

# ADDRESSING THE GAP

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Highlighting the need for growing  
the specialist cancer nursing workforce

**MACMILLAN**  
CANCER SUPPORT



**We are calling on the Government to provide a multi-year funding settlement to support a comprehensive plan to grow the NHS workforce. This must include plans to reverse the current and increasing gap in the specialist cancer nurse workforce.**

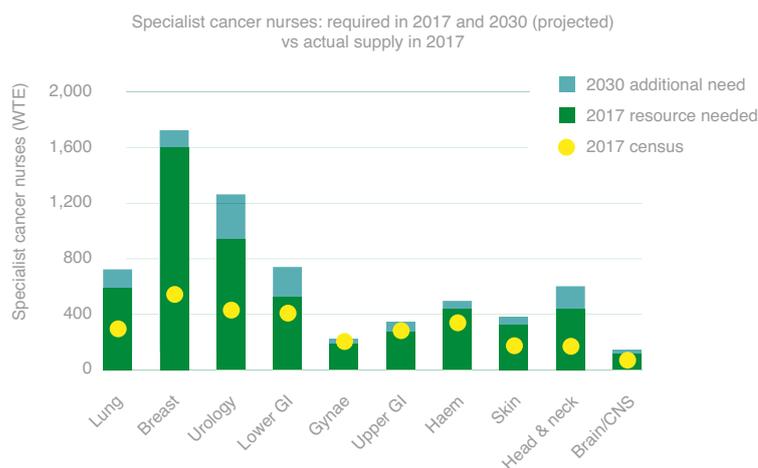
**The specialist cancer workforce currently needs an additional 2,500 specialist cancer nurses, an increase of 84%.**

**By 2030, the gap between patient need and workforce capacity will have grown to 3,700 nurses, an increase of 123%**

## Key facts

Macmillan’s most recent workforce census<sup>1</sup> demonstrated that there are worrying vacancy rates across specialist cancer nurse roles in England,\* with significant geographic variation. Subsequent patient and workforce reported data still demonstrates unmet need amongst people living with cancer.<sup>2, 3</sup>

The causes and impact of the crisis in the NHS workforce are multifaceted and go beyond the scope of this paper. However, the specialist cancer nurse vacancy rates and the solutions to address them must be understood within the context of a wider crisis in the general nursing population and the increasing pressures on the NHS caused by rising patient need - with the Covid-19 pandemic throwing into sharp focus the fragility of our workforce.\*\*



**New modelling developed by Macmillan now demonstrates that to deliver personalised care for everyone living with cancer, the specialist cancer workforce currently needs an additional 2,500 specialist cancer nurses, an increase of 84%. By 2030, the gap between patient need and workforce capacity will have grown to 3,700 nurses, an increase of 123% over the number of specialist cancer nurses that we had at the time of the most recent census. The modelling also shows significant variation across cancer types.**

The NHS Long Term Plan commits to deliver personalised care for everyone living with cancer by 2021, and promises that all cancer patients, including those with secondary cancers, will have access to the right expertise and support through a clinical nurse specialist or a support worker.

\*\* This document models the cancer nursing workforce in England only due to the data used and because decisions on workforce design and delivery are devolved across all four UK nations. There are also workforce shortages across Wales, Scotland and Northern Ireland.

\*\* The data collection and modelling for this paper took place before the start of the Covid-19 pandemic and its impact on the health and care workforce is therefore not accounted for.

## How will a gap in specialist cancer nursing workforce affect people living with cancer?

Macmillan's recent survey of nearly 7,000 people living with cancer showed that 63% of people recently diagnosed with cancer said they were not getting all the support they need from the NHS. In addition, patients who said their healthcare professionals seemed to have unmanageable workloads were 19% more likely to report unmet physical needs and 20% more likely to report unmet emotional needs, showing the link between workforce capacity and the care and support that people receive.<sup>4</sup>

With the modelling showing a significant and growing gap between need and workforce capacity, there is a risk that there will be increasing unmet need for people living with cancer in the future unless there is a plan to ensure there is an adequate population of specialist cancer nurses to support them.

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# How did Macmillan predict this gap?

The cancer workforce census information published by Macmillan in 2014 and 2018 highlights the concerning scale and variation in vacancy levels affecting the specialist cancer nurse workforce. It also suggests trends likely to exacerbate these issues, such as an ageing workforce.

Both cancer incidence and the complexity of treatment for cancer are projected to increase in the coming years. Where possible, this has been taken into account when forecasting future workforce needs.

The model used published data to predict the size of cancer populations in England in 2017 and 2030 for ten cancer type groupings covering the vast majority of cancers, which were then sub-divided by Cancer Alliance. Macmillan made assumptions and used published cancer statistics to estimate the number of people in each cancer grouping and at each stage of the pathway.

Over 50 lead and clinical nurses provided insight into the scope of the specialist cancer nurse role across the patient pathway and informed assumptions about time spent with patients and the proportion of patients seen. The required number of specialist cancer nurses was then compared to data from the Macmillan census on current (2017) supply. [A comprehensive paper on our methodology is available.](#)

## What is a specialist cancer nurse?

Specialist cancer nurses, who are usually but not always Clinical Nurse Specialists (CNSs), are experienced cancer nurses who advise, treat and manage the health concerns of people with cancer. They provide both clinical and emotional support for patients, as well as providing appropriate and personalised information, and crucially they provide an essential role coordinating the multi-disciplinary team supporting an individual through their cancer journey. Specialist cancer nurses reduce treatment costs, increase efficiency, drive innovation and provide valuable information for service re-design as well as enable multidisciplinary care and communication between different teams.<sup>5</sup>

**The role of a specialist cancer nurse can include:**

- Using and applying technical knowledge of cancer and treatment to oversee and coordinate services, personalising the cancer pathway for individual patients and to meet the complex information and support needs of patients and their families
- Acting as the key accessible professional in a multidisciplinary team
- Undertaking proactive case management
- Using empathy, knowledge and experience to assess and alleviate the psychological and social needs of cancer patients, including referrals as appropriate to wider health and social care professionals and wellbeing services
- Using technical knowledge and insight from patient experience to lead service design, implementing improvements and make services responsive to patient need
- Acting at the forefront of service and treatment innovations, including supporting patients in large scale screening programmes and supporting the implementation of immunotherapy in treatment pathways.



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# Why are specialist cancer nurses essential in delivering personalised cancer care?

Personalised care is designed in collaboration with the person who needs it, or with someone who knows them well, and is care that is tailored to meet all an individual's care and support needs.<sup>6</sup> Effective delivery of personalised care therefore relies on professionals who have the skills and training to plan and deliver holistic care to patients.

**Specialist cancer nurses have such skills and training; 83% have a specialist cancer qualification, 84% have advanced communications skills and 63% have level 2 psychological support training. These specialised skills give them an ability to deliver both clinical and non-clinical support for patients.**

Evidence shows that patients with a named CNS were more likely to completely understand the explanation of what was wrong with them (74% of patients as opposed to 65% without) and to agree that they had definitely been involved in decisions about their care and treatment as much as they wanted to be (80% as opposed to 62% without).<sup>10</sup>

A joined-up approach to assessment, care and support planning and review is an essential element of delivering personalised care, as outlined in the NHS England Comprehensive Model for Personalised Care.<sup>7</sup> This model encourages shared decision-making to be built into relevant points in all pathways and aims to ensure that people are supported to understand the care, treatment and support options available and the risks, benefits and consequences of those options.

With their clinical expertise, specialist cancer nurses are already delivering this level of personalised care to those they are supporting; the 2018 Cancer Patient Experience Survey showed that 76% of respondents said that it had been 'quite easy' or 'very easy' to contact their CNS and 84% said that when they had important questions to ask their CNS, they had got answers they could understand all or more of the time.<sup>8</sup> However, there is a significant minority of people who are still not reporting easy access now, which, when combined with current vacancies and increased projected need, suggests this trend may well worsen considerably over the next few years.

# The risks to the cancer specialist nurse workforce

There are several worrying trends which suggest risk to the sustainability of the CNS workforce. The modelling does not account for these and makes assumptions based on the existing workforce as a baseline. Unless addressed, these challenges are likely to further increase the gap between patient need and workforce supply.

## Significant and growing shortages in the adult nursing population

Specialist cancer nurses are recruited from the population of adult general nurses. As recognised by NHS England, the shortage of general adult nurses in England is the most urgent workforce challenge.<sup>9</sup> This poses risks to the quality of care provided to people living with cancer on two fronts – primarily because a shortage in general adult nurses will result in fewer going on to train as specialist cancer nurses, but also the shortages across non-specialist settings such as emergency care, community and primary care and general wards, where people with cancer will often receive care, will also impact on the quality of care for cancer patients.

## Access to Continuing Professional Development

Access to CPD (continuing professional development) is essential for both existing specialist cancer nurses to ensure they continue to be able to deliver high-quality care for people living with cancer, but also for the general adult nursing population to ensure effective succession planning - as this is how a nurse can gain the skills they need to become a specialist cancer nurse. Macmillan's 2019 report *Voices from the Frontline* highlighted the three main barriers to accessing CPD as: 'lack of protected time, lack of available funding and lack of locally available courses.

Finding time to study has been identified by lead cancer nurses as a significant problem in accessing CPD. Workload pressure significantly impacts professionals' ability to access and attend training; over half (58%) of specialist cancer nurses Macmillan surveyed agreed it was the biggest barrier for them, and 49% felt it had worsened in the last year. Nurses are unable and unwilling to step back from clinical commitments because there is no backfill available for their role.

The Health Education England budget for CPD has been significantly reduced from 2015/16, and whilst new funding has been promised to return it to its former peak by 2023/24, this will not be sufficient to safeguard and grow the specialist cancer nurse workforce. Macmillan also has anecdotal evidence that stretched CPD funding in Trusts over recent years have resulted in a lack of prioritisation for cancer specialism, with funding instead going to support the development of other roles such as Advanced Nurse Practitioners. It is important that all nursing roles are given equal and adequate access to their Trust CPD budget to ensure a highly skilled multi-disciplinary workforce that can effectively support cancer patients. Macmillan is calling for the CPD budget to urgently be restored to at least £205 million per year in a multi-year settlement, allowing national and local bodies to plan longer term. Funding for CPD for specialist cancer nurses and for succession planning to support nurses to become cancer specialists should be ringfenced in local and national planning budgets.

There is significant geographic variation in the provision of CPD. Our research found 33% of specialist cancer nurses were unable to access training because of a lack of local courses, and nearly half (45%) reported this as a worsening problem. If no local training is available and travel is therefore required, it can be even harder to release staff because of the length of time they might be away from practice and because of additional costs for travel or accommodation. Over a third of specialist cancer nurses (36%) responding to our survey disagreed that they were supported to attend CPD if they need to travel outside of their geographic region. There must be a plan to increase local provision of training, and provide additional funding for backfill, travel and accommodation where local provision is not possible, to ensure equality of opportunity for training and development for specialist cancer nurses across England.

**37%** of the specialist cancer nurse population are over 50.

### **The specialist cancer nurse population is ageing**

The specialist cancer nurse population is ageing, with 37% being over 50. This had increased from 33% in the 2014 census and raises concerns that the system is not adequately preparing for the future. Succession planning will be essential to ensure the workforce continues to grow as it needs to, but this is dependent on other risk factors including shortages in adult nursing, access to CPD and improving the pathway to specialist cancer nursing.

### **Career pathway to the specialist cancer nurse role**

The specialist cancer nurse role is complex and highly autonomous requiring skills, competencies and experience across both clinical and leadership and management functions. Developing the appropriate skills and experience can often be a barrier to general adult nurses, with a lack of funding available for the necessary training (including a Masters degree) and staffing shortages making it difficult to obtain experience of supporting people living with cancer. Current specialist cancer nurses may also struggle to find the time to support the development of other staff. The undergraduate syllabus for general adult nursing also includes very little around cancer care, which can prevent nurses being aware or becoming interested in the specialism as a career option.

**Structured pathways from general adult nursing to specialist cancer nursing, alongside adequate funding, would support nurses to pursue a career in cancer care and help to secure the future workforce. Macmillan also recommends including more content on caring for people living with cancer in the undergraduate curriculum.**

# The multi-disciplinary workforce

Macmillan recognises that an increase in the specialist cancer nursing workforce is not the 'silver bullet' to guarantee personalised care for people living with cancer, and that increasingly diverse teams of professionals provide critical care and support for people living with cancer across care settings. Using a skills-mapping approach to workforce planning is the most effective way of delivering personalised cancer care and allowing each professional to use their time and skills in the most targeted and appropriate way. Service planners should always focus on patient need rather than on roles or titles.

However, addressing the growing gap in the specialist cancer nursing workforce remains critical. The role is unique in its balance of clinical and non-clinical skills, providing people living with cancer a single point of contact for all of their needs if required but crucially, specialist cancer nurses also play an essential role in coordinating and leading multi-disciplinary teams, providing expert guidance and leadership in the delivery of personalised care.



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## What action is needed?

We are calling on NHS England and Improvement and the Department of Health and Social care to urgently publish a fully costed and comprehensive plan for the NHS workforce. This should include a plan to increase the number of specialist cancer nurses and to grow the wider cancer workforce.

Key priorities for action include:

- The NHS must have a sustainable general adult nursing workforce to care for people living with cancer in all settings and to guarantee the pipeline needed to grow the specialist nursing workforce
- The Health Education England CPD budget should urgently be restored to at least £205 million per year in a multi-year settlement, allowing national and local bodies to plan longer term.
- Funding for CPD for specialist cancer nurses and for succession planning to support nurses to become cancer specialists should be ringfenced in local and national planning budgets.
- There must be a plan to increase local provision of training to ensure equality of opportunity for training and development for specialist cancer nurses across England.
- Improved structured pathways from general adult nursing to specialist cancer nursing to support nurses to pursue a career in cancer care.

You can find a more comprehensive list of recommendations to support the specialist cancer nursing workforce in [Macmillan's Voices from the Frontline report](#).

## References

1. *Cancer Workforce in England: A census of cancer, palliative and chemotherapy speciality nurses and support workers in England in 2017*, Macmillan Cancer Support, 2018
2. *Cancer Patient Experience Survey 2018: National Results Summary*, NHS England, 2018
3. Macmillan cancer support and Populus paper and online survey of 6905 people living with cancer across the UK. Fieldwork July-September 2019. Survey data has been weighted to be representation of Cancer Patient Experience Survey respondents in terms of age, gender, cancer type, UK nation/region and time since diagnosis. Extrapolation based on 500,000 English Cancer Patient Experience Survey linked to Cancer Registrations, 2019
4. *Voices from The Frontline*, Macmillan Cancer Support, 2019
5. *Cancer Clinical Nurse Specialists: An Evidence Review*, Macmillan Cancer Support, 2012
6. *One Size Doesn't Fit All*, Macmillan Cancer Support, 2018
7. *Universal Personalised Care: Implementing the Comprehensive Model*, NHS England, 2019
8. *Cancer Patient Experience Survey 2018: National Results Summary*, NHS England, 2018
9. *Interim NHS People Plan*, NHS England, 2019 [accessed February 2020] [https://www.longtermplan.nhs.uk/wp-content/uploads/2019/05/Interim-NHS-People-Plan\\_June2019.pdf](https://www.longtermplan.nhs.uk/wp-content/uploads/2019/05/Interim-NHS-People-Plan_June2019.pdf)

We're here to help everyone with cancer live life as fully as they can, providing physical, financial and emotional support. So whatever cancer throws your way, we're right there with you.