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

HSC 28

Ymateb gan: | Response from: Cancer Research UK



Senedd Health and Social Care Committee consultation on the health and social care workforce

Cancer Research UK Response – October 2021

Cancer Research UK welcomes the opportunity to respond to the Health and Social Care Committee's consultation on the health and social care workforce. Our response focuses on the cancer workforce in Wales in relation to 'A Healthier Wales: Our Workforce Strategy for Health and Social Care'.

The NHS workforce has borne a massive burden through the pandemic. We know that NHS staff are exhausted after responding to COVID-19¹, as well as trying to maintain cancer services, including increased infection control measures.

Gaps in the NHS workforce are a fundamental barrier to transforming cancer services and improving UK cancer survival. Even before the pandemic, Wales was experiencing significant gaps in the diagnostic and cancer workforce, such as in imaging, endoscopy, pathology, and non-surgical oncology. These gaps have severely affected its ability to diagnose cancers early and provide the most effective cancer treatment.

In 2020, Health Education and Improvement Wales (HEIW) and Social Care Wales published the Workforce Strategy for Health and Social Care in Wales.² It is unclear what the progress in implementing the strategy. As a result, it is unlikely the diagnostic and cancer workforce will have the capacity it needs to meet the challenge in cancer services now and in the future.

Without urgent focus and investment in the diagnostic and cancer workforce, there is a real risk that cancer survival could go back in the UK for the first time in decades. The upcoming Budget is an invaluable opportunity to invest in the diagnostic and cancer workforce in Wales for the long-term, to ensure that every cancer patient in Wales has access to timely, quality care now and for decades to come.

1. 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.

Gaps in the diagnostic and cancer workforce

The Workforce Strategy for Health and Social Care in Wales aims to have a sustainable workforce in sufficient numbers to meet the health and social care needs of the population by 2030.³ It highlights the significant shortages across a range of professions and the consequences these have on services. Workforce shortages across the professions key to the timely diagnosis and treatment of cancer continue to harm the delivery of cancer services in Wales, and without investment we are unlikely to see sufficient progress in meeting the goal set out in this strategy by 2030.

For example, the Royal College of Radiologists (RCR) found that shortfall of clinical radiology consultants in Wales is 37% – higher than the UK average of 33%. In 2020, Wales had just 7.8 radiologists (who read and interpret medical images in order to diagnose, treat and monitor diseases) per 100,000 people, compared to the European average of 12.8. Without action, shortages show no sign of abating, with Wales seeing the slowest growth in the clinical radiology workforce in the UK – averaging just two additional Whole Time Equivalent (WTE) radiologists per year.⁴

Shortages are evident across the cancer pathway. For example, the RCR found that in Wales there is a 20% shortfall of clinical oncologists, who are specialists key to treating cancer patients given their role in using radiotherapy and chemotherapy to treat and manage patients with cancer. Without a

clear plan and investment to grow the workforce this will not improve, with the current trend of retirements outnumbering training completions meaning that without action there will be 10 fewer CO consultants in post in 2025 than now.⁵

These shortages have serious consequences for patients. The RCR recently found that 60% of clinical directors believed there were insufficient radiologists to deliver safe and effective patient care in Wales.⁶ The NHS has relied on the goodwill of its workforce to keep services running, with over one in four doctors in Wales, England and Northern Ireland reporting they worked more than their contracted hours without pay.⁷ NHS Wales' spending on agency staff almost trebled from £50 million to £143 million between 2010/11 and 2018/19, showing the financial burden that workforce shortages have in Wales.⁸

The workforce strategy included an action to develop workforce plans for key medical groups. However, it lacks detail on what these plans would entail, and does not outline which sections of the medical workforce would be covered. So far, we have seen little progress in delivering these plans. We believe that the diagnostic and cancer workforce needs to be at the front of the queue for workforce plans.

With the upcoming Welsh Government Budget in coming months, this is an opportunity to provide investment into the diagnostic and cancer workforce in Wales, to deliver a national cancer and diagnostics workforce plan.

Wellbeing

The workforce strategy has a significant focus on the wellbeing of the workforce. Given workforce shortages, maximising retention in the diagnostic and cancer workforce is vital to ensure that current capacity in cancer services is not lost. As a result, the impact of COVID-19 on the wellbeing of the health workforce is worrying. The latest BMA survey of doctors in Wales, England and Northern Ireland found that over half of respondents were suffering from poor mental health such as stress and burnout.⁹ In July and August 2020, the General Medical Council (GMC) national training survey provided a stark warning, with 59% of trainees in Wales feeling somewhat or highly burnt out because of their work. Consultants and specialty doctors also reported feeling the strain, with 84% saying that their work was emotionally exhausting.¹⁰

Measures to support the wellbeing of the cancer workforce will be essential to ensure the current workforce does not lose its existing capacity. This may include the continued provision of mental health support for all staff beyond the immediate pressures of the pandemic, collecting more granular and timely data on the wellbeing of the workforce to help NHS providers target their support most effectively, exploring where changing working patterns such as flexible working can support work-life balance, and tackling the barriers to continuous professional learning and development throughout the workforce. The strategy includes actions that can support wellbeing – given the toll of the pandemic on the workforce, continued implementation will be vital, as well as monitoring of their impact on wellbeing and retention.

Technology and innovation

The strategy aims to develop the capabilities of the workforce so that technology can help optimise the way it works. Since the strategy was published, there has been the roll out of exciting innovative technologies across the UK with the potential to support the diagnostic and cancer workforce, for example Colon Capsule Endoscopy (CCE) and Cytosponge. However, investment in innovation itself is often more forthcoming than investment in the training, kit and capacity needed to fully adopt that

innovation. For innovation to improve workforce capacity, system leaders need to support and invest in adoption as well as innovation. Training the workforce to make best use of technology is central to realising these benefits.

There are signs that some digital capabilities are established in Welsh diagnostic and cancer workforce, for example the RCR clinical radiology census found that Wales was the nation in the UK with the highest capability to report on images from home.¹¹ It is important that a focus on workforce development is maintained. For example, genomics is rapidly changing the cancer pathway, with a growing genomic knowledge base and the increasing use of genomic testing having the potential to improve cancer screening, diagnosis and treatment. To achieve this, a healthcare workforce with role-appropriate and up-to-date genomics knowledge is needed. This requires expansion of the workforce as well as fully funded programmes for the training and development of existing staff.

2. 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).

There are some welcome statements within 'A Healthier Wales: our plan for health and social care' to bolster the health and social care workforce in Wales, indeed this was the impetus for Health Education and Improvement Wales to publish the workforce strategy.

The 'A Healthier Wales' strategy was also where the new approach to quality statements came from for disease areas, and in March 2021, the Quality Statement for Cancer was published. This was an opportunity for the Welsh Government to set out a strategy for improvements to cancer diagnosis, treatment and research in Wales. However, while the Quality Statement for Cancer acknowledges the importance of the cancer workforce, there is little detail about what a cancer workforce that is ready to meet the challenge presented by cancer services now and in the future needs to look like, or the steps that need to be taken to ensure the cancer workforce is fully supported to provide the best outcomes for patients.

Specifically, there is no mention of the diagnostic workforce in the Quality Statement for Cancer. This is a hugely missed opportunity to make an impact on cancer outcomes in Wales. Diagnosing cancer at an earlier stage means treatment is more likely to be successful so finding it early can save lives, yet a lack of workforce capacity in the system means many wait too long for diagnosis. Indeed, investing in cancer and early diagnosis can be a driver for change that benefits all NHS patients.

We need to see a more joined-up approach to workforce from across these strategies from Welsh Government, and crucially, we need to see specific targets and plans to bolster the diagnostic and cancer workforce.

Programme for Government 2021-26

Health and social care is the first priority in the Welsh Government's Programme for Government (PfG) 2021-26, and the level of pressure on staff and services through the Covid-19 pandemic is highlighted throughout the document.

The key commitment relating to future for the medical workforce within the PfG is 'establish a new medical school in North Wales'. This commitment relates to the manifesto pledge made in the Welsh Labour Party's manifesto 'Moving Wales Forward' that 'over the next five years we will train 12,000 doctors, nurses, allied health professionals and psychologists.' Whilst welcome pledges, there is little information relating to progress on these pledges and we need to see what the implications could be for the diagnostic and cancer workforce.

Despite some commitments in the PfG relating to the health and social care workforce, there is not a clear link between the PfG and the workforce strategy. We believe that there is not enough of a vision in the PfG for supporting the current workforce through an extraordinary time, or plans to invest in a workforce that has the resilience to grow with the health needs of the population of Wales.

Again, the upcoming Welsh Government Budget is the opportunity to show commitment to ensuring Wales has the diagnostic and cancer workforce it needs to meet the level of need in diagnostic and cancer services.

3. 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.

Ensuring that the diagnostic and cancer workforce in Wales has the capacity to meet the future demand is the most pressing challenge facing cancer services in Wales. Central to this is the supply and shape of the diagnostic and cancer workforce, meaning this will be the most important factor in the workforce strategy and broader work. However, more detail than that set out in the workforce strategy is needed to ensure we have a diagnostic and cancer workforce able to meet this demand.

As discussed earlier, cancer services in Wales are experiencing acute shortages across the professions key to the timely diagnosis and treatment of cancer. These gaps reduce their capability to diagnose cancer early, provide the most effective cancer treatment and improve cancer survival.

Wales' growing and ageing population means that demand for cancer services is set to grow. As a result, to meet growing demand and achieve world-leading cancer outcomes for cancer patients, investment in the NHS workforce is needed as a matter of urgency. Across the UK, the number of people estimated to be diagnosed with cancer is expected to increase by 42% between 2014 and 2035 – with 46% of those in 2035 being over 75 (up from 36% in 2014).¹² This means that the number of people diagnosed with cancer in Wales is set to rise.

On 27 October UK Government will announce the first Comprehensive Spending Review (CSR) since 2015, meaning that Welsh Government will have budgetary certainty for a multi-year period. If the diagnostic and cancer workforce is to meet patient need over the coming decade, it is vital that Welsh Government takes this opportunity for long-term investment in medical training and education. The certainty provided by a multi-year settlement is also an opportunity to deliver a national cancer and diagnostics workforce plan. All other UK nations have recently, or are in the process of, developing workforce plans – it is important that Wales does not all behind.¹³

The workforce strategy contains an action to build capacity in workforce planning and development, underpinned by a standardised methodology. Taking an evidence-based approach to workforce planning based on patient need is vital to ensuring we have the right people, with the right skills, in the right place, at the right time. This is a welcome ambition as poor workforce planning makes it more difficult for health services to recruit the number and type of staff needed to meet patient demand. To achieve this, robust workforce data across different professions will be critical.

In England, there is an ongoing campaign from organisations across the health sector – supported by CRUK – for the Health and Care Bill to include provisions for Health Education England to publish annual, independently verified projections of the future supply of and demand for the healthcare

workforce.¹⁴ Independent, published workforce projections in Wales would support better workforce planning and investment.

The workforce strategy and HEIW's broader work must account for future trends in the workforce. For example, there is an increasing trend of early retirement, along with an ageing workforce in many key professions. The RCR Clinical Oncology census found that across the UK, full-time consultant oncologists retired on average 3 years earlier than their less-than-full-time (LTFT) colleagues, demonstrating how flexible working may help maximise workforce participation. The proportion of those 55+ working LTFT has increased from 3 in 5 CO consultants in 2015 to 4 in 5 in 2020 – again, having implications for workforce capacity.¹⁵

The impact of COVID-19 on cancer services means that there may be an increase in demand for cancer services at a time of stretched capacity across the NHS, in Wales in the short- and medium-term. Given the time required to grow the diagnostic and cancer workforce, it is important to make the best use of the workforce currently available. Innovative new technologies can help make best use of the current cancer workforce, for example by triaging patients to reduce demand in areas suffering from backlogs or to reduce the administrative burden on staff. Investment to train the workforce to make best use of new technologies is important to their adoption.

Further, the adoption of skill-mix approaches – where the roles and responsibilities of teams are designed around the needs of patients, rather than traditional professional distinctions – can help align the workforce with the needs of cancer patients and maximise current, limited workforce capacity. Established examples of skill-mix approaches can support areas of the Welsh diagnostic and cancer workforce with known shortages – for example, reporting radiographers can take on interpretation duties for some images that would traditionally be interpreted by a radiologist. Recently, HEIW have begun training non-medical endoscopists who can conduct some endoscopies, freeing up consultant time and increasing capacity. The fifth strategic theme in the workforce strategy aims focuses on education and learning. It highlights the importance of supporting people to work at the top of their licence. Ensuring there is the capacity to backfill roles and that the geographical and financial barriers to professional training and development are tackled is key to enabling skill-mix approaches, and delivering on this strategic theme.

However, making best use of the current workforce will not take us far enough. Staff shortages in the diagnostic and cancer workforce are so acute that long-term investment in health workforce education and training is vital to improve cancer outcomes. Rather, innovative technologies and approaches should be seen as an opportunity to maximise the value of urgently needed investment in workforce education and training, with each reinforcing the impact of the other.

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

The strategy lacks adequate detail on plans to ensure the supply and shape of the workforce is sufficient to meet patient need. Whilst there is some ambition in the strategy, there needs to be more detail. We now need to see detailed, costed workforce plans backed up with significant investment through the Welsh Government Budget process.

The upcoming Budget is an invaluable opportunity to invest in the diagnostic and cancer workforce in Wales for the long-term, to ensure that every cancer patient in Wales has access to timely, quality care now and for decades to come.

About Cancer Research UK

Cancer Research UK is the world's largest independent cancer charity dedicated to saving lives through research. We support research into all aspects of cancer, which is achieved through the work of over 4,000 scientists, doctors and nurses across the world. In 2019/20, Cancer Research UK funded over £5m of research in Wales. Our research in Wales focuses particularly on bowel, breast, urological and prostate cancers, as well as leukaemia. Our Facilitator Programme supports primary care in three Local Health Boards to improve referrals of suspected cancer, as well as supporting cancer screening.

For more information and any queries on our submission, please contact Public Affairs Manager on [REDACTED]

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⁴ Royal College of Radiologists. 2021. Clinical radiology UK workforce census 2020 report. Accessed August 2021 via https://www.rcr.ac.uk/system/files/publication/field_publication_files/clinical-radiology-ukworkforce-census-2020-report.pdf

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