**Health and Care Bill: Consideration of Amendments**

Workforce Amendment, Clause 41

* This amendment was passed **in the House of Lords** as the Bill progressed through Report Stage, winning by 171 to 119 votes. Macmillan are now **calling for** **your support to pass the amendment in full in the House of Commons.**
* In short, it will help ensure the NHS is training the doctors and nurses it so desperately needs.
* The amendment would give a national, independent view of how many health, social care, and public health staff are needed to keep pace with projected patient demand over the next 5, 10 and 20 years. Without it, the Bill will fail to address the biggest challenge facing the NHS and social care right now – staffing shortages and pressures.
* Successive Governments have failed to implement long term workforce investment despite efforts by NHS leaders which is why this amendment has been **supported by high profile former NHS Leaders like Rt. Hon. Jeremy Hunt MP, Baroness Dido Harding and Lord Sir Simon Stevens**.
* Cancer patients are missing out on vital support due to ongoing specialist nurse shortages. Too few cancer patients have full access to a cancer nurse specialist which is so crucial in reducing costs and improving patient outcomes.
* To help meet the Government’s NHS Long Term Plan - **Macmillan estimates we need an additional 3,371 cancer nurse specialists – that’s doubling the number of cancer nurses by 2030.**

**Workforce Amendment – Clause 41**

* The amendment calls on the Government to publish independently verified assessments of workforce gaps in the NHS, social care, and public health.
* After years of underinvestment in the NHS, this clause would enable strategic long-term spending decisions around workforce planning, and provide the basis for a fully transparent, up-to-date evaluation of current and future staffing needs in the NHS and social care.
* This amendment asks for the published assessments of future health and care staff numbers to be based on OBR projections and the spending assumptions tied up in them. This will ensure we have the staff required to deliver the future work the NHS will need to deliver based on future population needs.
* Currently, workforce accountability lacks transparency. Asking the Secretary of State to be accountable to Parliament every two years for ensuring the country is training enough doctors and nurses will go a long way to ensuring the NHS has the staff it needs to deliver on the Government’s long term commitments to improve NHS performance.
* This amendment has significant cross-party backing and is supported by over 100 organisations including the Royal Colleges, major health charities like Macmillan, trade unions, health think tanks and NHS leaders.

**Workforce shortages – doubling the number of cancer nurses by 2030**

* **Staffing shortages are the biggest challenge currently facing the NHS.**
* The cancer workforce is seriously understaffed following years of underinvestment.  Cancer Research UK has highlighted that 1 in 10 diagnostic posts across the NHS in England were vacant in 2018/19, and it was estimated that, with no action taken, this would rise to 1 in 7 posts vacant by 2023/24.[[1]](#footnote-1)
* There are 100,000 staffing vaccines already in the NHS. But Ministers have confirmed that they will need an additional [6,000 staff to run the new Community Diagnostic Centres](https://questions-statements.parliament.uk/written-questions/detail/2021-12-03/86604), including 2,000 radiologists and 3,500 radiographers.
* Research from Macmillan shows that our NHS doesn’t have enough specialist cancer nurses to provide full access to patients to meet Government commitments in the NHS Long Term Plan.
* By 2030, Macmillan anticipates around 3.3 million people will be living with cancer in England[[2]](#footnote-2). If the workforce doesn’t increase, the gap between projected patient need and workforce capacity will grow to **3,371 nurses**, an 100% increase over current numbers of specialist cancer nurses.
* **In short, we need to double the number of cancer nurses by 2030 in order to provide the individual and targeted personalised care that people living cancer were promised.**
* Macmillan estimate that it would cost £124m to train enough cancer nurses to fill this gap. This

figure incorporates the training costs of the required advanced courses (£17m), Master’s degree and costs to back fill roles (£107m) whilst nurses are undertaking study. Our new cross UK research shows the nursing gap and costs associated which equates to 3,371 in England (£124m), 348 in Scotland (£31m), 166 in Wales (£12m), 100 in Northern Ireland (£7m).

**Workforce burnout - supporting those that care for us**

* The workforce supporting people living with cancer in England was stretched before the start of the pandemic, with high vacancy rates, an ageing workforce[[3]](#footnote-3) and rising patient need.
* The pandemic caused huge disruption with some cancer services forced to pause, whilst others had to quickly adapt, and many have still not returned to ‘normal’. Some cancer nurses were also deployed to care for the half a million people admitted to hospital with Covid-19.
* As services tackle the backlog of people waiting for cancer diagnosis and treatment, our exhausted, depleted cancer nurse workforce continues to face extraordinary pressure. **Having the confidence that reinforcements are on the way is a critical policy in retaining existing staff.**

**The cancer backlog**

* It will be impossible to address the significant cancer backlog if we don’t have enough staff.
* From latest waiting time data from January performance, there are still 31,000 fewer people that have yet to start their cancer treatment than we would expect, and the number who waited more than a month to start treatment after a decision to treat was also the highest-ever on record.
* The latest Macmillan analysis estimates the NHS in England would need to work at 110% capacity for 16 months to catch up on missing cancer diagnoses, and for 12 months to clear the cancer treatment backlog.
* During 2021 overall, more than 400,000 people waited more than two weeks to see a specialist with suspected cancer following an urgent GP referral, and close to 20,000 of those diagnosed with cancer waited more than a month to start treatment.
* It is crucial that the NHS **trains and retains enough staff** to give everyone living with cancer the appropriate care that they need and deserve.
* This amendment is the best long-term solution to ensure the country is training the workforce it requires now and into the future.
1. NHS England and Improvement. 2019. Interim NHS People Plan. Accessed August 2021 via https://www.longtermplan.nhs.uk/wp-content/uploads/2019/05/Interim-NHS-People-Plan\_June2019.pdf [↑](#footnote-ref-1)
2. Calculating cancer prevalence. Macmillan Cancer Support. <https://www.macmillan.org.uk/about-us/what-we-do/evidence/using-cancer-data/calculating-cancer-prevalence.html> . This includes all people who have ever had a cancer diagnosis; some people in this group may no longer consider themselves to be living with cancer. [↑](#footnote-ref-2)
3. [Cancer Workforce in England: A census of cancer, palliative and chemotherapy speciality nurses and support workers in England in 2017](https://www.macmillan.org.uk/_images/cancer-workforce-in-england-census-of-cancer-palliative-and-chemotheraphy-speciality-nurses-and-support-workers-2017_tcm9-325727.pdf), Macmillan Cancer Support, 2018 [↑](#footnote-ref-3)