

WF 03

Ymchwiliad i gynaliadwyedd y gweithlu iechyd a gofal cymdeithasol

Inquiry into the sustainability of the health and social care workforce

Ymateb gan: Cymorth Canser Macmillan

Response from: Macmillan Cancer Support

Purpose:	Macmillan's response to inform the NAFW Health, Social Care & Sport inquiry into the sustainability of the health and social care workforce
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1. Introduction

1.1 Macmillan Cancer Support welcomes the opportunity to contribute to this inquiry focussing on the sustainability of the health and social care workforce in Wales. We believe this inquiry at the beginning of the committee's lifespan is timely. The number of people affected by cancer is rising. We must ensure that in-line with this increase in demand; we have a well resourced, well motivated, highly trained and skilled workforce with the appropriate specialist and generalist balance to meet needs in a holistic way.

1.2 In Wales, 19,000 (WCISU Feb 2015) people are diagnosed with cancer every year and more than 130,000 people are currently living with or beyond cancer, almost 4.5 percent of the population. By 2030 it is expected that 250,000, almost eight percent of the Welsh population, will have been affected by a cancer diagnosis and one in two of us will be affected by cancer at some point in our lives.

1.3 The good news is that survival rates are steadily improving and many people recover. On average 70 percent¹ of Welsh residents diagnosed with cancer can expect to survive at least one year. However, improving survival rates in Wales need to be considered in the context of even better survival rates in many other European countries.

1.4 There should be no doubt that in order to close the gap in outcomes with our European counterparts the workforce both now and in the future will need to be one that has a broad mix of skills capable of addressing the holistic needs of the patient, family member or carer. We believe that this discussion is about more than staffing numbers. Whilst understanding where there is a lack of staff both now and in the future is an important part of the task at hand, there are broader developments required in culture and approach to working with patients.

¹ Welsh Cancer Intelligence and Surveillance Unit Official Statistics 2012 data. [Published 10 April 2014](#)

2. Person centred care

2.1 Macmillan believes that to achieve the best outcome following a cancer diagnosis, person-centred care must be at the heart of service delivery. Only by focussing on the whole person, can the patient's experience during their cancer journey be as good as it can possibly be. This is true for those who survive cancer, are living with cancer or someone who is nearing the end of life.

2.2 Person-centred care means that the needs of the person living with cancer are always at the heart of how services are planned, not the needs of the service providers. It means treating people with sensitivity and compassion and ensuring that their care is holistic in its planning and delivery. This care goes beyond the clinical to also address wider social, financial, emotional, practical, psychological and spiritual concerns.

2.3 There are a number of factors required in order to deliver person-centred care consistently and to a high quality. These are:

- Personalised and holistic needs assessments and written care planning
- Coordinated and continuity of care
- Good communication
- Information and support
- Signposting to financial, practical and emotional support

2.4 Person centred care requires coordination throughout the cancer pathway and a range of professionals may be require to deliver holistic care. This could for example include speech and language therapists, welfare benefit advisers and physiotherapists.

3. The impact of the Specialist Cancer workforce

3.1 Specialist nurses are key members of the cancer multidisciplinary team and are normally recognised as the patient's key worker.⁸ They manage a clinical caseload, assess people's clinical and non clinical needs and co-ordinate patients treatment and care throughout the clinical pathway. They promote an individual's health and wellbeing in collaboration with the patients they care for from diagnosis onwards.

3.2 Ahead of the 2016 Welsh Assembly Elections, we were calling on all political parties to commit to ensuring **everyone who is given a cancer diagnosis is assigned and has access to a specialist cancer nurse who is also their key worker whilst in the acute stages of treatment.** We continue to strongly believe that this should be the case to deliver the best possible clinical outcomes and patient experience.

3.3 Specialist cancer nurses possess advanced clinical skills, expert knowledge and strong leadership qualities. They use this skill set to ensure that people with cancer receive the best possible care and support throughout the cancer pathway.

3.4 Further evidence can be found in the results of the Wales Cancer Patient Experience Survey (2013), produced in partnership between Macmillan and Welsh Government. The survey found that on 59 questions in the survey, patients who had a CNS were more likely to be positive about their care and treatments than patients who did not. For example the overall rating of care of respondents who had a CNS was 91% satisfaction, for those without a CNS this satisfaction rate fell to 77%.

3.5 The second Wales Cancer Patient Experience was launched in July 2016. The second survey will build on the strong evidence base produced through the first survey and provide invaluable insight in identifying where progress has been made, and where further work is required in improving patient experience. The published analysis of the results is expected in Spring 2017 and we look forward to informing the Committee on the outcomes of this work.

3.6 There is also a wealth of evidence which demonstrates that specialist cancer nurses represent good value for money. They can reduce the number of emergency admissions, the length of hospital stays, the number of follow-up appointments, and the number of medical consultations and provide support at end of life to enable people to be cared for and to die in their place of choice.

4. Macmillan Specialist Adult Cancer Nurse Census

4.1 Macmillan has concerns about the numbers of specialist cancer nurses. The first specialist adult cancer nurse census in Wales in 2014¹⁷ revealed that the number of specialist nurses employed across Wales varied both geographically and by cancer site, leading to inequalities in patient experience. On average there is only one urology nurse to 181 people diagnosed with an urological cancer; one lung cancer nurse for every 113 people diagnosed with lung cancer, compared to 70 people per breast cancer nurse in Wales contributing to inequalities in experience. Care needs to be tailored and delivered according to pathways which are stratified on the basis of cancer type and treatments received, as well as individual needs, preferences and circumstances.

4.2 Data from the survey suggests that as many as half of the adult specialist cancer nurses providing cancer care are over 50, and it is likely the majority of these will retire in the next 5-10 years.²

4.3 With this insight Macmillan responded to the NHS Wales Workforce Review in September 2015 and, in our response, we outlined our understanding of the rationale behind “professional substitution”. However, we urge caution within any prudent healthcare application, to ensure that healthcare professionals operate at the top of their licence, but do not delegate care responsibilities to those who are not qualified to deliver those aspects of care. Macmillan believes that the term “complimentary roles” would better describe the desired outcome from staff supporting each other whilst operating at the peak of their expertise.

4.4 In our response to the inform the refresh of Welsh Government’s Cancer Delivery Plan we have highlighted that a commitment must be made to building and supporting a cancer workforce that meets the changing needs of people affected by cancer and address the significant challenges facing the health and social care system by delivering:

- Clear national-level assessment of the workforce – bringing together current data on levels of supply and demand in the health and social care workforce and improving national data collection and use to aid long-term planning
- Strong national leadership – a strategic approach to workforce planning, training and education to develop the right workforce for now and the future
- Address immediate gaps in key areas – increasing the capacity of the cancer specialist workforce needed to support current and redesigned service models
- Improve recruitment and retention of staff – identify the skills needed by current and future staff, provide increased education and training to build those skills and clear professional development pathways
- Break down the barriers in how care is provided to improve coordination of care across sectors, professions and conditions
- Enable people to take greater control of their own care – supporting self-management through a skilled workforce
- Value informal carers and volunteers as part of cancer care teams, making the most of their contribution and ensuring they have the skills, knowledge and support to provide care and support

² “Specialist Adult Cancer Nurses in Wales” Macmillan Cancer Support (2014)

5. Linking Staff Satisfaction & Patient Satisfaction

5.1 We believe that key to delivering positive outcomes for patients is by building and maintaining high levels of staff satisfaction. That is, staff who feel empowered, trusted and expert in their role, operating at the top of their licence to utilise their full range of skills. Echoing the point that an exercise involving workforce reorganisation should not be solely focussed on numbers that are needed now and in the future, we would further encourage recognition of the role that staff development has in motivating and equipping the workforce for modern-day challenges.

5.2 A Macmillan funded analysis, “The People Behind Cancer Care” (2015), showed that where staff experience high levels of discrimination, cancer patients are up to 18 times more likely to receive poor care. Other research has shown links of management style and patient experience,³ and the impact of work-related stress on staff.⁴

6. Conclusion

6.1 The cancer specialist workforce is and will continue to be pivotal in delivering person centred care and consistency for patients. There is overwhelming evidence that having a CNS is a powerful positive factor in patient experience and leads to joined-up care. Therefore, maintaining, utilising and, where needed, increasing the specialist workforce is essential.

6.2 Person centred care is a primary mechanism to empowering patients to jointly own their treatment and improve their experience of care. The workforce is a vital component of consistently delivering person centred care that is well served by the use of holistic needs assessment and written care plans offered to the patient.

6.3 We believe that whilst data on workforce gaps are important, parity should be given to a focus around quality of the workforce. Ensuring changes in culture to reflect a person centred approach should be considered as important to meeting demand and improving quality.

For any further information regarding this response, please contact Lowri Griffiths, Policy & Public Affairs Manager, Wales – [REDACTED]

³ Point of Care Foundation (2014) Staff care: How to engage staff in the NHS and why it matters London: The point of care foundation. Available at: <http://www.pointofcarefoundation.org.uk/Downloads/Staff-Report-2014.pdf> (accessed September 2015)

⁴ Maben J, Adams M, Robert G, Peccei R, Murrells T. (2012) Poppets and Parcels: the links between staff experience of work and acutely ill older peoples' experience of hospital care International Journal of Older People Nursing: Special Issue: Acute Care. 7(2):83-94.