

Breast Cancer Care's response to the Migration Advisory Committee's consultation on their review of the Shortage Occupation List

Introduction

The shortage occupation list is an official list of occupations for which there are not enough resident workers to fill vacancies. The Migration Advisory Committee regularly reviews the list and calls for evidence of which occupations should be included or removed. The Migration Advisory Committee asked for input from stakeholders, including charities like Breast Cancer Care, to help inform their review of the shortage occupation list. The consultation period ended in January 2019 and the report due is to be published in Spring 2019.

Our response to the consultation

What do you think are the main reasons for job shortages, and or wider shortages in the sector?

We surveyed our Nursing Network¹ which is open to healthcare professionals who spend 50% or more of their time working directly with breast cancer patients and received 53 responses. 87% reported shortages in their hospital affecting breast cancer patients. Our response focusses on nursing although respondents noted a shortage of radiologists, radiographers, pathologists, surgeons, oncologists, and admin and managerial staff.

Every year around 55,000 people are diagnosed with (invasive) breast cancer in the UK,² with incidence rates increasing by 25% in women since the early 1990s.³ As more effective treatments are developed and survival rates improve⁴, more people are living with and beyond breast cancer. The cancer workforce is not growing sufficiently to keep pace with this increase in demand for services.

Access to a Clinical Nurse Specialist (CNS) is regularly reported as the most important indicator of a positive experience of cancer which is why NHS England set the target that by 2020 all cancer patients should have access to a CNS or other keyworker.⁵ Despite this, almost three quarters (72%) of NHS Trusts and Health Boards across England, Scotland and Wales do not provide a dedicated nurse for people living with incurable breast cancer,⁶ whilst 95% of people with primary breast cancer in England do have access to a CNS.⁷

In our survey, 81% of those who commented reported nursing shortages in their hospital including CNSs and those working in palliative care, chemotherapy, medical and surgical wards.

Reasons for shortages cited by respondents included:

- Ageing workforce - 45% of breast cancer nurses are aged 50 and above.⁸

- Less trainee nurses to replace those retiring - applications for nursing courses fell by 32% following the announcement of the bursary removal in 2016.⁹
- Difficulty retaining and recruiting staff due to poor working conditions including low salary, long unsociable hours, and unreasonable workload.
- Poor retention of staff and shortage of specialist nurses due to lack of training and development; nurses often do not have time to train due to their high workload and the budget for nursing Continual Professional Development (CPD) was cut by 60% to just £83.49million in 2017/18, down from £205million in 2015/16.¹⁰
- The uncertainty of Brexit deterring international nurses – it's predicted that the current shortage of nurses will increase by 5,000-10,000 based on the impact of UK's withdrawal from the EU.¹¹
- Poor management - The All Party Parliamentary Group on Breast Cancer heard that 'financial constraints have led to shortages in some areas, particularly for services where senior management may not appreciate the benefits that a CNS can bring and perceive these roles as expensive.'¹²

Please explain what measures have been taken to reduce shortages in the sector as informed by your members and or research.

A third of those who commented in response to our survey were unaware of any measures taken by their hospital to reduce job shortages affecting breast cancer patients.

25% of respondents said that their hospital runs recruitment campaigns including open days to try to recruit new staff, with varying success. Some respondents also said that their hospital offers incentives to those who recruit friends.

Respondents noted the use of bank or agency staff – approximately 80% of the 40,000 nursing vacancies in the NHS are being filled by a combination of bank (64%) and agency staff (36%).¹³ The use of agency staff is neither sustainable nor cost-effective; for every extra hour worked by temporary staff, NHS trusts pay an average of 61% more than the hourly pay of a newly qualified registered nurse in full-time employment.¹⁴

Many respondents noted that these nursing shortages across the NHS have led to an inefficient use of specialist nurses e.g. for tasks normally performed by healthcare assistants, or to cover shortages in other wards, 'resulting in suboptimal cancer care at specialist level'. One respondent said that 'the remaining staff just work harder at an unsustainable rate and are unable to give a level of care they are happy with.'

19% of those who commented said that their hospital relies on international recruitment to address domestic shortages. Macmillan's census of cancer nurses in England in 2017 found that where nationality was reported, 5% of specialist cancer nurses, 14% of chemotherapy nurses, and 3% of specialist palliative care nurses working in cancer are from outside the UK.⁸ Therefore, it is imperative that nurses remain on the Shortage Occupation List if cancer patients are to receive the vital treatment and support they need. This is especially important as the starting salary for a nurse is £23,000,¹⁵ meaning that international nurses will not be able to meet the proposed £30,000 five-year salary threshold for settlement set out in the Government's Immigration White Paper.

Other measures included improving working conditions and a culture to retain staff e.g. offering flexible working hours and increasing the number of training posts.

Have these measures worked, if not why?

83% of respondents to our survey feel that measures taken to reduce shortages in their hospital or the NHS have not worked. Again, many respondents noted their hospital's inaction in addressing the shortages. Of those that were aware of measures to reduce shortages, many could not yet see their impact.

Breast cancer patients represent the largest cancer patient group in the UK, with approximately 691,000 people¹⁶. This is predicted to rise to 840,000 in 2020.¹⁷ It is clear that current measures taken to reduce nursing shortages will not be able to cope with this ever-increasing demand.

Secondary breast cancer, also known as metastatic, advanced or stage four breast cancer, occurs when breast cancer cells have spread from the breast to other parts of the body, such as the bones, lungs, liver or brain. Secondary breast cancer is not curable but it can be treated.

Our research shows that the current level of specialist nursing available to support people with secondary breast cancer is well below the level of need. Our findings reveal that 72% of NHS Trusts and Health Boards across England, Scotland and Wales do not provide a dedicated nurse for people living with incurable breast cancer.⁶

In our survey, some respondents highlighted the fact that there was a lack of nurses with relevant experience to take up some of the vacant CNS roles. For virtually all specialist cancer nurse posts, some specialist training is necessary including specialist cancer qualifications, advanced communication skills and teaching qualifications.⁸ Over the past two years, the budget for nursing CPD was cut by 60% to just £83.49million down from £205million. This has had a direct impact on access to training for those who might wish to become a secondary breast cancer CNS, meaning the workforce lacks the necessary skills to support these patients.

We were pleased that HEE committed to increase this funding for nurses, following recommendations from the Health Select Committee in January 2018 that it reverse cuts to nurses' CPD budgets. We welcomed the subsequent announcement to increase the CPD budget by 17% compared to 2017 but this increase does not fully reverse the cuts experienced and we await clarification on further plans and timescales in phase 2 of the HEE's cancer workforce plan.

Furthermore, our survey findings show that nurses are overworked so may be unable to devote the time necessary for specialist training and continual development.

¹ Breast Cancer Care 'Shortage Occupation List – share your views' survey 2018. Sent to Breast Cancer Care's Nursing Network which is open to healthcare professionals who spend 50% or more of their time working directly with breast cancer patients.

² Cumulative total of each UK country invasive breast cancer cases in 2015 (55,122)

³ Cancer Research UK incidence numbers from 2013-2015, only invasive breast cancer (doesn't include DCIS)

⁴ Cancer Research UK survival numbers from 2010-2011, only invasive breast cancer (doesn't include DCIS)

⁵ Independent Cancer Taskforce (2015) 'Achieving world class cancer outcomes: A strategy for England 2015-20.' Available at: https://www.cancerresearchuk.org/sites/default/files/achieving_world-class_cancer_outcomes_-_a_strategy_for_england_2015-2020.pdf

⁶ Breast Cancer Care (2018) Secondary support package: Evidence report. Available at: https://www.breastcancercare.org.uk/sites/default/files/secondary_support_package_evidence_report_oct2018.pdf

⁷ National Cancer Patient Experience Survey (2017) available at:

<http://www.ncpes.co.uk/index.php/reports/2016-reports>

⁸ Macmillan Cancer Support (2017) 'Cancer Workforce in England: A census of cancer, palliative and chemotherapy speciality nurses and support workers in England in 2017.' Available at:

https://www.macmillan.org.uk/_images/cancer-workforce-in-england-census-of-cancer-palliative-and-chemotherapy-speciality-nurses-and-support-workers-2017_tcm9-325727.pdf

⁹ UCAS, 2018 cycle applicant figures - June 2018. Available at: <https://www.ucas.com/corporate/data-and-analysis/ucas-undergraduate-releases/2018-cycle-applicant-figures-june-deadline>

¹⁰ Royal College of Nursing (November 2018) Fund our future nurses. Available at:

<https://www.rcn.org.uk/professional-development/publications/pub-007348#detailTab>

¹¹ National Institute of Economic & Social Research (November 2018) 'Brexit and the Health and Social Care Workforce in the UK' Available at: <https://www.niesr.ac.uk/publications/brexit-and-health-social-care-workforce-uk>

¹² All Party Parliamentary Group on Breast Cancer (2018) 'A mixed picture: an inquiry into geographical inequalities and breast cancer'. Available at:

https://breastcancernow.org/sites/default/files/public/appgbc_a_mixed_picture.pdf

¹³ NHS Improvement 'Performance of the NHS provider sector for the quarter ended 30 September 2018.' Available at:

https://improvement.nhs.uk/documents/3520/Performance_of_the_NHS_provider_sector_for_the_month_ended_30_Sept_18_FINAL.pdf

¹⁴ The Open University (2018) 'Tackling the nursing shortage.' Available at:

<http://www.open.ac.uk/business/apprenticeships/blog/tackling-the-nursing-shortage-May-2018>

¹⁵ The starting salary for a Band 5 nurse on 2018/2019 NHS Agenda for Change pay scales can be found here:

<https://www.nhsemployers.org/your-workforce/pay-and-reward/agenda-for-change/pay-scales/annual>

¹⁶ Macmillan Cancer Support (2017) 'The Rich Picture with Cancer.' Available at:

https://www.macmillan.org.uk/_images/Breast-Cancer_tcm9-282779.pdf

¹⁷ Maddams J et al (2012) Projections of cancer prevalence. British Journal of Cancer, 107 (7). 1195-1202