Cancer Workforce
CRUK Strategic Intelligence Forum

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Developing people
for health and healthcare
www.hee.nhs.uk
Introduction

Cancer survival is at its highest ever level, however NHS services are under considerable pressure. Increasing cancer incidence, an ageing population and efforts to improve outcomes means that the demand for cancer diagnostics and care has never been higher.

Prevalence increasing
- People living longer
- Lifestyle

Incidence is forecast to increase
- There are around 363,000 new cancer cases in the UK every year, that's more than 990 every day (2014-2016) - 1 person diagnosed every 2 minutes
- (projected) 422,000 p.a. by 2022 (=18% inc. over 8 yrs)

1 in 2 people will be diagnosed with cancer in their lifetime (CRUK)

<table>
<thead>
<tr>
<th>Year</th>
<th>Estimated number of cases from 2016 to 2022, all cancers, both sexes, all ages</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>363,484</td>
</tr>
<tr>
<td>2022</td>
<td>422,000</td>
</tr>
</tbody>
</table>
System Approach

- Better prevention
- Earlier diagnosis
- Better treatment and care

<table>
<thead>
<tr>
<th>Year</th>
<th>Document Title</th>
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<tbody>
<tr>
<td>2014</td>
<td>Five Year Forward View</td>
</tr>
<tr>
<td>2015</td>
<td>Cancer Strategy for England</td>
</tr>
<tr>
<td>2019</td>
<td>NHS Long Term Plan</td>
</tr>
<tr>
<td>2019</td>
<td>Interim People Plan</td>
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<tr>
<td>2019</td>
<td>Full People Plan</td>
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</tbody>
</table>

Cancer Workforce Plan
Phase 2 DRAFT

Cancer Workforce Task and Finish Group
Outputs
HEE Cancer Workforce Plan – Phase 1

- Published December 2017.
- Multi-stakeholder plan with multi-stakeholder responsibility to respond (i.e. whole system response required to deliver it).
- Developed from analysis of cancer alliance workforce pressures, emerging service models, national supply and demand data and areas of concern highlighted in the Cancer Taskforce Report (2015-2020).
- Described short term actions (up to the end of 2021) for key workforce areas that are critical for cancer service delivery.

<table>
<thead>
<tr>
<th>Key Profession / role</th>
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</thead>
<tbody>
<tr>
<td>Histopathology and healthcare scientists</td>
</tr>
<tr>
<td>Gastroenterology (endoscopists)</td>
</tr>
<tr>
<td>Clinical Radiology</td>
</tr>
<tr>
<td>Medical and Clinical Oncology</td>
</tr>
<tr>
<td>Diagnostic Radiography</td>
</tr>
<tr>
<td>Therapeutic Radiography</td>
</tr>
<tr>
<td>Nursing (CNS)</td>
</tr>
</tbody>
</table>
System Workforce Gains

Mechanisms to achieve system workforce gains:

- **Education pipeline**
  - Reducing attrition
  - Increasing transition to employment

- **Recruitment and retention**
  - Reducing full retirement
  - Improving retention
  - Recruiting from outside the NHS
  - International recruitment

*Not just numbers – supporting staff to develop new skills and enabling them to work differently*

The overall (national) ambition is to increase the medical and clinical workforce by an additional 1,490 FTE by 2021
Approach

- HEE to work (predominantly) with Cancer Alliances as the system leaders for cancer, **to develop regional workforce supply plans with ambitions in place** to increase supply across the key professions.

- HEE regions have supported this through **additional expertise** alongside Cancer Alliances, **investment and alignment** with LWABs and **Workforce Development offers**.

- Nationally, HEE has **invested** an additional **£9m in 2018/19 and £9m to date in 2019/20** to support the cancer workforce, and **Cancer Alliances** are investing elements of **transformation funding** in workforce schemes.

- **Development of projects and initiatives** within regional delivery plans is ongoing.
Cancer Alliances

- As we continue to implement the Long Term Plan, Cancer Alliances will be the driving force for change locally, building on the extensive transformation work already underway across the country.

- Across 2017/18-2018/19, the National Cancer Programme exceeded its commitment to make £200m available to Cancer Alliances. This money has been allocated to improvement activity such as early diagnosis, living with and beyond cancer and improving 62-day performance.

- Service transformation not only improves patient outcomes, but also encourages collaboration across providers, supports the workforce to work differently and allows services to meet changing demand.
The HEE Star – our model for workforce transformation

1. The HEE Star provides a simple, coherent framework to facilitate and guide complex conversations with provider systems, to better understand and define their workforce transformation requirements, **project by project**

2. The HEE Star is also a single 'go to' directory for providers and systems to access and explore the range of workforce transformation solutions available to help address the workforce requirements identified - including tools, training materials, case studies and other interventions

Access the HEE Star at [www.hee.nhs.uk/heestar](http://www.hee.nhs.uk/heestar).
Investing in transformation

- Role of Local Workforce Action Boards
- Working with Cancer Alliances to align workforce transformation to Alliance transformation plans and STP priorities
- Investment in workforce transformation, specifically in cancer

For example:
- Supporting the workforce to develop the higher level competences required to implement new models of care for people affected by cancer
- Advanced Clinical Practice
- New roles such as developing support workers and cancer care navigators
- Expanding skill mix such as reporting radiographers
Monitoring delivery and progress

Workforce intelligence supports the 2016-2021 Cancer Workforce Plan enabling partners to monitor progress and analyse workforce change over time.

At present, quarterly data is available from March 2016 through to June 2019.

- Staff in post data – national
- Staff in post data - regional dashboard
- Cancer Workforce Reports
Monitoring delivery – staff in post

Over the past three years it has been observed constant growth for all the key cancer professions.

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Histopathology</td>
<td>1,190</td>
<td>1,177</td>
<td>1,178</td>
<td>1,229</td>
<td>-</td>
<td>-1%</td>
<td>0%</td>
<td>51</td>
<td>4%</td>
<td>13</td>
<td>39</td>
<td></td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>1,080</td>
<td>1,147</td>
<td>1,235</td>
<td>1,347</td>
<td>67</td>
<td>6%</td>
<td>87</td>
<td>112</td>
<td>9%</td>
<td>154</td>
<td>267</td>
<td></td>
</tr>
<tr>
<td>Clinical Radiology</td>
<td>2,835</td>
<td>2,921</td>
<td>3,038</td>
<td>3,164</td>
<td>86</td>
<td>3%</td>
<td>117</td>
<td>126</td>
<td>4%</td>
<td>203</td>
<td>329</td>
<td></td>
</tr>
<tr>
<td>Clinical and Medical Oncology</td>
<td>1,058</td>
<td>1,105</td>
<td>1,155</td>
<td>1,225</td>
<td>47</td>
<td>4%</td>
<td>50</td>
<td>70</td>
<td>6%</td>
<td>97</td>
<td>167</td>
<td></td>
</tr>
<tr>
<td>Diagnostic Radiography</td>
<td>13,579</td>
<td>14,049</td>
<td>14,548</td>
<td>15,076</td>
<td>470</td>
<td>3%</td>
<td>499</td>
<td>528</td>
<td>4%</td>
<td>969</td>
<td>1,497</td>
<td></td>
</tr>
<tr>
<td>Therapeutic Radiography</td>
<td>2,634</td>
<td>2,724</td>
<td>2,802</td>
<td>2,851</td>
<td>89</td>
<td>3%</td>
<td>78</td>
<td>49</td>
<td>2%</td>
<td>167</td>
<td>217</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>22,377</td>
<td>23,122</td>
<td>23,956</td>
<td>24,892</td>
<td>745</td>
<td>3%</td>
<td>833</td>
<td>936</td>
<td>4%</td>
<td>1,578</td>
<td>2,515</td>
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</tr>
</tbody>
</table>
Observed SIP change vs Do-nothing and local ambitions (2016-2021)

- Dashboards show that between March 2018 and March 2019 the observed SIP growth exceeded the combined do-nothing projected increase and the FTE increase ambitions*.
- This level of growth for 2018-2019 is in line with the previous year (4%).

*FTE increase ambition from International recruitment not included in this chart.
Cancer Workforce Dashboard – By Region

- Staff in Post by Region at June 2019

<table>
<thead>
<tr>
<th>Region</th>
<th>Staff in Post</th>
<th>MMB 19</th>
<th>MMB 18</th>
<th>MMB 17</th>
<th>MMB 16</th>
<th>MMB 15</th>
<th>MMB 14</th>
</tr>
</thead>
<tbody>
<tr>
<td>London</td>
<td>410</td>
<td>2,088</td>
<td>2,035</td>
<td>205</td>
<td>208</td>
<td>700</td>
<td></td>
</tr>
<tr>
<td>Midlands</td>
<td>479</td>
<td>2,973</td>
<td>179</td>
<td>208</td>
<td>178</td>
<td>489</td>
<td></td>
</tr>
<tr>
<td>North East and Yorkshire</td>
<td>395</td>
<td>2,901</td>
<td>195</td>
<td>200</td>
<td>174</td>
<td>446</td>
<td></td>
</tr>
<tr>
<td>North West</td>
<td>429</td>
<td>2,950</td>
<td>370</td>
<td>185</td>
<td>186</td>
<td>446</td>
<td></td>
</tr>
<tr>
<td>South East</td>
<td>432</td>
<td>2,996</td>
<td>173</td>
<td>174</td>
<td>255</td>
<td>484</td>
<td></td>
</tr>
<tr>
<td>East of England</td>
<td>213</td>
<td>1,457</td>
<td>138</td>
<td>116</td>
<td>144</td>
<td>311</td>
<td></td>
</tr>
<tr>
<td>South West</td>
<td>257</td>
<td>1,340</td>
<td>122</td>
<td>134</td>
<td>217</td>
<td>328</td>
<td></td>
</tr>
</tbody>
</table>
Cancer Workforce Reports

- Covering each of the priority professions
- Pull data together from the Electronic Staff Records (ESR), the General Medical Council (GMC) register, the National Training Survey (NTS), the Health and Care Professions Council (HCPC) and ONS population estimates
- Used to inform

Medical reports cover for example (data currently to March 18):
- Narrative overview of the specialty including future technological advancements
- GMC registration: trends over recent years, English NHS vs other employment
- Consultant workforce: demographics, stock & flow, retention and participation of older consultants
- Trainee workforce: level (grade) breakdown, attrition from training and transition to consultant workforce
- Possible future supply up to 2027/28 and population-based analysis.
LTP: “one of the biggest actions the NHS can take to improve cancer survival is to diagnose cancer earlier.” Key ambitions are that, by 2028, 55,000 more people will survive their cancer for five years, and we will increase the number of people diagnosed at Stage 1 or 2 to 75%.

| Rapid Diagnostic Centres | • To help to manage rising volume; demand is driven by rising incidence and increasing referrals for suspected cancer.  
• Priority professions include radiologists and radiographers, CNSs and generalist physicians. |
|--------------------------|------------------------------------------------------------------------------------------------------------------|
| Targeted Lung Health Checks | • Pilot areas targeting those most at risk of lung cancer, in bid to diagnose earlier.  
• Priority professions include radiologists and radiographers, spirometry nurses (and associated training) and surgeons. |
| Personalised Care | • Stratified follow-up will free up specialist capacity and outpatient appointments.  
• Commitment that every person diagnosed with cancer will have access to personalised care by 2021.  
• Priority professions include CNSs, AHPs, support workers, primary care and palliative care. |
| FIT – bowel screening | • Age threshold reduced from 60 to 50; easier for patients to use; will detect more cancers earlier.  
• Priority professions include endoscopists, pathologists, surgeons and screening coordinators. |
| Treatment and innovation | • Making immunotherapy (incl CAR-T) available to more patients.  
• Genomics guiding personalised treatment options and identifying family members at risk of cancer  
• Priority professions include genomic counsellors, molecular pathologists, biomedical scientists, oncologists and clinical immunologists. |
| Others | • Accelerate access to diagnosis and treatment.  
• Creating greater awareness of symptoms of cancer.  
• Investing in new equipment, including CT and MRI scanners.  
• Development of networked approaches in imaging and pathology |
What next?

Patient care pathway

Key action = earlier diagnosis

Working through cancer alliances to understand:

1. The key areas of workforce pressure:
   a) short (2020 – 2021)
   b) medium (2022 – 2028)
   c) long-term (post 2028)

2. New roles and new ways of working which will help address workforce pressures and achieve cancer ambitions?

3. The barriers to implementing new roles and new ways of working.