan professional workforce. Our Service Development Teams have development needs to enable proficiency in this.	Fully effective 2012

5 Priorities

Deliverables 2011: At the end of 2011 we will have:

- Developed and piloted the Macmillan succession planning offer which will underpin our commitment to 1 to 1 support
- Extended the Department of Health economic modelling to cover the other UK countries and all cancers and used it to model the gap in future specialist and generalist support for people affected by cancer
- Established the skills and competences Macmillan service teams will require to enable them to support the workforce strategy and work effectively with partners on workforce redesign (working with the Kings Fund).
- Agreed an influencing plan to protect as far as possible our existing workforce against services and posts disappearing (working with CPPA, regions and Celtic nations)
- Completed the description, competences and learning routes for the new roles included in the workforce strategy and have identified test sites including working with the 3 system redesign projects at UCLH, Manchester and Northern Ireland.
- Supported and linked 10% of Macmillan professionals through informal learning with coaches and mentors and, working with the engagement team, e-linked professionals to each other
- Revised our funding model to facilitate new flexibility in workforce development (working with finance, the regions and Celtic nations)
- Reviewed and revised the learning opportunities (both Macmillan and elsewhere) that can be used to support the associated non-cancer workforce to acquire the necessary additional skills and knowledge to support people affected by cancer.

Deliverables 2012: At the end of the year we will have:

- Piloted and evaluated the Band 4 Care Coordinator role; new nursing roles (Macmillan Nurse, Primary/Community Care and Macmillan Nurse Practitioner) and Information Prescriptions Dispenser posts
- Piloted and evaluated Information Pharmacist post through the Boots project
- Analysed the breadth of AHP roles and explored potential for new roles (e.g. Occupational Therapists providing more psychological and vocational rehabilitation support)

- Developed an influencing plan for employers and professional bodies around changing skill mix, using learning from pilots and best practice models
- Strengthened systems for Cancer Voices feedback to be routinely shared with/presented to Macmillan Professionals
- Developed a Macmillan L&D offer to address the specific L&D needs of social workers/social care professionals working in cancer services to include teaching, education, research or policy work in their role.

6 Critical success factors

1. Agreement from Service Development Teams (SDTs) to prioritise expenditure to test and roll out new models of workforce and support models, working within clear, flexible frameworks and guidelines that can be adapted to the political and operational climate of each country.
2. Identify additional central funding (starting either Q4 2011 or Q1 2012) to pilot and evaluate new workforce roles (including within the system redesign partnerships) to test and demonstrate Macmillan's vision for integrated health and social care, incorporating the learning from the National Cancer Survivorship Initiative.
3. Collaborate with the fundraising team to develop a fundraising 'ask' that is both realistic and compelling to achieve the step change required to support workforce and care pathway redesign.
4. Convincing enough provider organisations to work with us on pathway and workforce redesign and ensuring that both have developed the organisational capabilities to test and implement these changes.
5. Convincing enough commissioners to commission whole care pathways and support workforce redesign.
6. Improving workforce data capability internally and convincing partner organisations to collect and share data for evaluation and research.
7. Mobilisation of Macmillan professionals, with a strategic understanding of our direction, to act as change agents (champions) in pathway and workforce redesign.
8. Ability to adapt to new proposals in the Government's Green Paper on Workforce (due to be published at the end of 2011)
9. Agreed clear governance and management arrangements for delivery of the workforce strategy and 1 to 1 support programme

The surrounding environment and context for this strategy suggest a highly dynamic environment in which workforce change is a critical factor in the redesign of services around people with cancer. Our aim to reach and improve the lives of everyone living with cancer and our workforce vision will depend on the following critical success factors:

Workforce specific:

- Buy in from all Macmillan's own regional and national teams working to clear, flexible frameworks and guidelines that can be adapted to the political and operational climate
- Close working between Macmillan's Learning and Development and Human Resources departments in order to increase the organisational capacity and capability in workforce development
- Organisational openness to new business models and restructuring of current budgets, grants and central and operational budgets that support workforce development
- Development of Macmillan's and our partners' capabilities around service improvement and workforce redesign
- Improved workforce data capability within Macmillan and readiness of partner organisations to collect and share data for evaluation and research
- Mobilisation of Macmillan professionals armed with up to date knowledge of our strategic direction and how our workforce plans fit with it

Dependencies:

- The establishment of whole systems partnerships to test and demonstrate Macmillan's vision for integrated health and social care
- A clear case of support which builds on the economic modelling being used for future investment (Frontier Economics) with Department of Health
- Future commissioning arrangements in England and the duration of financial restrictions in public sector partners

7 Conclusion

This workforce strategy broadens the concept of the cancer workforce to include a greater range of people who support and care for people affected by cancer. It will link to other extensions of care and support such as volunteers and the Government's vision for the changing relationship between individuals, families, communities and society. Delivery of the vision requires significant cultural change at every level and will involve commissioners, employers and workers in its implementation as we seek to change attitudes, behaviour and skills.

The strategy sets out both broad areas for workforce development and detailed ways forward for specific professions and workforce groups (see the technical appendix for more details). Detailed implementation planning has been completed after wide consultation with stakeholders of respective areas. Macmillan welcomes your comments and input as the health and social care agenda continues to develop. (Contact Mary Dowglass: mdowglass@macmillan.org.uk)

The strategy has been developed in times of unprecedented policy change and there is still much for us to learn and contribute to as policy is taken forward by the four nations. Regular addition and modification will be necessary over the life of the strategy. As part of

our future direction Macmillan will be growing services and increasing capability and influence in workforce development.

By concentrating on outcomes determined by people and communities, Macmillan aims to be at the forefront of helping professionals prepare for these changes, equip them for future roles in redesigned and improved services and ensure that the cancer workforce at all times is ready to meet the needs of people affected by cancer.

Technical Appendix: the future cancer workforce

Health

The healthcare workforce is the largest and most varied group within the cancer workforce. This appendix details the main development themes and actions required for: nurses, pharmacists, psychologists and the Allied Health Professionals (AHPs): radiographers, occupational therapists, physiotherapists, speech and language therapists and dieticians. The medical workforce supported by Macmillan has mainly consisted of General Practitioners plus a small number of consultant posts and will be presented in a future addendum to this strategy. There will be an emphasis on Nursing and AHPs roles as these are key enablers for Macmillan who has had a pivotal role in their inception and delivery.

The healthcare workforce can be used to redesign services: contributing to quality, raising productivity and promoting independence and choice. Outlined below are the roles, skills and knowledge and key enablers to produce sustainable change to the way in which we work in partnership with employers to support people with cancer.

Nurses

Introduction

The following section focuses on the role of specialist nurses, advanced nurse practitioners, primary care nurses, community nurses and also considers succession planning and support roles to qualified nurses.

Since the 1970's the role of the specialist nurse has been instrumental in providing supportive care from the point of suspected cancer and throughout the treatment care pathway. The role of the specialist nurse has been one of the most exciting roles but also one of the least understood. The lack of formal education programmes and lack of protection of the title has meant that there is wide variation in how the role is currently being delivered. However, Macmillan recognises that care delivery needs to be modernised in-line with both the changing cancer story, the NHS's move further towards advanced nurse practice and to accommodate redesign of services.

Emerging themes:

Advanced nursing is an overarching term used to describe a spectrum of nursing practice that incorporates both specialist nurses and advanced nurse practitioner roles. The list of skills identified below are the full range that nurses need to practice at an advanced level, however not all nurses will be required to have all the skills outlined for every role and this will need to be defined locally according to service need. The first three skills identified are seen as critical to support the changing cancer story. Some of these skills are going to be needed in order to replace existing roles as services are redesigned, they are often interdependent and should be considered for inclusion in all current and future advanced nursing roles. In addition, there is an expectation that advanced nurses will undertake higher level study at Masters Level if not already completed.

Skills and knowledge:

1. Holistic needs assessment
2. Skills to enable self-management for both patients and carers
3. Navigation and information skills
4. Highly developed communications skills.
5. Physical examination and clinical decision-making
6. Independent nurse prescribing
7. Psychological and emotional
8. Coordination skills
9. Risk stratification
10. Outcome measurement skills
11. Telecare/telehealth skills
12. Leadership and education skills

New roles:

It is envisaged that two new nursing roles and a coordinator role will need to be developed to support the care pathway and the move to provide care closer to home. These are new roles but will, in most cases be fulfilled by the existing workforce as part of service redesign.

- A new role in primary and community care of the **Macmillan Nurse Primary Care or Macmillan Nurse Community Care**. This role would act as a local leader and educator who will facilitate and negotiate cancer care in people's communities. They will act as the Key Worker following on from the site-specific nurse or health and well-being clinic for those people who are likely to need ongoing intermittent support to self-manage their care (Guided Care). In the same way that a Practice Nurse currently supports people with chronic and long term conditions. This role will carry a caseload, be based in primary/community care and is likely to be an existing nurse, who develops extended knowledge and skills in cancer care to support general practice. The role will have a strong education component to up-skill primary/community care with increased cancer knowledge, particularly knowledge about oncological emergencies and consequences of treatment. The location and number will depend on the way in which the local health system works as the Macmillan nurse will need to influence and lead across a number of general practices and localities. The knowledge and skills that underpin this role will be specifically about holistic assessment; navigation and information skills; supporting and enabling self-management. This post may be sessional rather than full-time and funding may be used to backfill generalist hours.
- A new role of the **Macmillan Nurse Practitioner** to provide individual case management for vulnerable groups with highly complex needs and co-morbidities and who are considered as high risk of multiple hospital admissions (Complex Care). The emphasis will be on keeping people out of hospital and keeping them well, similar to the role of the Modern Matron. This role will work across secondary, primary and community care and will need to cover a broad geographical area, complement the other roles and provide individual case management. The knowledge and skills that underpin this role will be specifically

about physical examination; monitoring and anticipating care; advanced clinical decision-making and independent nurse prescribing. These posts may be sessional rather than full-time and funding used to backfill their existing specialist post.

- A new role of the **Macmillan Care Coordinator** to provide the first point of contact, signposting people to the appropriate resources, coordinate care, support decision-making using an agreed protocol or algorithm and will be able to ensure that patients will be able to get back into the system fast when needed. The care coordinator is likely to be a Band 4 worker, who will be supported by either a nurse specialist or nurse practitioner.

How Macmillan will enable this.

There is an urgent need to prepare and develop both the current and the future specialist nursing cancer workforce with the skills identified. There should be a particular emphasis on the skills needed to support patients to become a partner in their own care and to support self-management. The generalist workforce will also need to be enabled to develop some of the skills outlined, in order to provide continuing care for people living with and beyond cancer in every care setting.

- A. **Influence:**
 - a. the four nation governments
 - b. partner organisations to redesign services
 - c. education providers
 - d. workforce planners
- B. **Promote** new roles and identify core competences/capabilities for both new and existing roles and establish consistent Macmillan titles.
- C. **Support** the development of mixed skills teams
- D. **Capture** the learning from the National Cancer Survivorship Initiative pilots to further develop our thinking and direction to support the care pathway.

Allied Health Professionals (AHPs):

Introduction:

In this section we will look at the role of specialist and generalist AHPs, including dietitians, speech and language therapists, physiotherapists, radiographers and occupational therapists and we cover the emerging relevant themes for the workforce. Specialist AHP's are those professionals who work at least 75% in cancer or palliative care. The number of Macmillan specialist AHPs working is relatively low and therefore our understanding of future AHP role development is less defined. The care pathway applies to AHP's as part of interdisciplinary team working.

Emerging Themes:

- We need more AHPs working in cancer across all sectors of care: acute, primary and community and need to refocus and demonstrate the benefits of shifting the AHP role away from an emphasis on hospital discharge and End of Life Care.

- There will be a lack of critical numbers to support specialist cancer AHP roles across the whole of the UK, especially in the devolved nations and therefore there is a need to up-skill generalist AHPs to fill the gap.
- AHPs should act as the Key Worker where appropriate, particularly on the rehabilitation part of the care pathway.
- AHPs often provide cancer support on a sessional basis as cancer forms only part of their overall job. These are often symptom specific roles (breathlessness, fatigue).
- Currently there is very little 'cancer specific' training in the AHP undergraduate training programmes, there are few oncology specific courses and where they exist they are high cost and require additional investment in time and senior or peer supervision which may not be available.
- Access to the National Advanced Communication Skills training (Connected Programme) is currently limited as AHPs are often unable to secure places against nurses and doctors who are given higher priority.
- AHPs have the potential to develop further extended skills including AHP prescribing and some nursing skills.
- AHPs are often not supported to make the transition from generalist to specialist AHP practice and therefore succession planning into specialist posts/services is a problem, as there is so little exposure to cancer in training or in generalist posts.
- There is a need to ensure there is the right skill mix in place to provide a cost effective solution to people affected by cancer and therefore the development of therapy assistant posts needs to continue.

How Macmillan will enable this.

- Develop** a comprehensive AHP Cancer Learning and Development offer.
- Consider** our future funding model and how we support AHPs that provide cancer support on a sessional basis (it only forms part of their overall job).
- Influence**
 - the strategic development of AHP services
 - Education providers
- Explore** further the specialist OT role in cancer and the role of the radiographer
- Forge** strong links with the Professional Associations to raise the profile of cancer within entry level and post graduate education

Psychologists:

Introduction:

Macmillan has developed a psychological, psychosocial and emotional support position statement, which clearly outlines the priority for future investment in the role of Psychologists. Psychologists deliver Level 4 support as outlined in NICE Improving Outcomes Guidance for Supportive and Palliative Care in Adults (2004) and provide supervision to those who deliver support at levels 2 and 3.

Emerging Themes:

- Newly qualified psychologists start at higher salary levels or Band 7 on the Agenda for Change pay scale in England and therefore do not follow the same career progression as other healthcare professional groups.
- Currently most specialist nurses provide level 1 psychological support and Psychologists provide level 4, so the real gaps are at levels 2 and 3.
- Robust clinical supervision and training in psychological therapies would mean that specialist nurses and other key members of the interdisciplinary team could be trained and supported to provide Level 2. In turn these trained staff could support and supervise others who deliver support at level 1.
- The British Psychological Society has a Special Interest Group of Psychologists working within Oncology and Palliative care (SIGOPAC), who are developing a clinical governance supervision framework. SIGOPAC are also working on 'small tools' that make a difference and the Distress Thermometer is one of those tools that has been taken up across the UK by cancer nurses and others.

How Macmillan will enable this.

- A. **Enable** training and supervision
- B. **Fund** and support sessions where there is an innovative or transformational approach to service provision which will act as a force for change in developing specialist emotional and psychological support services and to provide appropriate and adequate supervision to up-skill professionals to be able to deliver and maintain confidence and competence at level 2 and 3 interventions.
- C. **Explore** links with SIGOPAC to look at opportunities to work together.

Pharmacists:

Introduction:

Historically Macmillan has funded very few pharmacy posts and those it has supported have been in chemotherapy or palliative care. Recruitment and retention is challenging. Pharmacy experiences high numbers of new qualifiers choosing to start their careers in the commercial sector over the NHS, and with a large proportion of female pharmacists' flexible hours and career patterns work against career progression into specialisation.

Emerging Themes:

- The British Oncology Pharmacy Association (BOPA) provides clinical standards and e-learning modules for pharmacists working within the speciality. They run a 3-day residential course called an 'introduction to oncology', which is over-subscribed and which they want to convert to e-based learning. There is also the potential to develop an e-learning module on palliative care. BOPA also hold a joint symposia with UKONS (United Kingdom Oncology Nursing Society) as specialist pharmacists understand that they need to work closely with nurses to optimise safe prescribing and administration of drugs, especially with the increasing number of independent nurse prescribers.
- Oral chemotherapy is increasing and will be increasingly dispensed in the community by generalist pharmacists. There are concerns about the underpinning competence required to dispense and safely advise patients and their families.

- Intravenous chemotherapy will be increasingly administered in the community in GP practices, community hospitals and people's homes and there will be an increasing need for specialist and generalist pharmacists to work together.

How Macmillan will enable this.

- A. **Influence** specialist and generalist pharmacists to increase cancer knowledge and promote healthy lifestyles.
- B. **Explore** links with BOPA to look at opportunities to work together.
- C. **Capture** the learning from the community pharmacist pilots in Scotland.

Information and Support Workforce

Defining the workforce

Whilst all Macmillan professionals are involved in providing information and support to people affected by cancer, the information and support workforce refers to those professionals whose main role relates to local information and support services. These Macmillan professionals may: deliver information services; co-ordinate access to information across a geographical area; or support local delivery of information, such as by managing volunteers. The information and support workforce includes volunteers as well as paid professionals.

Emerging Themes

Macmillan's information and support professionals are often lone workers, whose roles are integral to specific services or projects. These services may be in hospitals or in the community, creating different potential opportunities and risks. In the current economic climate, posts in both hospital and community settings can be vulnerable.

The nature of the information that information and support services are expected to provide is changing, as people are living longer post-treatment and more treatment information is being provided by clinicians involved in care. Information professionals need to be able to contextualise details provided by other professionals, such as performance data or personalised information prescriptions, to enable individuals to make the choices that are right for them. As the range of technical options for information increases, information and support professionals need to be able to guide and support users of new technologies. There is also some pressure from potential partners to develop information services for all long-term health conditions, rather than just for people affected by cancer. These changes have an impact on the nature of the posts that we fund and the skills needed for both service development and service delivery.

Supporting the skills of the information workforce

Macmillan's information and support workforce need to have both service delivery skills and service management skills. Individual professionals tend to be appointed for their service delivery skills and may struggle with service management and development. In particular, the line managers to whom information and support service specialists report may have no experience either of information services or of the strategic skills needed to develop and promote a service. The following provides a broad distinction between the service delivery and service management skills needed by information and support professionals.

Service delivery skills

Holistic information needs assessment – work in partnership with service users to identify information and support needs, including emotional, financial and practical needs

Information research skills – identify the information sources and evidence base relevant to enquiries; and retrieve information, appraising it for currency and validity of sources

Information literacy skills – identify the health literacy of individual service users and recommend the information at the level of detail and in the format that suits their individual preferences

Navigation skills – offer supportive sign-posting to other services and enable service users to identify, select and appraise information or services to meet their needs

Emotional support skills – identify emotional support needs, provide emotional support and assess whether to suggest services offering additional psychological and psychosocial support

Technological literacy skills – identify individuals' information technology skills and preferences, supporting them to use new tools

Skills to enable self management – enable service users to identify and select self-management programmes and tools, explaining how these operate, and support active self management

Service management skills

Service development skills - develop vision for the future of the service, establishing need, demand and viability of proposed developments

Project management skills – plan and undertake development of existing or new information and support services; or co-ordinate regional delivery of services

Partnership development skills – develop network of local and national service relationships to ensure co-ordinated service experience for people affected by cancer, particularly outside hospital

Negotiation skills – assess targets for negotiation, present business cases and influence senior colleagues or partner organisations

Training skills – train colleagues and information volunteers to assess information needs holistically and integrate new information technologies into their practice, drawing on understanding of teaching and learning styles

Information management skills – identify, select and manage information resources to ensure that they are current and can be accessed in a timely fashion

Knowledge management skills – identify own knowledge of service that needs to be recorded and shared; and access knowledge of other service providers

Volunteer support and development skills – recruit, support and develop volunteers to work within information services or in outreach points for information services

Promotional skills – promote the value of local information and support services to potential service users and to influential contacts

Impact assessment skills – conduct, or identify the need for, impact assessments to ensure that service developments reduce inequalities in access to information and support

Evaluation skills – collate relevant evidence of the value of information and support services and either analyse or arrange analysis of the data

A framework for the information and support workforce

The following charts outline the main current Macmillan information and support roles and those that we could develop as part of a broader Macmillan team.

Specialist roles

Role	Description	Cancer specific / generic
Cancer information and support service manager	Manages and delivers service within cancer information and support service	Cancer specific
Cancer information sessional worker	Provides cancer information within a general information service, such as a library	Cancer specific
Information outreach worker	Based within an information service, but provides cancer information in range of community settings	Cancer specific
Information pharmacist (POTENTIAL – option to be assessed as part of the Boots partnership)	Provides cancer information sessions within pharmacies	Cancer specific
Health information manager (POTENTIAL – option to be tested)	Manages health information service with a proportion of time on cancer	Cancer-specific time funded by Macmillan

Support roles

Role	Description	Cancer specific / generic
Information support assistant	Support to release information centre manager time; or, facilitating range of cancer and non-cancer sessions in generic health information service	Cancer specific or generic
Information prescriptions dispenser (POTENTIAL – to be tested as part of information prescriptions developments)	Dispensing information prescribed by clinical colleagues, providing support and additional information. This role may be combined with that of information support assistant.	Cancer specific or generic
Volunteer manager	Recruit, support and develop volunteers for information services	Cancer specific (or cancer time within broader role)

Coordination and developmental roles

Role	Description	Cancer specific / generic
Network/regional information co-ordinator	Cancer network or programme-specific role to co-ordinate information services	Cancer specific
Information researcher (POTENTIAL – to be tested)	Academic spending proportion of time on education and research into cancer information; this may be a combined practitioner and academic role. Given the decline of information specialist roles in the Department of Health, there is a potential for learning from such posts to be very influential.	Cancer specific sessions
Information consultant (POTENTIAL – to be tested)	Specialist providing input to develop innovative projects; this may provide career development opportunities for Macmillan information specialists.	Cancer specific sessions

Volunteer roles

Role	Description	Cancer specific / generic
Information centre volunteer	Provide agreed levels of support under the supervision of information centre	Cancer specific
Library volunteer	Provide support in library setting or review stock held by library	Cancer specific

What Macmillan will do

A. Influence four nation governments to ensure profile of cancer patient information practitioners

There are many interpretations of what is meant by ‘information’ for patients. In some cases, politicians regard patient information as performance data on services to assist choice of service provider, rather than the broader contextual information to enable people to understand performance data and other resources. We need to ensure that politicians in the four nations understand what we mean by patient information and the need for access to support. This then frames an appreciation of the need for specialist information and support professionals. We will work with the four nation governments to ensure that the information and support workforce is integrated into relevant policy and strategic planning.

B. Fund cancer-specific information posts to deliver or to co-ordinate services

We will continue to fund cancer-specific information posts to deliver or co-ordinate information and support services.

C. **Fund cancer-specific elements in broader health information services**

Macmillan will test models for funding cancer-specific elements within broader health services, allying workforce and service development with relevant national strategies for long-term health conditions. We will not act as sole funder of posts with a broad health information remit.

D. **Develop new partnerships for information services across long-term health conditions**

At national and local levels, we will develop new partnerships to deliver cancer-specific information alongside partners providing health information on other long-term health conditions. This will have ramifications for how we work both nationally and regionally; it will also increase the need for the information and support workforce to have the skills to work in partnership with other service providers.

E. **Support Macmillan professionals' work with information volunteers**

Working with volunteers requires a broad range of management and development skills. Of the Macmillan professional groups, the information and support services managers are generally the professionals who make greatest use of support from volunteers to deliver services. Our activity to support volunteer management needs to include supporting our information and support managers, even though the volunteers in their services may be NHS or library volunteers, rather than Macmillan volunteers.

F. **Evaluate services and roles to establish what works and whether the model is transferable**

The close link between Macmillan's information and support services and our information workforce means that we need to evaluate services in conjunction with the workforce within them. Learning from service and post developments has not been shared consistently. A change of practice for Macmillan will be the need to evaluate both services and posts to establish what is most likely to be successful.

Social Care Workforce

Introduction

Social and healthcare policy is in a phase of rapid and radical change as it pursues government policy of supporting people to remain in their own homes and to live and die in a place of their choice.

Currently the system of care and support is unsustainable⁴. Key drivers in the agenda to transform social support such as personalisation, re-ablement and workforce development offer major opportunities for improving the care that people affected by cancer and their families receive throughout the cancer pathway through diagnosis, treatment through to survivorship and end of life.

The priority is on facilitating autonomy, choice and control. There are major implications for the skills required of the social care workforce as a whole and an emphasis on the integration of roles and services across social care, health care and the voluntary sector.

The current national social care workforce

The development of Macmillan's workforce strategy takes place in the context of discussion about the roles and skills of the social care workforce as addressed in the Qualifications Credit Framework (QCF) for social care. The social work profession is also developing the structures and systems to implement the recommendations of the Social Work Reform Board. This review of the training and career pathways in social care provides a significant opportunity to improve holistic support and care for people affected by cancer.

The Macmillan social care workforce

The development of the current Macmillan social care workforce is relatively recent compared with the investment and development of clinical, especially nursing roles although some social care services have been successfully running for several years.

The range of roles includes:

- Qualified social workers – working in a variety of specialist roles
- Care co-ordinators
- Specialist bereavement support services
- Co-ordinators of buddying and befriending services
- Volunteers

There is currently no 'standard' job description for Macmillan social workers but there is a clear, shared articulation of the key areas of responsibility. These include:

- A broad client caseload from diagnosis through to post- bereavement
- Information provision and resources for individuals and their families and other professionals
- Pre- and post bereavement support for children and families where the primary 'client' of the service might have been an adult with caring responsibilities

⁴ Department of health (2009) 'Shaping the future of care together'. Crown, London

- Advocacy to support people in making decisions about their needs and accessing support
- Relationship building and cross-agency work with other professional colleagues
- Training, education and support of other professionals

Emerging themes

- Social care has a vital role to play in the holistic support of people affected by cancer which needs to be provided by a range of social care professionals and volunteers
- The current economic climate means that funding models need to be reviewed as they are currently unsustainable
- The wider social care workforce will need further training to enable people to live and die well with cancer
- Social care services nationally are undergoing significant change and transformation and there are opportunities for Macmillan to contribute to this to ensure that the needs of people affected by cancer are embedded in the future design of the workforce
- Social care education and training are also undergoing significant change and this is a government priority. Macmillan's vision for the workforce must also be embedded in these changes
- Greater integration of health and social care services is a priority to improve the experience of people affected by cancer throughout the cancer journey which includes accessing services in other sectors too in order to enhance the total quality of life
- There is currently not a good evidence base to demonstrate the impact of social care both nationally and specifically in Macmillan and therefore there needs to be greater emphasis on robust evaluation of the impact of social care interventions
- Palliative care social work is a key resource which is not fully understood in terms of the major contribution to the social care workforce and the quality of life of people affected by cancer
- There is growing evidence that investment in numbers of qualified social workers means better outcomes for people and their families⁵
- Investment in palliative care social work and social work to support people to return to work and rebuild their lives following cancer treatment will be a priority
- The current model of funding means that social care services provided indirectly are not sustainable
- Macmillan has a clear opportunity to build strategic alliances with a range of national bodies including, for example, Local Authorities and the Association of Directors of Adult Social Care in order to influence and build an understanding of the importance of these roles

How Macmillan will enable this:

Engagement and Influencing

- A. Evaluate selected social work services across the UK as part of the Impact evaluation research in order to provide a robust evidence base.

⁵ Fit For the Future – Policy, Purpose and Progress in Adult Social Care (ADASS April 2010)

- B. **Work with social workers to identify and develop outcome measures** for social care services in order to demonstrate impact and facilitate understanding by both employers and commissioners.
- C. **Build strategic alliances** with for example, ADASS- Association of Directors of Adult Social Care Services and SOLACE- Society for Local authority chief executives, to promote the Macmillan Social Care roles and the impact that they can have on the wider health and care economy, including the palliative social work role as part of Macmillan's wider engagement and influencing strategy.

Learning and Development

- A. **Work with all Macmillan social care professionals to identify specific learning needs** and evaluate the current available learning programmes and develop a menu of opportunities which could include some of the options listed below.
- B. **Making e-learning more accessible** to SW professionals.
- C. **Provision of local bite-sized courses** -social work focused workshops at national and regional professionals events.
- D. **Establish and support a social work on-line forum and communities of practice** to support ongoing development and peer support.
- E. **Facilitate opportunities to discuss areas of development** including the psychosocial needs of people affected by cancer, share best practice and work together on intractable issues.
- F. **Educate non social care professionals** about the ways in which social care can provide support as part of a holistic team approach.

Service Development

- A. **Provide opportunities to extend the social work role** to include teaching, education, research or policy work whilst developing therapeutic skills. This will be dependent on capacity within each role and agreement of employer.
- B. **Identify and publicise appropriate engagement activities** such as participating in working groups, attending conferences, training events and link with fundraising groups as appropriate
- C. **Develop opportunities for social workers to further promote the Macmillan brand** through local activities, national events such as the Association of Palliative Care Social Workers.
- D. **Identify the 'local' Macmillan 'network' of professionals, volunteers, fundraisers** to reduce isolation and build holistic Macmillan teams.
- E. **Identify opportunities for 'whole system' service development** to implement a holistic and integrated approach to support for people affected by cancer

Financial Support Workforce

Introduction

The advice sector is changing dramatically in many parts of the UK as a result of medium and long term changes in funding patterns, coming at a time when the coalition government's welfare reform aspirations will heighten the need for advice services. There has been a streamlining of the advice sector as statutory funders seek to reduce duplication of service and place more onerous requirements on services as a condition of funding. Most of these changes have also sought to prioritise reach and volume over complexity and legal merit. This means that advice agencies are finding it increasingly difficult to provide services to many of the most vulnerable members of society who are the more resource intensive clients. Of course, this includes people affected by cancer who may require home visits or have complex advice needs. Although Macmillan's aim is to achieve a statutory duty, there is not presently a legal responsibility to provide advice and support. In the absence of this, generic advice services struggle to meet the needs of people affected by cancer and it remains essential to continue to invest in services which can address this need.

The Government's proposed welfare reform programme is wide ranging and radical and if implemented will place an enormous burden on our services. We have seen a considerable adverse impact with the recent introduction of Employment & Support Allowance and whilst there are a number of positive aspects in the welfare reform package, the scale of change to the benefits themselves together with possible localisation means that our services will be more needed than ever.

However, it is also essential that our workforce is equipped and able to contribute to a 'whole system' approach to service delivery. The advisers need to be willing and able to co-ordinate and integrate the cancer specific benefits advice with Macmillan services (eg Information & Support and Vocational Rehabilitation) and the wider network of generic services, contributing to service re-design of partners. All of this has significant ramifications for the profile and skill set of the financial support workforce.

Defining the workforce

Whilst a range of other professionals help people affected by cancer to access financial help, the financial support workforce refers to dedicated roles whose function relates primarily to the provision of benefits advice services. These roles are based within a variety of partner organisations, most in Wales and Scotland are with Local Authorities but Northern Ireland and some parts of England have only voluntary sector advice provision and this is reflected in Macmillan's partnerships, typically with CABs. It is important to emphasise that these services do not only provide supported information but rather provide specialist in-depth advice, advocacy and representation. The financial support workforce includes volunteers as well as paid professionals.

The range of roles includes:

- Managers – Whilst not usually Macmillan professionals, the senior management of the partner service is increasingly important in seeking to achieve sustainability and fostering a dynamic and partnership orientated focus for the service.

- Co-ordinators – Typically involved with larger scale benefits services helping to facilitate a co-ordinated approach. These roles are potentially crucial for the future in maintaining quality of provision, line management responsibility, reporting and embedding greater volunteer involvement.
- Benefits Support Workers/Administrators – These roles are pivotal in ensuring that advisers can focus their time on complex casework and help to maximise reach and productivity. The role should be integral to all services and include triage, data input and case closing.
- Welfare Rights Officers
- Benefits Advisers
- Generalist Advisers

Professionals in all of the above roles provide invaluable local & national insights and intelligence overviews which contribute greatly to Macmillan's overall aspirations in the financial advice sector.

There is not a standard job description for the financial support workforce. However, for those functions providing advice services to the public, many of the following responsibilities would be expected in the Macmillan workforce:

- Good oral communication skills with particular emphasis on negotiation and representation skills on the telephone.
- Possessing or working towards to an expert working knowledge of the benefits system
- Ability to communicate effectively in writing with particular emphasis on negotiation and representation skills and on preparing reviews, reports and correspondence.
- Numeracy to the levels required in the tasks.
- Ability to work without close supervision, to prioritise own work and meet deadlines.
- Advice and advocacy to support people in making decisions about their entitlements.
- An active client caseload from diagnosis through to post- bereavement for people affected by cancer.
- Relationship building and cross-agency work with other professional colleagues as required.
- Training, education and support of other professionals.

Supporting & developing our financial support workforce

The advice sector does not have a minimum entry standard for advisers. Rather there is a tendency for these minimum requirements to be dependent upon the type of partner agency. For example, local authority welfare rights services often require a degree level education, whilst CABs do not require this but often regard completion of Citizens Advice training as being essential. This in turn means that the Macmillan financial support workforce, being based with partner organisations, conforms to this pattern. This presents the question as to whether a single entry requirement is either desirable or achievable.

Our advisers are typically recruited with benefits advice knowledge and experience commensurate with the role (although it should be noted the Welfare Rights line have recently recruited some advisers on a trainee basis, predominantly providing the necessary learning and development in-house) but do not usually have knowledge of cancer and its treatments or the structures within the health service at the outset.

The learning and development package available during professional's induction period goes some way to addressing this need but there is inevitably learning on the job. We are currently updating the benefits adviser folder which is targeted at advisers and designed to provide an overview of cancer and its treatment and the interface with the benefits system.

We are also able to provide access to a range of training courses to maintain and develop the benefits specialist knowledge of the advisers through our learning and development grants in addition to training offered by the partner organisation. This has been used for a variety of things such as 'train the trainer' courses and regionally based 'community of practice' sessions. We have also identified and delivered national training for our advisers in partnership with agencies such as Independent Review Service (Social Fund) and Child Poverty Action Group.

However, we have been working to offer academically recognised professional development to our financial support workforce. A number of benefits advisers have completed Energy Efficiency City & Guilds qualifications in partnership with Energy Action Scotland and Scottish Power. We have developed a course in partnership with Stirling University to provide academic recognition for advice work, and whilst designed to complement our benefits advisers the course is services but which is also available to advisers from the sector as a whole. We will continue to promote the Stirling course with Macmillan professionals and within the advice sector generally. Traditionally there has not been an identifiable career path for the advice sector workforce and this makes it very difficult to undertake meaningful succession planning.

Emerging Themes

- The current economic climate and the financial constraints within the advice sector suggest that the provision of face to face advice for people affected by cancer may not be met by capacity within the generic advice sector.
- The advice sector is likely to be regulated much more closely in the coming years with National Occupational Standards in Legal Advice likely to become a prerequisite for statutory funding streams in the future.

- In order to embed financial support throughout the care pathway and in survivorship and end of life, health and other professionals need appropriate training and education to appropriately promote financial help.
- The prevailing economic climate also means that Macmillan's funding models need to be reviewed as they are currently unsustainable.
- There will be an increased dependency on partnership working.
- Macmillan must influence wider service re-design in generic advice provision reflecting the long term conditions agenda.
- Macmillan has an imperative to build strategic alliances with a range of national bodies to influence and build an understanding of the importance of these roles and services.
- The evidence base demonstrating the impact of our financial support provision needs to be improved locally and nationally to capture the outcomes which are most persuasive to commissioners.
- The emotional and psychological impact on the workforce of delivering advice services exclusively to people affected by cancer needs to be addressed.
- The key responsibilities associated with particular functions in the financial support workforce need to be more clearly defined.
- Delivery of advice services and applications for benefits will increasingly utilise technological channels.
- The proposed programme of welfare reform will necessitate workforce engagement in policy and campaigning terms.
- Investment in models of provision to help support people to return to work needs to include access to specialist benefits advice services.
- The delivery of services to a growing number of people affected by cancer will necessitate enhanced volunteer involvement in service delivery.
- Macmillan needs to decide how we prioritise and target resource in view of demand outstripping supply.
- There is an increasing need to develop greater connectivity between Welfare Right line advisers and those in our partner services.
- Macmillan needs to develop services to reflect the need for cancer specific advice and information on financial services and products.
- All of this activity is consistent with the aims and aspirations of our future strategy.

How Macmillan will enable this

Engagement and Influencing

- D. **Learn from the forthcoming health economic research** to standardise data capture to demonstrate impact more robustly throughout our network of benefits advice services, reflecting the priorities of commissioners.
- E. **Equip financial support workforce to respond to and help to shape financial support related policy and campaigning priorities** through access to education, training and information exchange.
- F. **Further develop strategic alliances** with Citizens Advice, SOLACE (Society of Local Authority Chief Executives), Independent Review Service and Corporate partners to promote Macmillan's cancer poverty work and the impact of the financial support workforce.
- G. **Influence advice training policy and strategy** at a national level to ensure it is reflective of the needs of people affected by cancer.

Learning and Development

- G. **Work with all Macmillan financial support professionals (including managers) to identify specific learning needs** and evaluate the applicability of currently available learning programmes.
- H. **Provide opportunities to develop the financial support workforce** to include training, capture evidence of impact, policy work and technological capacity.
- I. **Further support and strengthen communities of practice** to support ongoing development, sharing of best practice and peer support.
- J. **Develop bursary programme** for financial support workforce to develop relevant skills and contribute towards succession planning and higher retention.
- K. **Embed access to clinical supervision for financial support workforce** to address the emotional and psychological impact of service provision.
- L. **Educate and train non financial support professionals** about the importance of financial support provision as part of a holistic team approach.
- M. **Support capacity of benefits advisers** to develop and supervise volunteers in provision of advice.
- N. **Ensure that all Macmillan financial support professionals (including managers) area aware of the Stirling University option.**

Service Development

- F. **Identify and publicise appropriate engagement activities** such as participating in working groups, attending conferences, training events and link with fundraising groups as appropriate.
- G. **Standardise job descriptions** and person specifications for identified roles across Direct and local benefits services as appropriate.
- H. **Enhanced volunteer involvement** in workforce with suitable management and support.
- I. **Define and apply minimum quality standards requirement** for partner services.
- J. **Facilitate more straightforward adoption process** for financial support workforce working within Macmillan advice networks as appropriate.
- K. **Develop service offerings/specifications** to underpin the four component parts of the cancer care pathway.
- L. **Explore Long Term Conditions model** of advice provision.
- M. **Develop opportunities for the financial support workforce to further promote the Macmillan brand** through local activities and national events.
- N. **Identify opportunities for 'whole system' service development** to implement a holistic and integrated approach to support for people affected by cancer.

- O. **Develop appropriate functions and support structures for financial hub workforce.**
This would include adviser-focussed information events which combine clinical and non-clinical workshops for Macmillan financial support professionals.

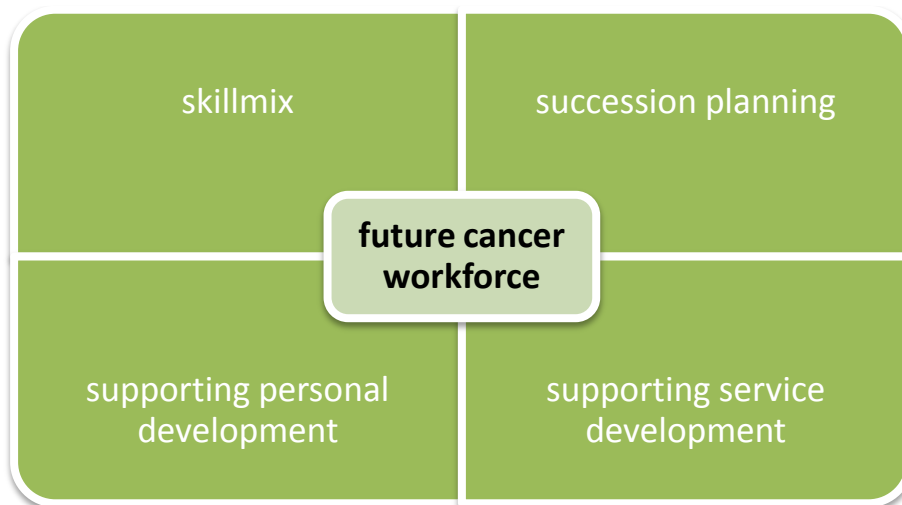
Appendix 2: Workforce cornerstones

Introduction

This appendix introduces the generic cornerstones of the Macmillan Cancer Workforce Strategy and provides information on the significant areas of development which underpin workforce redesign.

Informed by concerns about sustainability and the need to increase employer commitment and collaboration in new approaches to the cancer workforce, it addresses the availability of the cancer workforce, preparation of the existing workforce for new ways of working, and through support for skill mix, responds to the need to increase productivity as an essential component of service redesign. It also ensures the organisation increases its capability in workforce planning and development strengthening our ability to act as a force for change.

Consultation for this part of the workforce strategy has included discussion with service development teams on the general workforce climate they are experiencing with partners. It has also been recognised that the policy context and priorities of the devolved nations may differ and require local discussion and presentation before implementation priorities and plans are agreed.



Cancer Workforce Cornerstones

1 Skillmix-improving productivity

1.1 Partner organisations have been developing their skill mix as an integral part of service improvement. The drivers have included budget constraints but have also been a response to availability of suitable workforce, greater scope for delegation as a result of technological developments and the chance to design services from scratch rather than along traditional professional demarcations. Where skill mix is done on an ad hoc or reactive basis there is a high risk of a negative impact on quality. Skill mix can work to improve services but requires:

- Competent support for learning and supervision

- Clear unambiguous job descriptions and progression via assessment of competence
- Specialist leadership and input into teams

Macmillan has worked with partners on skill mix including roles for assistant practitioners, coordinators, trainees and technicians, all below registration level and based on vocational rather than formal learning. We have no consistency of approach when these posts are proposed and our current funding model fails to ensure provision of all the essential support for these new roles which have strong dependence on opportunities for learning on the job under the instruction, supervision and assessment of specialist professionals. There are a range of nationally recognised roles and competence sets but these are not fully used.

1.2 How Macmillan will enable this

- Establish competence based job descriptions** based on best available frameworks where they exist, or by further work where a new role is not covered
- Promote and share** learning resources and methods to support vocational learning
- Provide financial support** for learning facilitator time to ensure the quality of vocational learning, and review the skills of existing professionals for supervising and assessing support posts
- Research and identify the criteria** for the most effective skill mix teams, leadership skills and roles required within a skill mixed team and share best practice
- Support inclusion of volunteers** into skillmix planning and potential inclusion of apprentices and interns in future
- Provide learning support** for the whole team rather than for any one individual where this would benefit the setting up and continued quality of outcomes

1.3 A high priority would need to be given to this cornerstone because the pace at which skill mix solutions are being introduced into health, social care and local government is increasing in response to public sector spending constraints.

A long term vision would be to brand whole teams who meet Macmillan criteria and ways of working. In the short term there is a need to provide guidelines to partners and service teams on our position and expectations, and to flex approval and funding processes to enable support for learning and supervision rather than individual posts.

2 Succession Planning – ensuring availability

2.1 Macmillan regions and nations report difficulty filling CNS, AHP and some social work posts. Some regions such as LASER have longstanding unfilled CNS posts while other experience particular AHP difficulties. The response of partners, keen to use Macmillan funding once approved, is to appoint at a lower or training level then increase responsibility following a period of development. This is not consistently managed and does not represent reliable use of Macmillan funding support.

This problem is likely to increase because

- We will be an essential partner in delivering 1 to 1 support for people with cancer
- Despite public sector expenditure restrictions the increasing demand for band 7 posts as part of triage, navigation and specialisation may lead to a high level of competition for suitable talented candidates. The cancer speciality needs to recruit the best.
- As graduate level entry to register programmes become the norm the higher calibre of new graduate nurses (and others) will have expectations about their careers which need to be met if they are to be retained. Tailored fast track programmes to specialisation will form part of that expectation. Macmillan needs to engage these potential leaders from the start of their careers.

When looking forward to the next five years of the cancer workforce Macmillan has an important role to lead and support schemes to ensure the recruitment of the very best practitioners into the cancer workforce, ensure they are oriented to the new cancer story and to guarantee that workforce planning for the future cancer workforce is not confounded by lack of availability.

2.2 How Macmillan will enable this

- A. **Develop a planned approach to succession planning** with local employers and Cancer Networks based on latest employment figures, turnover, 1 to 1 support and numbers of graduate training commissions
- B. **Provide funding for 3 key components based on a flexible model**, in discussion with employers
 - Clinical learning time which may involve supernumerary time, rotations and specific placements in community and specialised acute units
 - Formal learning using Macmillan L&D, modules from masters level curriculums and other recognised courses
 - Opportunity costs of specialist practitioners to provide teaching, supervision and assessment for the trainee as possible sessional or backfill funding
- C. **Use clear guidelines and frameworks** in service agreements with employers, provide overall monitoring and evaluation and share best practice
- D. **Investigate and influence formal learning opportunities** provided by Higher Education Institutions, specialist organisations and our own L&D offers
- E. **Develop links to Engagement** as this group of professionals will provide the ideal type of fully engaged Macmillan Professional right from the word go

2.3 An urgent priority will be given to this programme which requires a flexible response to the learning needs of individual practitioners, varied cost impacts on employers and the timescales for agreements. A rapidly implemented, successful, branded and coordinated programme improves our workforce credibility and secures engagement from existing and future Macmillan professionals.

3 Supporting Personal Development – sustaining the workforce

3.1 The existing workforce will be making extensive and difficult change to their practice, ways of thinking and relationships with patients as they adapt to user led services and the new cancer story. This shift is not best achieved through taught courses or self directed learning but should be supported through informal learning such as mentorship, coaching and peer networks. This is also the most effective way to support and develop professionals working with the complexity and emotional labour of caring for people beyond cancer treatment, and there is evidence that when professional staff have

received effective coaching they are, in turn, able to use this to support other people in self care and rehabilitation.

3.2 How Macmillan will enable this

- A. **Describe and develop supervision skills** as part of a core skill set for all Macmillan Professionals. Supervision, teaching and accountability for the practice of others is a crucial component of skillmix teams, multidisciplinary teams and teams working across organisations, but more importantly these activities need to be given value with designated time, regular review and opportunities to update skills and share best practice
- B. **Establish networks of coaches** drawn from arrange of professions and organisations to provide guidance and challenge to Macmillan and cancer specialists during periods of transition arising from workforce change, organisational change and service redesign
- C. **Establish a register of learning advisors** who would provide longer term support on career, role development and study. The role of Macmillan would be to ensure the quality of the providers and to provide links between the professionals and providers
- D. **Provide sessional funding support** for coaches in partnership with employers
- E. **Influence partners to recognise the importance and benefits** of supporting personal development in terms of staff retention, performance, governance and absence through shared data collection and evaluation
- F. **Make links between cancer voices and practitioners** so that this information can be used as part of supervision and learning

3.3 The key shifts of our survivorship vision will be achieved through a change in our approach to professional development away from traditional learning to a new L&D offer which respects the ability of the professional to make changes and to share responsibility with employers.

4 Supporting Service Development – increasing our capability

4.1 Working in partnership with a range of provider organisations we need to ensure we have a credible contribution to make to workforce planning and therefore need to build a more strategic, agile, user led workforce planning capability in Macmillan. This means looking at the development needs of our regional and national staff and the ways in which we can increase Macmillan's capacity and capability in this area.

Macmillan service development teams are working with partners who have routinely been using tools and techniques of service redesign such as Lean methodology. The recognition that workforce redesign is a key component of the redesign process means that there is a development need for our senior Macmillan development managers, Macmillan development managers and others to acquire these skills where they do not already have them.

4.2 How Macmillan will enable this

- A. **Build on or revisit an appraisal of the learning and development needs** of staff in regions and nations, conducted and reported in August 2008
- B. **Develop a package to increase the organisational capability** in workforce planning so that our service development teams are credible and equipped to provide thought leadership on workforce issues
- C. **Work with nations and regions to capture workforce intelligence** to inform an improved UK wide and nations wide perspective
- D. **Ensure our workforce systems** are fit for purpose and they support analysis and evaluation of new schemes and initiatives

4.3 The four areas of focus for transformation that have emerged from our evolve project will have implications for the development skills in our service development teams. Workforce redesign has a high priority for the implementation of 1 to 1 support but should be viewed within the wider context as part of a programme to increase Macmillan's capability.