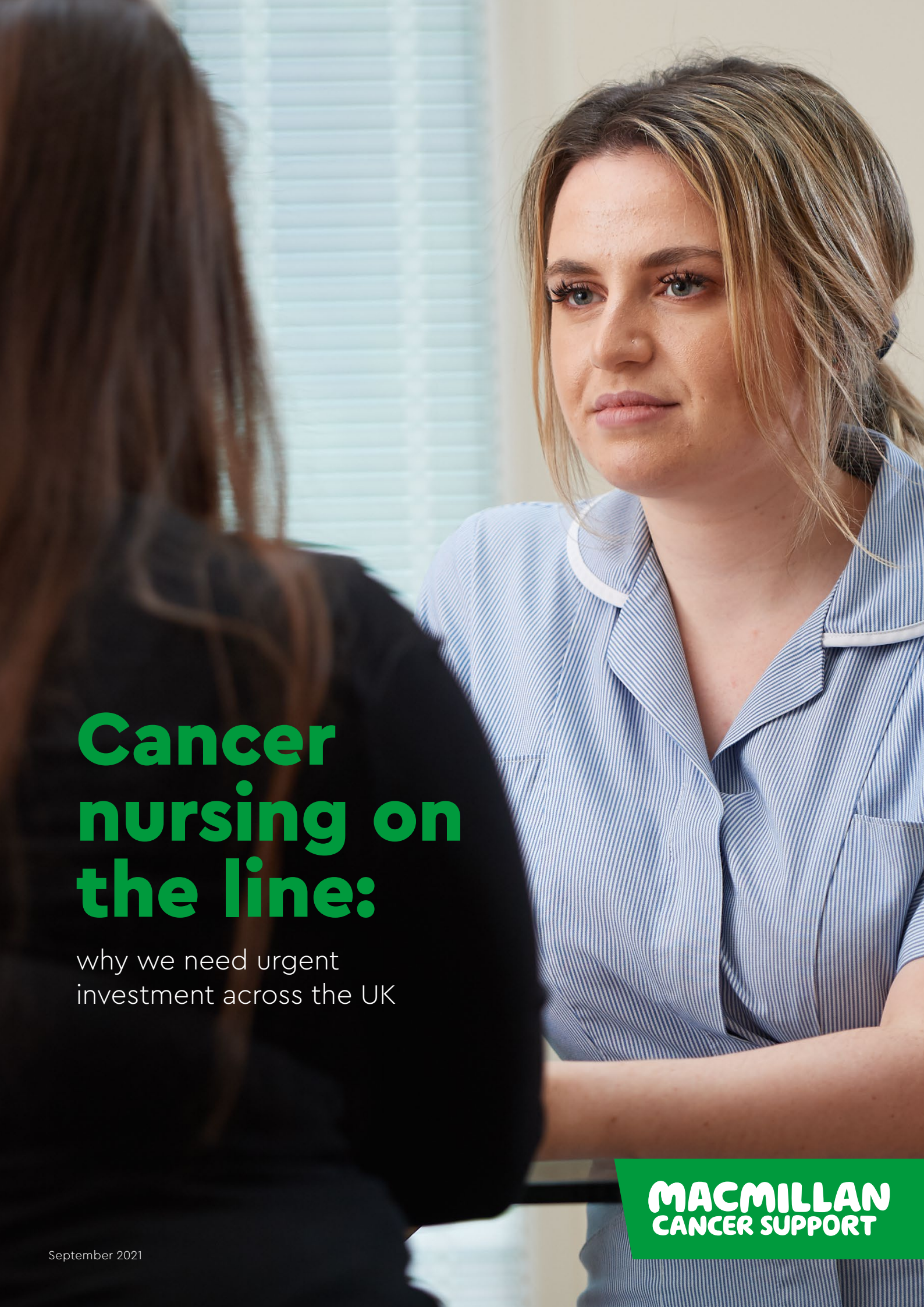

Cancer nursing on the line:

why we need urgent investment across the UK

MACMILLAN CANCER SUPPORT

September 2021

Foreword – Lynda Thomas, Chief Executive

As a result of the coronavirus pandemic, people living with cancer have faced traumatic disruption to their care, with many experiencing longer waits, cancellations and changes to appointments. Some have also received a later diagnosis which can mean a worse chance of survival.
The exhausted and short-staffed cancer workforce – who have kept services going or been redeployed to respond to Covid-19 – are now facing a huge backlog and are scared about what this winter will bring.

The cancer workforce and people living with cancer don't need warm words of thanks or sympathy from governments. They need action. That must start with supporting and recruiting the cancer workforce the UK needs.

All four governments must now urgently deliver a fully funded, long-term workforce strategy. This is vital if we are to honour the debt we owe to our NHS staff, as well as deliver on bold pledges made to the public to diagnose cancer earlier, improve survival rates, reduce waiting times and deliver personalised care.

Specialist cancer nurses are at the heart of meeting these ambitions for quality cancer care. Macmillan is proud to have worked with our NHS partners to create this role to transform cancer care in the UK. Yet our modelling shows that we don't have enough of these nurses to meet current needs, let alone the increased needs we anticipate over the coming decade. We also know that gaps in the workforce will often occur in the most deprived areas or reflect the communities facing greatest exclusion in our society.

These specialist nursing roles ensure people with cancer receive care that enables them to live with cancer, not just survive. For cancer services, cancer nurses' clinical expertise, leadership skills and advanced diagnostic and communication skills can speed up patient recovery, prevent readmissions, and join-up services to tackle inequalities in care and to stop people falling through the gaps. All this plays a critical part in reducing pressures on our health service and improving the productivity of the wider cancer workforce.

Governments must show how they will tackle the staffing gap at every stage of the cancer pathway. Unless we address the shocking shortfall in these vital roles, we will fail to recover and improve cancer care. And all of us will feel the impact when we or our families need it.


Lynda Thomas

Executive summary

UK cancer services are slowly recovering from the devastating blow caused by Covid-19. The pandemic has both laid bare and exacerbated the terrible strain the cancer workforce has been under for many years. When the pandemic hit, some services were forced to pause, whilst others had to quickly adapt and many have still not 'returned to normal'. Some cancer nurses were also deployed to care around the clock for the half a million people admitted to hospital with coronavirus[i]. The practical and emotional impact of this disruption on people living with cancer has been profound.

Macmillan's new research establishes that cancer nurses are being stretched too thinly, trying to be there at our time of greatest need, and coping with the physical and emotional toll of the pandemic. Cancer and the devastating impact it has on lives should not be forgotten, and neither should our nurses and NHS. Our nurses have been there for us. Now we must be there for them.

Macmillan is calling for Governments across the UK to invest a total of around £170 million to fund the training costs of creating nearly 4,000 additional cancer nurses required by 2030 to provide the care people need.

Our research estimates that, if the number of specialist cancer nurses stays at current levels, the gap in the number of specialist cancer nurses in each nation by 2030 will be:

3,371 in England

100 in Northern Ireland

166 in Wales

348 in Scotland

The financial investment needed in each nation to train sufficient cancer nurses to fill the gap in 2030[1] is:

£124 million
in England

£7 million
in Northern Ireland

£12 million
in Wales

£31 million
in Scotland

1 Costs include specialist training (and the cost of undergraduate degrees in Scotland, Wales and Northern Ireland). Costs per nurse vary by nation due to differences in the cost of training provided by local providers and differences in the systems of funding.

Introduction

Our specialist cancer nursing workforce is facing a crisis. Even before the pandemic, Macmillan's research highlighted that we have too few cancer nurses – and those in post are struggling to cope with excessive workload pressures and unable to get the professional development and support they need.[ii]
As we emerge from the coronavirus pandemic and deal with its legacy, the physical and psychological strain on the wellbeing of our UK nursing workforce is painfully clear. Sadly, this workforce crisis is creating a care crisis for people living with cancer.

We can't afford to ignore this any longer. Significant numbers of staff are reportedly leaving, or planning to leave the NHS following the pandemic and high staff absence and sickness levels continue to constrain cancer services[iii]. Unless our governments act now to address the gap and better support the dedicated workforce that we have, this crisis is set to get worse[iv].

Too many people living with cancer are missing out on crucial cancer nursing support. New Macmillan research shows that nursing shortages have left more than half a million people with cancer in the UK (21%; 630,000) "treated but not cared for" (see text below). 25% of people diagnosed with cancer in the UK in the past two years[v] – including at least an estimated 75,000 people diagnosed since the start of the pandemic[vi] – have lacked specialist cancer nursing support during their diagnosis or treatment (meaning they didn't get any support and would have liked to, or the support they got wasn't enough).

Among people recently diagnosed with cancer in the UK who did not receive enough support from a specialist cancer nurse during their diagnosis or treatment, almost half (44%) said this led to at least one of the following medical impacts:

- Being unsure about what side-effects of treatment they should be looking out for
- Ending up in A&E
- Being unsure if they were taking their medication correctly

Those diagnosed in the past two years who lacked specialist nursing support were also significantly more likely to report serious mental health impacts related to their cancer diagnosis, such as being 52% more likely to report anxiety or depression.[vii]

For people living with cancer like Della and Ita, who tell their stories below, support from a cancer nurse can make the difference between feeling reassured about upcoming cancer treatment and feeling frightened and alone, with unanswered questions. This is not the one-to-one support that people living with cancer were promised. We can't cover up the gaps any longer.

Macmillan Cancer Support/YouGov survey of 2,032 adults with a previous cancer diagnosis. Fieldwork was undertaken between 30th July – 15th August 2021. The survey was carried out online. The figures have been weighted and are representative of people living with cancer (aged 18+). 21% of respondents had either not received any support from a specialist cancer nurse during their diagnosis or treatment and would have liked to, or said the support they received was not enough. The 630,000 figure is estimated by applying the 21% to the 3 million people living with cancer in the UK. 3 million figure is taken from: Macmillan Cancer Support. Calculating cancer prevalence. https://www.macmillan.org.uk/about-us/what-we-do/evidence/using-cancer-data/calculating-cancer-prevalence.html

Cancer nursing shortages are being experienced across the UK. This is already putting more pressure on different parts of the system, such as emergency departments. Whilst the policy drivers are very different in each country, our research shows a consistent pattern across the four nations. There is not enough investment in the cancer workforce, inadequate support for our current specialist cancer nurses to keep their knowledge and skills up to date and a lack of long-term planning and funding needed to address our current nursing workforce needs, let alone build a workforce to meet the future cancer needs of the UK population.

Macmillan recognises that a diverse mix of professionals work together to provide vital care and support for people living with cancer. However, specialist cancer nurses are unique in their balance of clinical and non-clinical skills built over at least five years of training and experience, providing people living with cancer with a single point of contact for all their needs and crucially, playing an essential role in coordinating and leading teams, giving expert guidance to deliver personalised care.[viii]

Time and time again, people living with cancer tell us that their nurse was a 'lifeline'. People value the time taken to talk them through their cancer treatment, understand what matters to them, and support them through their cancer journey. If we want to safeguard their vital contribution we must act now.

The number of people living with cancer in the UK is set to rise to 4 million by 2030[ix] but our new modelling shows the NHS needs thousands more specialist cancer nurses to meet projected patient need.

We need all UK governments to invest in our specialist nurses and the wider cancer team to equip them to care for people living with cancer now and meet the cancer challenges of the future.

Della's story

I was diagnosed with high grade carcinoma ovarian cancer in November 2019. From the point I was diagnosed, my specialist cancer nurse Antonia has been by my side. Antonia helped me to understand different elements of my treatment, from helping me get a bed for my first consultation to checking I had all the paperwork needed for my blood tests before chemotherapy started.

When I was hospitalised for a few days before I started treatment, Antonia ensured I was seen immediately for my tests rather than being in the queue whilst feeling unwell. It was such a relief knowing that Antonia was going to be there for me during all the critical moments.

It makes me feel so sad to know that not everybody will get a specialist cancer nurse to support them like I had. I have chatted to a few cancer patients who express that they feel alone and they've received little to no support through their experience, including no support from a specialist cancer nurse.

Having my cancer nurse's support made all the difference in helping to navigate through the labyrinth of dealing with cancer treatment. To this day, I have her telephone number and email and she acts as my support system when I need to speak to my oncologist. Without her, my cancer treatment would have felt lonely, confusing and isolating and I'm grateful for her support every single day.

Rob's story

It's extremely difficult to articulate in words what it's like to be a Macmillan specialist cancer nurse following the height of the pandemic, because we haven't had the opportunity to really reflect on how it has affected us as individuals, as a team, or as the wider cancer support network. Uneasiness, anxiety, worry and uncertainty were just some of the emotions felt at the start of the pandemic as patient referrals decreased exponentially due to a combination of fear, national restrictions and limited access to NHS services.

This limited access resulted in us becoming the default reference for every cancer related concern as a high proportion of cancer support networks closed. Patients and their families described feelings of isolation and abandonment and, more importantly, concerns over whether cancer treatment could still continue. Emotional burnout would best describe how it felt as we were unable to see the majority of patients face-to-face.

Like so many nurses, I was redeployed to support a Covid-19 ward which ultimately affected the level of support we normally offered to patients undergoing cancer treatment and those newly diagnosed.

As we continue to 'catch up' from the effect of the pandemic, our referrals and subsequent cancer diagnoses over the last six months have increased by at least 30% giving us little time to process what we have gone through. Sadly, a significant number of patients are now being diagnosed via the emergency department with later stage cancer which poses its own unique challenges. Central investment in the cancer workforce is crucial as we recognise significant gaps in cancer care support over the past 18 months.

Our NHS doesn't have enough specialist cancer nurses

By 2030, we anticipate around 3.3 million people will be living with cancer in England.[x] If the workforce doesn't increase by this time, the gap between projected patient need and workforce capacity will grow to 3,371 nurses, a 100% increase over current numbers of specialist cancer nurses.

Cancer patients who report being given the name of a specialist cancer nurse are more likely to describe better care experiences.[xi] Having the personalised support of a specialist cancer nurse enables people to get support for their physical and emotional health needs as a result of having cancer

The NHS's 10-year blueprint, the Long-Term Plan commits that this personalised, one-to-one support be available for everyone with cancer.[xii] Yet we don't have enough cancer nurses to make this a reality. Shortages of health and care staff and an ageing cancer workforce threaten to make this cancer staffing crisis worse.[xiii]

Meanwhile, the lack of a clear, structured pathway from general adult nursing into specialist cancer nursing prevents many nurses specialising.[xiv] National arms-length bodies including the Care Quality Commission (CQC) and Health Education England (HEE) have recognised the scale of the problem – as recently as July, CQC highlighted that "cancer nurse specialists were overstretched".[xv] But not enough has been done to tackle the crisis.

44%
of nurses say workload has negative effect on care

Covid-19 has (and continues to) put immense strain on our cancer and wider health and care workforce. The broader NHS workforce crisis is set to get worse. In February 2021, almost 30% of nurses and midwives in England (equivalent to 108,000 staff) said they were more likely to leave the profession, compared to a year ago.[xvi] And as services tackle the backlog of people waiting for diagnosis and treatment in the wake of the pandemic, our exhausted, depleted cancer nurse workforce continues to face extraordinary pressure.

Our current nursing workforce must be better supported.

Macmillan is very concerned that the pressures cancer workforce are under will result in higher levels of burnout and a less resilient workforce going forward.

However, even before Covid-19, almost half of cancer nurses in England (44%) told us that their workload was negatively affecting the quality of care they can give to cancer patients.[xvii] Over three quarters (76%) of respondents to our England survey said that having more time for Continued Professional Development (CPD) would help them improve care for people living with cancer.

Yet many specialist cancer nurses currently experience barriers to undertaking training:

- The overwhelming majority (64%) cannot access protected time to undertake CPD, with one in five having to take annual leave .
- 43% said lack of funding was the main barrier to CPD, with one in five self-funding their CPD.[xix]

Retaining our cancer workforce requires a proper plan to promote the wellbeing of nurses:

- Prioritising their CPD and career progression backed up by funding, protected time and backfill for their substantive roles
- Implementing new and more flexible ways of working, including skills sharing
- Boosting cancer nursing careers by developing structured pathways from general adult nursing to specialist cancer nursing
- Fair pay which reflects nurses' value and contribution.

Recommendations:

£124 million to train **3,371** specialist cancer nurses

Macmillan is calling for:

- A commitment from the UK Government that its Comprehensive Spending Review will invest in a new Cancer Nurse Fund, providing £124 million to train an extra 3,371 specialist cancer nurses in England so that people living with cancer can access the personalised care they need. We expect the Government's commitment to recruit an additional 50,000 nurses to include provision for more specialist cancer nurses. In the long term, the Government must commit to fund the employment costs of the additional specialist cancer nurses that our NHS needs.[xx]
- NHS England and HEE should develop and fund a comprehensive support package to promote specialist cancer nurses' wellbeing, and time and funding to access CPD.
- HEE should urgently implement a careers framework to support more nurses to become specialist cancer nurses, including developing structured pathways from general adult nursing into specialist cancer nursing and a greater focus on cancer care in the undergraduate syllabus.

Ita's story

I was diagnosed with uterine cancer in February 2020, after which I was supported by my cancer nurse.

She was a constant presence at all my pre-chemotherapy appointments. In the absence of my husband being able to attend the appointments due to Covid-19, she was my whole support system. She helped with any worries and concerns I had, and I felt hugely reassured by her continual presence.

Post chemotherapy, accessing primary care services during Covid-19 proved to be very difficult. I found myself becoming frustrated and agitated at not being able to book to have bloods taken or ask for medications for minor ailments. I had no one to reach out to but her. Her approach was consistently supportive, caring, and empathetic to my needs. She proved to be a constant support and the key person who advocated on my behalf.

However, she was overstretched in her role, balancing the needs of cancer patients and the hospital's wider pandemic needs. When I would ask her what time her shift was due to finish, she'd reply saying she didn't know, rather she would have to work until everything was finished. There were days I couldn't contact her on the phone as she was extremely busy with clinics.

Despite this, my cancer nurse was the calm in my storm. She helped me navigate both my treatment and after-care during the uncertainty of the pandemic, and proved to be the most important person on my journey.

Developing the cancer workforce

Health and social care staff went above and beyond to meet the challenge of Covid-19 and to minimise disruption to cancer care. They must be supported to meet the next challenges of rebuilding services and a growing and potentially more complex cancer care population.

There are an estimated 82,000 people living with cancer in Northern Ireland. This will rise to 114,000 by 2030. Within 10 years, the number of people living with cancer will be nearly 40% higher than it currently is.[xxi] The existing workforce is stretched and unable to meet patient demand now. Cancer Waiting Times targets were consistently missed before the impact of Covid-19 on cancer care. The 62-day Ministerial Target has never been met in Northern Ireland since being established in 2008.[xxii]

The Cancer Strategy is ambitious. Investing in workforce will be a critical enabler in delivering it. This requires resourcing a strategic workforce plan that addresses future sustainability by progressing the next stage of specialist cancer nurse expansion, developing the wider skills mix and tackling challenges with an ageing workforce.

The challenge of developing the nursing workforce while recurrent funding pressures persist (as highlighted by the Northern Ireland Audit Office[xxiii]) hampers cancer services workforce development. Limited recurrent funding contributes to adult nursing shortages and is a barrier to specialist cancer nurse recruitment. It will be critical in implementing the cancer strategy and recovery plan that the Executive provides the recurrent funding required to develop the workforce.

£7.2 million to train the specialist cancer nurses

Specialist cancer nurses in Northern Ireland

In 2016, Macmillan was pleased to work alongside the Health and Social Care Board to invest in the specialist cancer nursing workforce, committing to creating around 60 new specialist cancer nursing and support worker roles over the following five years (up to 2021).[xxiv] However, there remains a gap between patient need and the number of specialist cancer nurses available. Cancer Patient Experience Survey data shows the number of respondents given the name of a specialist cancer nurse who would support them through their treatment increased from 72% in 2015 to 82% in 2018, but this remains considerably lower than in England (92%).[xxv]

There simply aren't enough specialist cancer nurses in Northern Ireland to deliver the high-quality personalised care that everyone living with cancer needs and deserves.

11 Northern Ireland

With a growing and more complex cancer population, the situation will worsen without urgent investment. When you consider the 2030 cancer population Macmillan's modelling shows, those **100 additional specialist cancer nurses** will be needed in the cancer workforce of the future. This is critical in delivering the cancer strategy objective of providing a named specialist cancer nurses for every person living with cancer across every part of their journey. Reaching this number will represent an increase of 93% from current estimates.

The cost of training the necessary staff to deliver this increase is estimated at **£7.2 million**. This includes £3.5 million on advanced training to become a cancer specialist nurses and £3.7 million on undergraduate training to create a new generation of nurses to replace those who become specialist. Future employment costs in 2030 are estimated to be an extra £6.2 million annually. These costs should be built into the delivery plan of the cancer strategy. This is necessary investment which will meet future need, support personalised care, enable cancer strategy delivery and lead to reduced pressure on other parts of the system.

Recommendations:

Macmillan is calling for the Northern Ireland Executive to:

- Deliver a cancer strategy workforce plan that is fully costed and funded. Building on the research in this report and the 2021 census,[xxvi] demand-based modelling of the specialist cancer nurse workforce should take place across the cancer pathway to inform implementation of this plan and build the workforce of the future.
- Provide recurrent funding in a multi-year settlement from the outset to deliver the workforce elements of the recovery plan. This should be supported by a focus on retention, progress the next phase of the specialist cancer nurse expansion programme and invest the **£7.2 million** to train the specialist cancer nurses that our research demonstrates are needed in NI by 2030.

Becky's story

I feel proud to be a nurse and enjoy my role as I have always done. Most people don't choose nursing, nursing chooses them, so the many reasons for wanting to be a nurse haven't changed for many people. While there may be political issues surrounding the profession, the fundamental aspects of wanting to look after others is innate, so the politics don't affect this.

The pandemic was quite tough in terms of the unpredictability, uncertainty and the lack of direction. However, since the nature of the virus was unknown to all, this is understandable and accepted. It is recognised and acknowledged that some hospital staff were under much more pressure and disruption than our Health Board. It was overwhelming to witness staff at all levels adapting to quick changes to practice. Everyone pulled closer as a team to support each other. The nursing care was still delivered to a high standard despite all the changes and disruptions. A member of our team died of Covid-19 and another member lost their husband. This had a direct impact on the team since they were close prior to the pandemic.

As a matron, the ongoing nurse shortages throughout the pandemic and now have had a significant impact on my role in terms of feeling helpless to support the staff in areas where they are short staffed. If there are no resources to pull from, it is hard to find a solution and, as a leader, staff look to me for support.

Although I am regularly told I am supportive and that my efforts help ensure all areas are safe, it is still hard, to listen to staff explaining how tired and upset they feel when trying to deliver the best care to patients with insufficient staff numbers. However, the Health Board has sought additional resource from alternative avenues to provide more staffing which seems to be effective currently. This is good news and I think the staff feel reassured that their concerns are listened to and actions taken to access more staff. It is recognised that staff morale is low and staff feel fatigued but, due to the traits attributed to most nursing staff, they continue to deliver the best care as much as they can.

> **"If there are no resources to pull from, it is hard to find a solution"**

The NHS in Wales doesn't have enough specialist cancer nurses

In Wales around 20,000[xxvii] people are diagnosed with cancer each year and an estimated 170,000[xxviii] people are living with the disease. Due to complex population health needs and deep-set inequalities, survival outcomes in Wales for certain types of cancer are often worse than in other parts of the UK and Europe. Wales ranks 26th out of 32 countries on survival of lung, colon and pancreatic cancer, 29th on ovarian cancer and 31st on stomach cancer.[xxix]

During the first waves of the coronavirus pandemic, cancer care across Wales was designated as an essential service and health boards were required to continue treating people living with cancer, even when the spread of the virus was at its most prevalent. While disruption took place through redeployment of nurses in initial stages of the pandemic, services were largely protected thanks to the efforts of health and care professionals in Wales. Going above and beyond to minimise disruption to services has placed further strain on an already overburdened workforce.

74%
of breast specialist nurses are close to retirement

The Welsh Government has made significant strides towards recognising the importance of the nursing workforce and the pivotal role it plays in delivering safe and effective cancer care, through the development of the Nurse Staffing Levels (Wales) Act 2016 and by maintaining bursaries for those training to be a nurse.

However, despite the positive progress made to date, Wales lacks a strategic approach for developing the cancer workforce. Data on vacancy rates is inconsistently published and often not centrally held – this makes reliable and strategic decision making on the future nurse workforce extremely challenging.

Specialist cancer nurses in Wales

The cancer nursing workforce in Wales has been under huge strain since long before the start of the pandemic. Previous analysis published by Macmillan has demonstrated the impending capacity crisis in cancer nursing. Our cancer workforce census published in 2018 highlighted that 74% of breast and 50% of gynaecology specialist cancer nurses were over the age of 50, which means they are often within 10 years of retirement.[xxx] It also highlighted that Wales faced a higher vacancy rate for specialist cancer nursing posts than the UK-wide rate for those working in human health and social work.

Macmillan's new research shows that one in five (21%) of those diagnosed with cancer in Wales in the past five years said they lacked specialist cancer nursing support during their diagnosis or treatment.[xxxi] Overall, around one in 10 people (11%) diagnosed with cancer in the last five years in Wales have experienced a potentially serious medical impact as a result of a lack of nursing support, such as ending up in A&E or being unclear about medication issues.[xxxii]

To build cancer services robust enough to meet future demands and to meet the needs of people living with cancer appropriately, there needs to be a step change in the approach to developing cancer nurses. In looking ahead to what our future cancer population will be like in 2030, we believe that an additional 166 specialist nurses will be needed to deliver the care and support needed for the anticipated 230,000 people living with cancer.[xxxii] The cost of increasing these roles and backfilling previous posts is estimated at £21.1 million and should be built into any future workforce planning.

The cost of training and developing specialist cancer nurses to deliver this increase is estimated at £12.2 million.

This includes £5.8 million on advanced training to become a specialist cancer nurse and £6.4 million on undergraduate training to create a new generation of nurses to replace those who become specialists. Future employment costs for the additional 166 specialist cancer nurses in 2030 are estimated to be £10.2 million per year.

These additional costs should be built into The Welsh Government's planning and future Implementation Plan for cancer services in Wales. This is necessary investment which will meet future need, support personalised care, enable cancer strategy delivery and lead to reduced pressure on other parts of the system.

Recommendations:

Macmillan is calling for:

- The Welsh Government to provide targeted investment to meet future specialist nursing workforce demands highlighted through our research.
- Health boards and trusts in Wales to guarantee time and ringfenced funding for nurses to access Continuing Professional Development (CPD) opportunities. This includes continuing strategic leadership development once a nurse has reached a specialist level.
- A commitment from the Welsh Government to direct Health Education and Improvement Wales to develop a clear plan for the cancer workforce.
- The Welsh Government and Health Education and Improvement Wales to create and fund an optimised career development pathway for general adult nurses to develop into clinical nurse specialists.
- The Welsh Government to publish regular figures on the cancer nursing workforce including the size of the workforce and vacancy rates by nursing band, cancer type and other characteristics.

Stori Becky, Cymru

Rwy'n teimlo'n falch o fod yn nyrs ac yn mwynhau fy rôl fel yr wyf wedi gwneud erioed. Nid yw'r mwyafrif o bobl yn dewis nyrsio, mae nyrsio yn eich dewis chi felly nid yw'r rhesymau niferus dros fod eisiau bod yn nyrs wedi newid i lawer o bobl. Er y gall fod materion gwleidyddol yn ymwneud â'r proffesiwn, mae'r agweddau sylfaenol ar fod eisiau gofalu am eraill yn gynhenid felly nid yw'r wleidyddiaeth yn effeithio ar hyn.

Roedd y pandemig yn eithaf anodd o ran natur anrhagweladwy, ansicrwydd a'r diffyg cyfeiriad. Fodd bynnag, gan nad oedd natur y firws yn hysbys i bawb, mae hyn yn ddealladwy ac yn cael ei dderbyn. Mae cydnabyddiaeth bod rhai staff ysbytai o dan lawer mwy o bwysau ac aflonyddwch na'n Bwrdd Iechyd ni. Roedd yn llethol gweld staff ar bob lefel yn addasu i newidiadau cyflym i ymarfer, tynnodd pawb yn agosach fel tîm i gefnogi ei gilydd. Roedd y gofal nyrsio yn dal i gael ei ddarparu i safon uchel er gwaethaf yr holl newidiadau ac aflonyddwch. Bu farw aelod o'n tîm o Covid-19 a bu aelod arall golli ei gŵr. Cafodd hyn effaith uniongyrchol ar y tîm gan eu bod yn agos cyn y pandemig.

Fel metron mae'r prinder nyrsys parhaus ledled y pandemig a nawr wedi cael effaith sylweddol ar fy rôl o ran teimlo'n ddiymadferth i gefnogi'r staff mewn ardaloedd lle maent yn brin o staff. Os nad oes adnoddau i dynnu arnynt mae'n anodd dod o hyd i ateb ac, fel arweinydd, mae staff yn edrych ataf am gefnogaeth.

Er y dywedir wrthyf yn rheolaidd fy mod yn gefnogol ynghyd â fy ymdrechion i sicrhau bod pob ardal yn ddiogel hyd eithaf fy ngallu, mae dal yn anodd gwrando ar staff yn esbonio pa mor flinedig a gofidus y maent yn teimlo wrth geisio cyflwyno'r gofal gorau i gleifion heb niferoedd digonol o staff. Fodd bynnag, mae'r Bwrdd Iechyd wedi ceisio adnoddau ychwanegol o lwybrau amgen i ddarparu mwy o staff sy'n ymddangos yn effeithiol ar hyn o bryd. Mae hyn yn newyddion da a chredaf fod y staff yn teimlo'n dawel eu meddwl bod pobl yn gwrando ar eu pryderon a bod camau'n cael eu cymryd i gael gafael ar fwy o staff. Mae cydnabyddiaeth bod morâl staff yn isel a bod staff yn teimlo'n flinedig ond oherwydd y nodweddion y mae'r mwyafrif o staff nyrsio yn meddu arnynt, maent yn parhau i ddarparu'r gofal gorau gymaint ag y gallant.

> **"Os nad oes adnoddau i dynnu arnynt mae'n anodd dod o hyd i ateb."**

Nid oes gan y GIG yng Nghymru ddigon o nyrsys canser arbenigol

Yng Nghymru mae tua 20,000[xxxiv] o bobl yn cael diagnosis o ganser bob blwyddyn ac amcangyfrifir bod 170,000[xxxv] o bobl yn byw gyda'r afiechyd. Oherwydd anghenion iechyd cymhleth y boblogaeth ac anghydraddoldebau dwfn, mae canlyniadau goroesi yng Nghymru ar gyfer rhai mathau o ganser yn aml yn waeth nag mewn rhannau eraill o'r DU ac Ewrop. Mae Cymru yn safle 26 o 32 gwlad o ran goroesi canser yr ysgyfaint, y colon a'r pancreas, safle 29 o ran canser yr ofari a safle 31 o ran canser y stumog.[xxxvi]

Yn ystod tonnau cyntaf y pandemig, dynodwyd gofal canser ledled Cymru fel gwasanaeth hanfodol ac roedd yn ofynnol i fyrddau iechyd barhau i drin pobl â chanser, hyd yn oed pan oedd lledaeniad y firws ar ei uchaf. Er bod aflonyddwch wedi bod oherwydd adleoli nyrsys yng nghyfnod cychwynnol y pandemig, diogelwyd gwasanaethau i raddau helaeth diolch i ymdrechion gweithwyr iechyd a gofal proffesiynol yng Nghymru. Mae mynd y tu hwnt i'r galw i darfu cyn lleied â phosibl ar wasanaethau wedi rhoi straen pellach ar weithlu sydd eisoes wedi'i orlwytho.

Mae Llywodraeth Cymru wedi cymryd camau sylweddol tuag at gydnabod pwysigrwydd y gweithlu nyrsio a'r rôl ganolog y mae'n ei chwarae wrth ddarparu gofal canser diogel ac effeithiol, trwy ddatblygu Deddf Lefelau Staff Nyrsio (Cymru) 2016 a thrwy gynnal bwrsariaethau i'r sawl sy'n hyfforddi i fod yn nyrs.

Fodd bynnag, er gwaethaf y cynnydd cadarnhaol a wnaed hyd yma, nid oes gan Gymru ymagwedd strategol ar ddatblygu'r gweithlu canser. Cyhoeddir data ar gyfraddau swyddi gwag mewn modd anghyson ac yn aml nid yw'n cael ei gadw mewn man canolog – mae hyn yn golygu bod gwneud penderfyniadau dibynadwy a strategol ar weithlu nyrsys y dyfodol yn hynod heriol.

Nyrsys canser arbenigol yng Nghymru

Mae'r gweithlu nyrsio canser yng Nghymru wedi bod dan straen enfawr ers ymhell cyn cychwyn y pandemig. Mae dadansoddiad blaenorol a gyhoeddwyd gan Macmillan wedi dangos yr argyfwng capasiti sydd ar ddod ym maes nyrsio canser. Amlygodd ein cyfrifiad gweithlu canser a gyhoeddwyd yn 2018 fod 74% o nyrsys canser arbenigol y fron a 50% ym maes gynaecoleg dros 50 oed sy'n golygu yn aml y byddant yn ymddeol o fewn 10 mlynedd.[xxxvii] Tynnodd sylw hefyd at y ffaith bod Cymru yn wynebu cyfradd swyddi gwag uwch ar gyfer swyddi nyrsio canser arbenigol na'r gyfradd ledled y DU ar gyfer y rhai sy'n gweithio ym maes iechyd pobl a gwaith cymdeithasol.

Mae ymchwil newydd Macmillan yn dangos bod un mewn pump (21%) o'r rhain cafwyd bod canser arnyn o fewn y pum mlynedd diwethaf yn dweud eu bod heb gefnogaeth nyrsio canser arbenigol yn ystod eu diagnosis neu driniaeth. Ar y cyfan, mae tua un mewn 10 o bobl (11%) a gafwyd bod canser arnynt yn y pum mlynedd diwethaf yng Ngymru wedi profi effaith meddygol difrifol posibl o ganlyniad i ddifyg cefnogaeth nyrsio, megis ymweld ag Adran Damweiniau ac Argyfwng neu bod yn aneglur am eu problemau meddygol.

Er mwyn adeiladu gwasanaethau canser digon cadarn i ateb gofynion y dyfodol ac i ddiwallu anghenion pobl sy'n byw gyda chanser yn briodol, mae angen newid yn y dull o ddatblygu nyrsys canser. Wrth edrych ymlaen at sut fydd ein poblogaeth canser yn y dyfodol yn 2030, credwn y bydd angen 166 o nyrsys arbenigol ychwanegol i ddarparu'r gofal a'r gefnogaeth sydd eu hangen ar gyfer y 230,000 o bobl a ragwelir sy'n byw gyda chanser.[xxxviii] Amcangyfrifir mai'r gost o gynyddu'r rolau hyn ac ôl-lenwi swyddi blaenorol yw £21.1 miliwn a dylid ei chynnwys yn unrhyw gynllunio'r gweithlu at y dyfodol.

Amcangyfrifir mai'r gost o hyfforddi a datblygu nyrsys canser arbenigol i gyflawni'r cynnydd hwn yw £12.2 miliwn. Mae hyn yn cynnwys £5.8 miliwn ar uwch hyfforddiant i ddod yn nyrsys arbenigol canser a £6.4 miliwn ar hyfforddiant israddedig i greu cenhedlaeth newydd o nyrsys i gymryd lle'r rhai sy'n dod yn arbenigwyr. Amcangyfrifir mai'r costau cyflogaeth yn y dyfodol ar gyfer yr 166 o nyrsys canser arbenigol ychwanegol yn 2030 fydd £10.2 miliwn y flwyddyn.

Dylai'r costau ychwanegol hyn gael eu cynnwys yng nghynllun cynllunio a gweithredu Llywodraeth Cymru yn y dyfodol ar gyfer gwasanaethau canser yng Nghymru. Mae hwn yn fuddsoddiad angenrheidiol a fydd yn diwallu angen yn y dyfodol, yn cefnogi gofal wedi'i bersonoli, yn galluogi cyflwyno strategaeth canser ac yn arwain at lai o bwysau ar rannau eraill o'r system.

Argymhellion:

Dyma'r hyn mae Macmillan yn galw am:

- Llywodraeth Cymru i ddarparu buddsoddiad wedi'i dargedu i ateb gofynion gweithlu nyrsio arbenigol yn y dyfodol a nodwyd yn ein hymchwil.
- Byrddau iechyd ac ymddiriedolaethau yng Nghymru i warantu amser a chyllid penodol i nyrsys gyrchu cyfleoedd Datblygiad Proffesiynol Parhaus (DPP). Mae hyn yn cynnwys parhau i ddatblygu arweinyddiaeth strategol ar ôl i nyrs gyrraedd lefel arbenigol.
- Ymrwymiad gan Lywodraeth Cymru i gyfarwyddo Addysg a Gwella Iechyd Cymru i ddatblygu cynllun clir ar gyfer y gweithlu canser yng Nghymru.
- Llywodraeth Cymru ac Addysg a Gwella Iechyd Cymru i greu ac ariannu llwybr datblygu gyrfa optimaidd i alluogi nyrsys oedolion cyffredinol ddatblygu'n nyrsys clinigol arbenigol.
- Llywodraeth Cymru i gyhoeddi ffigurau rheolaidd ar y gweithlu nyrsio canser gan gynnwys maint y gweithlu a chyfraddau swyddi gwag yn ôl band nyrsio, math o ganser a nodweddion eraill.

Kimberley's story

I first met my specialist cancer nurse Shona on the day I was in for my initial breast screening appointment. She was a warm presence from the start, and handed me tissues whilst I let the information sink in. When the consultant confirmed my diagnosis, Shona gave me the reassurance that she was going to be my very own pen pal, sending me all the information I need on my care, in the midst of a pandemic.

Due to Covid-19 I wasn't able to bring any loved ones with me to appointments but Shona made sure I wasn't alone, by supporting me when I was discussing options, treatments and taking down notes. She put me at ease and made sure I had all information I needed when I was thrown into fertility clinics, magnetic resonance imaging (MRI) machines and biopsies.

Shona recognised that the cancer didn't just affect me, but my family as well. I come from a big, close-knit family and Shona sent me information that I could share with my nieces and nephews, on why Aunty Kimbo wasn't feeling so well and why my hair was falling out. From this, my sister was able to tell my three-year-old nephew what was happening, and this meant the world to me.

Having chemotherapy during the pandemic could have been very isolating, so knowing that I could always call Shona made a huge difference. Shona shared my positive outlook on making sure I got up and did something with my day and to not let the cancer control my whole life. Every time I saw Shona in the clinic, she and her team were incredibly busy, but she always made time for me. Her knowledge, experience and kindness made all the difference in my care.

What I value the most is the time Shona took to explain all the medical information behind all the treatments, tests and procedures. I would have found this experience very difficult to navigate without Shona.

Developing the cancer workforce

The number of people being diagnosed and living with cancer in Scotland is growing. Over the last decade the number of people diagnosed with cancer has increased by 11% to more than 34,000 people per year.[xxxix] In addition, research from Macmillan Cancer Support estimates, there are now a quarter of a million people living with cancer in Scotland, which is around a 15% increase on five years ago. This number is predicted to rise to 350,000 by 2030, representing more than a third more people living with cancer in just a decade.[xl]

The NHS workforce in Scotland is under strain, with capacity struggling to match increasing demands on services. Cancer Waiting Times targets have been consistently missed even before the impact of Covid-19 on cancer care, and the 62-day Waiting Time Target has not been met by every health board since 2012.[xli]

The Scottish Government was the first of the UK nations to publish a Cancer Recovery Plan in December 2020, and there was some recognition in the plan of the immense pressure the workforce has been under, as well as some short-term actions to address immediate capacity issues. However, further work is now required to ensure that the cancer workforce can meet the demand now and in the coming years.

Future modelling of the workforce needs be developed, and it should be supported with a fully costed implementation plan that sets out the multi-professional workforce with the skills mix required across the whole pathway and across all care settings.

Specialist cancer nurses in Scotland

A growing cancer population with increased complexity of needs means that we need urgent action now to keep up with the demand and ensure people living with cancer receive the support they require. Specialist cancer nurses are key to ensuring that people's needs are addressed and in the delivery of personalised care.

Macmillan's new polling shows that one in four (25%) of those diagnosed with cancer in Scotland in the past five years said they lacked specialist cancer nursing support during their diagnosis or treatment.[i]

348
additional nurses needed for high-quality personalised care

Overall,[lxiii] one in 10 people (10%) diagnosed with cancer in the last five years in Scotland have experienced a potentially serious medical impact as a result of a lack of nursing support, such as ending up in A&E or being unclear about medication issues.[lxiv]

The 2019 Macmillan census of the adult specialist cancer nursing workforce has shown that almost half of specialist cancer nurses (45%) are over 50,[xlii] which means they may be eligible to retire in the next decade. This was particularly true for breast specialist cancer nurses, with almost 57% of nurses aged over 50.

Looking ahead to the projected 2030 cancer population, we believe that 348 additional nurses will be needed to provide high-quality personalised care, on top of the estimated workforce in 2021. Whilst the Transforming Cancer Care partnership with the Scottish Government will go some way to delivering personalised care in a non-clinical setting, it does not negate the need for the support offered by the specialist cancer nursing workforce.

£22.4 million estimated for future employment costs

The cost of training the necessary extra staff to deliver this increase is estimated at £30.8 million, with future salary costs estimated to be £22.4 million per year, and should be built into any future workforce plan. This is necessary investment which will meet future need, support personalised care in a clinical setting, and lead to reduced pressure on other parts of the system.

Recommendations:

Macmillan is calling for the Scottish Government to:

- Undertake future modelling of the wider cancer workforce that will be required to meet rising demand as well as more complex needs. The modelling should build on the 2019 specialist cancer nurse census[xliii] and the research in this report.
- Use this cancer workforce modelling to deliver a costed implementation plan which has a focus on skills mix and addresses retention as well as recruitment. This should include investing £30.8 million in Scotland to train the specialist cancer nurses that our research demonstrates are needed by 2030.

Gabbi's story

The last year has no doubt put the entire nursing workforce under a much higher level of stress. My colleagues and I have been working tirelessly to provide the best possible care to our patients, some of the most vulnerable in society, whilst also nursing cancer patients with Covid-19.

Many of our patients have been navigating a new cancer diagnosis during a global pandemic, commencing treatment and experiencing consultations without the support of their family. They have also been dealing with delays in appointments, scans, treatment and surgery and even diagnoses. This means that some of our patients are being admitted to our hospital acutely unwell without even having the option for treatment. Our patients have experienced hospital stays for varying lengths of time, during what might be the scariest and most vulnerable moments of their lives, without the direct support of their family. Visiting has been severely restricted to protect both the patients and our workforce, meaning the pressure on the nursing staff has increased.

We are working flat out to care for our patients, whilst juggling being a sounding voice and emotional support for both the patient and their family members on the other side of the phone, rather than face-to-face.

The ward environments are busier than I have ever seen and the pressure to staff the wards and clinical areas safely has been a challenge at times. Our nursing staff are continually under pressure to provide the level of care they know their patients deserve, but with dwindling resources, including physical time and adequately staffed shifts, it is becoming increasingly difficult to do this. I pride myself on the level of care I provide to my patients. However, at times I leave work feeling deflated knowing that if I had one less patient or there was one more nurse on shift those patients would have had an even better experience that day.

There is only so much overwork, stress and heartache we can endure before we reach breaking point.

An investment in the nursing workforce is an investment in the entire country and the care you and your family or friends may need in the future.

Conclusion

Macmillan's message is clear. We cannot keep piling the pressure on our specialist cancer nurses. As we come out of the most serious health crisis in modern times, our specialist cancer nurses are physically and mentally exhausted. There is no more slack in the system – something has to give. As this report highlights, it's the tailored care, the extra time spent with patients, talking through their fears and concerns, the attention to the smallest detail that makes so much difference to people living with cancer.

If we are serious about building back better for cancer services, we must equip nurses like, Shona, Rob, Becky and Gabbi with the tools to do their job alongside the wider cancer workforce. That means recruiting thousands more nurses. It means investment in their training and development. And it means rethinking specialist cancer nursing careers – so that cancer nursing is seen as an attractive, rewarding career. Taking these actions will ensure we can build the specialist cancer nursing workforce needed to deliver personalised care for the four million people in the UK who will be living with cancer by 2030.

Our modelling gives us a clear picture of the level of investment needed from the UK Government in the Autumn Spending Review for the workforce in England and in setting devolved governments' budgets. We need an investment of around £170 million to train our cancer nursing workforce. Now it's over to our Governments.

Methodology

This work builds on previous Macmillan research published in 2020, which estimated the number of specialist cancer nurses (SCNs) needed in England in 2030 based on projected cancer demand.[xliv] This modelling was extended to include Wales, Scotland and Northern Ireland, estimating the number of SCNs needed in each nation in 2030.

Published UK projections of cancer incidence[xlv] and deaths[xlvi] in 2030 were used for each of the 10 cancer groupings used in the modelling: lung, breast, urology, lower gastrointestinal, upper gastrointestinal, gynaecology, haematology, skin, head/neck and brain/CNS. These were then portioned out for each nation, based on 2018 incidence and death proportions for each cancer group.[xlvii]

Stage at diagnosis data, survival rates, and urgent referrals data[xlviii] were used to estimate the number of cancer patients at different stages of the cancer pathway, from projected cancer incidence. Nation-specific data was used wherever possible, but England data was used to fill any remaining gaps. Projected deaths were used to estimate the number of patients requiring end of life care and care for metastatic disease. Assumptions on the time SCNs typically spend with people living with cancer were developed with nurses during the previous research on the England SCN workforce[xlix] were then used to estimate the number of SCNs needed to meet the projected cancer demand at each stage of the pathway, for each cancer group.

Baseline SCN whole time equivalent (WTE) numbers were estimated based on data collected in our most recent censuses (2017 in England[l] and Wales[li] , 2019 in Scotland[lii]); for Northern Ireland, 2021 data on the SCN workforce was collected[liii]. SCNs working in each of the 10 cancer groupings considered in the modelling, as well as non-tumour site-specific SCNs, were included[liv]. For England, Wales and Scotland, we estimated the number of SCNs in 2021 using a 1% per year growth rate (based on the 2% growth that occurred in the nursing workforce from 2017–2019[lv]). The gap in the SCN workforce was then found, as the difference between the required SCNs in 2030 for each nation and the estimated SCNs in 2021. This gap was found for each cancer group separately: any 'excess' SCNs (where estimated 2021 supply was above projected 2030 demand) were assumed to not be shared across other cancer groups.

Costs of training these required additional SCNs were then estimated. Training pathways were explored in interviews with nine SCNs working across the UK, and a 'typical' route to becoming an SCN was established. Based on evidence, the modelling assumes that a proportion of those people that enter training will not complete it[lvi] and a proportion will work part-time[lvii] – to account for these factors, additional nurses must be trained.

Three different stages of training were considered: undergraduate nursing degrees (to create generalist nurses), essential additional training usually required for an SCN, and postgraduate training (which was considered in all nations to be required at some point in an SCN's career). Course fees (where these are not currently self-funded

by the nurse) as well as time costs (to the employer, for filling a role while nurses complete training[lvii]) were both estimated. Additionally, employment costs for 2030 of the additional required SCNs were found. The specific costs included are detailed below:

1. Undergraduate degree – tuition fees for courses where these are not self-funded

- Wales – nursing tuition fees are covered by a bursary (NHS Wales Bursary)
- Scotland – nursing tuition fees are covered by the Government
- Northern Ireland – nursing tuition fees are covered by the Government

2. Essential additional training – course fees and time costs

- Advanced communication skills course
- Tumour-site-specific training module – costed as a module at master's level
- Time costs[lx] assume nursing salary at band 6 with 2–5 years of experience, since nurses require 5 years of experience before being hired as an SCN

3. Postgraduate degree – course fees and time costs

- Costs (both fees and time) assume credits obtained completing the tumour-site-specific training module can be transferred, so that fewer modules need to be completed to obtain the master's degree
- Time costs[lxi] assume nursing salary at band 6 with 5+ years of experience, since nurses require at least 5 years of experience before being hired as an SCN, and generally require a master's degree before moving up to band 7

4. Annual employment costs for 2030

- Assumed nursing salary of the highest band 7 salary, to reflect the required nursing experience and maximum cost required

All costs have been estimated in 2021 prices (i.e., real terms) and do not include any inflation.

The costs of maintaining the current SCN workforce, replacing nurses that drop out or retire, were not included in this modelling – only the additional cost of plugging the workforce gap has been considered. The modelling assumes that the baseline number of SCNs in 2030 will remain the same as in 2021; research suggests that the workforce will remain stable, or possibly decline due to high numbers of nurses leaving the NHS.[lxii]

A key limitation of this modelling is the assumption that key cancer pathways and workforce requirements will remain stable between 2021 and 2030. Cancer caseloads are becoming increasingly complex, routes to diagnosis may change, survival rates may improve, cancer teams may develop new ways of working, there is likely to be increase use of technology and personalisation. All of which will impact the number of people needing SCN support, the time needed to provide support to each person and the type of support required. These estimates offer a national benchmark. However, more detailed workforce planning tailored to the local context and wider cancer workforce is also likely to be needed.

25 Endnotes

i 507,095 Covid-19 patients admitted to hospital in the UK up to 14th August 2021. Healthcare in the UK | Coronavirus in the UK (data.gov.uk) *https://coronavirus.data.gov.uk/details/healthcare*

ii Addressing the gap, Macmillan Cancer Support, 2020. Available at: *https://www.macmillan.org.uk/_images/addressing-the-gap-report_tcm9-358808.pdf*

iii Recover, Reward, Renew, IPPR, March 2021. Available at: *https://www.ippr.org/files/2021-03/recover-reward-renew-march-21.pdf*

iv Addressing the Gap, Macmillan September 2020. Available at: *https://www.macmillan.org.uk/_images/addressing-the-gap-report_tcm9-358808.pdf*

v Macmillan Cancer Support/YouGov survey of 2,032 adults with a previous cancer diagnosis. Fieldwork was undertaken between 30th July – 15th August 2021. The survey was carried out online. The figures have been weighted and are representative of people living with cancer (aged 18+)

vi As per ref v. Our fieldwork took place primarily during August 2021. For those diagnosed within the past year specifically, 22% said they lacked support from a specialist nurse, compared with 27% of those diagnosed 1–2 years ago. To estimate how many people this represents who have been diagnosed since the start of the Covid-19 pandemic, we took the 22% figure as the conservative estimate for the full time period from March 2020 to August 2021, and applied this to the best available match for this time period from the Covid-19 rapid cancer registration and treatment data from Public Health England's National Cancer Registration and Analysis Services (this contains most cancer diagnosed in England but not all cancers in England will be included). The best available match was for the 14-month period of March 2020 to April 2021 inclusive, giving a figure of at least 297,200 people diagnosed with cancer during this period in England. Assuming England represents around 83% of total UK cancer incidence, as pre-Covid, we estimate at least 358,000 people will have been diagnosed with cancer since March 2020 in the UK. 22% of this figure equates to around 78,800.

vii As per ref vi. More than half of those recently diagnosed within the last 2 years who lacked specialist nursing support reported anxiety (57%), compared with a third (38%) of who received enough support or did not require any. A third of those who lacked specialist nursing support reported depression (35%), compared with a fifth (20%) of those who received enough support or did not require any. The net figures for either depression or anxiety were 64% (of those who lacked support) and 42% (of those who received/ didn't require support).

viii Addressing the Gap, Macmillan, September 2020

ix Calculating cancer prevalence. Macmillan Cancer Support. *https://www.macmillan.org.uk/about-us/what-we-do/evidence/using-cancer-data/calculating-cancer-prevalence.html*

x Calculating cancer prevalence. Macmillan Cancer Support. *https://www.macmillan.org.uk/about-us/what-we-do/evidence/using-cancer-data/calculating-cancer-prevalence.html.* This includes all people who have ever had a cancer diagnosis; some people in this group may no longer consider themselves to be living with cancer.

xi Alessy SA, Lüchtenborg M, Rawlinson J, Baker M, Davies EA. Being assigned a clinical nurse specialist is associated with better experiences of cancer care: English population-based study using the linked National Cancer Patient Experience Survey and Cancer Registration Dataset, Eur J Cancer Care (Engl). 2021 Jul 26. Available at: https://onlinelibrary.wiley.com/doi/10.1111/ecc.13490

xii NHS Long Term Plan, 2019. Available at: *https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/*

xiii Macmillan Cancer Support. Cancer workforce in England. A census of cancer, palliative and chemotherapy speciality nurses and support workers in England in 2017–2018. *https://www.macmillan.org.uk/_images/cancer-workforce-in-england-census-of-cancer-palliative-and-chemotheraphy-speciality-nurses-and-support-workers-2017_tcm9-325727.pdf*

xiv Voices from the Frontline, Macmillan, 2019. Available at: *https://www.macmillan.org.uk/_images/voices-from-the-frontline-september 2019_tcm9-355168.pdf*

xv Provider collaboration review: ensuring the provision of cancer services, Care Quality Commission, July 2021. Available at: *https://www.cqc.org.uk/publications/themes-care/provider-collaboration-review-ensuring-provision-cancer-services*; Cancer Workforce Plan: Phase 1, Delivering the cancer strategy to 2021, Health Education England, 2017. Available at: *https://www.hee.nhs.uk/our-work/cancer-workforce-plan*

xvi Recover, Reward, Renew: A post-pandemic plan for the healthcare workforce, Institute for Public Policy Research, March 2021. *https://www.ippr.org/files/2021-03/recover-reward-renew-march-21.pdf*

xvii Voices from the Frontline, Macmillan, 2019

xviii The costs described in this report include the employment costs needed to cover time during training. The nursing workforce increase we have modelled includes capacity for 5 days per year of study leave.

xix Macmillan, 2019; CPD is a requirement for all nurses. Our costs include the funding needed for advanced communication skills, tumour-site-specific training modules and a master's degree so these can be funded by the system rather than the nurses themselves. These align with Macmillan's expectations of training requirements for specialist cancer nurses, however there are wider CPD activities that are available to nurses and specialist cancer nurses.

xx Macmillan's modelling shows that meeting the employment costs of the 3831 nurses (accounting for part time workers) we need in 2030 would be £236.134 per year including National Insurance and superannuation costs

xxi Calculating cancer prevalence. Macmillan Cancer Support. *https://www.macmillan.org.uk/about-us/what-we-do/evidence/using-cancer-data/calculating-cancer-prevalence.html*

xxii Department of Health, NI Cancer Waiting Times Jan-March 2020, Available at: *https://www.health-ni.gov.uk/articles/cancer-waiting-times*

xxiii Workforce planning for nurses and midwives, Northern Ireland Audit Office, 2020. Available at: *https://www.niauditoffice.gov.uk/publications/workforce-planning-nurses-and-midwives-0*

xxiv Health Minister announces £11.5m investment in cancer care, Department of Health, 2016, Available at *https://www.health-ni.gov.uk/news/health-minister-announces-ps115m-investment-cancer-care*

xxv Cancer Patient Experience survey in Northern Ireland, HSCBNI and Macmillian Cancer Support, 2018. Available at: *https://lci.macmillan.org.uk/Northern-Ireland/all/patientexperience*

xxvi To be published towards the end of 2021

xxvii Welsh Cancer Intelligence and Surveillance Unit (WCISU), 2021. Cancer Incidence in Wales, 2002–2018. Available at: *https://phw.nhs.wales/services-and-teams/welsh-cancer-intelligence-and-surveillance-unit-wcisu/cancer-incidence-in-wales-2002-2018/*

xxviii Calculating cancer prevalence. Macmillan Cancer Support. *https://www.macmillan.org.uk/about-us/what-we-do/evidence/using-cancer-data/calculating-cancer-prevalence.html*

xxix Welsh Cancer Intelligence and Surveillance Unit (WCISU), 2019. Cancer survival in Wales, 1995–2016. Available at: *https://phw.nhs.wales/services-and-teams/welsh-cancer-intelligence-and-surveillance-unit-wcisu/cancer-survival-in-wales-1995-2016/*

xxx Based on filled posts where age was reported. Macmillan Cancer Support, 2018. Cancer Workforce in Wales: A census of cancer, palliative and chemotherapy speciality nurses and support workers in Wales in 2017. [online] Available at: *https://www.macmillan.org.uk/_images/cancer-workforce-in-wales-census-of-cancer-palliative-and-chemotheraphy-speciality-nurses-and-support-workers-2017_tcm9-326409.pdf*

xxxi Macmillan Cancer Support/YouGov survey of 2,032 adults with a previous cancer diagnosis, including 114 people in Wales, 63 of who have been diagnosed in the past 5 years. Fieldwork was undertaken between 30th July – 15th August 2021. The survey was carried out online. The figures have been weighted and are representative of people living with cancer (aged 18+). By 'lacked support' we mean they didn't get any support and would have liked to, or the support they got wasn't enough.

xxxii Figures for Wales have been re-based to all people with cancer, due to the smaller sample sizes involved, so cannot be compared with figures for the UK or England that are based on a sub-sample of those who lacked support only

xxxiii Calculating cancer prevalence. Macmillan Cancer Support. *https://www.macmillan.org.uk/about-us/what-we-do/evidence/using-cancer-data/calculating-cancer-prevalence.html*

xxxiv Uned Gwybodaeth ac Arolygaeth Canser Cymru (WCISU), 2021. Mynychder Canser yng Nghymru, 2002–2018. Ar gael yn: *https://icc.gig.cymru/gwasanaethau-a-thimau/uned-deallusrwydd-a-gwyliadwriaeth-canser-cymru-wcisu/mynychder-canser-yng-nghymru-2002-2018/*

xxxv Calculating cancer prevalence. Cymorth Canser Macmillan. *https://www.macmillan.org.uk/about-us/what-we-do/evidence/using-cancer-data/calculating-cancer-prevalence.html*

xxxvi Uned Gwybodaeth ac Arolygaeth Canser Cymru (WCISU), 2019. Goroesi canser yng Nghymru, 1995–2016. Ar gael yn: *https://icc.gig.cymru/gwasanaethau-a-thimau/uned-deallusrwydd-a-gwyliadwriaeth-canser-cymru-wcisu/goroesi-canser-yng-nghymru-1995-2016/*

xxxvii Yn seiliedig ar swyddi wedi'u llenwi lle adroddwyd am oedran. Cymorth Canser Macmillan, 2018. Cancer Workforce in Wales: A census of cancer, palliative and chemotherapy speciality nurses and support workers in Wales in 2017. [ar-lein] Ar gael yn: *https://www.macmillan.org.uk/_images/cancer-workforce-in-wales-census-of-cancer-palliative-and-chemotheraphy-speciality-nurses-and-support-workers-2017_tcm9-326409.pdf*

xxxviii Calculating cancer prevalence. Cymorth Canser Macmillan. *https://www.macmillan.org.uk/about-us/what-we-do/evidence/using-cancer-data/calculating-cancer-prevalence.html*

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xl Calculating cancer prevalence. Macmillan Cancer Support. *https://www.macmillan.org.uk/about-us/what-we-do/evidence/using-cancer-data/calculating-cancer-prevalence.html*

xli Cancer Waiting Times statistical report, Public Health Scotland, June 2021, Available at: Cancer waiting times – 1 January to 31 March 2021 – Cancer waiting times – Publications – Public Health Scotland

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liii Estimated from a snapshot headcount of all band 6 and 7s CNS in NI in 2021 provided to Macmillan by the lead cancer nurses

liv Specialist cancer nurses as defined in the censuses but excluding those who are recoded as working in Acute Oncology Services, vacant posts, posts that specialise in sarcoma or HPB, posts in the Isle of Man and selected job titles in England and Wales that as less likely to carry a caseload. In includes additional posts in England that were reported to Macmillan after the deadline for inclusion in the report.

lv Annual growth rate between 2017 to 2019 in FTE adult and general nurses (all types not just cancer). Excluding most recent period due to Covid-19 disruption. NHS Hospital & Community Health Service (HCHS) monthly workforce statistics, NHS Digital, 29 Jul 2021, *https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/april-2021*

lvi The Health Foundation. Nursing students are still dropping out in worrying numbers. *https://www.health.org.uk/news-and-comment/news/a-quarter-of-all-nursing-students-are-dropping-out-of-their-degrees* and Estimating the cost of growing the NHS cancer workforce in England by 2029, Cancer Research UK, 2020 *https://www.cancerresearchuk.org/sites/default/files/estimating_the_cost_of_growing_the_nhs_cancer_workforce_in_england_by_2029_october_2020_-_full_report.pdf*

lvii WTE per SCN based on data for the nurses included in the censuses for each UK nation.

lviii Based on employment costs (such as salary, employers National Insurance contributions and superannuation). Does not include the cost of recruitment or any premium paid for temporary staff.

lix Bursaries for undergraduate student living costs are not included and England is not included as self-funded by the nurse

lx 2 days for advanced communication skills and 1 day a week for 12 weeks for tumour-site-specific training module

lxi 1 day a week for 96 weeks to complete the rest of a postgraduate master's degree (the tumour-site-specific training module tends to for part of the master's)

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lxiii Macmillan Cancer Support/YouGov survey of 2,032 adults with a previous cancer diagnosis, including 189 people in Scotland, 86 of who have been diagnosed in the past 5 years. Fieldwork was undertaken between 30th July - 15th August 2021. The survey was carried out online. The figures have been weighted and are representative of people living with cancer (aged 18+). By 'lacked support' we mean they didn't get any support and would have liked to, or the support they got wasn't enough.

lxiv Figures for Scotland have been re-based to all people with cancer, due to the smaller sample sizes involved, so cannot be compared with figures for the UK or England that are based on a sub-sample of those who lacked support only

At Macmillan, we give people with cancer everything we've got. If you're diagnosed, your worries are our worries. We will move mountains to help you live life as fully as you can.

And we don't stop there. We're going all out to find ever better ways to help people with cancer, helping to bring forward the day when everyone gets life-transforming support from day one. We're doing whatever it takes. But without your help we can't support everyone who needs us.
To donate, volunteer, raise money or campaign with us, call 0300 1000 200 or visit macmillan.org.uk

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