mouchel
building great relationships

WE ARE MACMILLAN. CANCER SUPPORT

Specialist adult cancer nurses in England

A census of the specialist adult cancer nursing workforce in the UK, 2014


THINGS TO DO

Contents

Foreword

Over the past four years the Department of Health has surveyed more than 250,000 people in England about their experience of being treated in hospital for cancer, via the annual Cancer Patient Experience Survey (CPES). This vital survey has shown one factor is consistently linked to good patient experience - whether people are given the name of the clinical nurse specialist (CNS) in charge of their care.

The good news is that the number of people being assigned a CNS continues to rise, from 84% in 2010 to 89% in 2014. But this still means that around one in 10 people with cancer are denied the expert care and support that a specialist cancer nurse can provide. In some trusts, this rises to more than one in five. And there is huge variation in how easy people find it to contact their CNS.

As the organisation that first established the CNS role in the 1970s, Macmillan Cancer Support is committed to driving improvements in access to specialist support for people with cancer. To better understand the current national picture we commissioned a repeat of the specialist cancer nurse census, last carried out in 2011. The results show encouraging progress. The number of nurses has increased by 10% since the last census, keeping pace with the recent growth in the number of people diagnosed with cancer each year. The proportion of nurses supported by Macmillan has also increased and now stands at 38%. As the latest CPES results show, however, this is still not enough to ensure everyone has access to the support they need.

We have also found worrying variation in potential workload and the age profile of nurses, across both cancer types and regionally. The ratio of nurses to the people they are potentially supporting ranges from one to 66 for people recently diagnosed with upper GI cancers, to one to 247 for people recently diagnosed with a urological cancer. The ratio varies up to seven-fold across England, meaning nurses are spread much more thinly in some areas compared to others. One in three nurses are aged 50 or over, rising to around one in two for some cancer types in certain parts of the country. Many of these older nurses will be approaching retirement in the next five to 10 years.

The number of people living with cancer in the UK will double from two million today to at least four million by 2030. One in four will lack the support of family and friends during their diagnosis and treatment. The least we can do is make sure they have the expert support of a specialist cancer workforce. To make this happen we must start building the cancer care teams of the future, today. The workforce will need to be more flexible, able to support people to manage their own care, and may require a different skill mix to enable nurses and other specialists to focus on more complex needs. We urge health and social care commissioners and providers in England to read this report and work with Macmillan to address the challenges identified by this census. No-one should go through cancer alone, or without specialist support.

Ciarán Devane
Chief Executive
Macmillan Cancer Support

I am delighted that this report has now published. We know from successive Cancer Patient Experience Surveys that patients have much better experience of care when they are supported by specialist adult cancer nurses. Their role has been crucial at virtually every step of the patient pathway.

It is encouraging to see the increase in numbers of posts and it is no small way due to the support and momentum built by Macmillan Cancer Support. This represents a unique partnership between the charitable sector and NHS providers. Macmillan Cancer Support have created the right environment, through its ability to provide considerable initial investment, giving the hospitals the time to plan for the longer term funding of these nursing posts.

There is a cautionary element to this report in terms of the ageing profile of the workforce. Providers should be planning for the replacement of these crucial posts in order to maintain the quality of care cancer patients deserve.

Sean Duffy
National Clinical Director for Cancer
NHS England

1. Introduction

1.1 Background

The specialist adult cancer nursing census was originally designed to map the specialist adult cancer nursing population by cancer type and locality in order to inform commissioning intentions and workforce planning.

The first two censuses in 2007[2] and 2008[3] were developed and led by the cancer network nurse director and colleagues, before they handed over management to the National Cancer Action Team (NCAT) and Mouchel Management Consulting Limited, who led on the 2010[4] and 2011[5] censuses respectively. Further iterations expanded data collection to include role title, banding and geography. In 2014, Macmillan Cancer Support commissioned the census working with Mouchel Management Consulting (supported by the Centre for Workforce Intelligence).

The 2014 census of specialist adult cancer nurse workforce has leant on the significant experience and expertise provided by the continued involvement of three senior cancer nurses and healthcare scientists/ professional colleagues: Professor Alison Leary and Paul Trevatt, who had developed the original census, and Steve Candler.

It is the first UK-wide census, however, to take account of the significant differences in policy and delivery of cancer care in the Celtic nations, the data has been presented in separate reports and should be interpreted in light of the relevant national context.

The census took place at a time of significant financial constraint across the UK. In addition, changes in the NHS in England have resulted in a number of mergers of hospital trusts and a reconfiguration of the cancer networks into larger Strategic Clinical Networks (SCNs), which in turn have presented challenges in identifying appropriate contacts, supporting communications and validating responses.

It may be useful to read this document in conjunction with other resources such as:

- *Excellence in cancer care: The contribution of the Clinical Nurse Specialist.* NCAT, 2010[6].
- *Clinical nurse specialists in cancer: Provision, proportion and performance.* NCAT 2010[4] and 2011[5].
- *Advanced level nursing: A position statement.* Department of Health, 2010[7].
- *Manual of cancer services.* Department of Health, 2004[8].
- *NHS cancer commissioning toolkit.* National Cancer Intelligence Network[9].
- *One-to-one support for cancer patients.* A report prepared for the Department of Health by Frontier Economics, December 2010[10].
- *Coordinated cancer care: better for patients, more efficient.* NHS Confederation briefing, 2010[11].

While this document does offer information regarding the ratio of specialist adult cancer nurses to incidence of cancer and two-year prevalence in the SCNs in England, this does not represent guidance on appropriate caseload. It merely demonstrates variance of provision of these posts by geographical location and tumour type.

This document aims to strengthen the argument for maintaining and expanding the provision of specialist nurse expertise in England in order to ensure that the growing number of people living with cancer receive a good patient experience.

1.2 Methods

This census was primarily based on the approach adopted for previous censuses, in particular the work undertaken by NCAT in the most recent census[5].

Given the significant changes in the NHS in England, the emphasis was on ensuring a robust but focused data set.

Data was collected over an eight-week period between April and June 2014. However, the workforce numbers collected were a snapshot of the population on the day of the census, 24 April 2014. The data was primarily collected using a bespoke spreadsheet with drop-down menus.

Areas of enquiry were informed by the previous four censuses.

Areas of practice are broadly based on the NICE Improving Outcomes Guidance definitions[12]. Consistent with 2011, the areas of practice include 'acute oncology services' (AOS), as it was recommended in the 2009 NCAG report *Chemotherapy services in England: Ensuring quality and safety* that all hospitals with emergency departments should establish this service[13].

As in previous years, there was the facility to record a post as being supported by the charity Macmillan Cancer Support. All posts are recorded as whole time equivalents (WTE) in adult cancer care where 1 WTE is equivalent to a 37.5 hour week.

Additional information was collected on the age and gender of post holders and on vacant posts. Data was also collected on posts that reported supporting 'cancer of unknown primary'.

Spreadsheets were returned from lead cancer nurses in hospital trusts. Some further checking and completion was undertaken to ensure complete records were provided where possible. NHS Trust Lead Cancer Nurses and Directors of Nursing were involved as appropriate to collate the relevant data.

Data was returned electronically from trusts to Mouchel for analysis. One month was given for data to be returned, with a further extension to enable appropriate dissemination and support for returns. Collection was completed by 13 June 2014.

Census process:

- Project team and Mouchel agreed census tool design and data fields
- Spreadsheet and instructions for completion were sent out to lead cancer nurses or equivalent in each trust or hospital across the UK
- Data entry completed at trust level
- Completed spreadsheets returned to Mouchel
- Records checked with respondents for completeness and accuracy as appropriate
- Analysis by Mouchel and project team
- Data tables produced for review and key findings identified
- Report

1.3 Selection criteria

The census was aimed at hospital-based specialist adult cancer nurses working in adult cancer care only.

Inclusion criteria were kept consistent with previous censuses where possible.

Inclusion criteria: all nurse posts that:

- treat, support and manage the health concerns of adult cancer patients and work to promote the health and wellbeing of the patients they care for (including post holders who perform a role in education, research and audit in adult cancer care)
- deliver predominantly secondary care
- are registered (Agenda for Change bands 5 to 9 only)
- are funded by any source (e.g. NHS, charity, pharmaceutical)
- are vacant posts as well as those filled on 24 April 2014

Exclusion criteria: posts that:

- specialise only in chemotherapy, radiotherapy, palliative care, pain management or non-patient facing roles
- work 'as and when required', e.g. bank and agency staff
- are community nurse specialists
- work in paediatrics or with teenagers and young adults
- are research nurses

All posts reported that met the inclusion criteria are referred to as specialist adult cancer nurses. In this report we also refer to clinical nurse specialists (CNSs), which have a specific job title and are a subset of specialist adult cancer nurses.

2. Context and background

The government in England has stated its commitment to ensuring that everyone diagnosed with cancer has access to dedicated expertise. The coalition government committed to continue the 2010 Labour government's five-year pledge to ensure every cancer patient receives dedicated nursing.[14]

The *2013 Cancer Patient Experience Survey* provided evidence that patients who had a named CNS in charge of their care reported more favourably on aspects of their experience, such as access to information and being given a choice of treatment, compared to patients who reported not having had access to a CNS[1].

The timing of the publication of this report coincides with the publication of the most recent cancer patient experience survey in England. There will be possible opportunities to gain further insights by cross-referencing the two data sets.

As indicated in the previous section, this work builds on the previous censuses that were carried out in 2007[2], 2009[3], 2010[4] and 2011[5] to map the specialist nurse workforce in cancer care and to help inform commissioning of specialist posts in a more structured and equitable fashion than had previously been possible.

Previous censuses have shown that the distribution of the specialist adult cancer nursing workforce, in particular of CNSs, is not consistent with cancer incidence across the country. In addition, the number of posts is not proportional to cancer incidence across what were then English Cancer Networks.

Findings from the previous census collections have been fed into national cancer policy in England[15,16] and data generated as a result of the census has been used by local healthcare and voluntary sector organisations to influence the provision of specialist posts[17,18,19]. It is intended that this document be used by commissioners, providers and clinical teams as a resource for benchmarking the provision of specialist nurse expertise for cancer patients in their localities and for informing workforce planning and strategy.

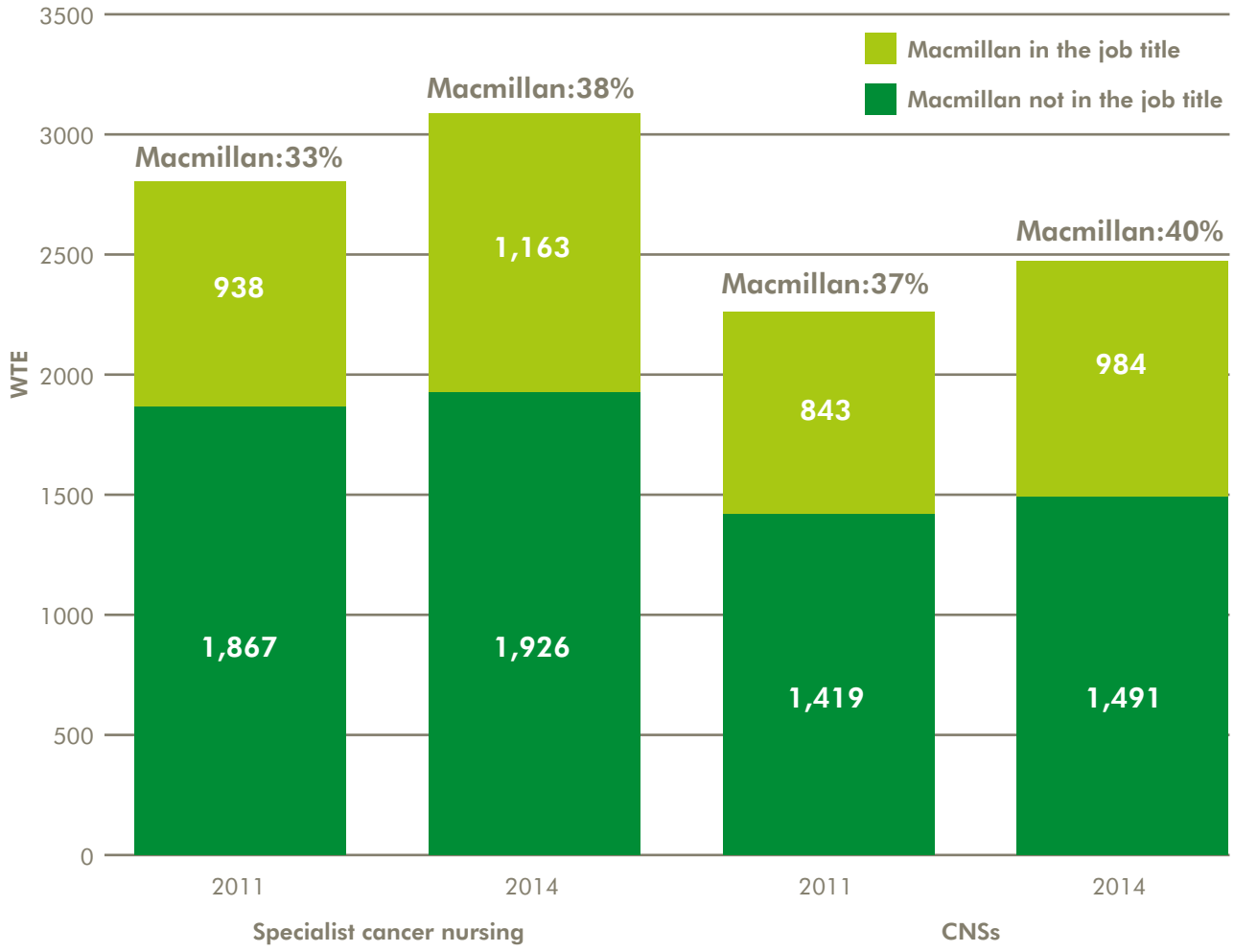
2.1 Headline findings

The census of the specialist adult cancer nurse workforce in England achieved an acute trust response rate of 97%. Five trusts did not make a return across four SCNs.

Table 1: Reported specialist adult cancer nursing workforce, and CNS workforce, WTE, England, 2011 and 2014

	Total specialist adult cancer nursing workforce		CNS workforce	
Year (response rate)	**2011 (96%)**	**2014 (97%)**	**2011 (96%)**	**2014 (97%)**
Total WTE	2,805.4	3,088.2	2,261.5	2,475
Macmillan Cancer Support nurses	938.3	1,162.6	842.6	983.6

Fig. 1: Macmillan Cancer Support posts



Total specialist adult cancer nursing workforce
The total reported specialist adult cancer nursing workforce for the 12 English SCNs in 2014 was 3,088.2 WTE in adult cancer care. This represents a rise of 10% from 2,805.4 WTE in 2011.

As with previous censuses, the largest group by majority area of practice as a percentage of the total specialist adult cancer nursing workforce was breast cancer specialists (18.1% of WTE). This was followed by colorectal cancer specialists (12.4%).

Overall, 11.6 % of the total specialist adult cancer nursing workforce WTE was reported as providing cover for cancers of unknown primary. The main areas of practice providing this cover were acute oncology services (16.6% WTE), lung (13.5%) and colorectal (12.8%).

Clinical Nurse Specialists
As in previous years, the largest group by job title was Clinical Nurse Specialist – equivalent to 2,475 WTE (80.1 %) of the total workforce.

In total, 73.4% of Clinical Nurse Specialists were banded at AFC Band 7, with approximately 18% below this at Band 6 and only 7.9% above this at Band 8a–8c.

This compares with 76.5% of Clinical Nurse Specialists posts banded at AFC Band 7, with approximately 15% below this at Band 6, reported in 2011.

Macmillan specialist adult cancer nurses
Over one-third of the specialist adult cancer nursing population in English SCNs are titled Macmillan Cancer Support posts. Macmillan posts have increased by 24% since 2011 (224 WTE). This makes up 79% of the increase in total WTE in the specialist adult cancer nursing workforce since 2011.

Vacancies
This census was the first specialist adult cancer nurse census to collect data on vacancies. The vacancy rate reported among specialist adult cancer nurses appears to be higher than the vacancy rate found in those working in human health and social work activities as reported by the Office for National Statistics vacancy survey[20]. The specialist adult cancer nurses vacancy rate varies across SCNs, with the London vacancy rate nearly double the England overall rate.

Workforce characteristics
New data on the age profile of filled posts highlights that of the 80% of posts where age is known, 33% of the specialist adult cancer nursing workforce were reported as being over 50 years of age, with only 2% under 30 years of age. The proportion of the workforce over 50 years of age increased to 41% for breast cancer nurses, 40% for malignant dermatology nurses and 39% for gynaecology cancer nurses. There are no head and neck or sarcoma nurses under 30 years old.

Ratio of nurses
When provision of specialist adult cancer nursing posts is mapped to incidence of cancer, the ratio varies from 55 new cases in brain and central nervous system cancer to 159 new cases in urology.

When provision of specialist adult cancer nursing posts is mapped to the number of people living up to two years post a cancer diagnosis (two year prevalence in 2010), the ratios vary from 66 in upper gastrointestinal cancer to 247 in urology.

3. 2014 census results

This section presents detailed data collected in the census supporting headline findings. In addition to the data reported in previous censuses, new data is presented for the first time on the age and gender of post holders, posts that are vacant and data on WTEs that reported supporting cancer of unknown primary.

Table 2: Total specialist adult cancer nursing workforce by area of practice and Strategic Clinical Network (SCN), WTE, England, 2014

Table 2 shows the total provision of the cancer specialist nursing workforce across the 12 SCNs by reported majority area of practice. The area of practice with the largest proportion of the workforce is reported as breast, accounting for about 18% of the total reported workforce, followed by colorectal and combined urology (both about 12%).

SCN	Acute oncology service	Brain/central nervous system	Breast	Colorectal	Gynaecology	Haematology	Head and neck	Lung	Malignant dermatology	Sarcoma	Upper gastrointestinal	Urology – Prostate only***	Urology – All uro-oncology***	Total
Cheshire and Merseyside	15.3	2.7	37.0	21.0	11.1	19.7	9.4	19.7	10.9	2.6	27.8	2.9	16.9	197.0
East Midlands	15.1	2.0	29.9	25.3	11.0	11.7	6.8	19.0	5.7	1.5	10.1	1.8	17.9	157.7
East of England	23.2	4.8	57.8	31.2	20.6	35.6	9.5	31.2	14.7	3.4	26.0	16.7	24.0	298.6
Manchester*	33.1	11.0	55.9	39.7	23.9	31.3	18.9	32.9	14.1	2.3	35.9	10.8	29.1	338.7
London**	29.8	15.0	76.4	44.0	29.2	73.7	25.3	48.3	20.7	7.4	47.0	11.2	45.9	473.9
Northern England	9.0	4.8	37.4	31.3	9.3	21.9	10.7	25.3	7.9	1.6	13.7	3.4	26.7	203.0
South East Coast	16.3	2.8	35.5	22.4	11.3	16.3	6.6	15.9	8.2	0	15.6	6.8	19.1	176.6
South West Coast	17.4	7.3	52.2	31.2	18.1	25.1	13.7	20.3	19.9	4.3	19.9	8.9	23.9	262.2
Thames Valley	9.4	5.4	26.2	17.7	8.9	14.6	5.2	13.6	6.6	2.8	12.0	1.0	15.1	138.5
Wessex	4.4	5.0	23.3	18.9	9.9	21.2	9.3	15.8	10.3	0.8	13.7	2.5	16.2	151.4
West Midlands	22.5	6.4	63.1	51.9	22.6	35.0	17.2	29.6	19.1	10.6	29.4	2.2	36.1	345.5
Yorkshire and the Humber	25.4	10.1	63.3	48.7	19.9	27.7	24.9	36.5	16.7	6.2	25.6	4.0	36.5	345.2
Total	220.8	77.3	557.8	383.1	195.9	333.5	157.4	308.1	154.7	43.5	276.6	72.2	307.4	3,088.2

*Greater Manchester, Lancashire and South Cumbria

**London including London Cancer Alliance and London Cancer

***The urology specialist adult cancer nurse workforce has been divided into two groups to uncover the size of the specialist prostate cancer workforce. A majority area of practice of 'Urology – prostate only' was defined as a nurse post where 95% or more of the time the nurse spends in adult cancer care is in prostate cancer or suspected prostate cancer. 'Urology -All uro-oncology' is the rest of the urology specialist adult cancer nurse workforce who spend less than 95% of their time in adult cancer care in prostate cancer or suspected prostate cancer. This definition is designed to identify only the most specialised nurses as a generalist urology nurse may expect to see frequent cases of prostate cancer given the high incidence of prostate cancer. It can be difficult for lead cancer nurses to accurately and consistently classify nurses so the data should be used to build a general picture of the urology workforce rather than draw detailed quantitative conclusions.

Fig.2: Total specialist adult cancer nursing workforce by area of practice, WTE, England, 2014

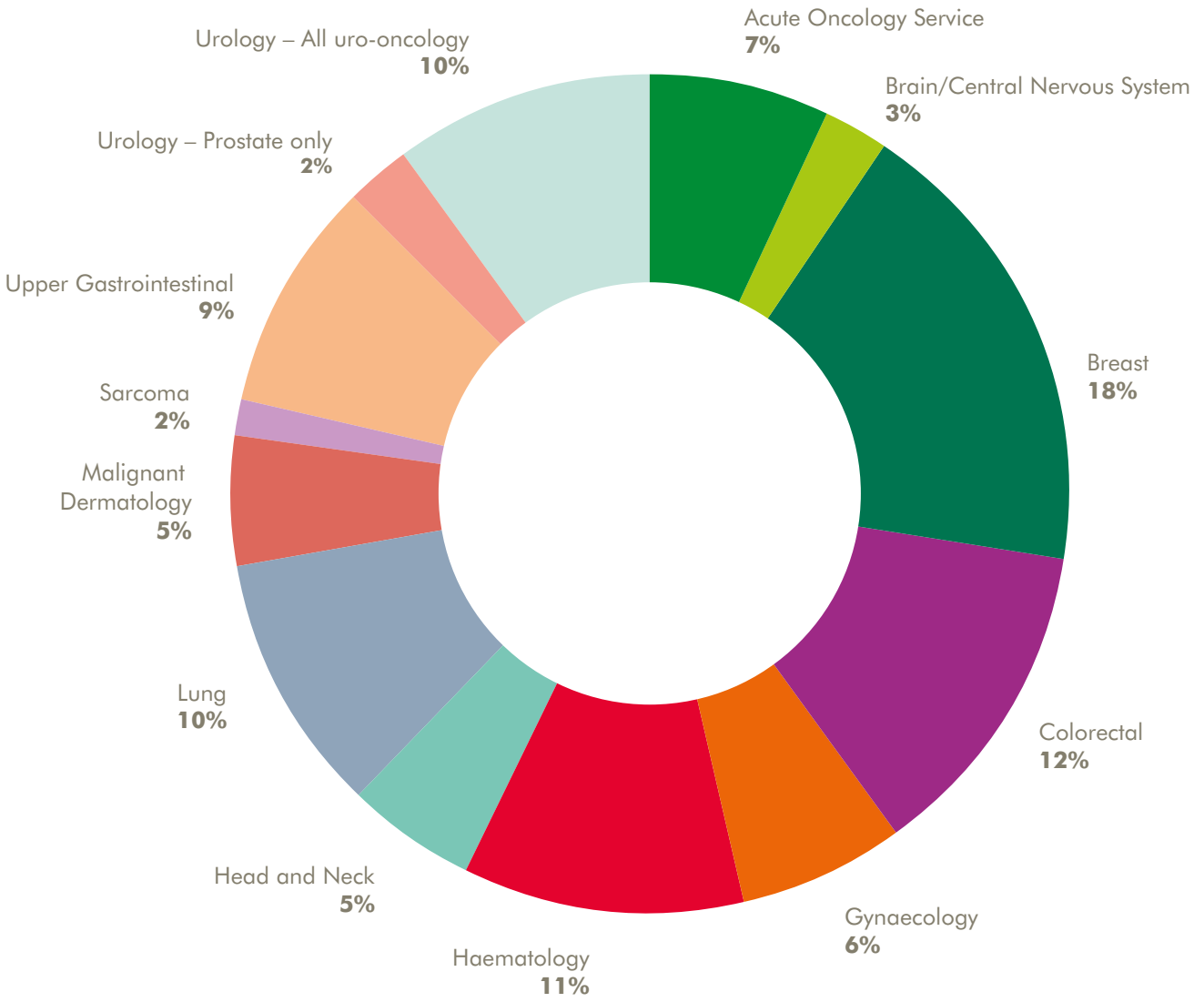


Table 3: Clinical Nurse Specialist workforce by area of practice, Strategic Clinical Network, WTE, England, 2014

Table 3 shows only the cancer specialists nurse with a CNS job title across the 12 SCNs by reported area of practice. The area of practice with the largest proportion of the CNS workforce is reported as breast, accounting for about 18% of the total reported workforce, followed by colorectal and combined urology (both about 12%).

SCN	Acute oncology service	Brain/central nervous system	Breast	Colorectal	Gynaecology	Haematology	Head and neck	Lung	Malignant dermatology	Sarcoma	Upper gastrointestinal	Urology – Prostate only	Urology – All uro-on-cology	Total
Cheshire and Merseyside	9.2	2.7	28.3	14.2	10.1	19.1	9.4	17.9	9.9	2.6	26.8	1.9	15.0	167.1
East Midlands	12.1	1.4	18.1	14.4	9.2	8.7	4.8	14.5	4.9	0.7	6.1	0	15.3	110.2
East of England	20.5	3.8	46.5	22.8	16.4	20.2	5.5	25.3	12.0	2.4	18.4	7.5	18.6	220.0
Manchester*	22.5	9.0	45.4	37.7	23.9	28.5	17.9	28.9	13.4	2.3	32.9	9.8	27.5	299.6
London **	25.8	15.0	71.8	38.4	26.7	67.2	25.3	47.1	20.7	7.4	47.0	5.6	38.1	436.1
Northern England	1.0	0	19.9	18.9	3.9	10.8	4.4	17.8	4.0	0	6.7	0	15.6	103.0
South East Coast	15.3	2.8	31.3	18.9	11.3	16.3	6.6	14.9	7.2	0	15.6	5.8	17.1	162.9
South West Coast	11.7	7.3	41.8	28.0	17.1	20.1	13.1	20.3	19.9	4.3	17.9	7.9	22.7	232.1
Thames Valley	2.0	1.0	13.3	7.2	3.9	7.3	2.8	6.0	3.8	0.4	5.0	0	9.4	62.2
Wessex	3.4	5.0	17.0	11.9	8.1	18.2	6.9	12.6	9.3	0.8	11.7	1.3	11.4	117.6
West Midlands	14.9	4.7	42.3	37.4	20.3	30.6	15.6	23.6	16.6	7.7	20.5	2.2	28.0	264.2
Yorkshire and the Humber	15.8	10.1	58.8	36.7	18.5	26.7	20.7	34.5	14.9	6.2	23.6	2.5	31.3	300.2
Total	154.2	62.8	434.5	286.4	169.3	273.5	133.0	263.4	136.5	34.8	232.1	44.5	249.9	2,475.0

*Greater Manchester, Lancashire and South Cumbria

**London including London Cancer Alliance and London Cancer

Table 4: Reported CNS workforce by area of practice, WTE, England, 2007–2014

	Number of reported posts (WTE)				
Area of practice	**2007 100% response**	**2008 89% response**	**2010 100% response**	**2011 96% response**	**2014 97% response**
Acute oncology service	NR	NR	NR	58.23	154.2
Brain/central nervous system	33.0	37.1	52.9	60.69	62.8
Breast	434.0	368	400.4	425.16	434.5
Colorectal	293.0	247.9	273.0	273.72	286.4
Gynaecology	149.0	141.5	155.0	174.43	169.3
Haematology	204.0	212.4	239.6	230.17	273.5
Head and neck	100.0	94.2	109.2	133.77	133.0
Lung	225.0	218.2	245.9	252.17	263.4
Malignant dermatology	NR	63.4	119.7	128.28	136.5
Oncology	1.0	5.7	NR	NR	NR
Sarcoma	NR	18.5	24.2	28.72	34.8
Skin	62.0	NR	NR	NR	NR
Upper gastrointestinal	176.0	171.4	205.8	215.5	232.1
Urology	250.0	221.5	253.9	280.6	294.4
Total	1,927.0	1,799.8	2,079.6	2,261.5	2,475.0

Fig.3: Total CNSs by area of practice, percentage, England, 2014

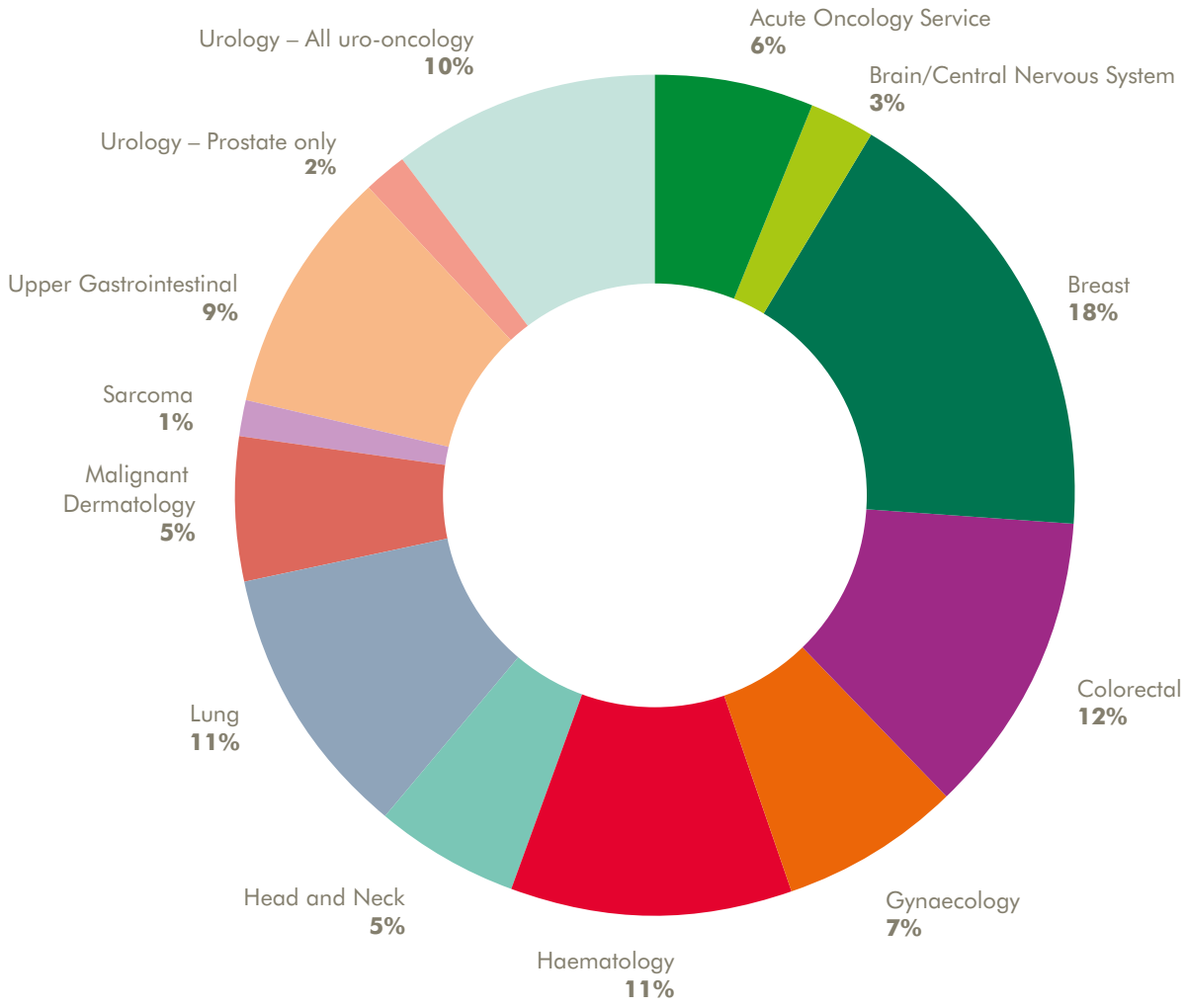


Table 5: Total specialist adult cancer nursing workforce by job title and area of practice, WTE, England, 2014

Table 5 shows the total number of WTEs by job title across the area of practice, with the largest proportion of the workforce reported as CNSs working in breast (about 14% of the total reported WTE). The smallest proportion of the reported workforce (with a job title) is nurse consultants across all areas of practice.

Area of practice	Advanced nurse practitioner	Clinical nurse specialist	Nurse consultant	Nurse practitioner	Nurse specialist	Other	Total
Acute oncology service	30.8	154.2	3.2	15.5	16.7	0.5	220.8
Brain/central nervous system	5.7	62.8	0	0	6.0	2.8	77.3
Breast	27.1	434.5	7.5	14.3	67.5	7.0	557.8
Colorectal	13.6	286.4	6.1	10.2	60.2	6.5	383.1
Gynaecology	5.3	169.3	1.5	3.4	11.3	5.1	195.9
Haematology	9.8	273.5	2.3	10.0	25.6	12.3	333.5
Head and neck	3.2	133.0	0	4.4	13.7	3.1	157.4
Lung	5.6	263.4	2.4	2.6	29.5	4.6	308.1
Malignant dermatology	3.6	136.5	0	1.8	11.3	1.5	154.7
Sarcoma	4.3	34.8	1.0	0	2.4	1.0	43.5
Upper gastrointestinal	7.6	232.1	1.0	6.6	20.8	8.4	276.6
Urology – Prostate only	5.2	44.5	1.0	6.9	9.9	4.6	72.2
Urology – All uro-oncology	8.3	249.9	2.0	15.9	26.7	4.6	307.4
Total	130.0	2,475.0	28.0	91.7	301.6	62.0	3,088.2

Fig. 4: Total specialist adult cancer nursing workforce by job title, WTE, England, 2014

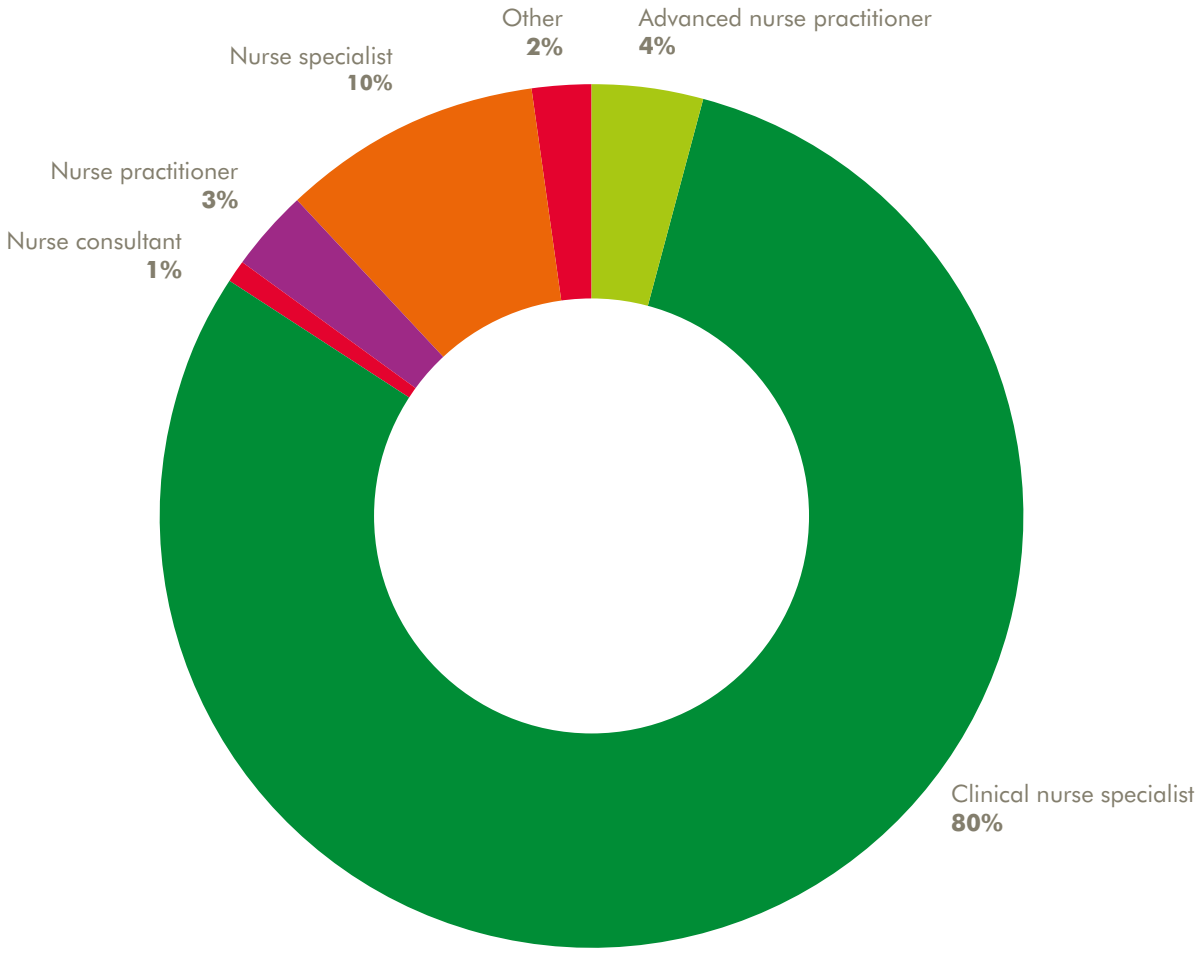
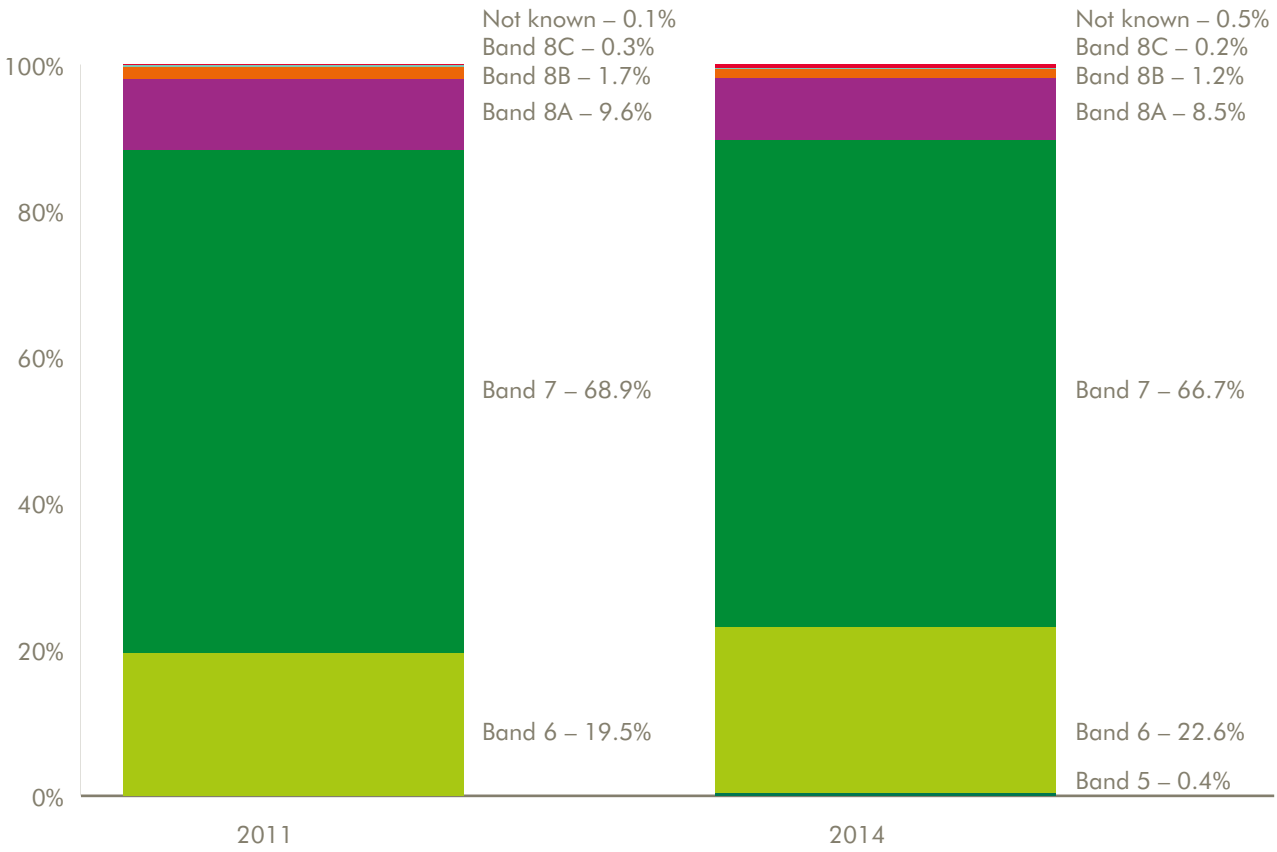


Fig.5: Total specialist cancer nursing workforce by Agenda for Change (AfC) banding, percentage, England, 2011 and 2014



Data for band 5 in 2011 was not recorded

Table 6: CNS workforce by AfC banding and area of practice, WTE, England, 2014

The largest proportion of the reported WTE is Band 7 posts, accounting for about 73% of the total reported CNS WTE. The largest reported CNS WTE are Band 7 posts working in the breast area of practice, with about 12% of the total reported CNS WTE.

Area of practice	Bands 5 and 6	Band 7	Band 8a and above	Not known	Total
Acute oncology service	19.1	111.0	24.1	0	154.2
Brain/central nervous system	11.9	45.9	5.0	0	62.8
Breast	113.9	292.3	26.4	2.0	434.5
Colorectal	61.9	196.6	27.9	0	286.4
Gynaecology	27.4	126.8	15.1	0	169.3
Haematology	32.5	219.3	21.6	0	273.5
Head and neck	21.0	102.0	10.0	0	133.0
Lung	51.1	202.0	10.2	0	263.4
Malignant dermatology	20.6	109.8	6.2	0	136.5
Sarcoma	6.8	28.0	0	0	34.8
Upper gastrointestinal	37.2	175.1	19.8	0	232.1
Urology – Prostate only	9.4	32.4	2.8	0	44.5
Urology – All uro-oncology	46.8	175.3	27.8	0	249.9
Total	459.6	1,816.4	196.9	2.0	2,475.0

Table 7: CNS workforce by AfC banding, percentage, England – 2011 and 2014 position

Banding	2011	% of CNS	2014	% of CNS
5	NR	NR	3.8	0.15%
6	345.0	15.26%	455.8	18.42%
7	1,728.8	76.45%	1,816.4	73.39%
8a	173.7	7.68%	183.5	7.41%
8b	12.9	0.57%	12.4	0.50%
8c	1.0	0.04%	1.0	0.04%
8d	0	0.00%	0.0	0.00%
9	0	0.00%	0.0	0.00%
Declined	0	0.00%	0.0	0.00%
Not known	0	0.00%	2.0	0.08%
Total	2,261.5	100.00%	2,475.0	100.00%

Table 8: Macmillan specialist adult cancer nurse posts, WTE, England, 2014

Macmillan Cancer Support posts	WTE
Macmillan clinical nurse specialists	983.6
Other Macmillan cancer specialists	179.0
Total	1,162.6

Fig. 6: Specialist adult cancer nursing workforce Macmillan Cancer Support posts, CNS and other, percentage, England 2014

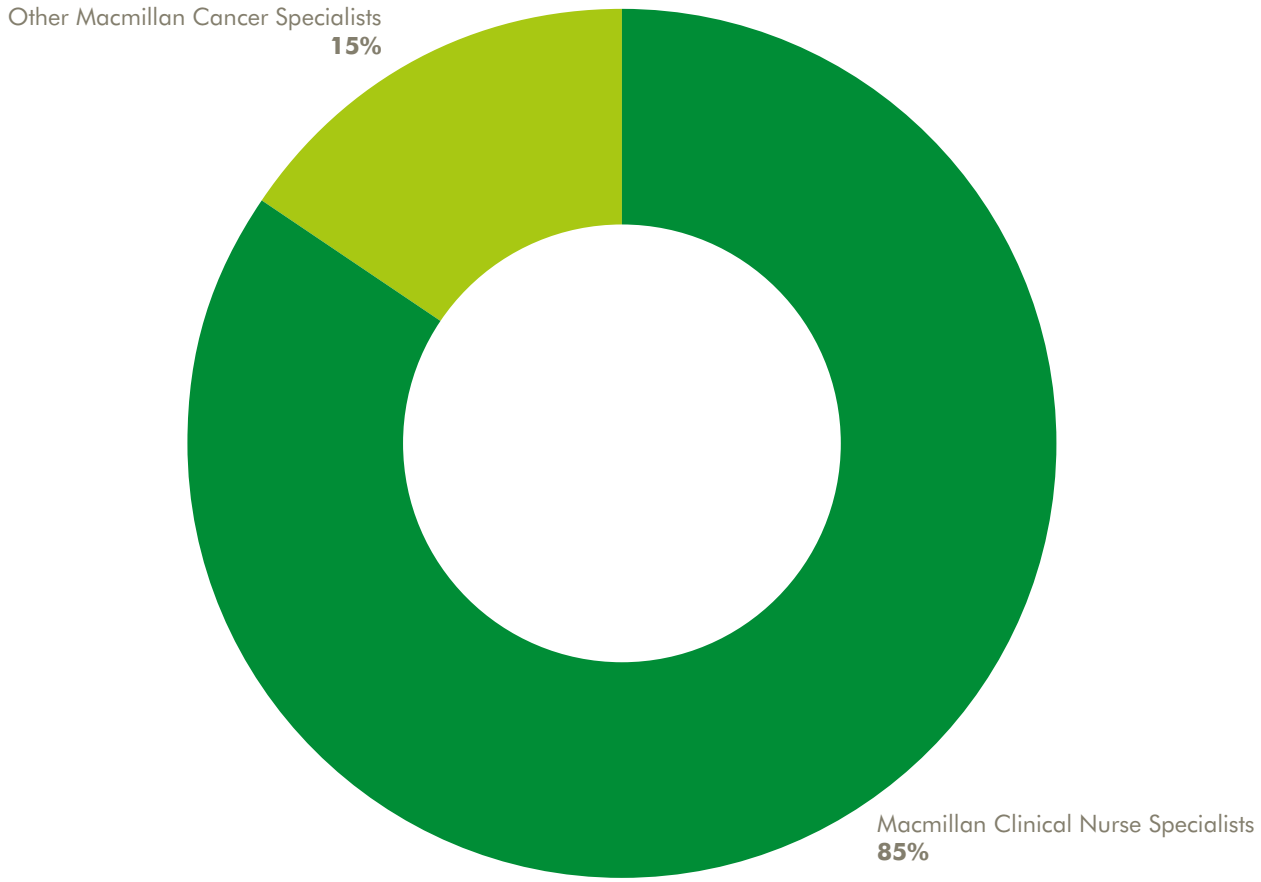


Table 9: Macmillan Cancer Support specialist adult cancer nursing workforce by area of practice, WTE, England, 2014

Area of practice	WTE	% of total (WTE)
Acute oncology service	88.9	7.6%
Brain/central nervous system	34.5	3.0%
Breast	235.8	20.3%
Colorectal	84.4	7.3%
Gynaecology	88.2	7.6%
Haematology	81.5	7.0%
Head and neck	79.9	6.9%
Lung	175.2	15.1%
Malignant dermatology	67.2	5.8%
Sarcoma	16.5	1.4%
Upper gastrointestinal	92.8	8.0%
Urology – Prostate only	13.2	1.1%
Urology – All uro-oncology	104.6	9.0%
Total	1,162.6	100.0%

Fig. 7: Macmillan Cancer Support specialist adult cancer nurse workforce as proportion of total specialist adult cancer nursing workforce, by area of practice, WTE, England, 2014

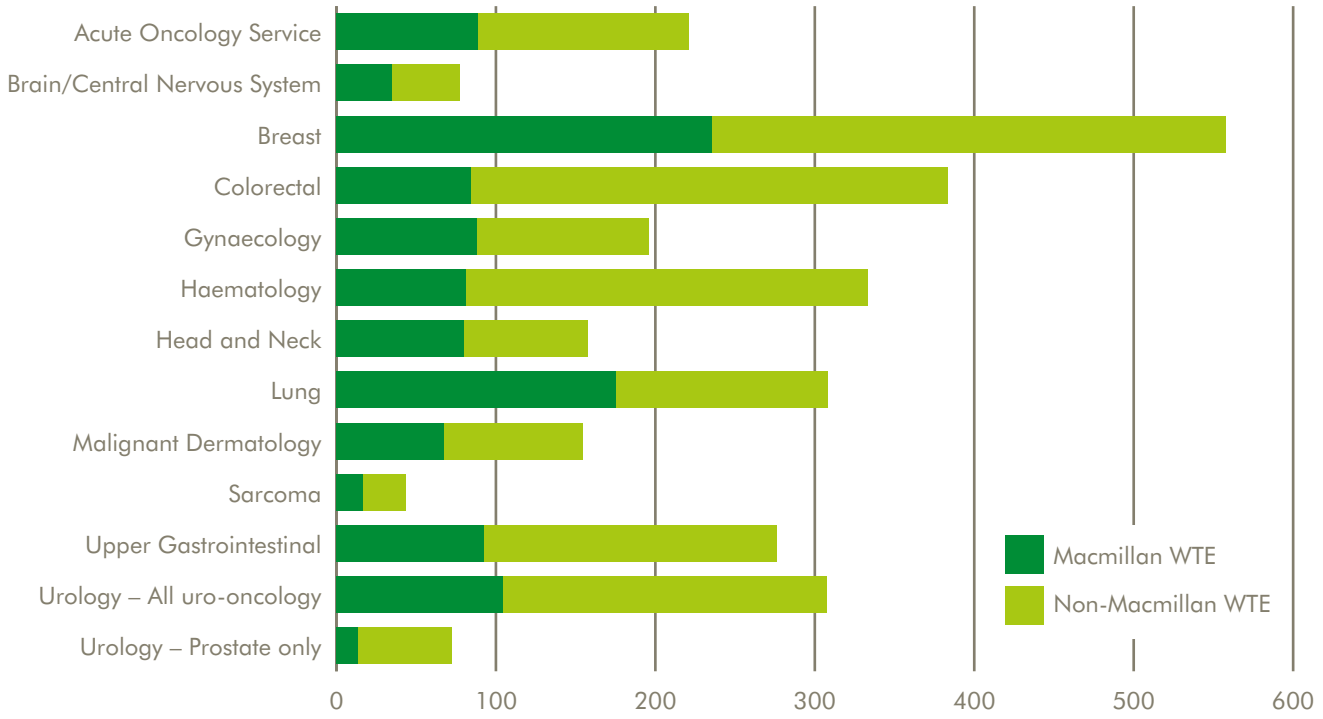


Table 10: Total specialist adult cancer nursing workforce reporting cover for cancer of unknown primary, WTE, England, 2014

Does the post/post holder cover cancer of unknown primary?	WTE
Yes	344.7
No	2,632.1
Not known	111.4
Total	3,088.2

Table 11: Total specialist adult cancer nursing workforce reporting cover for cancer of unknown primary by area of practice, WTE, England, 2014

Area of practice	WTE	% of total (WTE)
Acute oncology service	168.8	49.0%
Brain/ nervous system	7.1	2.1%
Breast	5.2	1.5%
Colorectal	26.9	7.8%
Gynaecology	11.5	3.3%
Haematology	8.0	2.3%
Head and neck	13.4	3.9%
Lung	22.3	6.5%
Malignant dermatology	4.6	1.3%
Sarcoma	2.5	0.7%
Upper gastrointestinal	65.5	19.0%
Urology – Prostate only	3.0	0.9%
Urology – All uro-oncology	5.8	1.7%
Total	344.7	100.0%

Table 12: Total specialist adult cancer nursing workforce WTE by gender, England, 2014

Gender	WTE	% of total (WTE)
Female	2,792.2	93.89%
Male	146.7	4.93%
Declined	26.4	0.89%
Not known	8.7	0.29%
Total	2,974.0	100.00%

Table 13: Total specialist adult cancer nursing workforce WTE by gender and AfC banding, England, 2014

Gender	5	6	7	8a	8b	8c	8d	9	Not known	Total
Female	11.3	622.9	1,869.9	234.6	34.8	5.7	0	0	13.0	2,792.2
Male	0	24.6	100.3	20.3	1.4	0	0	0	0	146.7
Declined	0	12.8	12.6	1.0	0	0	0	0	0	26.4
Not known	0	0	8.7	0	0	0	0	0	0	8.7
Total	11.3	660.3	1,991.5	256.0	36.2	5.7	0	0	13.0	2,974.0

Table 14: Total specialist adult cancer nursing workforce by area of practice and gender, WTE, England, 2014

Area of practice	Female	Male	Declined	Not known	Total
Acute oncology service	182.0	15.8	4.0	0	201.8
Brain/central nervous system	69.7	5.6	0	0	75.3
Breast	538.3	2.2	4.2	1.0	545.6
Colorectal	351.2	9.3	5.0	3.0	368.5
Gynaecology	185.5	1.0	1.6	0	188.1
Haematology	297.2	24.3	2.0	1.0	324.6
Head and neck	137.5	11.5	1.0	0	150.0
Lung	271.3	17.2	3.2	1.0	292.7
Malignant dermatology	136.9	7.0	1.6	0	145.5
Sarcoma	40.3	1.5	0	0.7	42.5
Upper gastrointestinal	253.7	10.0	2.0	2.0	267.7
Urology – Prostate only	62.5	9.7	0	0	72.2
Urology – All uro-oncology	266.3	31.5	1.8	0	299.6
Total	2,792.2	146.7	26.4	8.7	2,974.0

Table 15: Total specialist adult cancer nursing vacancies by AfC band, WTE, England, 2014

Band	5	6	7	8a	8b	8c	8d	9	Not known	Total
Number of vacancies (WTE)	0.9	36.6	67.1	7.6	1.0	0	0	0	1.0	114.2

Fig. 8: Total specialist adult cancer nursing vacancies per 100 jobs by area of practice, England, 2014

In the United Kingdom there were 2.4 vacancies per 100 employee jobs and 2.4 vacancies per 100 employee jobs in human health and social work activities between April and June 2014[20]. In this census, for England, we found 139 vacant posts per 3,449 filled jobs. This is equivalent to 4.0 vacancies per 100 filled jobs. These rates are not directly comparable; however, this suggests that there may be an excess number of vacancies. The vacancy level varies by specialty, with the highest level of vacancies in acute oncology services – a relatively new area of practice.

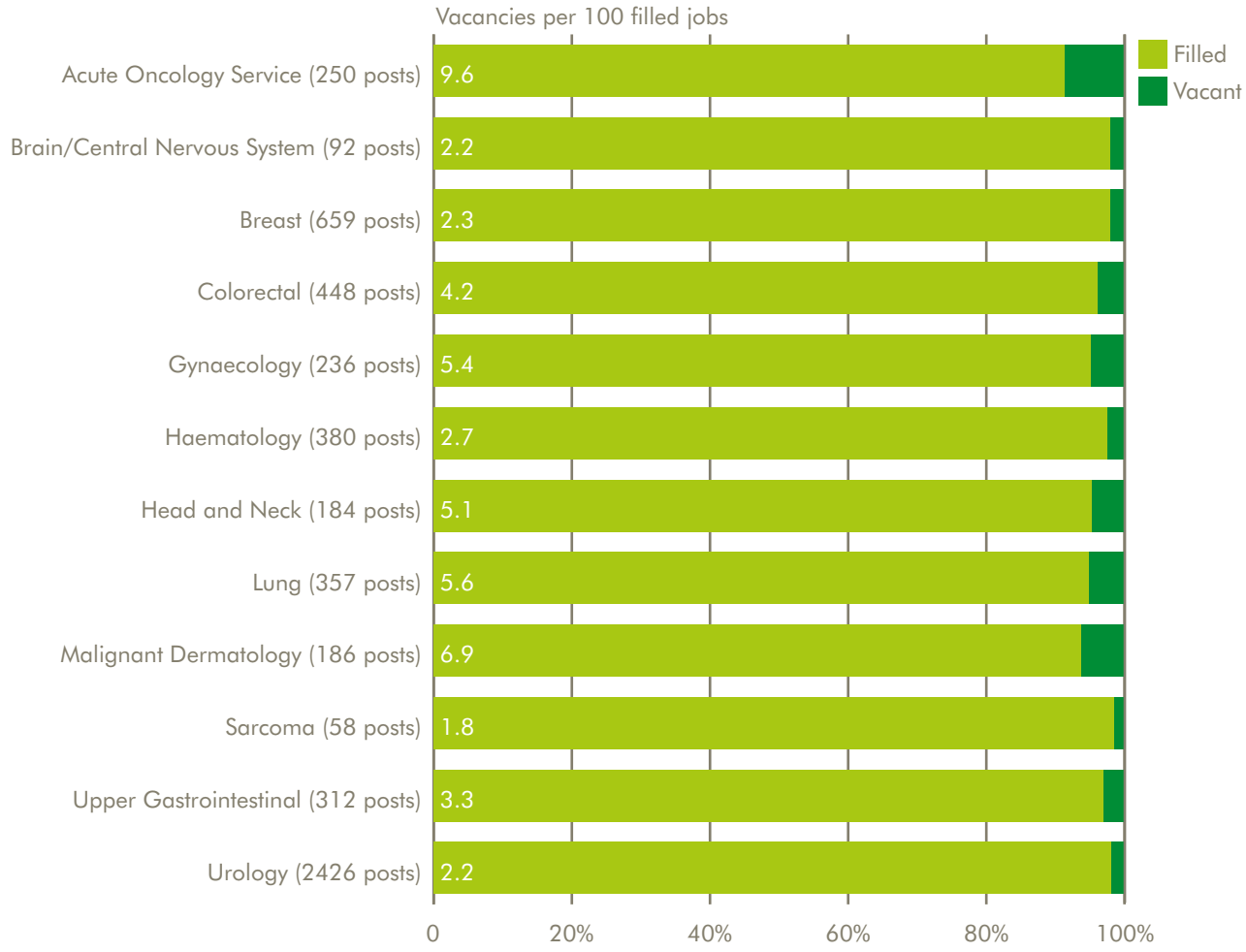
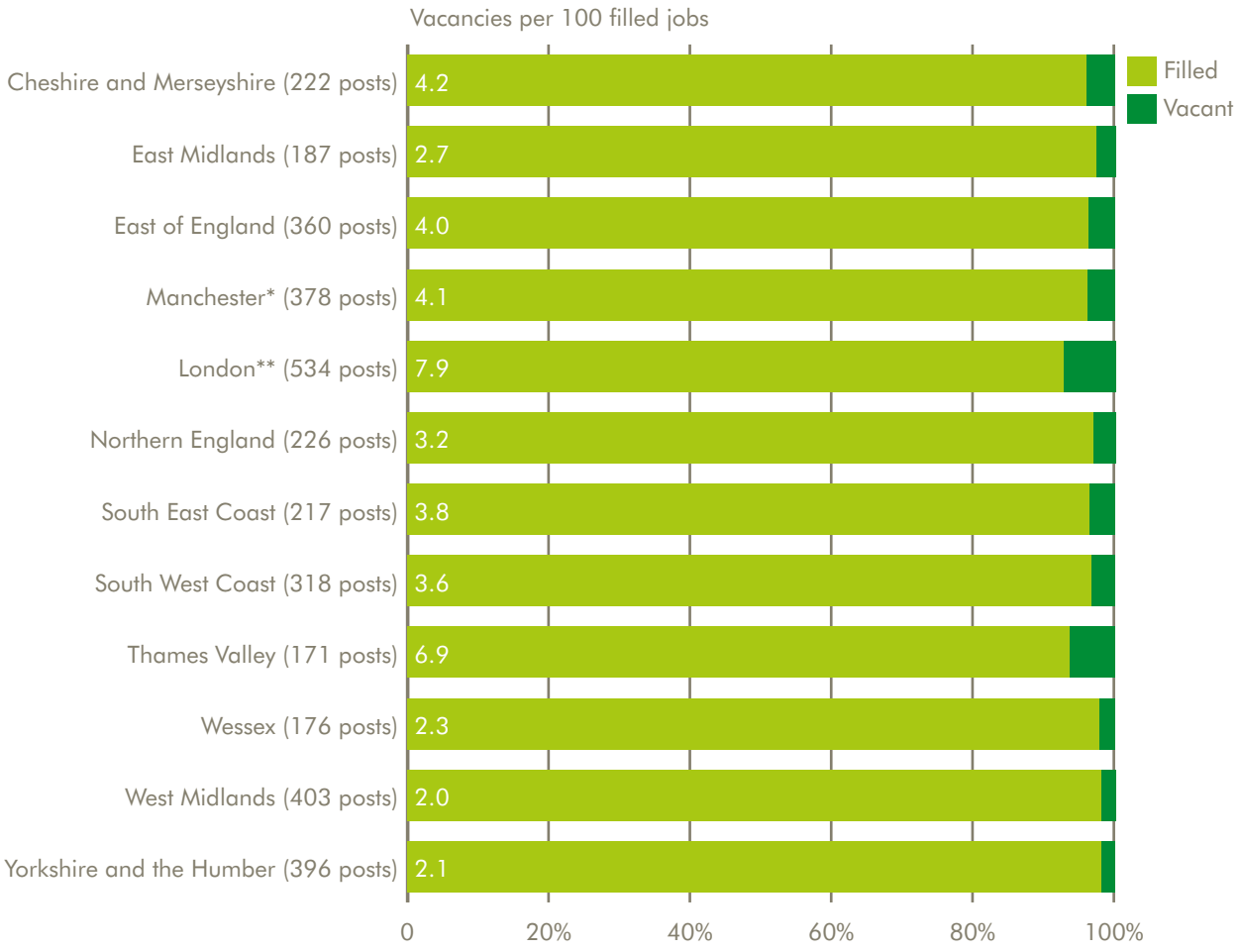


Fig. 9: Total specialist adult cancer nursing vacancies per 100 jobs by SCN, England, 2014

There is also variation in the vacancy rate across the country, with the highest number of vacancies in London and the Thames Valley.



*Greater Manchester, Lancashire and South Cumbria

**London including London Cancer Alliance and London Cancer

Table 16: Specialist adult cancer nursing workforce, by area of practice and age banding, WTE, England, 2014

Age range	Acute oncology service	Brain/ nervous system	Breast	Colorectal	Gynaecology	Haematology	Head and neck	Lung	Malignant dermatology	Sarcoma	Upper gastrointestinal	Urology – Prostate only	Urology – All uro-oncology	Percentage of total
Under 30	18.7% (9.5)	2.9% (1.5)	10.6% (5.4)	14.3% (7.3)	5.5% (2.8)	11.4% (5.8)	0.0% (0.0)	12.9% (6.6)	4.9% (2.5)	0.0% (0.0)	7.4% (3.8)	0.0% (0.0)	11.4% (5.8)	1.7% (51.0)
30–39	10.4% (55.3)	3.5% (18.5)	11.8% (62.7)	12.0% (63.9)	4.9% (26.3)	14.2% (75.9)	4.6% (24.7)	9.8% (52.4)	5.2% (27.5)	1.1% (5.8)	11.5% (61.2)	2.3% (12.3)	8.8% (46.7)	17.9% (533.2)
40–49	6.7% (66.9)	1.8% (18.3)	18.8% (189.1)	12.7% (127.3)	6.4% (63.8)	12.1% (121.7)	5.6% (56.2)	9.3% (93.8)	3.8% (38.3)	1.1% (10.7)	8.8% (88.0)	2.6% (25.9)	10.3% (103.3)	33.7% (1,003.4)
50–59	3.9% (29.0)	3.0% (22.8)	22.9% (172.4)	10.1% (76.0)	7.4% (55.4)	7.0% (52.5)	4.4% (33.2)	11.1% (83.3)	6.2% (46.5)	1.8% (13.7)	8.1% (61.1)	1.9% (14.0)	12.2% (92.1)	25.3% (752.1)
60 and over	2.0% (1.0)	0.0% (0.0)	22.3% (11.1)	21.0% (10.5)	13.9% (6.9)	6.0% (3.0)	4.4% (2.2)	12.8% (6.4)	3.6% (1.8)	0.0% (0.0)	7.4% (3.7)	4.4% (2.2)	2.0% (1.0)	1.7% (49.7)
Declined	7.2% (12.7)	0.9% (1.6)	16.5% (28.9)	14.8% (25.9)	5.4% (9.4)	9.5% (16.7)	5.6% (9.7)	9.1% (15.9)	5.9% (10.3)	0.5% (0.8)	10.0% (17.5)	3.9% (6.9)	10.8% (18.9)	5.9% (175.2)
Not known	6.7% (27.4)	3.1% (12.5)	18.6% (76.0)	14.1% (57.6)	5.7% (23.4)	12.0% (48.9)	5.9% (24.1)	8.4% (34.3)	4.5% (18.6)	2.8% (11.6)	7.9% (32.2)	2.6% (10.8)	7.8% (31.8)	13.8% (409.3)
% of total	6.8% (201.8)	2.5% (75.3)	18.3% (545.6)	12.4% (368.5)	6.3% (188.1)	10.9% (324.6)	5.0% (150.0)	9.8% (292.7)	4.9% (145.5)	1.4% (42.5)	9.0% (267.7)	2.4% (72.2)	10.1% (299.6)	100.0% (2,974.0)

Fig. 10: Filled specialist cancer nursing workforce, by majority area of practice and age banding, WTE, England, 2014

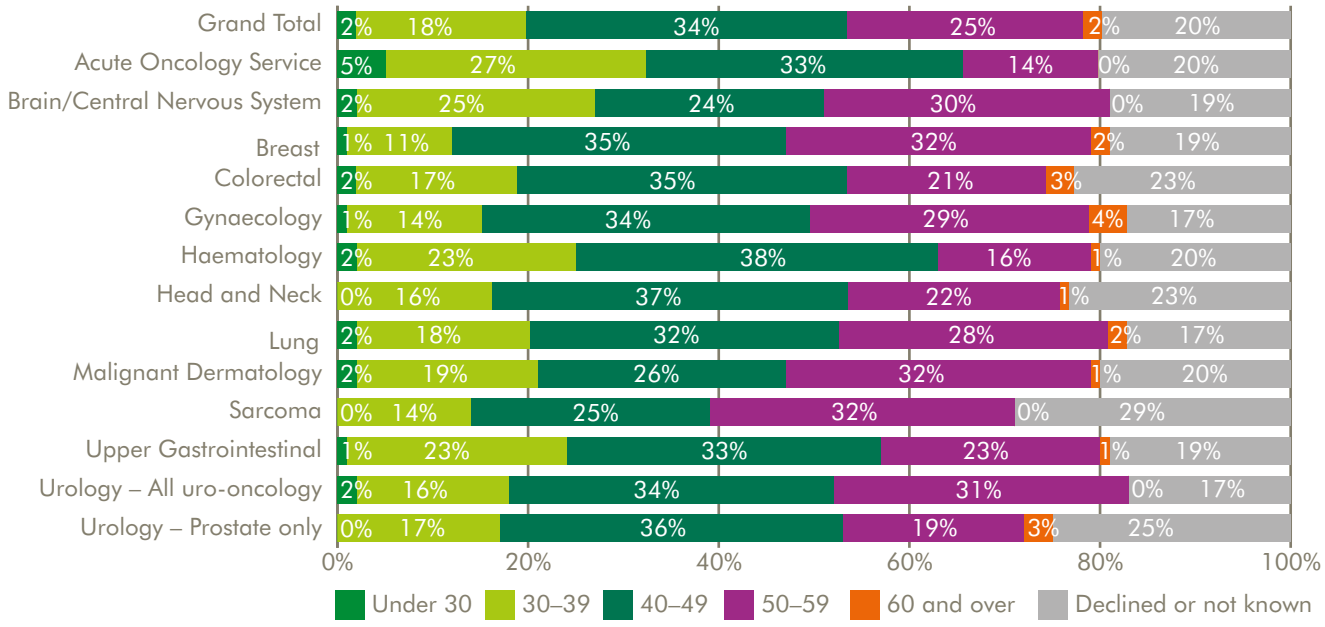
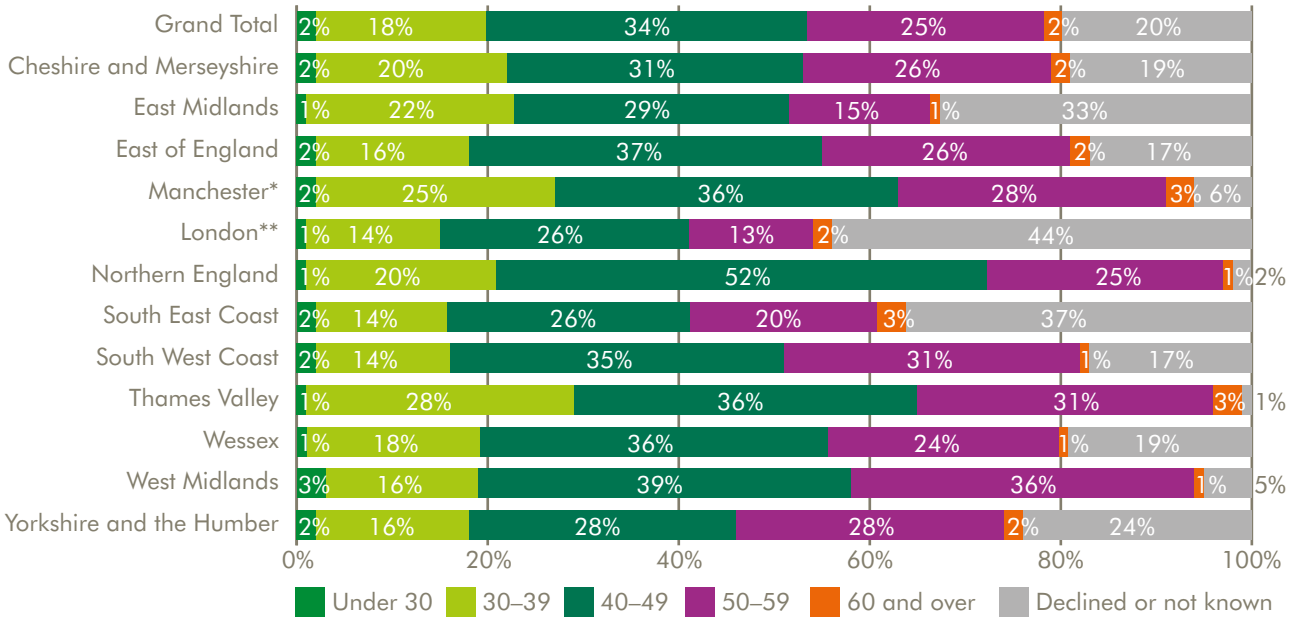


Table 17: Total specialist adult cancer nursing workforce by SCN and age banding, WTE, England, 2014

Twenty-seven per cent of the total specialist adult cancer nurse workforce is over 50 years of age. This varies from 15% in London (although the age is not known of 44% of the workforce in London) and 37% in the West Midlands.

SCN	Under 30	30–39	40–49	50–59	60 and over	Declined	Not known	Total
Cheshire and Merseyside	4.5	38.5	58.0	49.3	2.9	20.7	15.0	189.1
East Midlands	1.0	34.2	43.7	22.6	1.6	38.3	12.0	153.3
East of England	5.4	45.0	107.3	75.2	4.6	0	49.0	286.5
Manchester*	7.8	80.2	118.1	90.7	10.6	6.8	11.4	325.6
London**	6.0	63.3	113.0	57.9	7.9	38.7	155.0	441.8
Northern England	1.0	38.8	103.4	49.5	1.6	0	3.0	197.2
South East Coast	3.0	23.0	43.7	33.7	4.5	21.1	40.9	169.9
South West Coast	4.0	36.7	89.2	79.6	2.1	15.7	27.2	254.5
Thames Valley	1.6	36.6	46.7	40.0	3.4	0	1.6	129.9
Wessex	2.0	27.3	52.7	35.5	2.0	2.0	26.3	147.8
West Midlands	9.1	55.6	131.5	122.1	2.9	1.4	16.3	338.9
Yorkshire and the Humber	5.6	54.3	96.0	96.0	5.7	30.5	51.5	339.6
Total	51.0	533.2	1,003.4	752.1	49.7	175.2	409.3	2,974.0

Fig.11: Filled specialist cancer nursing workforce, by SCN and age banding, WTE, England, 2014



*Greater Manchester, Lancashire and South Cumbria

**London including London Cancer Alliance and London Cancer

4. Ratio of specialist adult cancer nursing workforce to incidence and two year-prevalence

It is important to put the variation in the distribution of specialist adult cancer nurses in the context of the varying levels of need. It is impossible to do this while fully taking into account the many aspects of need and service design. However, as a very crude measure, we have mapped WTE onto new cancer cases (incidence in 2012) and onto the number of people living up to two years post a cancer diagnosis (two-year prevalence in 2010).

However, there are many caveats to this approach – most notably the fact that new cases of cancer are recorded by the resident address of the patient, and not by the cancer unit in which they are diagnosed or treated. These ratios do not, therefore, reflect the caseload of the specialist nurse, nor do they demonstrate the variations in the level of support needed depending on the type and stage of cancer.

Table 18: Range of ratios of incidence and two-year prevalence per WTE by area of practice, England, 2014

	New cancer cases (incidence) per WTE in England overall	People living up to two years post cancer diagnosis (prevalence) per WTE			
			Variation across the SCN		
		England overall	Lowest SCN	Median SCN	Highest SCN
Brain/central nervous system	55	71	39	70	254
Breast	87	148	107	132	257
Colorectal	92	128	98	113	194
Gynaecology	82	130	95	132	232
Haematology	73	100	58	95	273
Head and neck	73	105	70	104	228
Lung	125	83	51	85	120
Malignant dermatology	73	124	76	119	284
Sarcoma	113	90	39	89	267
Upper gastrointestinal	93	66	36	75	168
Urology	159	247	170	241	426

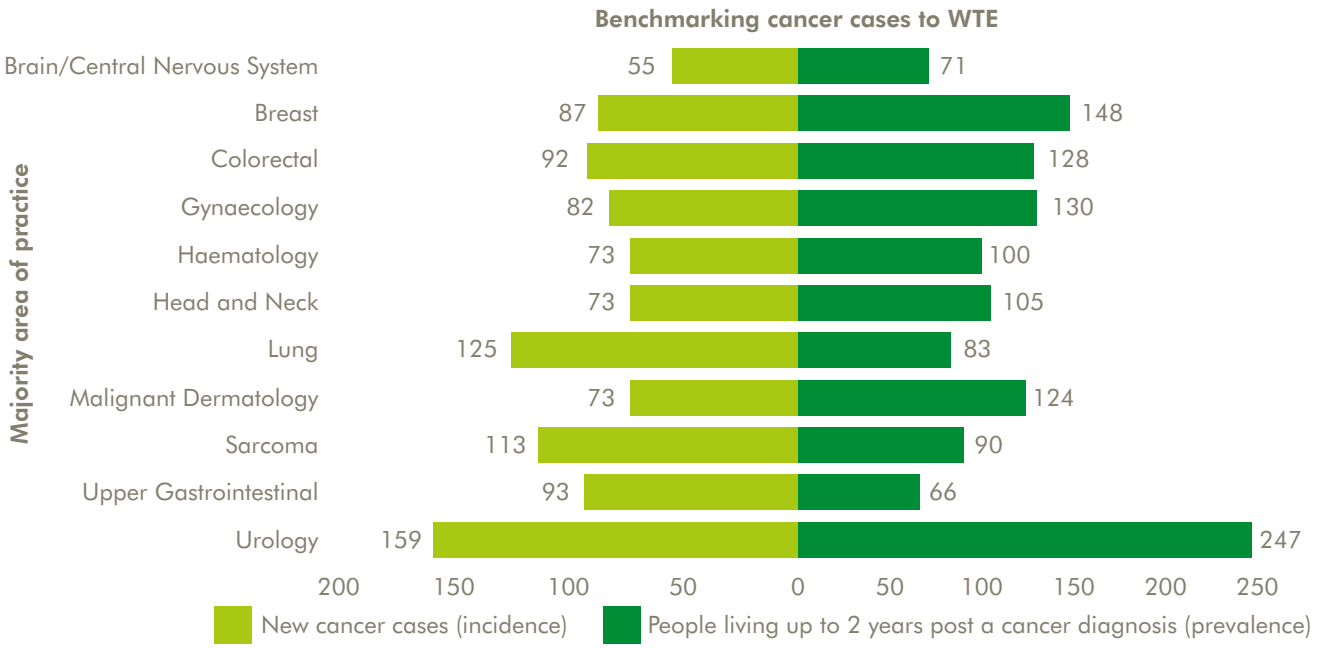
There is one SCN that doesn't have any sarcoma specialist adult cancer nurses. This case is excluded from the measures of variation across the SCNs.

The SCNs with the highest number of people living up to two years post a cancer diagnosis per WTE are often the areas with incomplete returns. However, even when SCNs with incomplete returns are excluded from the analysis there is still considerable variation across England in the provision of specialist adult cancer nurses.

Source: Two-year prevalence data sourced from National Cancer Intelligence Network. 2014. Macmillan-NCIN work plan – 20-year cancer prevalence for the period 1991–2010 by cancer type for each UK nation, the UK combined and England Strategic Clinical Networks. Data sourced and presented in collaboration with the Welsh Cancer Intelligence and Surveillance Unit, Health Intelligence Division, Public Health Wales, the Information Services Division Scotland and the Northern Ireland Cancer Registry. For cancer definitions, see appendix.

Source: Incidence data sourced from the Office for National Statistics. Cancer Registration Statistics, England, 2012. http://www.ons.gov.uk/ons/rel/vsob1/cancer-statistics-registrations--england--series-mb1-/no--43--2012/stb-cancer-registrations-2012.html (accessed August 2014). For cancer definitions, see appendix.

Fig. 12: Specialist adult cancer nursing workforce ratios against incidence and prevalence for England overall, WTE, 2014



The figure above shows the variation in the ratios across tumour types. For both measures, urology has the highest ratio of cases per WTE. This is based on the assumption that urology nurses are responsible for a diverse cancer population that includes large numbers of prostate cancer cases as well as bladder, kidney, testicular cancer and carcinoma in situ cases.

The differences in the pattern seen in the ratio of new cases and people living up to two years post a cancer diagnosis mainly reflects the differences in short term survival. This also highlights the complexity of the issue and the sophistication needed in workforce planning.

5. Observations and areas for further exploration

The reported WTE of specialist adult cancer nurses in acute oncology services has doubled from 111.4 in 2011 to 220.8 in 2014. This is likely to be in response to the Department of Health's request that all hospitals with emergency departments establish such services, following a report by the National Chemotherapy Advisory Group[13]. This report identified a need to extend the availability of emergency treatment for cancer patients suffering side effects from chemotherapy, as well as for previously undiagnosed cancer patients needing emergency care.

As a relatively new service, it is interesting to note that the specialist adult cancer nurse workforce is both younger and makes greater use of skill mix than in more established cancer services such as for breast cancer.

Macmillan continues to develop new posts to support clinical nurse specialist and advanced nurse practitioner posts to improve their expertise, as support worker roles have been demonstrated to release as much as 30% of CNS capacity.

There have been notable increases in WTE in haematology (21%) and upper GI (12%) in the same period.

However, the number of reported WTE specialist adult cancer nurses in gynaecology has reduced marginally from 2011.

Inequities remain both geographically, i.e. between SCNs, and also between different tumour types in terms of the provision of specialist adult cancer nursing posts. It may be helpful to further explore the reasons for this variation.

Clearly, the combination of an increase in incidence and prevalence, a lack of growth in specialist adult cancer nurse capacity and an ageing workforce in the areas of practice of both breast and gynaecology warrants specific attention.

Summary

Data collection methods and processes have evolved over the four censuses to date; however, every attempt was made to ensure consistency to enable meaningful comparison with numbers from the previous censuses.

The clinical nurse specialist subset of the total specialist adult cancer nursing workforce has remained the largest across all five censuses in England. The 2008 data was only 89% complete and therefore contains lower numbers overall. The 2014 data is 97% complete, with four SCNs in England offering incomplete data.

There appears to have been an actual increase in clinical nurse specialist posts from 2007–2014 for some areas of practice in England (particularly in acute oncology services/brain/central nervous system, lung, haematology and upper GI). However, the specialist adult cancer nursing workforce in general is not expanding sufficiently to keep pace with the growing number of people living with a cancer diagnosis.

Future planning and recommendations

Those responsible for commissioning services will undoubtedly be expecting value for money as well as high-quality services for patients. Workforce planning will be crucial in achieving improvements in outcomes, and the specialist adult cancer nursing census is a valuable tool to inform commissioning networks and other funding bodies in the drive for world-class cancer services.

There are still marked inequities in the provision of specialist nursing expertise for those diagnosed with different cancer types, as well as some degree of variance across geographical locations. Evidence from all the recent National Cancer Patients Experience Survey Reports[1] point towards the provision of specialist nursing expertise as an important indicator of the quality of cancer services and the experience of care reported by patients.

Commissioners and providers may therefore be interested in examining the ratio of specialist nurses to new cases of cancer within their localities more closely, along with data from hospital trust patient experience surveys and other sources such as the National Cancer Peer Review programme. Macmillan service development teams may be able to support this analysis.

Given that CNS job titles make up just over 80% of the specialist adult cancer nursing workforce, it might be worth considering how the questions about access to specialist adult cancer nursing in the cancer patient experience survey are phrased, so as not to exclude 20% of the workforce.

Proposals for future work

In thinking about the future specialist adult cancer nursing workforce, Macmillan has published a discussion document to encourage consideration and debate about how best to respond to the challenges facing the UK's health and social care systems. As people live longer, the incidence of cancer and other long-term conditions continues to rise, leading to an increase in the number of people with multiple health issues. Multiple morbidities are becoming the norm, with many people with cancer also living with two or more other conditions.[21]

In this context, Macmillan is looking at what the cancer care teams of the future must look like. They will need to be more flexible, working with people living with cancer to identify their concerns and support them in managing their

own care. The specialist adult cancer nursing workforce will be a key part of a whole system of care that will need to be required to support the growing numbers of people living in the community after a cancer diagnosis.

Macmillan's plans include:

- identifying how best to optimise the specialist adult cancer nurse workforce, building on the success of introducing skill mix in our One-to-One Support pilots, where support workers have been demonstrated to release CNS time for more complex care;

- re-establishing a role development programme that will support nurses wishing to establish themselves as specialists in cancer care;

- developing new roles that will support people with complex care coordination at key points in their care pathway;

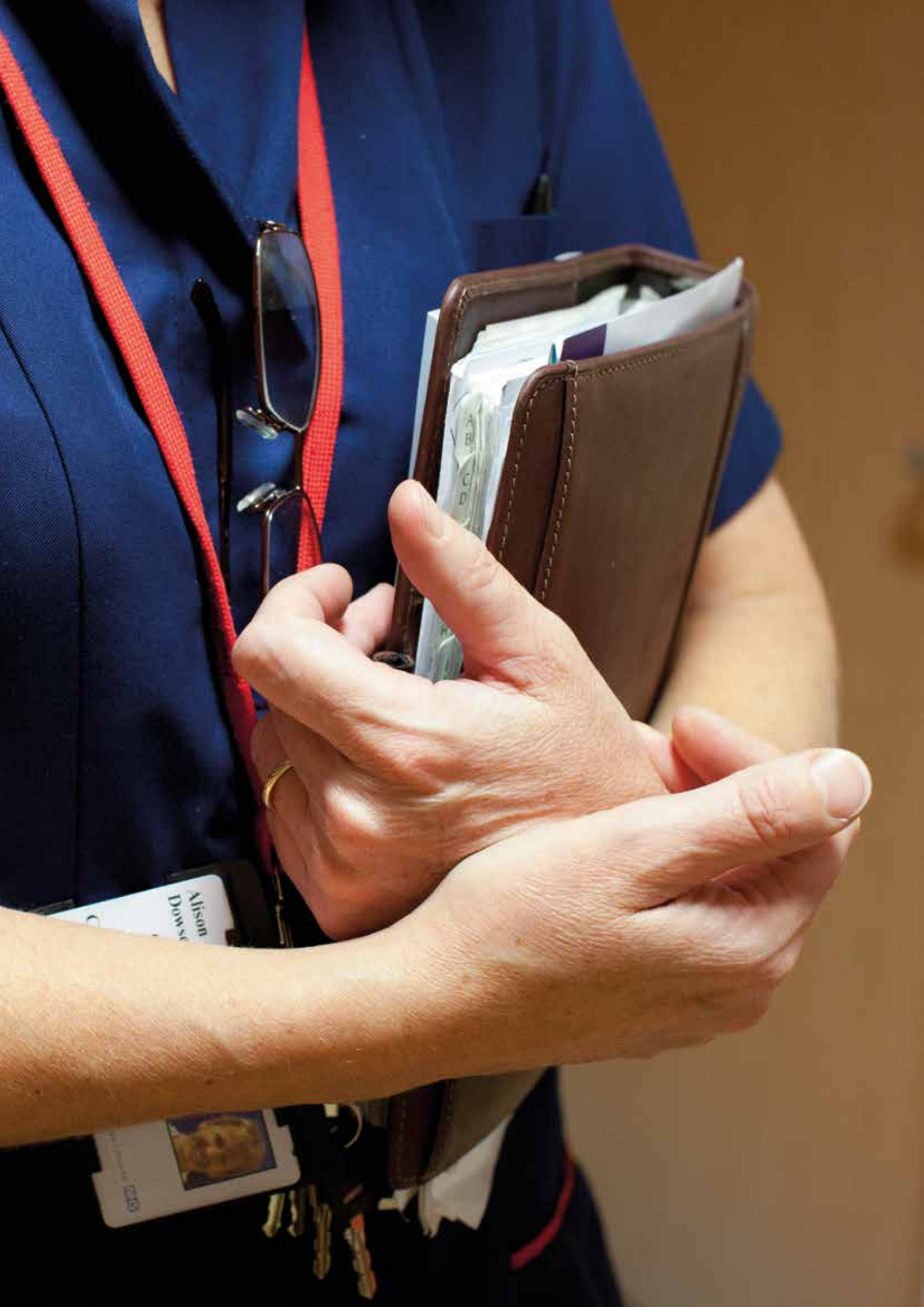
- mapping interventions that specialist nurses offer across different cancer patient pathways to determine best practice; and

- continuing the specialist adult cancer nursing census every two years

The results of the Department of Health's 2014 Cancer Patient Experience Survey were published in September 2014. There may be opportunities to conduct comparative analyses, using the 2014 survey data set and the results of the network level specialist adult cancer nursing census to assess the impact of specialist adult cancer nurses on patient experience.

Macmillan will continue to explore the use of markers other than incidence and two-year prevalence to help estimate the true caseload of specialist nurses, such as volume of patients seen by a multidisciplinary team.

Additionally, Macmillan will continue to work with its partners in Public Health England's National Cancer Intelligence Network, the National Cancer Peer Review team, SCNs, the Department of Health, charitable organisations and the Centre for Workforce Intelligence, with the aim of providing robust data on this important element of the specialist adult cancer workforce and addressing inequities wherever they are identified.



Acknowledgements

Project team:
Jacqueline Goodchild – Workforce Programme Lead, Macmillan Cancer Support

Hannah McConnell – Data Lead, Macmillan Cancer Support

Rachel White – Information and Data Analyst, Macmillan Cancer Support

Paul Trevatt – Strategic Clinical Network Lead, CVD/EOL NHS England (London Region)

Prof Alison Leary – Chair of Healthcare & Workforce Modelling at London Southbank University

Steve Candler – Senior Network & Domain Manager, Thames Valley Strategic Clinical Networks, NHS England

Yvonne Lush – Senior Macmillan Development Manager, Macmillan Cancer Support, Wales

Fay Scullion – General Manager, Macmillan Cancer Support, East Midlands and North East

Sarah Gigg – Senior Macmillan Development Manager, Macmillan Cancer Support, London South and West

Trisha Hatt – Senior Macmillan Development Manager, Macmillan Cancer Support, Scotland

Ross Matthews – Workforce Project Officer, Macmillan Cancer Support

Adrian Swift – Consultant, Centre for Workforce Intelligence

Will Murdoch – Data Modeller, Centre for Workforce Intelligence

References

1. Department of Health. *Cancer Patient Experience Survey National Report 2013*. http://www.quality-health.co.uk/resources/surveys/national-cancer-experience-survey/2013-national-cancer-patient-exerience-survey/2013-national-cancer-patient-experience-survey-reports/301-2013-national-cancer-patient-experience-survey-programme-national-report/file (accessed July 2014)

2. Trevatt, P. et al., A., 2008 *Mapping the English cancer clinical nurse specialist workforce. Cancer Nursing Practice*; 7(3), 33–38.

3. Trevatt, P., Leary, A., 2009. A census of the advanced and specialist adult cancer nursing workforce in England Northern Ireland and Wales, *European Journal of Oncology Nursing;* 14(1), 68–73.

4. Warwick, M. Trevatt, P. Leary, A. 2010. *Clinical nurse specialists in cancer care: Provision, proportion and performance. A census of the cancer specialist workforce in England 2010.*

5. NCAT Quality in Nursing. *Clinical nurse specialists in cancer care: Provision, proportion and performance. A census of the cancer specialist nurse workforce in England 2011*

6. NCAT, 2010. *Excellence in cancer care: the contribution of the clinical nurse specialist.*

7. Department of Health 2010. *Advanced level nursing: A position statement.*

8. Department of Health, 2004. *Manual of cancer services.*

9. National Cancer Intelligence Network. *NHS cancer commissioning toolkit.* Updated 2014.

10. Frontier Economics. *One-to-one support for cancer patients.* A report prepared for the Department of Health, December 2010.

11. NHS Confederation. *Coordinated cancer care: better for patients, more efficient.* NHS Confederation briefing issue 203, June 2010.

12. National Institute for Health and Care Excellence. Cancer. http://www.nice.org.uk/GuidanceMenu/Conditions-and-diseases/Cancer (accessed September 2014)

13. National Chemotherapy Advisory Group (NCAG). *Chemotherapy services in England: Ensuring quality and safety.* August 2009.

14. Gordon, B. Transcript of speech on health and social care., 8 February 2010. Web archive. nationalarchives.gov.uk/+/http:/www.number10.gov.uk/Page22402 (accessed 12 March 2014).

15. Department of Health, 2007. The cancer reform strategy. http://webarchive.nationalarchives.gov.uk/20130107105354/http:/www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_081007.pdf (accessed September 2014)

16. Department of Health, 2009. *The cancer reform strategy: Achieving local implementation. Second annual report.*

17. The Prostate Cancer Charity (now known as Prostate Cancer UK), 2009. *Access to clinical nurse specialists for men with prostate cancer.*

18. The Prostate Cancer Charity (now known as Prostate Cancer UK) 2007. *Prostate cancer charter for action: Because men matter – the case for the clinical nurse specialist in prostate cancer.*

19. The National Lung Cancer Forum for Nurses, 2009. *Good practice guide: Leading the way towards an ideal lung cancer service.*

20. Office for National Statistics. 2014. *VACS02: Vacancies by industry.* http://www.ons.gov.uk/ons/rel/lms/labour-market-statistics/august-2014/dataset--claimant-count-and-vacancies.html (accessed September 2014)

21. Macmillan Cancer Support, 2014. *Working together: Challenges, opportunities and priorities for the UK's cancer workforce.*

Appendix

Cancer definitions used calculating the ratio of specialist adult cancer nursing workforce by incidence and two-year prevalence

Majority area of practice	**Cancer types used in the ratios**
Brain/nervous system	Incidence is based on brain and nervous system (C47, C70–C72, C75.1–C75.3), two-year prevalence is based on brain, nervous system and eye, including benign neoplasm (C47, C69, C70–C72, D33)
Breast	Breast with in situ (C50,D05)
Colorectal	Colorectal with anus (C18–21)
Gynaecology	Gynaecology (C51–C58)
Haematology	Haematology (C81–C85, C88, C90–C96)
Head and neck	Head and neck with thyroid (C00–C14, C30–C32, C73)
Lung	Respiratory (C33–C34, C37–C39, C45)
Malignant dermatology	Skin – malignant melanoma (C43)
Sarcoma	Sarcoma (C40–C41, C46, C48–C49)
Upper gastrointestinal	Upper GI (C15–C16, C22–C25)
Urology	Urology including prostate and testicular (C60–C68) and bladder in situ (D09 in the incidence data and D090 in the two-year prevalence)

BAHNON

NLCFN

Breast Cancer Care

NCCNN

BAUN

UKONS

CfWI

Mouchel

NFGON

mouchel

building great relationships

WE ARE MACMILLAN. CANCER SUPPORT

Macmillan Cancer Support
89 Albert Embankment
London SE1 7UQ
Tel: 0207 091 2173
Email: jgoodchild@macmillan.org.uk
www.macmillan.org.uk