

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



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Macmillan welcomes the continued opportunity to provide feedback on the development of Health Education England's (HEE) Strategic intent and framework. Macmillan is heavily invested in the NHS workforce, as a provider of learning and development and an innovator of new roles and skills, and is committed to working with HEE and other bodies to promote high quality education, training and workforce planning within the NHS.

Given the changing story of cancer, it is essential that the cancer workforce develops to meet increasing demand and different patient needs. More people than ever are surviving cancer, with two million people in the UK currently living with, or beyond, the disease. This number is set to increase to four million by 2030. With people surviving longer, many people affected by cancer will have ongoing health and social needs beyond their treatment. Further, many people with incurable cancer will live good quality lives, for longer, where given the right support.

To cope with this and other increases in demand for services, such as that presented by the ageing population, steps must be taken now to plan, train and educate the future health and social care workforce.

Do you agree with the King's Fund's example of assumptions of future services? Do they define what success would look like to our patients, carers and communities/populations?

Macmillan wants every patient to feel that the right person provided them with the right care and support at the right time. To achieve this, there needs to be coordinated care delivered by multidisciplinary teams of the right skill mix, with a strong focus on good patient experience.

Macmillan is concerned that too few professionals, be they specialists or generalists, have the skills and knowledge to support people across their whole cancer journey. This needs to be addressed now, to ensure current and future cancer patients receive the care they deserve.

While the King's Fund example characteristics go a long way in identifying future service needs, Macmillan is concerned that they do not provide a complete picture, and emphasis on good patient experience is lacking. Macmillan suggests the following be considered:

- There needs to be a stronger emphasis on patient experience as an outcome.
- The patient must be more than the ‘source of control’ – they must be at the heart of decision making and care planning.
- There should be an emphasis on prevention and early diagnosis, and patient self management of long term conditions should be encouraged and supported.
- ‘Waste is continuously decreased’ would be better captured by calling for the efficient delivery of services.
- Co-operation is not a priority only amongst clinicians, but across the whole health and social care workforce and between workers and patients.
- Carers should be identified and offered appropriate support and services.

There has already been a lot of discussion in this area, such as the [‘6Cs’ of compassionate care](#), the Care Quality Commission’s National Standards that can be expected from care services and the Richmond Group of Charities’ [five key themes](#). Macmillan supports these approaches and encourages HEE to consider these standards in looking at assumptions about future services.

Patients and carers

While clinical effectiveness and patient safety are very important factors in measuring success of health services, they are not the only measures we should use. Patient experience is key in defining success from a patient’s perspective.

At a recent patient experience workshop, cancer patients told us that a ‘good’ experience will be one where they feel supported, respected and meaningfully involved throughout their cancer journey. A good experience has intrinsic importance: it makes them feel supported and respected. Further, a recent review suggests that improving patient experience will increase the likelihood of improvements in safety and clinical outcomes.¹

From a carer’s perspective, the delivery of services must include an increased awareness of, and responsiveness to, carers’ needs. Macmillan wants every carer to be able to say that they were identified by a healthcare worker and signposted to appropriate support and services.

Given lead in times for changing services and education, how far ahead should we look: 10, 15 or more years?

Macmillan supports a long-term strategy. However, health and social care needs are constantly evolving and a long-term strategy should not impede the workforce’s ability to adapt to meet changing needs. It is important that the strategy is closely monitored and evaluated at regular intervals.

¹ Doyle C, et al. ‘A systematic review of evidence on the links between patient experience and clinical safety and effectiveness’ *BMJ Open* 2013. 3: e001570.

What are the key workforce, education and training challenges to meet these changes to services?

To plan for future services, we need a clear workforce profile and forecast. The right education and training must be put in place to attract, retain and properly equip the right professionals in numbers that will satisfy future demand.

The King's Fund's recent report, 'NHS and social care workforce: meeting our needs now and in the future?'² highlights some of the changes and challenges faced by the health and social care workforce, recognising that the greatest demand for services now and in the future comes from older people with multi-morbidities and long-term conditions. The traditional workforce, education and training model, centred on single episodes of treatment in hospital, cannot meet the needs of these patients.

Evidence of increasing cancer diagnosis and survivorship places us in good stead to prepare now for the evolving cancer story. We know that while more people are being diagnosed with cancer, more are surviving, and living well with or beyond cancer. However, many people affected by cancer will have ongoing physical and mental health needs as a result of their treatment, requiring long-term management. For more information about this see Macmillan's recent report, '[Throwing light on the consequences of cancer and its treatment](#)'. This changes the demand on health and social care services, including a need to shift service focus away from hospitals and into the community.

The UK needs a competent, well-trained and cancer aware generalist and specialist workforce. With an expected 4 million people living with and beyond cancer in 2030, all health care workers will encounter people affected by cancer. It is therefore essential that generalists and allied health professionals have some foundation level training in cancer as an acute and chronic condition. They will require a clear understanding of cancer, and the skills to support patients with cancer as a long-term condition.

It is key that the generalist workforce has a foundation level understanding of cancer and communication around cancer. The generalist workforce should be complemented by a highly competent specialist workforce, with sufficient cancer specialist posts. Work needs to be done to establish how many specialists will be needed and ensure that education and training policies are attracting and retaining sufficient numbers of future specialist workers. There should be clear opportunities for all healthcare workers (not just clinicians) to specialise in cancer and end of life care, and continued professional development programs to ensure up to date knowledge and training about cancer and treatments.

There is a strong need for:

- Foundation level training on cancer for all undergraduate healthcare students
- Clear opportunities for all healthcare professionals (including allied health professionals) to specialise in cancer or end of life care

² The King's Fund *NHS and social care: meeting our needs now and in the future?* http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/perspectives-nhs-social-care-workforce-jul13.pdf (accessed 31 July 2012).

- Access to cancer-related continuing professional development for all professionals – with a specific budget allocated to quality CPD, and recognition of the need for learning and study time, and
- A values-based approach to recruitment, education and training.

Patient experience

Across the NHS, patient experience is still not regarded as having equal importance to the other elements of 'quality care'; clinical effectiveness and patient safety.³ There is a need for a fundamental cultural shift, to a system that promotes patient experience as a key outcome and measure of success. This presents a major challenge for workforce planning, education and training.

Coordinated care

Assumptions of future services highlight the need for coordinated care and patient involvement in decision making. These are both important challenges for workforce planning, education and training, with a need to find ways to coordinate not just primary health care, but social and community based care as well. Currently, cancer patients are not always receiving coordinated care throughout and beyond their treatment. Only 62% of respondents to the 2011/2012 Cancer Patient Experience Survey reported that different people caring for them always worked well together to give them the best possible care.⁴ There is a need for better training around communication with patients and between care and services providers.

The community workforce and end of life care

Community based care, including care at the end of life, presents further challenges in planning for future services. While 73% of people with cancer would prefer to die at home, only 29% are able to do so.⁵ More care at home, enabling more people to die at home as per their wishes, will impact on community resources. It is crucial that the community workforce is equipped with the right resources and right skills.

Qualified District nurses have traditionally played a key leadership role in the community end of life workforce. However, according the Royal College of Nurses (RCN), the number of district nurses has declined by 40% in the last 10 years.⁶ Despite an increase in the numbers of people who spent time at home in the last 3 months of life from 56% in 2011 to 63% in

³ Department of Health, *High Quality Care For All: NHS Next Stage Review Final Report* (2008) <http://www.official-documents.gov.uk/document/cm74/7432/7432.pdf> (accessed July 2013).

⁴ Department of Health, *Cancer Patient Experience Survey 2011/12: National Report* (2012) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/212860/Cancer-Patient-Experience-Survey-National-Report-2011-12.pdf (accessed July 2013).

⁵ Macmillan Cancer Support online survey of 1,019 people living with cancer (Feb 2010).

⁶ Nursing in Practice, 'Community Nursing in "lamentable state" says RCN', 30 May 2013, <http://www.nursinginpractice.com/article/district-nurse-drop-adds-pressure-hospitals> (accessed July 2013).

2012, people who received support from district /community nursing services actually declined from 50% to 48%.⁷

Further, the older age profile of district nurses is likely to exacerbate this problem in the near future as many of those currently practicing retire. Three-quarters of (74%) of all district nurse respondents to a recent RCN survey were aged 45 or over, compared to two-thirds (63%) of all nursing respondents.⁸

There is also a recognised need for 24/7 community nursing,⁹ yet we have not progressed far in this area. Research by Macmillan in 2010 showed that nearly half of Primary Care Trusts (44%) did not provide a 24/7 nursing service for all patients at the end of life.¹⁰ Anecdotal evidence from patients, commissioners and clinicians suggests that in the transition to CCGs little progress has been made.

Increasing care for people closer to home requires an increase in the community workforce, with some roles moving out of or working across secondary and primary community care. The community workforce needs to be integrated, with an appropriate mix of generalist and specialist skills across health and social care services. Staff of all levels involved in end of life care, including clinicians, allied health professionals and non-registered staff, should be trained in general end of life care and communication. HEE and education providers need to determine the training and education requirements to create the inter-disciplinary and mixed skills workforce of the future.

How can we meet these challenges? Please supply any areas of best practice of transformation in education, training and workforce planning that will deliver 21st century services.

The healthcare workforce is made up of more than just clinicians. To meet increasing demands and changing needs, it is time to think innovatively about ways in which services can be delivered. For example, training and accrediting health care assistants so that they can perform some basic care duties in hospital and community settings, allowing clinicians and nurses to see more patients.

The Macmillan + Boots partnership is a successful example of how non-clinician services can be utilised to provide better care and support for people affected by cancer. The partnership provides a significant increase in access to cancer information and support for people affected by cancer. Boots Macmillan Pharmacists, healthcare colleagues and No 7 advisors receive bespoke training to equip them to assist people affected by cancer – by providing information and support and signposting people to relevant services. Their in-store presence means that more people can reach information and support services in the right place at the right time.

⁷ Office of National Statistics, *National Bereavement Survey (VOICES)* (2012).

⁸ Royal College of Nursing *District Nursing – Harnessing the Potential* (2013).

http://www.rcn.org.uk/data/assets/pdf_file/0009/511983/004366.pdf.

⁹ 24/7 care was identified as a priority in Department of Health, *End of Life Strategy* (2008) and in Department of Health *Liberating the NHS: Greater Choice and Control* (2011).

¹⁰ Macmillan Cancer Support, *Always There? The impact of the End of Life Care Strategy on 24/7 community nursing in England* (2010).

Macmillan One-to-One Support implementation project

Macmillan considers a cancer patient's individual needs are best met through interactions with a mix of people making up the workforce. We want to see multidisciplinary teams of the right skill mix, enabling cancer patients to see the right person with the right knowledge and skills at the right time.

The One-to-One Support implementation project focuses on the creation of effective multidisciplinary cancer care teams with the right skills. These are integrated teams of specialists, (such as Clinical Nurse Specialists and Specialist Allied Health Professionals) and generalists (such as Cancer Support Workers, District Nurses and Practice Nurses) that support the patient across the cancer pathway, based on the intensity of the patient's individual needs.

Macmillan is working with 16 partner organisations to pilot and evaluate four cancer workforce roles in practice. The project will provide evidence for future workforce planning that best meets the needs of cancer patients at every point of the cancer pathway. For more information about Phase 1 of this project, see the [Baseline Report](#). It is expected that the outcomes of this pilot will inform planning for future cancer care teams and services.

The Macmillan Values Based Standard®

Macmillan considers the [Macmillan Values Based Standard®](#), developed in consultation with over 300 healthcare professionals and people affected by cancer, to be an important tool in delivering more compassionate, patient focused care. The Macmillan Values Based Standard® applies human rights principles to the delivery of cancer care, with good outcomes. It has the potential to create more equitable care outcomes by changing the nature of the relationship between patients and professionals.¹¹

To change the way cancer services are delivered, the Macmillan Values Based Standard® needs to be embedded in every level of education and training – from undergraduate to continuing professional development. Macmillan is committed to working with Higher Education Institutes and other bodies to implement and support programmes of learning that will serve to improve patient care and experience, using values based modules. For example, Macmillan is working with the University of West England to embed the Macmillan Values Based Standard® into undergraduate nursing qualifications. A values-based approach to learning and practice, with ongoing reflection, promotes a culture of service delivery that treats patients with dignity and respect. While many of these programmes are in early stages, Macmillan hopes to learn how theory within an educational setting can best be applied in practice to support good patient experience.

¹¹ Department of Health. *Improving Outcomes: A Strategy for Cancer* (2011) 69.

Summary of key recommendations

The planning, education and training of the health and social care workforce is central to the effective delivery of future services. There are many challenges to overcome, including:

- Recognition of good patient experience as an outcome of service delivery
- Better recognition of carers and their needs
- Increased community and home based care, in particular for those at the end of life, and
- Coordination of care and better communication.

To ensure every patient gets the right care from the right person with the right skills and knowledge, at the right time, the workforce needs multidisciplinary teams of the right skill mix and level.

To meet the challenges presented by the changing story of cancer, there is a strong need for:

- Foundation level training on cancer for all undergraduate healthcare students
- Clear opportunities for all healthcare professionals (including allied health professionals) to specialise in cancer or end of life care
- Access to cancer-related continuing professional development for all professionals – with a specific budget allocated to quality CPD, and recognition of the need for learning and study time, and
- A values-based approach to recruitment, education and training.