



# Northern Cancer Alliance Workforce Strategy 2022/23-2025/26

*Collaborating to Improve Cancer Care*



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Author	Karen Stenlund and Carol O'Flaherty
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## Strategy on a Page

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### Vision

The Northern Cancer Alliance works with our communities, hospitals, general practices, local authorities, charities and other support organisations across the whole of the Integrated Care System in the North East and North Cumbria.

Together we collaborate to detect cancer as early as possible, improve results for patients, provide the best possible patient experience, and improve people's quality of life across the North East and North Cumbria.

We focus on making sure that people in our region can get the same high standard of care wherever they live and whatever their circumstances and background. Ensuring that patients and the public are involved in all parts of our work is at the heart of what we do to improve cancer services in our region.

### Strategy Purpose

Provide a regional cancer workforce strategy incorporating recommendations in the [Long Term Plan](#) (LTP), [NHS People Plan](#), the Health and Social Care Plan, and the National Cancer Workforce Plan which outlines NCA's plans to grow and develop the cancer workforce.

Ensure that North East North Cumbria ICS has a cancer workforce which is fit for future service models, informed by, and adapting in line with, COVID-19 Recovery and Renew developments.

### Aims and objectives

- To incorporate the main requirements of the People Plan for the cancer workforce: Growing the Workforce, Upskilling the Workforce, New Ways of Delivering Care and Culture and Leadership.
- To support improved outcomes for people diagnosed with cancer in the region.
- Work in collaboration with the ICS, HEE, Health and Social Care Providers and third sector organisations to increase the workforce, developing knowledge and skills in the seven professions in the HEE Cancer Workforce Plan.
- To action the Long Term Plan Workforce Deliverables, working with systems to:
  - Take up available training opportunities for: reporting radiographers, CNS training grants, chemotherapy nurse training grants, and biomedical scientist placements
  - Recruit, Deploy and Retain CNS, cancer support workers, volunteers, and navigators
  - Support local oncology services to identify and share skill mix best practice
  - Identify best practice and share via effective routes including monthly workforce working group meetings
  - Work with local systems to support take up of NHS England's staff wellbeing offer.










## Introduction

Following the publication of the Five Year Forward View, the Independent Cancer Taskforce set out a clear and compelling strategy to radically improve the prevention, diagnosis, survival, and experience of people affected by cancer in England.

The [HEE Cancer Workforce Plan](#) emphasised the importance of not just growing the Cancer workforce, but also working collaboratively to deliver an ongoing focus on workforce retention, investment in skills and development, and working differently to transform models of care for people affected by cancer. The HEE Plan identified seven key professions, which would require increased investment to train additional staff as well as identifying new roles for example, Advanced Clinical Practitioners, Nurse Associates and Cancer Care Co-ordinators. It also emphasises the need for new models of working to be adopted to create extra capacity in the system to improve equity of access and quality of care for patients.

This strategy will build on the cancer work, alongside additional programmes, already underway regarding the seven key professions, which are:

-  Histopathology
-  Gastroenterology
-  Clinical radiology
-  Diagnostic radiography
-  Medical and clinical oncology
-  Therapeutic radiography
-  Nursing – specialist and wider workforce

There are a number of other specific pathways across the NCA which form part of the priorities outlined in this strategy due to cancer workforce issues, including lung and urology cancers, and gynaecological oncology. Endoscopy, Breast and Non-Surgical Oncology are also key focus points for the NCA Workforce Strategy. The NCA liaises closely with the Diagnostic Programme Board on a number of cross-cutting priorities, including Imaging and Pathology. The Diagnostic Programme Board is reviewing workforce for Histopathology, Clinical Radiology, Diagnostic Radiography, and diagnostic Gastroenterology, within this, Endoscopy remains within the remit of the NCA.

The Northern Cancer Alliance strategy outlined below aims to build on this and supports the delivery of the following HEE mandate objectives regarding:

-  Supporting delivery of the 50,000 nurses programme



- 📌 Building more multidisciplinary teams and a more flexible workforce to meet modern and emerging healthcare needs

This strategy also supports the implementation of the NHS People Plan, including building a more multi-professional workforce, who are equipped to take on new roles and move away from traditional professional boundaries, working more flexibly in response to the pandemic.

The focus of this strategy is also informed by the North East North Cumbria (NENC) ICS five workforce programme pillars; Supply; Health and Wellbeing; Equality, Diversity, and Inclusion; System Development and Leadership; and Workforce Redesign. This strategy takes into account the ICS context regarding population health demographics and recognises that cancer services do not operate in isolation of the wider health and social care system and voluntary sector. It also reflects the [ICS strategic priorities](#), namely:

1. Growing and training our future workforce
2. Being the best place to work
3. Improving our system leadership, capacity, and culture
4. Preparing for new models of care, the impact of new technology and optimising new roles

## Purpose of the Strategy

This 3-year strategy is being launched up to 2025/26 to underpin the Cancer Alliances Planning Guidance, the ICS Workforce Programme, the National Cancer Workforce Plan, the Long Term Plan, COVID-19 Recovery and Renew, and the People Plan.

The strategy does not replace the need for organisational and ICP-level cancer workforce plans. Instead, it provides:

- 📌 A focus on deliverable, sustainable, long-term solutions to key priorities best addressed at system-level which complement locality plans.
- 📌 A framework for initiatives and interventions to be developed and implemented across the North East and North Cumbria to ensure the growth, development, and effective redesign of our cancer workforce.

The strategy is intended to be a dynamic document which will continue to evolve over time in response to lessons learnt implementing best practice, changes in national policy and guidance, opportunities arising from recovery and renewal, and the development of inter-dependent ICS strategies.



## Strategy Development

To inform the strategy, a baseline workforce programme assessment was undertaken, and engagement took place with a number of key stakeholders and subgroups across the cancer networks to bring together locality and system expertise, share best practice, and drive the delivery of cancer workforce priorities, including:

- Lead Cancer Nurses Group
- NCA Programme Leads
- NEY Cancer Alliances Workforce Leads
- HEE Regional Workforce Lead for Cancer and Diagnostics
- Diagnostics Programme Board
- Non-Surgical Oncology Groups
- Rapid Diagnostics Programme
- Cancer Alliances Workforce Group
- ICS Workforce Programme Leads
- Macmillan Cancer Support
- NCA Public Involvement Accountability Forum

## Strategic Drivers



## NCA Cancer Context

The Workforce Strategy is informed by the NCA cancer context, using information drawn from national data sets; the following is a high-level overview of some of the



socio-economic demographics influencing cancer incidences and outcomes. The strategy recognises that our population demographics influence workforce and service requirements and adopts a population health-informed approach to workforce planning, acknowledging that our workforce is made up of colleagues from these demographics, and key determinants for services also influence our workforce.

For most people, increasing age is the biggest risk factor for developing cancer. In general, people over 65 have the greatest risk of developing cancer. The Northern Cancer Alliance has a greater proportion of those over 65 years than the national average; 2018 population estimates showed 20% of the Alliance population were in this cohort compared to 18% in England, predicted to rise to 26% over the next 25 years (England 24%). In 2018 (latest published data), NCA had the third highest age standardised incidence rate when compared to other Alliances in England (643 per 100,000) significantly higher than the national rate of 616 per 100,000 population; this gap equates roughly to an additional 27 cancers for every 100,000 in the Alliance population, almost 800 per year.

These figures are an indication of high volumes of activity and the workforce required to meet these volumes. These figures are also important to consider as part of this workforce strategy, as the NCA recognises the influence of an ageing population alongside an ageing workforce; indicative trends suggest that the numbers of cancer workforce colleagues aged 55 and over has by increased approximately 27% since March 2018 (Cancer Services Workforce Dashboard, Tableau). This emphasises the importance over the next 3 years of proactive system-level approaches to retire and return initiatives, flexible retirement, and flexible working, as well as succession planning, to support the retention of staff, knowledge, and experience. One example of adopting a proactive approach to retain knowledge and experience within the cancer workforce is the NCA's pilot programme on utilising retired cancer professionals to support improvement initiatives.

Emergency presentation rates in the NCA are generally higher than England and this is an indicator of later stage presentation and poorer outcomes. 1-year Cancer Survival is lower in NCA than in other Alliances (ranked 19/20) and has seen a lower rate of increase since 2003 than other Alliances. Latest available data for Early and Late Stage diagnosis shows that NCA also has a lower proportion than other Cancer Alliances. NCA also has a slightly higher prevalence rate than the national average, 3.3% compared to 3% in 2018/19 which equates to over 108,000 people living with cancer. Cancer mortality rates are high, NCA had the second highest rate nationally in 2018 with an age-standardised rate of 291 compared to 265 for England equivalent to over 25 excess deaths for every 100,000 of population (approximately 725 additional deaths). Later stage presentations could be linked to a requirement for more cancer professionals with advanced skills and experience to manage greater complexities in



presentation; this strategy outlines the importance of the training and development of the cancer workforce across the ICS to provide quality patient care.

Within the NCA footprint, there are numerous factors that may have an impact on cancer incidence and on our workforce. The Alliance geography is diverse with areas of rurality in North Cumbria, Northumberland and County Durham which can impact on access to services, especially for those reliant on public transport, alongside densely populated urban areas. Therefore, this strategy emphasises the importance of learning from COVID-19 and sharing best practice to improve digital methods used to access and support patients remotely and explore innovative opportunities to influence recruitment, workforce sharing and attraction to cancer roles.

In addition, there is high socio-economic deprivation across the footprint with almost 30% of the population among the most deprived 20% nationally. Some factors linked to deprivation which influence both activity and workforce in terms of having an adverse impact on health outcomes are:

- higher levels smoking prevalence, especially in more deprived groups
- alcohol dependency
- poor health and lower levels of healthier behaviours such as physical activity and good diet
- Poorer uptake of screening services
- Life Expectancy at birth is significantly lower than the England average for both males and females for almost every local authority area within the Alliance with an average differential of about -2 years, increasing to around -4 years for Healthy Life Expectancy at birth

The strategy recognises the importance of addressing these factors from a population health management perspective in line with the Long Term Plan; however, these factors also highlight the significance of supporting the take up of NHSEI's Health and Wellbeing offer across the cancer workforce.

The NCA cancer context is important to recognise as part of this strategy because these contextual factors pose both opportunities and challenges with regard to the cancer workforce across the ICS and inform the cancer workforce priorities set out in this strategy.

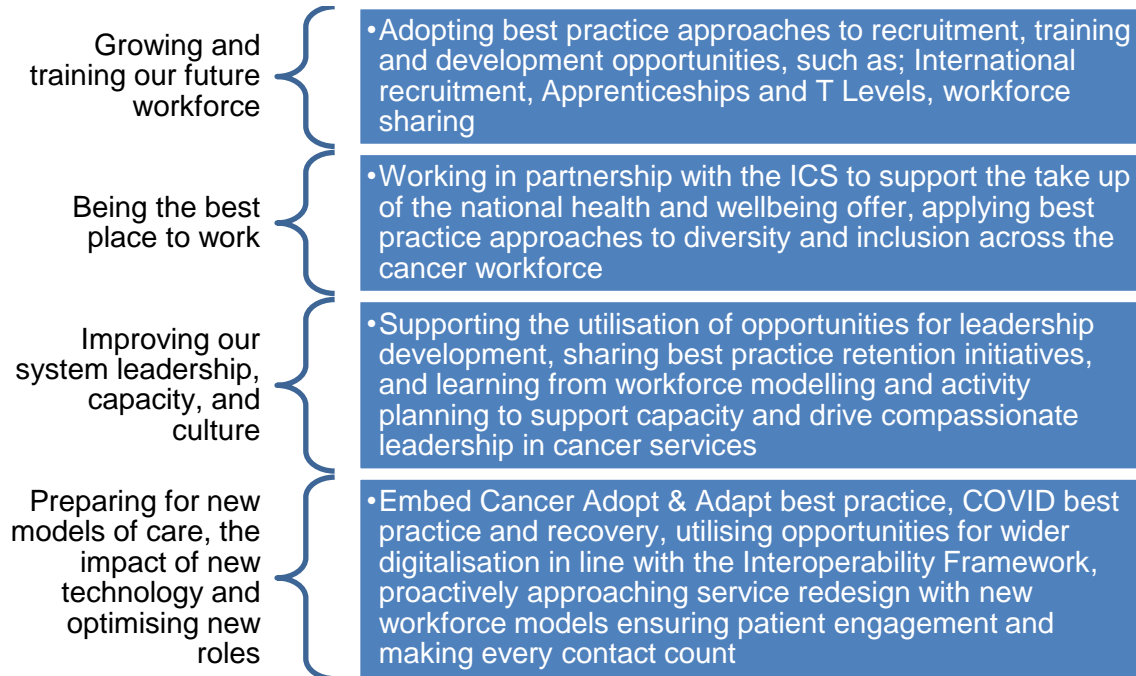
## Workforce Themes

There are a number of cross-cutting workforce themes requiring focus as part of this 3-year strategy which represent challenges regardless of tumour group or pathway; this strategy sets out a commitment to work collaboratively with providers, third sector organisations, HEE, NHSEI and ICS colleagues to incorporate and apply system-level





approaches across broader workforce issues to the cancer workforce across the ICS.  
For example:



## Cancer Workforce Priorities 2022/23 – 2025/26

The table below outlines key areas of focus over the next 3 years for the NENC Cancer Workforce alongside strategic activities:

Area of Focus	Strategic Activities
<b>Endoscopy</b>	<p>An Endoscopy Academy will be established which will cover North East and Yorkshire Cancer Alliances to support the training and development of our cancer workforce in line with the ICS Workforce Plan and National Cancer Workforce Plan. Medical immersion training, upskilling of clinical endoscopists, piloting Practice Educator roles and HEI Assistant Practitioners, as well as the development of short-, medium- and long-term Endoscopy Training Plans will also support the training and development of the Endoscopy workforce, providing new roles and new routes into this key area of focus.</p> <p>A single endoscopy reporting system will also be developed to support with interoperability and improving digital solutions. A combined upper/lower GI pathway will be implemented to support the innovation of endoscopy services.</p> <p>Endoscopy Network Leadership will be developed in accordance with an agreed workplan.</p>
<b>Non-Surgical Oncology</b>	<p>The vision is that a robust, sustainable oncology service delivers a standardised, high quality level of care to service users,</p>



	<p>provided by a multi-disciplinary skilled workforce with patient treatment being delivered as close to home as possible</p> <p>The Operational Delivery Group will continue to work towards strategic priorities regarding developing workforce modelling, agreeing an ICS approach for oncology workforce planning and implementing best practice. The Operational Delivery Group to date have been working with HEE to develop the role and curriculum of Advanced Clinical Practitioners in oncology. In addition, the Group are also consulting with HEE on increasing the training numbers for future oncologists.</p>
<b>Breast</b>	<p>The NCA will work with providers in the development and implementation of the managed clinical network, exploring opportunities to improve pathways and share workforce collaboratively.</p> <p>There are particular workforce issues and shortages from a breast radiology perspective which require a focus as part of this strategy over the next 3 years. A workforce strategy is in development and to date there have been a number of Mammography Associate Practitioner Apprentices employed across NENC.</p>
<b>COVID-19 Recovery and Renew</b>	<p>In line with national priorities regarding recovery and renew, the NCA will continue to support the system to return urgent cancer referrals to pre-pandemic levels, reduce the backlog of people waiting for diagnostics and treatment, and ensure sufficient capacity is in place to manage the demand during this recovery phase.</p> <p>It is clear that as the context develops with regard to COVID-19, the strategic activities set out in this strategy may be required to adapt and evolve to meet changing priorities.</p>
<b>Cancer Support Workers</b>	<p>The NCA have supported a submission to HEE regarding the numbers of Cancer Support Workers in NENC, which has highlighted a number of opportunities in the collation of that data. The NCA will continue to collaborate with HEE and providers regarding the numbers, roles, and skills of Cancer Support Workers across the patch.</p> <p>Cancer Navigators and Care Co-ordinators also form a fundamental part of the workforce strategy over the next 3 years to further incorporate support roles across cancer pathways.</p>
<b>Clinical Nurse Specialists</b>	<p>To support the People Plan ambitions to improve recruitment and retention, the NCA will continue to support providers accessing HEE CNS training Grants and work with HEE on the uptake and delivery of the CNS Leadership Development Programme.</p> <p>The NCA is committed to supporting the training and development of the cancer nursing workforce and will work with providers to identify and implement relevant opportunities, such as Advanced Communication Courses, Sage &amp; Thyme, and</p>



	<p>Essentials of Cancer Care E-Learning Programme, alongside the Cancer Academy pages, resources and signposting.</p> <p>The NCA will work to raise the profile of the CNS role to support with supply and continue to work with providers and HEE to increase placement opportunities in cancer services.</p> <p>The NCA will support the development and implementation of the HEE ACCEnD (Aspirational Cancer Career and Education Framework) for both Clinical Nurse Specialists and Allied Health Professionals.</p> <p>The NCA are also collaborating with Macmillan Cancer Support on a Band 5 Nurse Development Programme for 16 nurses across NENC which will give them the skills and competencies to apply for Clinical Nurse Specialist roles in the future.</p>
<b>Physician Associates</b>	<p>The NCA will continue to learn lessons from other Cancer Alliances who are implementing the Physician Associate role across a number of cancer pathways, collaborating with HEE's faculty of advanced practice.</p>
<b>Advanced Clinical Practitioners</b>	<p>To address current workforce gaps, the NCA has supported providers to recruit another 8 ACPs into the NENC cancer workforce system. Over the course of the next 3 years, the NCA will continue to support providers to model the appropriate skill mix and increase the number of ACPs working in cancers services sustainably.</p> <p>The NCA will work with HEE and HEIs to increase interest in working in cancer as a specialty for ACPs.</p>
<b>Volunteers</b>	<p>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.</p> <p>The NCA aims to build on the development and utilisation of Cancer Volunteers with an initiative targeting the recruitment and deployment of retired cancer professionals, and work with voluntary sector colleagues across the system to embrace new ways of delivering care and support to those affected by cancer.</p>

While this table provides an overview of strategic activities aligned to current priorities, it is the intention of the strategy to be a dynamic document. As such, it is acknowledged that priorities are subject to change and as a result, the NCA has developed a standard Workforce Approach which can be applied to various pathways or service issues. This Workforce Approach involves working collaboratively with relevant clinical, operational and system partners to identify risks and potential solutions. The approach seeks to build understanding and analysis of workforce data to support workforce modelling and implementation of new roles, training, and development as applicable. The NCA Workforce Approach is committed to adapting and adopting best practice models, tailoring to the NENC cancer workforce context in light of new challenges and system pressures, sharing lessons learnt to support our workforce to detect cancer earlier,



improve outcomes, deliver the best possible patient experience and improve quality of life.

## Interdependencies

The following subsections are in addition and complementary to the wider cancer workforce strategy, identifying cross-cutting areas and opportunities for collaboration.

### Cancer Academies

In line with the ICS Workforce Plan and the National Cancer Workforce Plan, training and education are vital to develop an appropriately skilled cancer workforce. Cancer Academies are available to all healthcare professionals working with people affected by cancer and aim to build a multi-professional workforce with flexible skills. The NCA will develop and promote the use of the Cancer Academy to develop and support healthcare professionals and enhance the opportunities for early identification, referral, and diagnosis of cancer.

### HEE Competency Framework

HEE are developing a national cancer nursing competency framework which will influence the evolution of this strategy with regard to key aims of growing and upskilling the cancer nursing workforce. The HEE competency framework will be of great benefit when standardising the skills and knowledge across the cancer nursing workforce, which will be a positive enabler when considering innovative approaches to workforce sharing and mobilisation across the system.

### Apprenticeships and T Levels

Apprenticeships are becoming increasingly popular following the Apprenticeship Levy and Reforms in 2017 and can prove an effective alternative route into the NHS, combining extensive workplace learning supported by academic learning. As a result, Apprenticeships and T Levels may form an effective part of the cancer strategy around increasing supply and developing the workforce. A number of apprenticeship routes relevant to the cancer workforce have been developed, such as diagnostic radiographers, sonographers, therapeutic radiographers, and enhanced clinical practitioners. The NCA will work with key stakeholders to increase the uptake of relevant apprenticeship courses. The NCA will also assess how to best utilise apprenticeships and T Levels to ensure the sustainability of workforce programmes to be delivered as part of the strategy.



## National Wellbeing Offer

In line with the NHS People Plan and NHS People Promise, this strategy acknowledges that the health and wellbeing of our workforce is a key interdependency. Healthy and well colleagues delivering cancer services across the North East and North Cumbria are essential to ensuring quality patient care and improving patient outcomes for those living with cancer. It is also recognised that working with those affected by cancer can have an impact on the wellbeing of our workforce, therefore the emphasis on promoting and embedding the national wellbeing offer is even more urgent. This proactive and preventative approach is informed by population health demographics of our communities and workforce.

This strategy outlines the NCA's commitment to improving access to health and wellbeing support across the system and engaging with the relevant stakeholders and subgroups to do so.

## Diversity and Inclusion

One key ambition in the NHS People Plan is 'Belonging in the NHS', which focuses on inclusion and reducing inequalities within the workforce, promoting a workforce that is representative of the community that it serves in line with workstreams regarding personalised care. This strategy aims to ensure that the cancer workforce can enable practical, individual and organisational changes as required to work in a personalised way, including the integration of existing and new personalised care roles. Equality, Diversity, and Inclusion is a core part of the NCA cancer workforce strategy, which aims to include a diverse and inclusive approach within all cancer programmes across the North East and North Cumbria to improve cancer outcomes for everyone within our communities. The NCA adopts an intersectional approach to reviewing data around health inequalities, rooting service redesign and workforce supply modelling in a strong evidence-base.

## Digital Solutions

COVID-19 has expedited the implementation of digital platforms as a way to save time and encourage cross-organisational collaborative working to provide workforce solutions. The role of digital technology will impact on new ways of working, for example, innovations in Digital Passports for workforce sharing and streamlining recruitment processes, Haemato-Oncology remote reporting, and the use of artificial intelligence in diagnostics and radiography. These digital solutions will be integral to the shaping and delivery of the NCA Cancer Workforce Strategy and must be considered with regard to the Interoperability Framework.



## ICS and HEE Developments

ICS developments and changes within national policies arising from the [White Paper](#) and the Government's [Build Back Better Plan](#) will continue to shape the evolution of the NCA cancer workforce strategy. The NCA will continue to work collaboratively with ICS Workforce Programme Leads and align its key workstreams within the ICS Workforce Pillars of Equality, Diversity and Inclusion, Health and Wellbeing, Leadership, Supply, and Redesign. National developments with NHSEI and HEE will also have implications for how the NCA continues to work collaboratively with system partners, Health and Social Care Providers and third sector organisations to increase the workforce and developing the appropriate knowledge, skills, and resilience across the cancer workforce.

## Clinical Networks

This strategy also must recognise the interdependencies of other key workstreams, and clinical networks as identified in the Long Term Plan, including Mental Health, Learning Disabilities, Diagnostics and more. The intersection of these workstreams cannot be ignored and we will work collaboratively within the system to understand where opportunities for innovations and across clinical networks can be implemented to improve cancer patient experience and outcomes, taking a person-centred approach.

## Primary Care and Community Services

The Primary Care Workforce plays 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 NCA Cancer Workforce Strategy.

Healthcare professionals working in community services are integral to the provision of services keeping people well, treating and managing acute illness and long-term health conditions such as cancer, supporting people to live independently in their own homes and supporting those with complex health and care needs including specialist palliative care, and are therefore also an important part of the cancer workforce.

The Cancer Academy will support healthcare professionals working in primary care with their training and education needs relating to specific cancer pathways. This will enhance the opportunities for early identification, referral, and diagnosis of cancer.

Potential opportunities for collaboration include the roles of social prescribers from a cancer perspective, cancer support workers and navigators within primary care



supporting the delivery of personalised care for people living with and beyond cancer through effective, integrated primary and secondary care models.

## Next Steps

The NCA Cancer Workforce Strategy has been informed by a number of key national, system, and locality level drivers and priorities. To support the delivery of the strategy, subgroups and workforce programme boards will continue to develop implementation plans, with oversight from the NCA Board and working in collaboration with ICS Workforce Programme Leads, ICP Delivery Managers, and other Cancer Alliances nationally.