Greater Manchester and East Cheshire Cancer Workforce Strategy

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Strategy at a glance

Vision

To develop and grow the cancer workforce in Greater Manchester and East Cheshire so that they can respond to the needs of people affected by cancer, adapt to new, improved ways of working, continue to modernise the way they work and embrace technology in order to deliver the best quality healthcare.

Strategy purpose:

Provide a regional cancer workforce strategy to support recommendations in the NHS Long Term Plan (LTP), NHS People Plan, the GM People Plan, and National Cancer workforce plan to grow our cancer workforce.

Ensure that GM and EC provides a workforce which meets the needs of people affected by cancer by ensuring there is a sustainable supply of medical and non-medical workforce in GM and EC.

Aims

- Ensure we have a sustainable supply of medical and non-medical cancer workforce to deliver safe and effective care for our cancer patients
- Ensure that our cancer workforce has access to lifelong training and education to reach their maximum potential
- Look at how we can grow our own by inspiring GM and EC populations to work in cancer services, and providing attractive employment offers to optimise retention
- Promote equality and diversity in our cancer workforce to stimulate growth
- Support the cancer workforce to embrace new ways of working including better use of technology, introducing new roles, and building networks to deliver 21st century care.

1 Introduction

Demand for cancer services increases year on year and the growth of the cancer workforce is not keeping pace with this increasing demand. Teams are reaching critical points with single points of failure and COVID-19 has exacerbated this pressure.

The National Cancer Workforce plan was published in 2017 which pledged to grow the cancer workforce by 1490 with a specific focus on the 7 key professions.

The Greater Manchester and East Cheshire strategy outlined below builds on this and supports delivery of the following HEE mandate objectives:

- Building more multidisciplinary teams and a more flexible workforce to meet modern and emerging healthcare needs
- Supporting delivery of the 50,000 nurse programme by expanding routes into the profession, attracting more undergraduates, improving support and changing perceptions.

The strategy also supports implementation of the 'NHS People Plan 2020/21: actions for us all', including supporting NHS staff as they act flexibility and take on new roles in response to the pandemic, moving away from traditional professional boundaries and focusing on building a more multi-professional workforce.

The focus goes beyond the 7 key professions referenced in the national cancer workforce plan and below, and expands to include other professions involved in delivering cancer care with a view to developing GM-centric solutions to the current workforce challenges.

- Histopathology and Health Care Scientists
- Gastroenterology
- Clinical Radiology
- Diagnostic Radiography
- Medical and Clinical Oncology
- Therapeutic Radiography
- Nursing (Clinical Nurse Specialists).

2 Purpose of the strategy

There is currently no regional cancer workforce strategy underpinning system wide workforce developments. The following GM cancer workforce strategy is proposed to support recommendations in the NHS Long Term Plan (LTP), NHS People Plan, the GM People Plan, and National Cancer workforce plan to grow the cancer workforce.

The strategy provides:

- a framework for a range of initiatives/solutions/interventions to be developed and implemented for all the cancer workforce across GM and East Cheshire (EC)
- a focus on practical and deliverable long term solutions to key challenges

- system wide solutions to ensure GM and EC have the right workforce in place to meet the needs of people affected by cancer
- A sustainable and agile cancer workforce solution to grow skilled practitioners responsive to changes in healthcare requirements.

It does not replace the need for organisation level workforce plans. Instead, it provides a set of priorities that stakeholders agree are best addressed in a co-ordinated way at the GM system level to complement locality plans.

The strategy will continue to evolve over time as lessons are learnt, in response to changes in policy, development of new inter-dependent strategies (e.g. GM Estates Strategy, Diagnostics Workforce Strategy), opportunities arise and new challenges emerge.

3   How strategy was developed

GM Cancer established a GM and EC cancer workforce steering group to bring together all key stakeholders across GM and EC, leveraging collective expertise, capacity and resources to discuss initiatives, share best practice and accelerate the delivery of key cancer workforce priorities.

To inform the strategy a number of subgroups have been established, in addition to building links with existing specialty groups:

- Imaging - a workforce subgroup was established by the GM Imaging Cell Managing Director, chaired by Gill Holroyd, Clinical Collaboration Lead for Cheshire & Merseyside Radiology Imaging Network
- Histopathology - in the absence of a regional Pathology network, discussions have progressed with Pathology Service Managers across GM
- Endoscopy – the Endoscopy Clinical Reference Group is supporting establishing a workforce subgroup
- Radiotherapy steering group
- Lead cancer nurses group – existing forum
- CNS workforce subgroup
- Chemotherapy nurses group
- AHP advisory group – this group has been expanded
- Acute oncology workforce group – existing subgroup
- Medical and Clinical Oncology - in the absence of an Oncology workforce subgroup, initial discussions have been had Medical and Clinical Oncology Directors to inform the strategy.

4   Strategic drivers
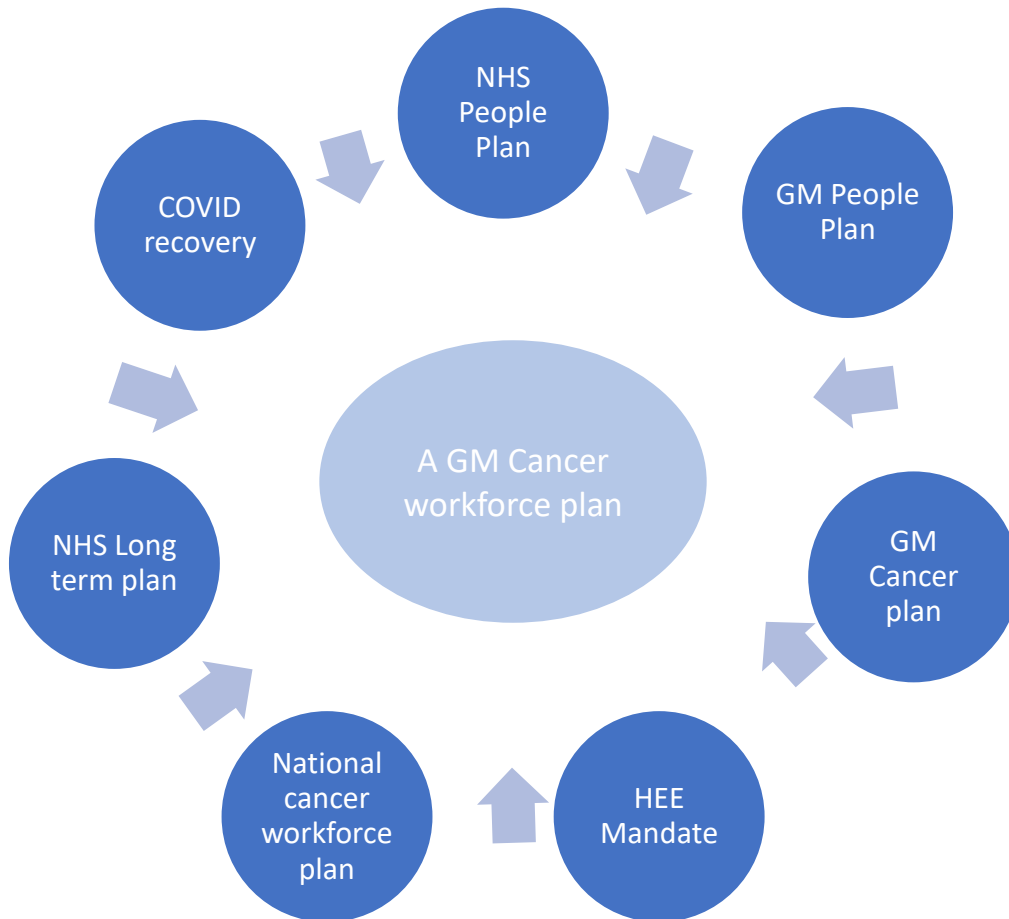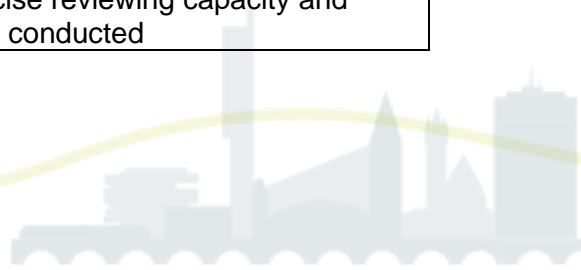

5   Cancer workforce priority areas

5.1 The strategy aligns to the HEE STAR model and suggested activities in table 1 below focus on:

- New ways of working
- New roles
- Ways to Increase supply
- Upskilling current staff
- Leadership

Table 1. The table below outlines key areas of focus over the next 5 years for each of the key cancer professional groups
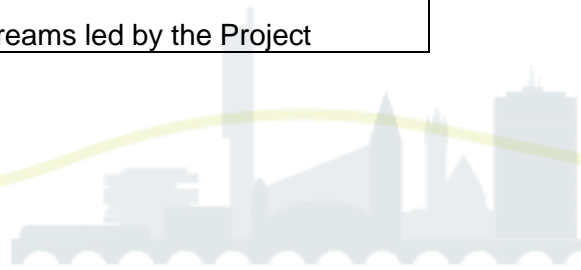
Professional group	Strategic activities
Imaging	• A diagnostics workforce review will be conducted in line with Sir Mike Richard's recommendations. This review will focus on the imaging workforce and will help to shape future workforce models • The imaging workforce review will feed into a GM diagnostics workforce strategy. This will include a recruitment and retention strategy, innovative workforce models including - ACPs, Apprenticeships, Fellows, System practitioner roles, and models to support RDCs / CDHs • To increase supply a GM / NW International recruitment programme will be explored • Use of home reporting will be expanded and the digital staff passport will enable cross site reporting • A GM workforce staff bank will be explored • A GM Imaging Network will be formalised in line with NHSE guidance. A GM Imaging Workforce Group has already been formed within this network's governance structure to take forward all imaging workforce issues, working to an Imaging Clinical Reference Group and an Imaging Operational Group. The workforce group is currently defining its priority areas of work. Piloting the Digital staff passport is one area already identified as a priority. • There is potential to expand the local Radiography Academies already in place to serve the whole of GM to increase radiography capacity GM radiology service managers are working with the NW Diagnostic Radiographer Action Group to expand radiographer training placement capacity.
Endoscopy	• An endoscopy workforce review will be conducted to understand the baseline position across GM and to support future workforce models • This will feed into a NW Endoscopy Academy, which will focus on increasing training capacity and support workforce development • GM will establish an Endoscopy staff bank, which will explore harmonising sessional rates across GM • The Endoscopy Academy will also focus on increasing the uptake of accelerated training programmes across GM / NW.
Histopathology	• To address the shortage in Histopathology Consultants GM will be focussing on skill mix solutions utilising the healthcare science workforce (e.g. upskilling and increasing supply of clinical scientists and consultant clinical scientists) • To support this, a scoping exercise reviewing capacity and demand, workforce gaps will be conducted

	• A central training capacity expansion programme will be explored • A GM digital Pathology solution will be implemented • A GM Pathology network will be established in line with NHSE guidance.
Therapeutic radiographers	The Radiotherapy workforce is currently facing and responding to the need to change the requirements of and the way in which care is delivered. In part this relates to the vision to provide more care closer to home for our patients and the consequent expansion of our networked satellite centres offering radiotherapy. Furthermore, the growing incidence of cancer, increase in medical complexity of patients requiring acute interventions and supportive therapy/interventions to improve outcomes, and changes in complexity of technologies and techniques requires further adaptations from the workforce to respond to these changes. In order to meet these challenges and provide the best care the following activities are planned: • Role profile review through the radiotherapy pathway - including demographics, skills profiles, required infrastructure (education, service development, research development etc.) • Develop non-registrant workforce to complement registrants • Explore cross functional working (therapeutic radiographers, nursing, clinical scientists, clinical technologists, engineering, clinical support workers). Think imaginatively about what professions can contribute to radiotherapy e.g. paramedic to provide acute oncology in department • Establish a leadership and coaching culture - Strategically deploy professional development funds (liberate the budget for use by those in the service as needed), apprenticeship levy and embed leadership at all levels (including pre-reg students) to change culture • Explore apprenticeships in radiotherapy, pre-registration and post-registration offerings. Embed apprenticeships to provide career development from pre-reg to post-doc • Pilot the model of ACP in technical care in parallel with medical care – currently there are 6 ACP Apprentices following the 'technical model' • Support the College of Radiographers/Macmillian project reviewing student recruitment (RePair - Reducing Pre-registration Attrition and Improving Retention) • Pilot the introduction of placements for pre-reg AHPs (starting with TR) utilising proton beam therapy service as part of the Clinical Placement Expansion Programmes (CPEP). GM is one of eight National CPEP projects.
Medical Oncology & Clinical Oncology	• To address gaps in the Oncology consultant workforce, GM oncology teams will review current workforce models across the different disease groups and across all sites to identify gaps • Look at mechanisms for increasing numbers of Prescribing Pharmacists (Med Onc.) and ACPs (Med. & Clin. Onc.) and to

	make this consistent across sites / disease groups to build a consistent multi-professional Oncology workforce
	• Explore the role of the Physician Associate in outpatient delivery of care.
Acute Oncology	In 2020 through analysis, significant gaps in the Acute Oncology workforce were highlighted which has been further exacerbated by COVID-19. In order to address this GM, East and Mid Cheshire will focus on the following:
	• Research and evaluate innovative ways to reduce the current workforce risks within AO - such as piloting the physician Associate role, ACPs, development plans for Band 4 Nursing Associate and above, apprenticeship and preceptorship schemes and build in succession planning
	• Agree standardised and modular AO competency frameworks building on HEE CNS, UKONS & Macmillan existing work, and consideration of CPD provision
	• Pilot the NHSE digital staff passport to enable cross boundary working relationships where appropriate
	• Lead on an AO education package / workbook interlinking with educational academies and with National AO collaboration.
Clinical Nurse Specialists (CNS)	• To support People Plan ambitions to improve recruitment and retention GM will lead the development of a NW CNS capability framework, funded by the National HEE Cancer and Diagnostics team. This will inform a national framework
	• The above framework will then inform a GM and EC training / education framework
	• To increase supply, the CNS workforce subgroup will focus on activity to raise the profile of the CNS role within the general nursing workforce
	• GM Cancer will also continue to build links with the wider GM nursing workstreams led by the Project Management Office (PMO) for Nursing, Midwifery and AHPs e.g. practice education development programmes to increase placement opportunities in cancer services, to help increase supply.
Allied Health Professionals (AHPs) Advisory Group	• To understand how AHPs are currently supporting people affected by cancer and to better utilise the generalist AHP workforce, GM is leading a NW survey. This will also help to identify any gaps in training / opportunities for upskilling and workforce development
	• A NW training programme will also be developed to address the gaps identified in the survey, to upskill generalist AHPs, improve confidence in a priority area, and provide opportunities for continued development of specialist knowledge and skills for AHPs working in cancer pathways
	• GM will look at mechanisms to improve whole population access to specialist oncology AHPs
	• Securing future workforce supply e.g. via the apprenticeship route
	• Link in with the GM AHP workstreams led by the Project

	Management Office (PMO) for Nursing, Midwifery and AHPs • Support the sustained delivery of Prehab4Cancer across GM by: a) Supporting the training/upskilling and CPD of existing (& future) Prehab4Cancer GM Active staff; and b) identifying specialist healthcare professionals who would be required to deliver Prehab4Cancer for wider groups of patients with increased specialist needs (such as older patients undergoing palliative radical oncological therapies, whom are also experiencing frailty).
Cancer Support Worker	• Cancer support workers (CSW) are still a relatively new role to the cancer workforce and have proven to be invaluable to cancer teams and patients, especially during the pandemic. GM will collaborate with other NW cancer alliances to develop a NW Training and Education Framework, funded by HEE in line with the National People Plan. This will build on the work led by Cheshire and Merseyside alliance and the GM Cancer Education team to standardise competencies, supervision frameworks, and training programmes for CSWs.
Physician Associates	• To ensure the cancer workforce is growing for the future, GM Cancer will work with the GM Physician Associate steering group to develop a strategy to support the increase in number of Physician Associates working in cancer services in GM • Building on the success of the Physician Associate Preceptorship in Cancer Services pilot, the cancer academy will develop a competency framework and training programme for PAs and other generalist roles moving into specialty areas • GM will host a webinar to raise the profile of this role and where they fit within a multiprofessional cancer team.
Advanced Clinical Practitioners	• To address gaps in the Consultant workforce, GM Cancer will support providers to increase the number of ACPs working in cancer services • As part of the cancer academy, we will increase the number of ACPs working in urology and identify any training gaps • Through the cancer academy, GM Cancer will work with Higher Education Institutions to influence the cancer content of generic ACP programmes to increase interest in working in cancer as a specialty.
Volunteers	• Volunteers are an important part of the workforce, and have played a pivotal role in supporting patients during the pandemic. The People Plan pledges to capitalise on this, aiming to enrol 10,000 young people by 2023. Volunteering also provides a new route into the NHS, and so GM Cancer has worked with a local provider and NHSE/I to secure funding to pilot the role of the cancer volunteer. The learning from this will be shared with other trusts to help achieve the vision of increasing the number of cancer volunteers across GM and EC. The cancer volunteer role will be clearly defined to support people affected by cancer and as part of a 'grow your own' workforce model to create a sustainable talent pipeline into the cancer workforce.

5.2 Cross cutting areas / projects

5.2.1 Workforce Race Equality

One of the key ambitions in the NHS People Plan is 'Belonging to the NHS' focusing on inclusion and reducing inequalities within the workforce. It cites strong evidence for promoting an NHS workforce representative of the community that it serves, as findings suggest patient care and the overall patient experience is more personalised. The plan also references that in some parts of the NHS, the way a patient or member of staff looks can determine how they are treated.

The Greater Manchester Health and Social Care Partnership is already leading work on Workforce Race Equality and as part of this strategy a similar approach will be taken with the cancer workforce including:

- review workforce race equality data for the cancer workforce
- develop an action plan in response to the findings
- link with the 'Race Equality Change Agents Programme' led by the Northern Care Alliance.

5.2.2 Education

The following subsections are in addition to and complementary to the wider cancer education strategy developed by The School of Oncology:

5.2.2.1 Cancer Academies

Training and Education are the foundation of a quality and fulfilled workforce and so to ensure we have an appropriately skilled cancer workforce to support long term recovery plans GM Cancer will establish tumour specific Cancer Academies.

A model will be piloted in urology with a view to rolling this out to other pathways to adapt and adopt. The Academy model will promote lifelong learning by offering blended learning opportunities based on system wide service and development needs. It will be underpinned by an education framework which will support the whole of the non-medical cancer workforce. The key to its success will be collaboration with Higher Education Institutions in GM and working with employers, line managers and supervisors to encourage creating the time and space for training and development of their cancer workforce. It will emphasise building a multiprofessional workforce with flexible skills, and building capabilities rather than staying within traditionally-defined roles.

The framework will help to dissolve the historic divide between primary, community, secondary and social care settings by being available to all healthcare professionals working with people affected by cancer.

5.2.2.2 Apprenticeships

Apprenticeships are growing significantly in number and becoming a popular alternative route into the NHS however, uptake in GM is variable with significant underspend of the apprenticeship levy. To explore alternative routes into the cancer workforce and increase supply, GM Cancer will work with key stakeholders to increase the uptake of relevant apprenticeship courses e.g. ACP apprenticeships, Healthcare Science, Nursing Associates etc.

5.2.2.3 Psychology training for the cancer workforce

Cancer can have a significant psychological impact on patients and is cited as the top 3 main concerns affecting quality of life in cancer patients. COVID has exacerbated this with cancer patients describing feeling abandoned, isolated and anxious about their cancer treatment. The need to support patients psychologically has never been more pressing.

The King's fund (2016) advise that all non-psychological professionals (clinical/ non-clinical) require training at a level commensurate with their role to provide at least a basic understanding of mental and physical health.

To ensure we have a cancer workforce fit for purpose, with the right skills to deliver psychological care to our cancer patients, GM Cancer will work with Clinical Leads to develop a psychological training and education framework for the whole of the non-medical workforce. The will include a sustainable model for delivering psychological level 2 training to all specialist cancer nurses and a gold standard supervision framework. The Project Manager and Clinical Lead will also work with providers to support them with business cases to increase their Psych-oncology service provision.

5.2.3   Improving Employment Models

In response to COVID-19 an MOU was signed by all GM HR Directors to allow movement of staff across providers where there was an identified need. To build on the success of this, NHSE/I has selected Greater Manchester to be part of the second wave for the rollout of the National Digital Staff Passport. GM Cancer will support piloting the implementation of this to encourage movement of the cancer workforce. This will be piloted in Acute Oncology to support the development of staff and to support teams with limited resource, single points of failure. This will also be piloted with the Imaging and Endoscopy workforce.

6   Primary Care

The Primary Care workforce play a key role in supporting people affected by cancer from referral and early diagnosis through to ongoing management and so form an important part of the Cancer workforce strategy.

The Cancer Academy will support healthcare professionals working in primary care settings with their training and education needs relating to specific cancer pathways, and will therefore provide a mechanism to build links with existing GM Primary Care contacts (CCGs, Primary Care Commissioners, Primary Care Networks(PCNs)) and align with Primary Care workforce strategies.

Potential opportunities for collaboration will also be explored including, but not limited to, the role of the Cancer support worker in primary care, potential roles in PCNs, Social Prescribing Link Workers and CNS boundary spanning roles in supporting the delivery of personalised care for people living with and beyond cancer through effective, integrated primary and secondary care.

7 Community services

Healthcare professionals working in community health services offer a wide range of services, including those targeted at people living with complex health and care needs – such as district nursing and specialist palliative care. Community services play a key role in keeping people well, treating and managing acute illness and long-term conditions such as cancer, and supporting people to live independently in their own homes, and are therefore considered an important part of the cancer workforce.

The Cancer Academy will support training and education needs for professionals in these more 'generalist' roles to enhance skills, knowledge and confidence to provide care to people affected by cancer. This will also enhance the opportunities for early identification, referral and diagnosis of cancer.

The NW AHP survey targets both generalist and specialist AHPs working across all settings, and therefore the resulting training and education programme will support AHPs working in community services also.

The work above will help to build links with Community service leads and explore further workforce development opportunities.

8 Next steps

The GM Cancer Workforce strategy has been informed by the various specialty-specific workforce subgroups. To support delivery of the strategy each subgroup will develop an implementation plan for the next 5 years. The Cancer workforce steering group will provide oversight for delivery of the implementation plan.

The plan on a page in Appendix 1 captures all core activity proposed in this plan but structured to be in line with the National People Plan.

Appendix 1. Plan on a page

Long term Plan Cancer aims	(1) By 2028, 75% of people will be diagnosed at an early stage (stage 1 or 2). (2) Delivery of CWT standards		By 2028, 55,000 more people will survive cancer for five years or more each year.
National Cancer workforce plan ambition	Additional 1490 FTE across 7 key professions		
GM Recovery plan for Cancer: phase 3	Appropriately skilled and resourced cancer workforce to support long term recovery plans		
Primary objective	• Ensure GM has a cancer workforce fit for purpose with the right skills to deliver phase 3 of the GM Cancer COVID recovery plan		
Aims	• Develop a GM cancer workforce strategy to support delivery of phase 3 recovery plans and the National / Regional People Plan • Develop an implementation plan to deliver the strategy • Capitalise on the positive changes made as a result of COVID-19 to support the development of new processes and new ways of working including better use of technology, introducing new roles, and building networks to deliver 21st century care.		
People Plan priorities			
Looking after our people	Belonging in the health and care system	New ways of working and delivering care	Growing and training the workforce
Key strategic activities 2020-2025			

• Improve access to health and wellbeing support across the system
 	
• Supporting the cancer workforce through investment in cancer academies to support lifelong learning
	• Tackling cancer workforce race equality: review workforce race equality data and link in with the NCA 'Deliver Race Equality Change Agents Programme'
	• Explore the establishment of banks targeting specific staff groups e.g. Endoscopy / imaging
		• International recruitment: Review current approaches to international recruitment of radiologists / radiographers and use findings to develop a strategy for GM / NW
		• Piloting new workforce models in imaging, Acute Oncology, Medical and Clinical Oncology aligned with the skill mix agenda
		• Physician associate preceptorship in cancer services
		• Implement the new digital skills passport across GMEC – to be piloted in AO, imaging and endoscopy wf
		• Digital / AI solutions e.g. PACs / digital pathology solution; MDT platform
		• Support the establishment of Radiology, Pathology and Endoscopy networks.
		• RDCs / Community Diagnostic Hubs – pilot new workforce models to support a sustainable model
		• MDT reform – streamlining MDTs across all cancer pathways to improve efficiencies, reduce workforce pressures and improve patient outcomes
		• Pilot ACP in technical care for Therapeutic Radiographers
			• Cancer academies – develop a talent pipeline / standardise quality of care / improve retention across all pathways. Initial pilot areas:
			  - Urology academy pilot
			  - Breast academy: explore expanding the national breast academy
			  - NW endoscopy academy
			• Explore routes into the cancer workforce through the pilot of cancer volunteers, apprenticeships (e.g. in Radiotherapy, AHPs)
			• Acute oncology developing competency frameworks / reviewing training in line with these
			• AHPs NW survey to explore the role of AHPs in supporting delivery of cancer recovery plans / training needed to support this
			• Upskilling the workforce via HEE programmes e.g. Reporting radiographers, Sonographers, Cancer CNS and chemotherapy nurses
			• Support accelerated training programmes to expand number of nurse Endoscopists
			• Personalised care: develop a NW cancer support worker training / education and career framework to support delivery of the PC strategy
			• Pilot the development of a cancer CNS competency / career framework to inform the national framework
			• Biomedical Scientists Training expansion programme to increase the numbers across GM to address the gaps in the Consultant Histopathology workforce
			• RePAIR (Reducing Pre-registration Attrition and Improving Retention) to address retention rates in Therapeutic Radiography pre-registration programmes
			• Placement expansion programme to increase radiographer capacity.

All of the above work will be further informed by the Cancer Workforce Steering Group / sub groups.			