

Scottish Government Cancer Strategy
Consultation RCN Response

May 2022

[Cancer strategy: draft vision, aims and
priority areas - Scottish Government -](#)

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'¹, specifically in terms of:

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),⁷ 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.⁸ 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 2019⁹ (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).

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Further Comment

Neither the above ambition, nor the action, is referenced in the April 2020 update to 'Beating cancer: ambition and action'¹² so their status at that point is unclear but by the time we reach 'Recovery and redesign: cancer services - action plan'¹³ 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

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'¹⁵ 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.¹⁶

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

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 Government report on cancer services in Scotland (2021) states that the current cancer services in Scotland are not fit for purpose and that there is a need for a major programme of investment and reform to ensure that Scotland is able to meet the growing demand for cancer services in a sustainable and equitable way.

