

**Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#)
ar y [gweithlu Iechyd a Gofal Cymdeithasol](#)**

**This response was submitted to the [Health and Social Care](#)
[Committee](#) consultation on [Health and Social Care Workforce](#)**

HSC 21

**Ymateb gan: | Response from: Cymorth Cancer Macmillan | Macmillan
Cancer Support**



Macmillan Cancer Support – response to Health and Social Care Committee consultation on the health and social care workforce

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Macmillan Cancer Support is pleased to be able to provide written evidence on this hugely important topic. We welcomed the publication of HEIW and SCW's strategy last year – it sets out a positive vision for our future health and care workforce – but said at the time that we wanted to see further detail, timescales and financial commitments to support its ambition of building a workforce to meet the needs of the people of Wales by 2030.

The pandemic has both highlighted and exacerbated the pressures that the health and social care workforce has been under for years, many of whom are struggling to cope with excessive workloads and unable to get the professional development and support they need, and we welcome the strong focus within the strategy on the wellbeing of health and social care staff across Wales. We also welcomed the strategy's emphasis on identifying and mitigating potential shortage areas as early as possible and improving career development opportunities and working arrangements for staff.

We have set out some further information below in line with the seven specific areas listed by the Committee.

Plans for implementation of A healthier Wales: our workforce strategy for health and social care (published in October 2020), including progress made to date and whether delivery is on track for 2030.

HEIW's 2021/22 annual plan outlines some of the organisation's key strategic objectives for this year – we particularly welcome the development of a national nursing workforce plan, a CPD strategy, and the publication of workforce mapping as key priorities that stem from the 2020 strategy. It would also be helpful to see HEIW and SCW regularly report progress against the specific 32 actions set out in the joint strategy document.

We were pleased to see the strategy identify nursing as one of four key professional and occupational groups for which workforce plans would be developed. The strategy stated that these plans would focus on short-to-medium term improvements to address shortages in those areas which required an "urgent and intensive focus". Whilst we appreciate that the pandemic continues to impact on capacity, and we understand that work has now commenced on a workforce plan, we are eager to see the development of this plan as urgently as possible. It is too early to say whether overall progress is on track to deliver the strategy's objectives by 2030, but completing urgent priority actions such as the nursing workforce plan will be critical in achieving this.

The alignment of the strategy and its implementation with other priorities and actions, including those identified in the Welsh Government's Programme for Government for 2021-2026, and A Healthier Wales: our Plan for Health and Social Care (2018).

Generally, the strategy and its aims do align with the 2021-2026 Programme for Government and *A Healthier Wales*, although we have identified palliative and end of life care as one area where more detail from HEIW and SCW would be welcome. End of life care was a particular focus of the Programme for Government, with the Welsh Government indicating that end of life care will be a priority area over the course of the sixth Senedd and the separate announcement of a National Programme for End of Life Care.

We understand that the 2020 strategy document predates these commitments, but given the significant increase in demand for end of life care services that we expect to see over the coming decades it would be useful to see HEIW and SCW outline in detail the measures they will take to ensure both our specialist palliative care workforce and the wider workforce are set up to meet the palliative care needs of people in Wales. Any work in this area will have to take into account the shift we have seen over the course of the last 18 months towards significantly more people dying at home compared to pre-pandemic levels.

The extent to which HEIW/SCW's workforce strategy and broader work on workforce planning and the commissioning/delivery of education and training, will ensure that we have a health and social care workforce which is able to meet population health and care needs, and support new models of care and ways of working, including optimising the use of digital technology and the development of Welsh language services.

We welcome the recognition within the strategy that there are certain areas of the workforce – such as nursing – where shortages require urgent action, and as part of this consultation response we would like to draw particular attention to the challenges facing the specialist cancer nurse workforce in Wales. Macmillan has recently published a new report, [‘Cancer nursing on the line: we need urgent investment across the UK’](#), which focuses on the role of specialist cancer nurses and what steps governments across the UK can take to ensure we have enough of them to meet the expected increase in demand over the next decade.

Specialist cancer nurses' clinical expertise, leadership skills and advanced diagnostic and communication skills can speed up a patient's recovery, prevent readmissions, and join up services to tackle inequalities in care. They are unique in their balance of clinical and non-clinical skills built up over several years' training and experience, providing people with a single point of contact for all their needs and playing an essential role in coordinating and leading teams to deliver personalised care.

For Wales, we estimate that if the number of specialist cancer nurses stays at current levels an additional 166 specialist nurses will be needed to deliver comprehensive care and support for the anticipated 230,000 people that will be living with cancer in 2030 – an increase of around 80%. 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.

In addition to this call for investment, our report also recommended that:

- Health boards and trusts in Wales should guarantee time and ringfence funding to allow nurses to access CPD
- Welsh Government and HEIW should create and fund an optimised career development pathway for general adult nurses to become clinical nurse specialists
- Welsh Government should 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
- Welsh Government should direct HEIW to develop a cancer-specific workforce plan

In line with the above, we welcome the development of a strategy for CPD in Wales and look forward to hearing more about how professionals' access to CPD will be protected and increased. On the recommendation for career development pathways to encourage more generalists to become clinical nurse specialists, we would hope to see detail on this within the nursing plan when it is published.

Outside of nursing, there are several other areas of the cancer workforce that the Welsh Government and HEIW will have to prioritise to keep pace with demand. This includes allied health professionals (AHPs), who play a vital role in supporting people living with cancer to improve their independence and quality of life by addressing unmet needs such as fatigue, pain, mobility, nutrition, communication and swallowing difficulties. Our [UK-wide survey of AHPs in 2018](#) saw most respondents agree that more AHPs were needed in order to provide adequate support – a need which will only grow as the number of people living with cancer in Wales continues to rise. Given this, it would be good to hear more from HEIW specifically about their plans for the AHP workforce over the next decade.

The mechanisms, indicators and data that will be used to measure progress in implementing the workforce strategy and evaluate its effectiveness.

Clear, accessible and regularly published metrics will be crucial in assessing how HEIW and SCW are progressing against the aims of the strategy. Although we were pleased to see HEIW's 2021/22 annual plan outline some of the organisation's key strategic objectives for this year, the strategy document itself could be clearer on what metrics or data will be used to measure progress and how members of the public should expect to be able to find out how the aims of the strategy are progressing.

Whether the financial and other resources allocated to implementation of the strategy are adequate.

Although we welcome the increase in HEIW's budget from 2020/21 to 2021/22, it is not yet clear to us what financial resources have been specifically allocated to implement the strategy and we would be keen to see further detail on this.

The extent to which the strategy and its implementation are inclusive, reflect the needs/contribution of the whole workforce—for example, on the basis of profession, stage of career or protected characteristics—and also take into account the role of unpaid carers and volunteers.

We welcome the strategy's focus on inclusion – particularly the commitments to address pay gaps across the protected characteristics and to improve recruitment into the health and care workforce from under-represented groups.

We also welcome the strategy's acknowledgement that volunteers and carers are a key part of our health and social care workforce. We were pleased to see the commitment to develop a good practice guide for integrated working and that this will include volunteers, carers and voluntary service providers.

Whether there are any specific areas within the strategy that would benefit from focused follow up work by the Committee.

The strategy rightly points to our ageing NHS workforce as a concern, and the significant increase since 2009 in the proportion of NHS staff aged over 50. Macmillan agrees on the importance of this issue and would like to draw the Committee's attention to [our most recent census of the specialist cancer nurse workforce in Wales](#), published in 2018. This found that 74% of breast clinical nurse specialists were aged 50 and above and are therefore likely to retire before 2030. The census found several other areas of practice where the average age of the workforce is particularly high, including specialist palliative care, gynaecology and brain/central nervous system cancer nurses.

We know the huge difference that access to a clinical nurse specialist can make for people living with cancer, and we recommend that HEIW prioritises succession planning for those areas of practice where we face serious shortages in our specialist cancer nurse workforce.

We would also like to point to the importance of staff health and wellbeing, especially given the profound emotional and psychological impact that the pandemic has had on large parts of the workforce. A fear of contracting the virus whilst at work, rapid changes in ways of working, and concerns about delayed diagnostics and treatment for patients have all tested professionals' resilience. This impact, coupled with the growing gap between patient need and workforce capacity over the coming years, is likely to increase levels of burnout and early retirement.

The biggest step we can take to mitigate these causes of stress and burnout is to increase capacity across the workforce so that workloads become more manageable. We were very pleased to see the strategy place a strong emphasis on this area with the commitment to develop a Health and Wellbeing Framework and the listing of attractive and flexible working arrangements for staff as a desired outcome of the strategy.