

# **Scottish Government Cancer Strategy Consultation RCN Response**

**May 2022**

[Cancer strategy: draft vision, aims and  
priority areas - Scottish Government -  
Citizen Space \(consult.gov.scot\)](#)

**Section C. Question 1a. What are the most important aspects of the cancer journey you would like to see included in a long-term strategy?**

An adequate workforce strategy for cancer care, particularly with respect to the recruitment, retention, and development of cancer nurse specialists. See our answer to question 10b for our substantive points on the matter of workforce.

**Section F. Question 10b. In your experience, what aims or actions would you like to see under any of these areas? Please focus your response on quality of care.**

**Workforce: the determinative issue in cancer care**

The consultation itself implicitly acknowledges at paragraph 54, that there can be no high-quality cancer care without the necessary workforce to deliver that care in the right place and at the right time. RCN Scotland would agree and would assert that nursing is an absolutely essential element of that workforce.

1. This was explicitly acknowledged in the original 2016 cancer strategy 'Beating cancer: ambition and action'<sup>1</sup>, specifically in terms of:
  - the 'ambition' 'to see (that) all people with cancer, who need it, have access to a specialist nurse during and after their treatment' (pages 6 & 42) plus the pledge to 'put the necessary levels of training in place to ensure that by 2021 people with cancer who need it have access to a specialist nurse during and after their treatment' (page 44) as well as the references to (i) 'ensuring Scotland's NHS has a more sustainable workforce, some of whom will be involved in providing the cancer services of the future' (page 42) and (ii) to considering the role of Specialist Nurses and Advanced Nurse Practitioners in cancer care (page 43).
  - the 'action' to '(increase) by 40% the number of Nurse Endoscopists in training – who will be available for work in 2017'.

**Progress: Access to a specialist nurse**

The latest (31 December 2021) NHS workforce data provided by NHS Education Scotland (NES, published on 1 March 2022<sup>2</sup>) notes that the clinical nurse specialist data table,<sup>3</sup> (in which numbers of cancer specialists are recorded) has not been updated since 2018, when ISD was responsible for NHS workforce data. NES describes data quality issues, and the relevant note on the ISD website<sup>4</sup> explains that 'due to data quality concerns, nine NHS Boards indicated their data for the 30 September 2018 is not fit for release. As such, these figures have been suppressed in the clinical nurse specialist table for the publication on the 4 December 2018'. It also notes that 'a national review into the clinical nurse specialist role and definition is currently underway with a view to a new definition and guidance being in place in 2019'. We assume this refers to the Transforming Nursing Roles (TNR) programme.<sup>5</sup> TNR paper 8 (August 2021) is entitled 'Review of Clinical Nurse Specialist and Nurse Practitioner roles within Scotland'.<sup>6</sup> This paper highlights the ongoing issue with data and, at Annexes H and I, sets out an approach to data cleansing. We appreciate that this process is ongoing and look forward to the results. We emphasise the importance of NES progressing this data cleansing exercise with NHS Boards to ensure that clinical nurse specialists are appropriately recorded, and that accurate workforce data is therefore available to inform workforce planning and models of care, including to support the ambition 'to see (that) all people

with cancer, who need it, have access to a specialist nurse during and after their treatment’.

While this data exercise seeks to identify the current workforce, this will not address where there are staffing shortfalls, unless the data also can identify nursing vacancies. A recent report by MacMillan Cancer Support (October 2021) estimated that Scotland has a shortfall of almost 350 specialist cancer nurses (pages 2, 20),<sup>7</sup> as well as highlighting an increasingly ageing workforce and the implications for its size that that poses: ‘almost half of specialist cancer nurses (45%) are over 50, which means they may be eligible to retire in the next decade (page 20). Some of the data used was drawn from MacMillan’s ‘Cancer Workforce in Scotland 2019’ census.<sup>8</sup> This census shows that ‘a large proportion of roles spanned more than one specialty (22%)’ and, whilst ‘the profile of these non-specific roles suggests they are a highly qualified segment of the cancer workforce who may be working in rural communities where a broader remit is required to cater for the health needs of the population’ (page 3), it also suggests that cancer nurses who are able to concentrate on more specific specialisms are more plentiful in areas with a high population density, which could be taken to raise a concern over nursing supply in rural areas.

### **Progress: Increasing the number of Nurse Endoscopists in training**

We see this pledge, with any percentage target removed, repeated in the ‘Endoscopy action plan’ of March 2019<sup>9</sup> (pages 4, 5, 9). Also, references to the ‘Endoscopy Academic Training for Nurse (non-medical) practitioners’ (one of which describes it as ‘successful’) are made in the ‘Endoscopy and urology diagnostic: recovery and renewal plan’ of November 2021 (pages 3, 5, 9). However, it is not possible to identify from the Scottish Government publications (or from other workforce and training data of which we are aware<sup>10</sup>) what the increase in the number of Nurse Endoscopists in training has been since 2016, whether 40% or otherwise. In any case, since the Scottish Government has not set out how many Nurse Endoscopists are needed, the figure for an increase in those being trained is of limited utility, since that figure cannot be determinative, to any extent, of whether supply is meeting demand.

Figures to 31 December 2021, from Public Health Scotland (PHS) (released at February 2022<sup>11</sup>) show a small but welcome decrease in patients waiting for an endoscopy since September 2021 but unfortunately show ‘a 53.1% increase when compared to the 12-month average prior to the onset of the pandemic.’ It is not clear whether this increase is due to the suspension of / interruption to services caused by the pandemic or workforce issues (including pandemic related reassignment to other roles) or both, but it strongly suggests that supply is not meeting demand and it is likely that staff shortages and inadequate skills mixes in some locations will be playing a part.

## Further Comment

Neither the above ambition, nor the action, is referenced in the April 2020 update to 'Beating cancer: ambition and action'<sup>12</sup> so their status at that point is unclear but by the time we reach 'Recovery and redesign: cancer services - action plan'<sup>13</sup> in December 2020, workforce issues have made it back onto the agenda, although endoscopy is now transferred to the above endoscopy plans. Clinical nurse specialists are referenced in 'Recovery and redesign' but the 2016 ambition is absent. It is arguable that the ambition can be taken to have been recast if one considers what the document does say, for example:

- 'Clinical Nurse Specialists currently play a vital role in every cancer patient's pathway, providing support from the point of diagnosis. This additional resource has the potential to offer support throughout the pathway and in doing so will support vital Clinical Nurse Specialists, by helping release their time' (paragraph 3, page 10).
- 'There are opportunities to increase patient time with Cancer Nurse Specialists, supporting a smoother patient journey. We will work with the Scottish Cancer Lead Nurse / Nurse Consultant Group to support the enhancement of the CNS role including by determining which tasks can be reallocated' (paragraph 49, page 27).

However, it is impossible to be certain that this is an attempt to recast the 2016 ambition or whether that ambition has now been formally dispensed with. It is also impossible to know how much progress, if any, was made with respect to the ambition between 2016 and 2020, whether pre-pandemic or otherwise. With more than 4,600 WTE registered nursing posts currently vacant across NHS Scotland, and a registered nurse vacancy rate of 9%,<sup>14</sup> we face record high-vacancy levels. This suggests a context where there may not have been any significant progress on either meeting the ambition or providing the necessary supply of cancer nurse specialists. In terms of necessary supply, and in the absence of any Scottish Government figure or national workforce statistics figure, it seems appropriate to use the MacMillan estimate.

As for the actions pledged in 'Recovery and redesign', particularly at Section 7 ('Workforce', paragraphs 49 to 53) we have not been able to identify that there has been any progress report on them since the publication of 'Recovery and redesign' in December 2020 other than the few lines of general update provided in the consultation itself at paragraph 39. The absence of measures or indicators in Section 7 also means that it is not possible to independently gauge progress against them using such public data as may be available elsewhere.

What we can say is that in 'Recovery and redesign', as in other Scottish Government documents, the Health and Care (Staffing) (Scotland) Act 2019 is acknowledged as a key driver 'for the provision of appropriate staffing and enabling safe and high-quality care' (paragraph 51) but is, once more, given no concrete implementation date. RCN has repeatedly urged the Scottish

Government to implement the Act a great deal sooner than sometime within the 24-month window it has given itself to do so in the March 2022 'Health and social care: national workforce strategy'<sup>15</sup> and we will continue to do so. That is because we consider that the Act is as critical to ensuring 'that future workload and workforce requirements in cancer services can be appropriately planned' as it is to all other aspects of health and social care workforce planning. This is especially true given that 'clinical nurse specialist provision' is a type of health care that will be subject to the common staffing method in the Act immediately upon commencement of the relevant sections of the Act.<sup>16</sup>

What all this means is that we have little choice but for our response to the consultation to be made in near complete ignorance of what progress has been made to date on the issues that are currently of greatest importance to our members.

**Section I. Question 17 What other comments would you like to make at this time? Please provide any additional comments regarding the long or short-term ambitions for cancer services.**

**The consultation**

The consultation itself acknowledges the challenges that Scotland faces:

- ‘Over the last decade to 2019, the numbers of cancers in Scotland increased in both sexes, from an overall total of over 30,600 in 2010 to more than 34,100 in 2019 – an increase of 11%’ (par. 19)
- ‘The number of monthly SACT (Systemic Anti-Cancer Therapy) patients continues to increase over time across all three cancer regions, with the latest figures showing 11,781 in January 2022, an increase of 12% since January 2020. This increased demand on services in conjunction with the increasingly complex treatment options is having an impact on overall capacity within the existing workforce (par. 42)

The most recent Scottish Cancer Patient Experience Survey (SCPES) 2018, which is conducted jointly by Scottish Government and MacMillan Cancer Support,<sup>17</sup> could not be clearer as to the central importance of nursing in cancer care:

1. ‘It has previously been demonstrated that access to a CNS (Clinical Nurse Specialist) can have a significant positive influence on patients’ experiences. In particular, additional analysis of the 2015 SCPES results found that those who did not have an easily contactable CNS were significantly more negative for all questions. Further analysis on other Cancer Patient Experience Surveys across the UK has also shown that CNS provision was the most important driver of positive responses’ (page 21).
2. ‘Many people will need to access health and social care services, such as district nurses, home carers or physiotherapists, both during and after cancer treatment. Feeling adequately supported and cared for by these services is vital for a positive care experience’ (page 23).

These realities, plus those noted in our comments above, mean that it will come as no surprise to learn that, in order to secure the workforce that we know will be determinative of the provision of high-quality cancer care, we consider that:

1. the Scottish Government must set out a clear timetable for implementation of the Health and Care (Staffing) (Scotland) Act 2019 as a matter of urgency, not least because it will place a duty on the Scottish Government to take all reasonable steps to ensure registered nursing supply, with an annual report to the Scottish parliament on this.
2. given the importance of district nurses to cancer care it is more important than ever that Scottish Government addresses the vacancy

rate for this nursing group, which, according to NES figures is the second highest of all the 'sub-job-families' in nursing - at 12.3%.<sup>18</sup>

3. Scottish Government must commit to fair pay for nursing staff working in all health and care settings, including the above-inflation pay rise for Agenda for Change staff for which the RCN has recently campaigned.
4. Scottish Government needs to get serious about tackling the social determinants of health inequality if it is to make progress on reducing the prevalence of cancer which results from that inequality, as described in the section of the consultation entitled 'Cancer in Scotland' (pages 9-11). We must necessarily reserve judgment on the extent to which its efforts ultimately prove successful, although we note that the most recent 'Long-term monitoring of health inequalities' report (March 2022)<sup>19</sup> gives no cause for comfort noting, in the section 'Cancer deaths aged 45-74 years' that 'those living in Scotland's most deprived areas were more than twice as likely to die of cancer than those in the least deprived areas'



## References

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- <sup>1</sup> [Beating cancer: ambition and action - gov.scot \(www.gov.scot\)](https://www.gov.scot)
- <sup>2</sup> [01 March 2022 Workforce | Turas Data Intelligence \(nhs.scot\)](https://www.nhs.uk)
- <sup>3</sup> [clinical\\_nurse\\_specialists\\_s2018.xlsx \(live.com\)](https://www.live.com)
- <sup>4</sup> [Workforce | Nursing and Midwifery | Health Topics | ISD Scotland](https://www.isdscotland.org)
- <sup>5</sup> [Transforming NMAHP roles | NHS Education for Scotland](https://www.nhs.uk)
- <sup>6</sup> [Transforming Nursing, Midwifery And Health Profession \(NMaHP\) roles: review of Clinical Nurse Specialist and Nurse Practitioner roles within Scotland - gov.scot \(www.gov.scot\)](https://www.gov.scot)
- <sup>7</sup> [Why we need urgent investment to end the workforce crisis - Macmillan Cancer Support](https://www.macmillan.org.uk)
- <sup>8</sup> [Cancer workforce in Scotland \(macmillan.org.uk\)](https://www.macmillan.org.uk)
- <sup>9</sup> [Action - Endoscopy action plan - gov.scot \(www.gov.scot\)](https://www.gov.scot)
- <sup>10</sup> Including from NES [Nurse endoscopy | NHS Education for Scotland](https://www.nhs.uk)
- <sup>11</sup> [Diagnostic waiting times - Waits for key diagnostic tests 22 February 2022 - NHS waiting times - diagnostics - Publications - Public Health Scotland](https://www.nhs.uk)
- <sup>12</sup> [Beating Cancer: Ambition and Action \(2016\) update: achievements, new action and testing change - gov.scot \(www.gov.scot\)](https://www.gov.scot)
- <sup>13</sup> [The Recovery And Redesign Of Cancer Services - Recovery and redesign: cancer services - action plan - gov.scot \(www.gov.scot\)](https://www.gov.scot)
- <sup>14</sup> [NHSScotland workforce | Turas Data Intelligence](https://www.nhs.uk)
- <sup>15</sup> [Health and social care: national workforce strategy - gov.scot \(www.gov.scot\)](https://www.gov.scot) on page 59.
- <sup>16</sup> [Health and Care \(Staffing\) \(Scotland\) Act 2019 \(legislation.gov.uk\)](https://www.legislation.gov.uk) See Section 4 of the 2019 Act, inserting sections 121J and 121K into the NHS (Scotland) Act 1978
- <sup>17</sup> [2. Introduction and Background - Scottish Cancer Patient Experience Survey 2018: national report - gov.scot \(www.gov.scot\)](https://www.gov.scot) Section 9.
- <sup>18</sup> [NHSScotland workforce | Turas Data Intelligence](https://www.nhs.uk)
- <sup>19</sup> [Long-term monitoring of health inequalities: March 2022 report - gov.scot \(www.gov.scot\)](https://www.gov.scot)