



CANCER WORKFORCE IN ENGLAND

A census of cancer, palliative and chemotherapy speciality nurses and support workers in England in 2017

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Foreword



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The number of people with cancer is increasing, with over 830 cancers diagnosed every day in Englandⁱ. Thanks to advances in treatment, many of these people are living for longer following diagnosis, but often in poor health. This means that people's experience of having cancer is changing.

Against this backdrop, staff across the NHS continue to provide fantastic care, playing a vital role both in improving outcomes and working to ensure that everyone living with cancer has a positive experience of their care. I am therefore excited to share the results of Macmillan's latest cancer nursing and support workforce census, which describes the size, composition and location of the workforce. This research provides a unique and detailed insight into today's cancer nursing and support workforce.

It is encouraging that overall the census shows the specialist cancer nurse workforce continuing to grow, and begins to point to some of the positive and exciting ways in which the workforce is changing. It highlights the critical role played by Macmillan, with a large number of staff having 'Macmillan' in their job title, as well as the growth in the wider cancer support workforce. With the needs of cancer patients changing, these roles will become increasingly important and their inclusion in the census is testament to the importance Macmillan places on them.

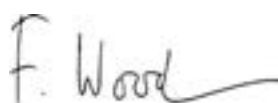
However, these positive changes need to be understood in the context of the increasing complexity of cancer, which, when we speak to Macmillan professionals, is the most commonly identified workforce challenge they experienceⁱⁱ. We can also see from the census findings that, overall, the proportion of specialist cancer nurses who are 50-years-old or older continues to climb. There is also clear variation across the country in the age profile of the workforce, meaning that succession planning will become increasingly important.

'This research provides a unique and detailed insight into today's cancer nursing and support workforce'

This census appears to reveal a worrying trend of specialist cancer nurse roles being employed on lower pay bands since our last census in 2014. We are concerned that this could mean that highly trained specialists are taking on more complex caseloads, and that this is not being recognised in terms of the pay they receive. If this is the case, it could risk exacerbating well established problems with recruitment and retention in the nursing workforce.

It is also clear that there is significant variation across the country in vacancy rates, which are as high as 15 vacancies per 100 filled roles for specialist chemotherapy nurses in some areas. Our own analysis of the data also shows that there is still notable variation across the country in the ratio of new patients to specialist cancer nurses.¹ For instance, the number of new lung and respiratory cancer patients per nurse varies between 62 patients per nurse in some areas and 203 patients per nurse in other areas. This variation is replicated across all areas of practice. While some variation is to be expected given that service models differ across the country, understanding and addressing this variation will be vital if we are to ensure everyone with cancer has access to the highest quality care.

This census alone cannot tell us what the ideal cancer nursing and support workforce should look like. It is, however, a vital component in understanding the current workforce and therefore an important stepping stone to planning for the future. Macmillan is proud of the leading role we have played in developing and growing the workforce, and we look forward to continuing our work in this area. The government and Health Education England also have a key role in driving workforce transformation, and we hope that this report will be an important resource for the NHS when planning for a sustainable workforce for the future.



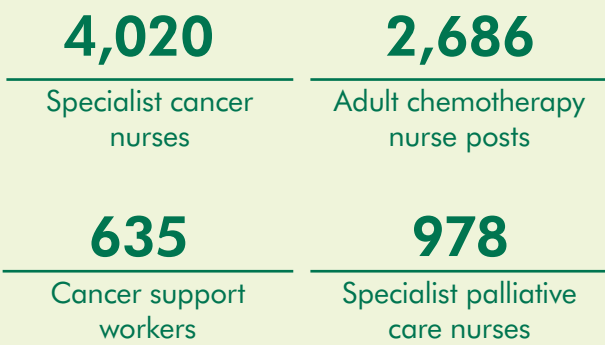
¹ Calculated based on cancer incidence in 2015 by Cancer Alliance and Whole Time Equivalents’.

Executive Summary

What we have done?

Macmillan commissioned a census in order to better understand the specialist adult cancer nursing and support workforce in England. It provides a snapshot of the workforce on a single day: 9 October 2017. NHS Trusts submitted data from their organisations.

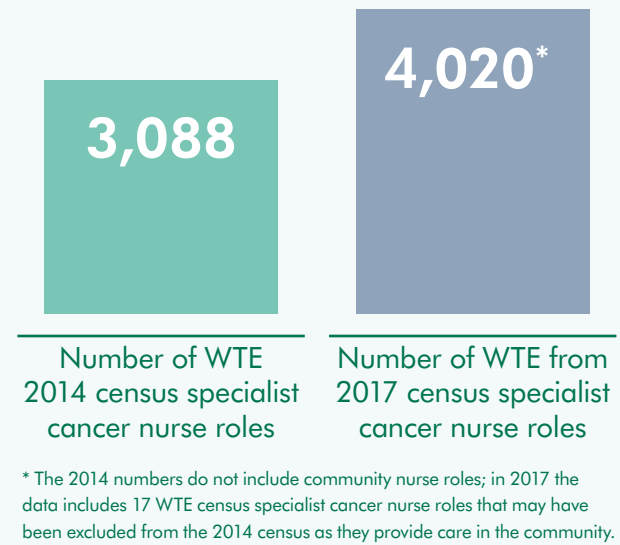
The report provides information about four different types of posts employed within the NHS (numbers are calculated based on whole time equivalents (WTE) working in cancer):



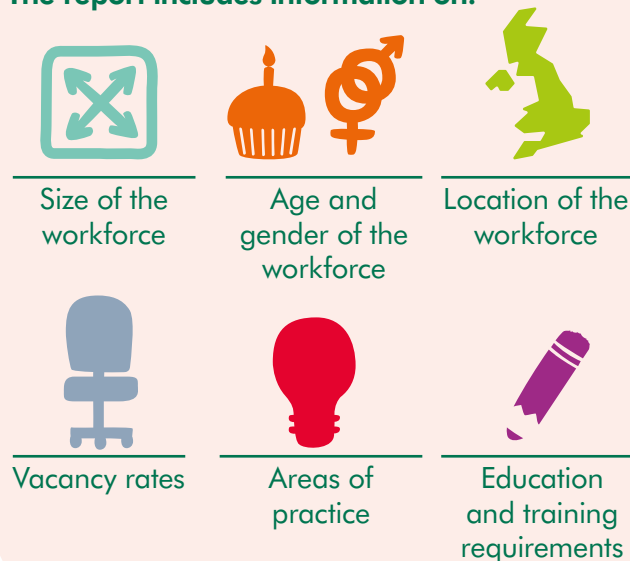
What have we found?

Please see page 13 for a note on comparisons between 2014 and 2017 data.

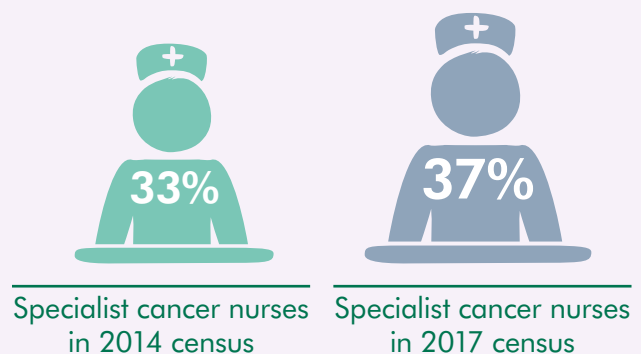
Overall, the specialist cancer nurse workforce is continuing to grow.



The findings can be used alongside other evidence to help improve workforce planning. The report includes information on:



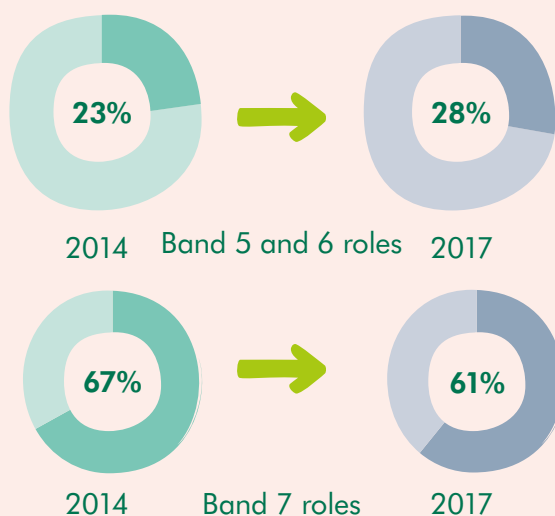
The proportion of specialist cancer nurses aged 50 or over has increased from 33% to 37%.²



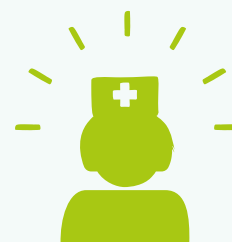
	2014	2017
Under 30	2%	4%
30-39	23%	22%
40-49	42%	37%
50-59	31%	34%
60 and over	2%	4%

² The difference between the overall percentage (37%) and combined percentages of those aged 50 -59 and 60 and over (38%) is the result of rounding

There has been a shift to lower banded roles for specialist cancer nurses, with an increase in the proportion of band 5 and 6 posts and a decrease in the proportion of Band 7 posts.



There is variation in the ratio of newly diagnosed patients to specialist cancer nurses (calculated based on WTE).



62  203

Lung cancer
Between 62 new patients per nurse and 203 new patients per nurse.

87  251

Urological cancers
Between 87 new patients per nurse and 251 new patients per nurse.

48  150

Colorectal cancer
Between 48 new patients per nurse and 150 new patients per nurse.

56  145

Breast cancer
Between 56 new patients per nurse and 145 patients per nurse.

There is a variation in the number of vacant posts across England.³



Chemotherapy nurses

Highest vacancy rate
15 vacancies per 100 filled roles

Lowest vacancy rate
0 vacancies per 100 filled roles.



Specialist cancer nurses

Highest vacancy rate
11 vacancies per 100 filled roles

Lowest vacancy rate
1 vacancies per 100 filled roles⁴.

Macmillan plays a big role in much of the cancer workforce through funding and partnership.

Roles that have 'Macmillan' in their job title

44% specialist cancer nurses

5% chemotherapy nurses

62% specialist palliative nurses

30% cancer support workers



³ The Isle of Man had zero vacancies reported

Background and Methodology

Background

Macmillan commissioned this specialist adult cancer nursing census to map the specialist adult cancer nursing population in England by cancer type and locality. It aims to inform workforce planning for this critical part of the cancer workforce.

Analysis from multiple rounds of the National Cancer Patient Experience Survey (CPES) has shown that different factors influence positive patient experience. However, consistently, integration of care between health professionals is highly associated with overall satisfaction.^{iii,iv} That is, effective coordination between GPs, Clinical Nurse Specialists (CNSs), and hospital nurses and doctors is a strong predictor of positive experience. Additionally, work has shown that CNSs can play an important role in ensuring all care providers of cancer patients work well together to improve patient experience.^v Therefore, there is great interest in further understanding how support from specialist nurses can improve experience of care.

The first two censuses in 2007^{vi} and 2008^{vii} were developed and led by the cancer network nurse directors and colleagues. Management was then handed over to the National Cancer Action Team (NCAT) and Mouchel Management Consulting Limited, who led on the 2010^{viii} and 2011^{ix} censuses respectively. Further iterations expanded data collection to include role title, banding and geography. Macmillan commissioned the 2014 census working with Mouchel Management Consulting Limited (supported by the Centre of Workforce Intelligence).

The 2017 census builds on that work and is wider in scope. Macmillan commissioned Quality Health to collect information on the NHS-based adult cancer nursing and support workforce supporting people living with a cancer diagnosis part or all of the time.

While this document gives the ratio of cancer incidence and two-year prevalence in England to specialist adult cancer nurses, this does not represent guidance on appropriate caseload or, indeed, the total number of specialist adult cancer nurses required. It merely acknowledges variation in the provision of these posts across different areas of practice, with a view to stimulating further discussion and exploration of circumstances and local arrangements. The information should also be read in conjunction with the National Cancer Patient Experience Survey for England.^{ex}

This report provides a detailed description of the current specialist adult cancer nursing and support workforce across England so that it can be used as a resource to support workforce planning and service development. Macmillan would welcome the opportunity to work with partners to address specific challenges, with the aim of ensuring everyone living with cancer has the best possible outcomes and experience of care through access to a specialist adult cancer nurse or key worker.

It is suggested this report is used alongside the following:

- *Excellence in Cancer Care: The Contribution of the Clinical Nurse Specialist*. NCAT, 2010.^{xi}
- *Clinical Nurse Specialists in Cancer Care: Provision, Proportion and Performance*. NCAT, 2010^{xii} and 2011.^{xiii}
- *Advanced Level Nursing: A Position Statement*. Department of Health, 2010.^{xiv}
- *Manual For Cancer Services*. Department of Health, 2004.^{xv}
- *One to one support for cancer patients*. A report prepared for the Department of Health by Frontier Economics, December 2010.^{xvi}
- *Coordinated cancer care: better for patients, more efficient*. NHS Confederation briefing, 2010.^{xvii}
- Macmillan Cancer Support workforce resource: website.^{xviii}
- *Multi-professional framework for advanced clinical practice in England*. Health Education England 2017.^{xix}

Methodology

The approach for the 2017 census followed a similar methodology to that undertaken by the National Cancer Action Team (NCAT) in England in 2011^{xx} and Macmillan Cancer Support/Mouchel in 2014.^{xxi}

It was adapted where necessary and extended to include chemotherapy nurses, NHS specialist palliative nurses working in cancer, and cancer support workers. We aimed to achieve a response rate of 100% to give a complete picture of the workforce. The final response rate was 97%. 144 out of a total of 149 NHS Trusts in England returned their data over a ten-week period between October and December 2017. Another two NHS Trusts submitted data, but only after the close of the fieldwork period, and therefore their data has not been included in the analysis in this report.

The census provides a snapshot of the workforce on a single day: 9 October 2017. The data was collected using a bespoke data-collection tool developed in Excel. NHS Trusts submitted data on their organisations. Support was provided where more complex decisions were required on which parts of the workforce to include. This support included attending regional meetings of Lead Cancer Nurses to discuss key questions on submission of their data.

Full details on the process in 2017 is contained in Appendix A, section i.

The cancer workforce is highly diverse so detailed inclusion and exclusion criteria were developed and provided to all NHS Trusts, along with the census tool, to maximise the consistency of data collected. Full details on inclusion and exclusion criteria is contained in Appendix A, section iii. There was an amendment to the criteria during fieldwork (detailed in Appendix A, section iv).

Appendix A contains full details on the methodology, with more detailed information on:

- i. the process,
- ii. information collected,
- iii. inclusion and exclusion criteria,
- iv. amendments to the criteria in fieldwork,
- v. differences from the approach in 2014, and
- vi. limitations.

Headline findings

Response rates

Most NHS Trusts in England (144 out of 149⁴) took part in the census. Another two NHS Trusts submitted data, but only after the close of the fieldwork period, and therefore their data has not been included in the analysis in this report. The remaining three did not submit any data at all.

Specialist cancer nurses

The data shows 4,589 individual specialist cancer nurse posts (4,020 whole time equivalents (WTE)) in England in 2017. This includes 4,003 WTE who provide care in an acute setting, which is an increase from 3,088 WTE reported in the last census in 2014. Comparisons between 2014 and 2017 should be made with caution as a result of improvements in definitions and inclusion criteria that were made in 2017.

44% of the specialist cancer nurse workforce in England (1,765 WTE) have 'Macmillan' in their job title.⁵ This compares to 1,163 WTE (38%) in 2014.

There are 551 WTE specialist cancer nurse posts in England, whose area of practice where they most frequently deliver care was considered to be 'not cancer type specific'. The other 3,399 WTE have a specific area of practice where the post holder most frequently delivers care⁶. Of these, the most common areas of practice are breast cancer (19%), urological cancers (14%), colorectal cancer (13%), haematological cancers (12%), and lung cancer (11%).

The majority of specialist cancer nurse posts (61%) are at Agenda for Change Band 7.⁷ However, compared to 2014, this has reduced, with more at Bands 5 and 6 (28%, compared to 23%). The distribution of posts across Agenda for Change Bands differs across areas of practice, with particularly large proportions at below Band 7 in colorectal cancer (34%), breast cancer (33%) and lung cancer (33%).

Chemotherapy nurses

The data shows 3,071 individual chemotherapy nurse posts (2,686 WTE) in England in 2017. 5% of these have 'Macmillan' in their job title.

Around half (52%) of the chemotherapy nurse workforce is at Agenda for Change Band 5.

Non-hospice based specialist palliative nurses working in cancer

The data shows 1,124 individual posts for specialist palliative care nurses working in cancer (978 WTE) in England in 2017, employed in services commissioned by the NHS. This excludes staff that practice in hospices, are funded by hospices or are based in primary care. 62% of specialist palliative care nurses working in cancer have 'Macmillan' in the job title. However, the census concentrated on just those who spend over 50% of their time directly supporting adult cancer patients, so the total number of specialist palliative care nurses working in cancer in England will be higher.

4 The 149 NHS Trusts were based on the list of NHS Trusts that Macmillan compiled, based on those likely to care for cancer adult patients, and so excluded paediatric hospitals and very specialist Trusts.

5 The 2017 data includes nurses in the community setting, but these were not included in 2014. In total in 2017, 44% of the specialist cancer nurse workforce in England (1,765 WTE) have 'Macmillan' in the job title. In 2017, of the acute nurses, 44% of the specialist cancer nurse workforce in England (1,759 WTE) have 'Macmillan' in their job title.

6 In addition for 70 WTE the area of practice was not provided

7 61% are at Agenda for Change Band 7 based on acute nurses only in 2017. This is comparable to the 2014 rate.

Cancer support workers

The data shows 702 individual cancer support worker posts (635 WTE) in England in 2017. This is based on posts that are cancer support workers at Agenda for Change Bands 3 and 4. The data collection included a further 1,075 (1,001 WTE) at Agenda for Change Band 2. These are not included in the final analysis as there is a risk that NHS Trusts interpreted the inclusion and exclusion criteria differently for the Band 2 posts, and only some had included Healthcare Assistants working on cancer wards or units.

30% of cancer support workers at Bands 3 and 4 have 'Macmillan' in their job title.

Vacancies

Vacancy rates for all four roles are higher than the UK rate of 3.2 vacancies per 100 filled employee roles for those working in human health and social work at the time of the census.^{xxii} The rates are as follows: specialist cancer nurses at 4.3 vacancies per 100 filled roles⁸, chemotherapy nurses at 6.3, specialist palliative care nurses working in cancer at 4.8, and cancer support workers at 10.6.

For specialist cancer nurses, this vacancy rate is slightly higher than the 3.8 vacancies per 100 filled roles reported during the last census in 2014⁹.

Part-time roles

It is common for posts across all four roles to be filled on a part-time basis (ie, less than 37.5 hours per week). For example, only 2,820 (62% posts) of specialist cancer nurse roles are full time. The same goes for 63% of chemotherapy nurses, 59% of specialist palliative care nurses working in cancer, and 72% of cancer support workers.

Age

There is significant interest in the 'ageing workforce' in the NHS, particularly among certain specialist roles. Across all four roles, there are large numbers of staff aged 50 and above:

- 37% of specialist cancer nurses whose age range has been reported are aged 50 and above (this is higher than the 33% highlighted in the 2014 census). But the age profile varies by areas of practice. For example, 45% of breast cancer nurses are aged 50 and above, as are 43% of gynaecological cancer nurses.
- Over half (55%) of chemotherapy nurses are aged 39 or below. Nearly a third (28%) are aged 40 to 49, and the remainder (17%) are aged 50 and above.
- 40% of specialist palliative care nurses working in cancer are aged 50 and above.
- 32% of cancer support workers are aged 50 and above.

8 based on WTE

9 3.8 vacancies per 100 filled roles are based on WTE. The rate based on count of posts is 4.0 vacancies per 100 filled roles – as reported in the 2014 report.

Gender

Most of the cancer workforce is female, although this differs slightly across the four roles. There has been a decrease in male specialist cancer nurses from 5% to 4% since 2014.

Area of practice

The ratio of cancer incidence and cancer prevalence to specialist cancer nurse WTE in England differs across areas of practice and Cancer Alliances. This variation is in the context of the varying levels of need, and the design of cancer care teams.

A larger proportion of specialist cancer nurse roles than in 2014 (18%, compared to 12%) cover Cancer of Unknown Primary (CUP). A larger proportion of chemotherapy nurse roles (60%) cover CUP.

Education and training

Additional specialist training¹⁰ is reported as required for most specialist cancer nurses, chemotherapy nurses, and specialist palliative care nurses working in cancer. For all three roles, the most common types of this specialist training required for roles are advanced communication skills, a recognised post-registration qualification, and a teaching qualification.

10 This was defined as part of the census tool, and is described in more detail throughout this report.



Specialist cancer nurses

This section describes the specialist cancer nurse workforce in England. These nurses are on Agenda for Change Bands 5 to 9, and spend over 50% of their time directly supporting adults living with cancer.

To be included in the census, each nurse must have been assessed as being competent, and have a documented training record declaring them specialists in cancer care. This means that nurses who spend a lot of time with cancer patients but are not specialists are not included in these numbers. It also means that nurses with specialist training (such as Lead Cancer Nurses) who currently rarely see patients are not included in these numbers.

Full details on inclusion and exclusion criteria are contained in Appendix A, section iii.

Note on completion of data

The majority of NHS Trusts in England (142 out of 149) provided data on their specialist cancer nurse workforce. Of those seven NHS Trusts that did not provide data on specialist cancer nurses, three did not submit any data at all, two NHS Trusts did not submit any data on specialist cancer nurses and two NHS Trusts submitted data on specialist cancer nurses, but only after the close of the fieldwork period, and therefore their data has not been included in the analysis in this report.

Summary of data on individuals

The data returned by NHS Trusts shows 4,589 individual specialist cancer nurse posts in England. This number includes both filled and vacant posts. 2,820 of these are full-time posts and 1,698 part-time posts¹¹, equating to a total of 4,020 WTE posts in England.

Of the 4,020 WTE, 4,003 WTE provide care in an acute setting. This is an increase from 3,088 WTE reported in the last census in 2014 in the acute setting.

Table 1. Specialist cancer nurse workforce, number of posts, England 2017

Full time / part time	Number of specialist cancer	
	nurses	Percentage
Full Time (37.5 hours per week)	2,820	62%
Part Time (less than 37.5 hours per week)	1,698	38%
Total	4,518	100%
Not known	71	

¹¹ In addition there were 71 posts where the hours per week or WTE were not supplied.

Caveat on comparisons between 2014 and 2017 data

The methods used in the 2014 census and the 2017 census were similar and so the results are presented together. However, there were some key improvements made in 2017 which means there is uncertainty surrounding these trends. The key differences are:

- In 2014, the census specified posts that delivered predominantly secondary care and excluded community nurse specialists. By contrast in 2017, the criteria included posts in secondary and tertiary care in both hospitals and the community. This can be partially corrected for in the comparisons through excluding the 17 WTE posts in 2017 that only delivered care in health clinics, health centres or patients' homes¹², as these are more likely to be community posts.
- In 2014, the WTE figures refer to time in adult cancer care. In 2017, the WTE referred to time working according to contracts.
- In 2017, the census only included posts that spent the majority (over 50%) of their time directly supporting adult cancer patients through person-to-person activity. This meant the post holders can also spend less than 50% of their time performing a role in education, research, management, auditing or project work, or spending time with paediatrics, teenagers and young adults, or people who do not have cancer. In 2014, the wording was different as it did not use 50% as a threshold. Instead, the 2014 criteria included adult cancer nurse specialists who performed a role in education, research and auditing in adult cancer care. The 2014 census excluded non-patient facing roles and those who worked in paediatrics or with teenagers and young adults. Generally, these criteria should identify the same posts, but for mixed roles it may have had an impact on the posts included.
- In 2017, the census had the additional criteria that to be counted as a specialist the post holder must be a registered health professional who has been assessed as being competent and has a documented training record which declares them as specialist in cancer care.
- In 2017, for the first time, we specified posts employed in a service commissioned by the NHS. This included post holders who see private patients treated in the NHS.
- There have been additional changes between 2014 and 2017 in the health system and the way hospitals organise their nursing teams.

¹² Based on the main location of care where the post holder delivers care and a second key location of care for the post (more than 25% of patient-facing time).

Age

Where ages have been reported, 37% of specialist cancer nurse post holders are aged 50 or above. Please note demographic details such as age, gender and nationality are only applicable for filled posts.

Table 2. Specialist cancer nurse workforce by age, number of filled posts, England 2017

Age range	Number of specialist cancer nurses	Percentage
Under 30	166	4%
30-39	879	22%
40-49	1,520	37%
50-59	1,375	34%
60 and over	144	4%
Total	4,084	100%
Not known	308	



Table 3. Specialist cancer nurse workforce by age, Cancer Alliance, number of filled posts, England 2017

Cancer Alliance	Under 30	30-39	40-49	50-59	60 and over	Total	Not known
Cheshire and Merseyside	4%	33%	31%	29%	3%	100%	n/a
	(10)	(79)	(73)	(70)	(6)	(238)	(7)
East Midlands	3%	13%	45%	33%	5%	100%	n/a
	(8)	(36)	(125)	(92)	(14)	(275)	(3)
East of England	5%	21%	38%	34%	2%	100%	n/a
	(23)	(90)	(168)	(147)	(10)	(438)	(29)
Humber, Coast and Vale	1%	18%	27%	46%	8%	100%	n/a
	(1)	(22)	(32)	(55)	(10)	(120)	(0)
Isle of Man	0%	0%	100%	0%	0%	100%	n/a
	(0)	(0)	(5)	(0)	(0)	(5)	(0)
Kent and Medway	4%	9%	38%	46%	3%	100%	n/a
	(3)	(7)	(29)	(35)	(2)	(76)	(2)
Lancashire and South Cumbria	4%	31%	34%	28%	3%	100%	n/a
	(5)	(42)	(46)	(38)	(4)	(135)	(0)
National Cancer Vanguard: Greater Manchester	3%	25%	38%	31%	3%	100%	n/a
	(12)	(89)	(135)	(110)	(11)	(357)	(18)
National Cancer Vanguard: North Central and North East London	2%	22%	36%	33%	8%	100%	n/a
	(2)	(22)	(36)	(33)	(8)	(101)	(109)
National Cancer Vanguard: North West and South West London	5%	29%	34%	28%	3%	100%	n/a
	(16)	(93)	(109)	(89)	(11)	(318)	(2)
North East and Cumbria	3%	16%	37%	40%	4%	100%	n/a
	(9)	(45)	(106)	(113)	(11)	(284)	(0)
Peninsula	3%	26%	23%	44%	5%	100%	n/a
	(2)	(21)	(18)	(35)	(4)	(80)	(61)
Somerset, Wiltshire, Avon and Gloucestershire	4%	11%	44%	38%	3%	100%	n/a
	(9)	(26)	(109)	(94)	(7)	(245)	(4)
South East London	8%	24%	42%	21%	5%	100%	n/a
	(11)	(32)	(55)	(27)	(6)	(131)	(5)
South Yorkshire, Bassetlaw, North Derbyshire and Hardwick	2%	27%	32%	36%	3%	100%	n/a
	(3)	(34)	(41)	(46)	(4)	(128)	(0)
Surrey and Sussex	3%	18%	46%	28%	5%	100%	n/a
	(7)	(40)	(99)	(60)	(11)	(217)	(1)
Thames Valley	10%	26%	33%	28%	3%	100%	n/a
	(16)	(40)	(52)	(44)	(4)	(156)	(0)

Cancer Alliance	Under 30	30-39	40-49	50-59	60 and over	Total	Not known
Wessex	6%	22%	28%	42%	2%	100%	n/a
	(8)	(29)	(37)	(54)	(2)	(130)	(54)
West Midlands	2%	18%	38%	39%	3%	100%	n/a
	(11)	(82)	(174)	(177)	(15)	(459)	(6)
West Yorkshire	5%	26%	37%	29%	2%	100%	n/a
	(10)	(50)	(71)	(56)	(4)	(191)	(7)
Total	4%	22%	37%	34%	4%	100%	n/a
	(166)	(879)	(1,520)	(1,375)	(144)	(4,084)	(308)

This is an increase in post holders aged over 50 from the 33% reported in 2014.

This age profile is different across Cancer Alliances.

Gender

Where gender has been reported, 96% of specialist cancer nurse post holders are female.

Table 4. Specialist cancer nurse workforce by gender, number of filled posts, England 2017

Gender	Number of specialist cancer nurses	Percentage
Female	4,109	96%
Male	173	4%
Total	4,282	100%
Not known	110	

Nationality

Where nationality has been reported, 5% of specialist cancer nurse post holders are from outside the UK. This number is considerably lower than the proportion of post holders from outside of the UK in the NHS nurse and health visitor workforce as a whole (16%).^{xxiii}

Table 5. Specialist cancer nurse workforce by nationality, number of filled posts, England 2017

Nationality	Number of specialist cancer nurses	Percentage
UK	3,898	95%
EU excluding the UK	109	3%
Rest of world	116	3%
Total	4,123	100%
Not known	269	

This nationality profile is different across Cancer Alliances.

Table 6. Specialist cancer nurse workforce by nationality, Cancer Alliance, number of filled posts, England 2017

Cancer Alliance	UK	EU excluding the UK	Rest of world	Total
Cheshire and Merseyside	100%	0%	0%	100%
	(227)	(0)	(1)	(228)
East Midlands	99%	0%	0%	100%
	(276)	(1)	(1)	(278)
East of England	95%	2%	4%	100%
	(433)	(8)	(17)	(458)
Humber, Coast and Vale	98%	0%	2%	100%
	(118)	(0)	(2)	(120)
Isle of Man	100%	0%	0%	100%
	(5)	(0)	(0)	(5)
Kent and Medway	91%	4%	5%	100%
	(69)	(3)	(4)	(76)
Lancashire and South Cumbria	99%	0%	1%	100%
	(134)	(0)	(1)	(135)
National Cancer Vanguard: Greater Manchester	97%	3%	1%	100%
	(362)	(10)	(3)	(375)
National Cancer Vanguard: North Central and North East London	82%	10%	9%	100%
	(94)	(11)	(10)	(115)
National Cancer Vanguard: North West and South West London	77%	13%	10%	100%
	(239)	(40)	(31)	(310)
North East and Cumbria	99%	0%	0%	100%
	(282)	(1)	(1)	(284)

Cancer Alliance	UK	EU excluding the UK	Rest of world	Total
Peninsula	99%	1%	0%	100%
	(128)	(1)	(0)	(129)
Somerset, Wiltshire, Avon and Gloucestershire	98%	2%	0%	100%
	(240)	(4)	(1)	(245)
South East London	77%	9%	14%	100%
	(101)	(12)	(18)	(131)
South Yorkshire, Bassetlaw, North Derbyshire and Hardwick	100%	0%	0%	100%
	(128)	(0)	(0)	(128)
Surrey and Sussex	95%	2%	3%	100%
	(162)	(4)	(5)	(171)
Thames Valley	88%	4%	8%	100%
	(128)	(6)	(11)	(145)
Wessex	95%	4%	2%	100%
	(123)	(5)	(2)	(130)
West Midlands	99%	0%	1%	100%
	(458)	(1)	(5)	(464)
West Yorkshire	97%	1%	2%	100%
	(191)	(2)	(3)	(196)
Total	95%	3%	3%	100%
	(3,898)	(109)	(116)	(4,123)

Summary of data on posts

Vacancies

Most specialist cancer nurse posts are filled. Only 166 WTE (194 posts) were reported as unfilled. This equates to a vacancy rate of 4.3 vacancies per 100 filled employee roles, which is higher than the UK rate for those working in human health and social work (3.2 vacancies per 100 filled roles) during the census period.^{xx}

This is slightly higher than the vacancy rate reported for this group in the 2014 census (3.8 vacancies per 100 filled roles¹³).

Table 7. Specialist cancer nurse workforce by area of practice, vacancy rates, WTE, England 2017

Area of practice	Filled	Vacant	Total	Vacancy rate	Not known
Brain/central nervous system	87	5	92	5.2	0
Breast	599	30	629	5.1	0
Colorectal	435	16	451	3.6	0
Gynaecology	220	8	227	3.6	1
Haematology	392	11	403	2.8	0
Head and neck	187	3	190	1.7	0
Lung	357	15	372	4.3	0
Malignant dermatology	194	8	203	4.4	2
Sarcoma	41	2	43	3.9	0
Upper gastrointestinal	291	6	297	2.2	0
Urology	463	26	489	5.5	0
Not cancer-type specific	519	33	551	6.3	0
Total	3,785	162	3,947	4.3	3
Not known	66	4	70	5.6	0

Of the 417 WTE posts in an acute oncology service, only 20 were reported as vacant.

Vacancy rates differ between Cancer Alliances.

¹³ 3.8 vacancies per 100 filled roles are based on WTE. The rate based on count of posts is 4.0 vacancies per 100 filled roles – as reported in the 2014 report.

Table 8. Specialist cancer nurse workforce by Cancer Alliance, vacancy rates, WTE, England 2017

Cancer Alliance	Filled	Vacant	Total	Vacancy rate	Not known
Cheshire and Merseyside	223	16	239	7.0	0
East Midlands	244	9	253	3.7	0
East of England	404	16	419	3.9	0
Humber, Coast and Vale	105	2	107	1.9	0
Isle of Man	4	0	4	-	0
Kent and Medway	68	4	71	5.3	0
Lancashire and South Cumbria	128	1	129	0.8	0
National Cancer Vanguard: Greater Manchester	328	12	339	3.6	0
National Cancer Vanguard: North Central and North East London	197	15	212	7.4	2
National Cancer Vanguard: North West and South West London	282	30	312	10.8	0
North East and Cumbria	254	11	265	4.3	0
Peninsula	120	4	124	3.0	1
Somerset, Wiltshire, Avon and Gloucestershire	207	4	211	1.9	0
South East London	122	2	124	2.0	0
South Yorkshire, Bassetlaw, North Derbyshire and Hardwick	110	5	115	4.8	0
Surrey and Sussex	190	8	197	4.0	0
Thames Valley	128	9	137	7.0	0
Wessex	157	4	161	2.4	0
West Midlands	407	13	419	3.1	0
West Yorkshire	174	4	178	2.1	0
Total	3,851	166	4,017	4.3	3

Part-time roles

It is common for specialist cancer nurse posts to be filled on a part-time basis (i.e. less than 37.5 hours per week). Only 2,820 (62%) of specialist cancer nurse roles are full time.

This differs between Cancer Alliances.

Table 9. Specialist cancer nurse workforce, full time/part time by Cancer Alliance, number of posts, England 2017

Cancer Alliance	Full time	Part time	Total	Not known
Cheshire and Merseyside	73%	27%	100%	n/a
	(186)	(70)	(256)	(6)
East Midlands	61%	39%	100%	n/a
	(176)	(112)	(288)	(0)
East of England	58%	42%	100%	n/a
	(280)	(205)	(485)	(1)
Humber, Coast and Vale	62%	38%	100%	n/a
	(76)	(46)	(122)	(0)
Isle of Man	80%	20%	100%	n/a
	(4)	(1)	(5)	(0)
Kent and Medway	60%	40%	100%	n/a
	(49)	(33)	(82)	(0)
Lancashire and South Cumbria	84%	16%	100%	n/a
	(114)	(22)	(136)	(0)
National Cancer Vanguard: Greater Manchester	61%	39%	100%	n/a
	(237)	(154)	(391)	(0)
National Cancer Vanguard: North Central and North East London	89%	11%	100%	n/a
	(150)	(18)	(168)	(59)
National Cancer Vanguard: North West and South West London	70%	30%	100%	n/a
	(246)	(107)	(353)	(0)
North East and Cumbria	65%	35%	100%	n/a
	(192)	(104)	(296)	(0)

Cancer Alliance	Full time	Part time	Total	Not known
Peninsula	56%	44%	100%	n/a
	(81)	(64)	(145)	(1)
Somerset, Wiltshire, Avon and Gloucestershire	53%	47%	100%	n/a
	(133)	(120)	(253)	(0)
South East London	71%	29%	100%	n/a
	(99)	(41)	(140)	(0)
South Yorkshire, Bassetlaw, North Derbyshire and Hardwick	54%	46%	100%	n/a
	(72)	(62)	(134)	(0)
Surrey and Sussex	59%	41%	100%	n/a
	(135)	(93)	(228)	(0)
Thames Valley	49%	51%	100%	n/a
	(82)	(85)	(167)	(0)
Wessex	55%	45%	100%	n/a
	(103)	(83)	(186)	(4)
West Midlands	60%	40%	100%	n/a
	(290)	(190)	(480)	(0)
West Yorkshire	57%	43%	100%	n/a
	(115)	(88)	(203)	(0)
Total	62%	38%	100%	n/a
	(2,820)	(1,698)	(4,518)	(71)

Education and training

The inclusion criteria for specialist cancer nurse posts for this census included a requirement that each post holder had a documented training record declaring them a 'specialist in cancer care'. For these posts, in addition to this training, the census collected data on other specialist training essential for the role. In some cases the post holder will not have this qualification despite it being needed for the role and in some cases the post holders will have extra training that is not essential for the role.

For virtually all specialist cancer nurse posts, it was reported that some specialist training was necessary for the role.

Table 10. Specialist cancer nurse workforce, specialist training, area of practice, % of WTE where training is essential and number of WTE where training is essential, England 2017

Area of practice	Specialist cancer qualification	Teaching qualification	Advanced communications skills	Non-medical prescribing	Level 2 psychological support training	Recognised counselling qualification	Lymphoedema therapy
Brain/central nervous system	79% (71)	69% (58)	79% (70)	16% (13)	54% (47)	5% (4)	1% (1)
Breast	88% (546)	73% (446)	88% (539)	8% (48)	65% (400)	14% (86)	20% (126)
Colorectal	77% (345)	68% (302)	82% (365)	10% (44)	58% (259)	7% (31)	0% (2)
Gynaecology	83% (186)	75% (169)	87% (195)	10% (23)	70% (157)	10% (21)	4% (8)
Haematology	89% (355)	74% (278)	81% (320)	31% (115)	66% (262)	6% (23)	0% (1)
Head and neck	78% (146)	73% (132)	88% (164)	16% (29)	73% (137)	6% (11)	1% (3)
Lung	80% (292)	73% (265)	84% (309)	18% (65)	63% (230)	6% (20)	1% (2)
Malignant dermatology	84% (167)	74% (147)	80% (160)	16% (32)	67% (132)	6% (11)	1% (1)
Sarcoma	83% (34)	72% (29)	88% (35)	16% (7)	79% (31)	13% (5)	0% (0)
Upper gastrointestinal	80% (235)	68% (201)	84% (248)	15% (45)	67% (195)	9% (26)	1% (2)
Urology	80% (379)	72% (333)	88% (419)	17% (78)	65% (306)	8% (35)	0% (2)
Not cancer-type specific	89% (479)	74% (398)	81% (437)	32% (170)	53% (289)	5% (29)	7% (39)
Total	83% (3,235)	72% (2,756)	84% (3,261)	18% (669)	63% (2,445)	8% (302)	5% (185)
Not known	(4)	(4)	(4)	(1)	(4)	(0)	(0)



The most common types of specialist training essential for roles were specialist cancer qualifications¹⁴ (3,235 WTE), advanced communication skills (3,261 WTE), and teaching qualifications (2,756 WTE).

The profile of training requirements is relatively similar across Cancer Alliances.

Table 11. Specialist cancer nurse workforce, specialist training by Cancer Alliance, % of WTE where training is essential and number of WTE where training is essential, England 2017

Cancer Alliance	Specialist cancer qualification	Teaching qualification	Advanced communications skills	Non-medical prescribing	Level 2 psychological support training	Recognised counselling qualification	Lymphoedema therapy
Cheshire and Merseyside	79%	70%	94%	28%	75%	7%	6%
	(185)	(163)	(219)	(66)	(176)	(16)	(15)
East Midlands	72%	84%	80%	15%	58%	12%	3%
	(181)	(212)	(202)	(39)	(147)	(31)	(9)
East of England	85%	73%	86%	12%	71%	7%	8%
	(357)	(307)	(361)	(52)	(297)	(30)	(34)
Humber, Coast and Vale	83%	65%	78%	11%	59%	5%	4%
	(90)	(70)	(84)	(12)	(63)	(5)	(4)
Isle of Man	100%	0%	100%	0%	0%	0%	0%
	(4)	(0)	(4)	(0)	(0)	(0)	(0)
Kent and Medway	87%	84%	91%	12%	37%	12%	14%
	(62)	(60)	(65)	(9)	(27)	(8)	(10)
Lancashire and South Cumbria	69%	74%	90%	23%	97%	6%	1%
	(90)	(96)	(116)	(30)	(125)	(8)	(2)
National Cancer Vanguard: Greater Manchester	85%	64%	78%	20%	47%	3%	3%
	(289)	(218)	(266)	(68)	(158)	(9)	(9)
National Cancer Vanguard: North Central and North East London	88%	79%	87%	24%	80%	9%	3%
	(185)	(118)	(176)	(35)	(159)	(13)	(5)
National Cancer Vanguard: North West and South West London	91%	69%	85%	13%	85%	3%	4%
	(178)	(136)	(166)	(25)	(167)	(6)	(9)
North East and Cumbria	85%	76%	81%	21%	55%	17%	7%
	(224)	(201)	(213)	(56)	(146)	(46)	(19)

¹⁴ Defined as a recognised post-registration qualification in cancer or specialist area (ENB/clinical module level 6 or above, eg, Masters or equivalent), eg, chemotherapy, palliative care, or other advanced training in subjects such as diagnostics.

Cancer Alliance	Specialist cancer qualification	Teaching qualification	Advanced communications skills	Non-medical prescribing	Level 2 psychological support training	Recognised counselling qualification	Lymphoedema therapy
Peninsula	91%	61%	82%	14%	70%	14%	6%
	(103)	(77)	(102)	(17)	(79)	(16)	(7)
Somerset, Wiltshire, Avon and Gloucestershire	75%	77%	80%	20%	56%	7%	3%
	(157)	(162)	(168)	(42)	(118)	(15)	(7)
South East London	74%	59%	68%	16%	46%	5%	2%
	(92)	(74)	(85)	(20)	(57)	(7)	(2)
South Yorkshire, Bassetlaw, North Derbyshire and Hardwick	81%	80%	94%	16%	72%	14%	10%
	(91)	(87)	(103)	(17)	(79)	(15)	(11)
Surrey and Sussex	92%	74%	85%	10%	77%	5%	2%
	(182)	(145)	(167)	(19)	(151)	(11)	(5)
Thames Valley	91%	75%	88%	9%	65%	2%	4%
	(124)	(103)	(120)	(12)	(88)	(3)	(5)
Wessex	80%	30%	79%	19%	74%	3%	6%
	(129)	(48)	(127)	(31)	(119)	(5)	(10)
West Midlands	88%	81%	88%	21%	52%	9%	4%
	(370)	(338)	(371)	(87)	(218)	(37)	(19)
West Yorkshire	82%	83%	84%	20%	43%	11%	3%
	(145)	(146)	(148)	(35)	(76)	(20)	(5)
Total	83%	72%	84%	18%	63%	8%	5%
	(3,240)	(2,761)	(3,265)	(670)	(2,450)	(302)	(185)

Area of practice

14% of specialist cancer nurse posts are in 'not cancer-type specific' roles, while the remainder specialise in particular types of cancer. 11% (417 WTE) of specialist cancer nurses work in an acute oncology services and, of these, 73% said they were 'not cancer-type specific', while 8% most frequently deliver care to patients with haematological cancers.

Table 12. Specialist cancer nurse workforce, area of practice, WTE, England 2017

Area of practice	WTE	Percentage
Brain/central nervous system	92	2%
Breast	629	16%
Colorectal	451	11%
Gynaecology	228	6%
Haematology	403	10%
Head and neck	190	5%
Lung	372	9%
Malignant dermatology	204	5%
Sarcoma	43	1%
Upper gastrointestinal	297	8%
Urology	489	12%
Not cancer-type specific	551	14%
Total	3,950	100%
Not known	70	



18% of specialist cancer nurse roles (683 WTE) cover Cancer of Unknown Primary (CUP), an increase from 12% (345 WTE) in 2014.

The profile of area of practice is relatively similar across Cancer Alliances.

Table 13. Specialist cancer nurse workforce, area of practice by Cancer Alliance, WTE, England 2017

Cancer Alliance	Brain/ CNS	Breast	Colorectal	Gynaecology	Haematology	Head and neck	Lung	Malignant dermatology	Sarcoma	Upper gastro	Urology	Not cancer-type specific	Total	Not known
Cheshire and Merseyside	3%	18%	11%	5%	6%	3%	10%	5%	2%	11%	11%	14%	100%	n/a
	(7)	(43)	(26)	(12)	(15)	(8)	(25)	(13)	(4)	(26)	(27)	(33)	(239)	(0)
East Midlands	1%	17%	14%	5%	13%	5%	8%	4%	1%	8%	12%	11%	100%	n/a
	(4)	(44)	(36)	(14)	(33)	(12)	(21)	(9)	(1)	(20)	(31)	(28)	(253)	(0)
East of England	2%	18%	10%	6%	11%	5%	9%	6%	1%	7%	14%	12%	100%	n/a
	(7)	(75)	(44)	(27)	(45)	(20)	(39)	(24)	(3)	(29)	(59)	(49)	(419)	(0)
Humber, Coast and Vale	3%	17%	8%	6%	10%	6%	11%	4%	0%	7%	8%	18%	100%	n/a
	(3)	(19)	(9)	(7)	(10)	(7)	(12)	(5)	(0)	(8)	(9)	(20)	(107)	(0)
Isle of Man	0%	45%	22%	0%	0%	0%	0%	0%	0%	0%	0%	33%	100%	n/a
	(0)	(2)	(1)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(1)	(4)	(0)
Kent and Medway	1%	18%	14%	6%	9%	1%	10%	1%	0%	9%	15%	16%	100%	n/a
	(1)	(13)	(10)	(4)	(6)	(1)	(7)	(1)	(0)	(7)	(11)	(12)	(71)	(0)
Lancashire and South Cumbria	2%	18%	14%	5%	11%	6%	9%	4%	0%	6%	11%	14%	100%	n/a
	(2)	(23)	(18)	(7)	(15)	(8)	(12)	(5)	(1)	(7)	(14)	(18)	(129)	(0)
National Cancer Vanguard: Greater Manchester	1%	13%	10%	7%	8%	5%	12%	4%	1%	6%	11%	23%	100%	n/a
	(3)	(44)	(35)	(22)	(28)	(16)	(41)	(13)	(2)	(22)	(37)	(78)	(339)	(0)
National Cancer Vanguard: North Central and North East London	2%	13%	9%	5%	16%	4%	8%	3%	2%	7%	15%	17%	100%	n/a
	(5)	(27)	(19)	(10)	(34)	(8)	(17)	(5)	(4)	(15)	(32)	(35)	(211)	(3)
National Cancer Vanguard: North West and South West London	3%	15%	11%	7%	11%	5%	11%	6%	1%	4%	15%	11%	100%	n/a
	(8)	(38)	(28)	(18)	(28)	(12)	(26)	(14)	(2)	(9)	(37)	(26)	(247)	(65)

Cancer Alliance	Brain/ CNS	Breast	Colorectal	Gynaecology	Haematology	Head and neck	Lung	Malignant dermatology	Sarcoma	Upper gastro	Urology	Not cancer-type specific	Total	Not known
North East and Cumbria	3%	16%	13%	5%	11%	5%	13%	4%	0%	7%	12%	12%	100%	n/a
	(7)	(41)	(34)	(13)	(29)	(13)	(35)	(10)	(0)	(20)	(31)	(31)	(265)	(0)
Peninsula	2%	13%	8%	5%	10%	5%	9%	8%	3%	11%	11%	15%	100%	n/a
	(3)	(17)	(10)	(6)	(12)	(6)	(11)	(10)	(4)	(14)	(13)	(18)	(123)	(1)
Somerset, Wiltshire, Avon and Gloucestershire	2%	15%	13%	5%	8%	5%	7%	9%	2%	6%	12%	15%	100%	n/a
	(4)	(32)	(28)	(11)	(18)	(10)	(16)	(19)	(3)	(14)	(25)	(33)	(211)	(0)
South East London	6%	10%	9%	6%	13%	4%	7%	8%	0%	12%	12%	14%	100%	n/a
	(7)	(13)	(11)	(8)	(17)	(5)	(8)	(9)	(0)	(15)	(15)	(17)	(124)	(0)
South Yorkshire, Bassetlaw, North Derbyshire and Hardwick	3%	15%	12%	8%	10%	6%	10%	5%	2%	9%	12%	8%	100%	n/a
	(3)	(17)	(14)	(9)	(12)	(7)	(11)	(6)	(2)	(10)	(13)	(9)	(113)	(2)
Surrey and Sussex	2%	20%	9%	6%	9%	6%	7%	5%	0%	7%	16%	12%	100%	n/a
	(3)	(40)	(18)	(12)	(18)	(12)	(13)	(10)	(0)	(14)	(32)	(23)	(197)	(0)
Thames Valley	5%	17%	10%	5%	12%	3%	7%	4%	2%	6%	11%	19%	100%	n/a
	(6)	(23)	(14)	(7)	(16)	(4)	(10)	(5)	(3)	(8)	(15)	(26)	(137)	(0)
Wessex	4%	14%	9%	6%	11%	5%	8%	8%	1%	6%	12%	15%	100%	n/a
	(7)	(22)	(15)	(9)	(18)	(9)	(13)	(13)	(1)	(10)	(19)	(24)	(161)	(0)
West Midlands	2%	17%	13%	5%	9%	5%	9%	5%	2%	9%	10%	13%	100%	n/a
	(9)	(71)	(56)	(23)	(39)	(19)	(36)	(22)	(10)	(36)	(43)	(56)	(419)	(0)
West Yorkshire	2%	15%	14%	6%	7%	8%	11%	6%	2%	8%	14%	7%	100%	n/a
	(4)	(26)	(26)	(11)	(12)	(14)	(19)	(10)	(3)	(14)	(26)	(13)	(178)	(0)
Total	2%	16%	11%	6%	10%	5%	9%	5%	1%	8%	12%	14%	100%	n/a
	(92)	(629)	(451)	(228)	(403)	(190)	(372)	(204)	(43)	(297)	(489)	(551)	(3,950)	(70)



Job title

Specialist cancer nurses have a wide range of job titles. The most common is Clinical Nurse Specialist, which is used for 2,376 WTE (59%). The next most common job title is Cancer Nurse Specialist (798 WTE, 20%). The most common 'other' answer was Senior Cancer Nurse Specialist or nurse.

Table 14. Specialist cancer nurse workforce, job title, WTE, England 2017

Job Title	WTE	Percentage
Advanced Nurse Practitioner	170	4%
Associate Clinical Nurse Specialist	74	2%
Associate Nurse	13	0%
Cancer Nurse Specialist	798	20%
Clinical Nurse Specialist	2,376	59%
Community Nurse	1	0%
Lead Nurse	82	2%
Modern Matron	19	0%
Nurse Clinician	19	0%
Nurse Consultant	46	1%
Nurse Practitioner	58	1%
Nurse Specialist	145	4%
Senior Staff Nurse	7	0%
Specialist Nurse Practitioner	23	1%
Support Nurse	52	1%
Other	137	3%
Total	4,020	100%

Agenda for Change banding

The majority (61%) of specialist cancer nurse posts are at Agenda for Change Band 7.

However, compared to 2014, the proportion of specialist cancer nurse posts at Agenda for Change Band 7 has reduced, while there are more at Bands 5 and 6 (28%, compared to 23%).

Table 15. Specialist cancer nurse workforce, Agenda for Change banding, WTE, England 2014 and 2017

Banding	2014 WTE	2014 percentage	2017 WTE	2017 percentage
5	12	0%	28	1%
6	697	23%	1,082	27%
7	2,059	67%	2,429	61%
8A	264	9%	372	9%
8B	37	1%	44	1%
8C	6	0%	23	1%
8D	0	0%	1	0%
Total	3,074	100%	3,979	100%
Not known	14		23	

This banding profile differs slightly between Cancer Alliances.

Table 16. Specialist cancer nurse workforce, Agenda for Change banding by Cancer Alliance, WTE, England 2017

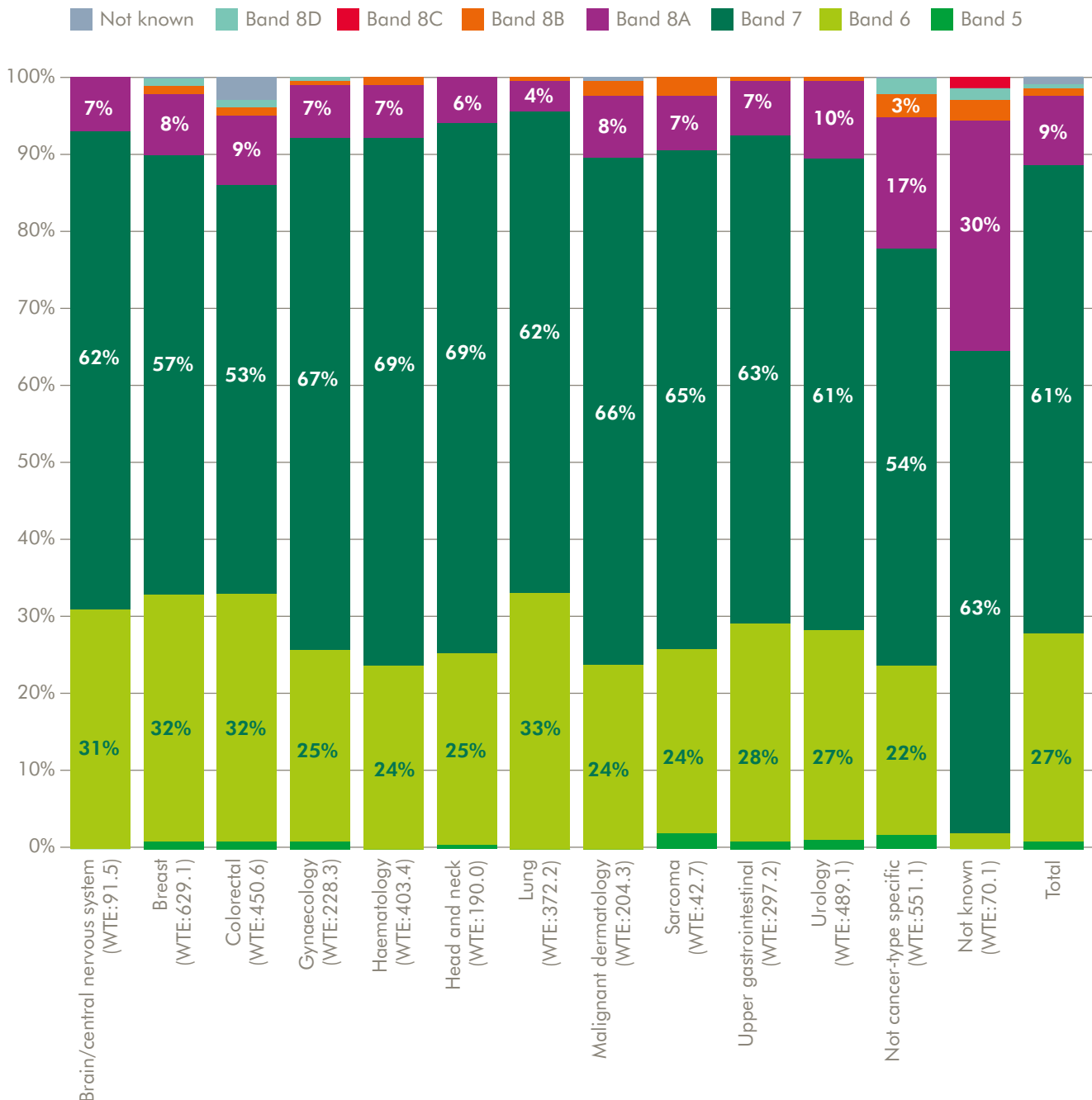
Cancer Alliance	5	6	7	8A	8B	8C	8D	Total	Not known
Cheshire and Merseyside	1%	19%	67%	13%	0%	0%	0%	100%	n/a
	(2)	(45)	(155)	(30)	(0)	(0)	(0)	(232)	(6)
East Midlands	0%	29%	65%	4%	1%	0%	0%	100%	n/a
	(1)	(73)	(160)	(11)	(2)	(1)	(0)	(248)	(6)
East of England	0%	25%	66%	7%	1%	0%	0%	100%	n/a
	(1)	(105)	(277)	(30)	(5)	(0)	(0)	(419)	(0)
Humber, Coast and Vale	5%	42%	52%	2%	0%	0%	0%	100%	n/a
	(5)	(45)	(56)	(2)	(0)	(0)	(0)	(107)	(0)
Isle of Man	0%	0%	100%	0%	0%	0%	0%	100%	n/a
	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(4)
Kent and Medway	0%	14%	71%	12%	3%	0%	0%	100%	n/a
	(0)	(10)	(51)	(9)	(2)	(0)	(0)	(71)	(0)
Lancashire and South Cumbria	1%	20%	70%	8%	1%	0%	0%	100%	n/a
	(1)	(26)	(91)	(11)	(1)	(0)	(0)	(129)	(0)
National Cancer Vanguard: Greater Manchester	0%	29%	57%	13%	1%	0%	0%	100%	n/a
	(1)	(98)	(193)	(43)	(4)	(0)	(0)	(339)	(0)
National Cancer Vanguard: North Central and North East London	0%	9%	71%	15%	3%	2%	0%	100%	n/a
	(0)	(20)	(153)	(32)	(6)	(3)	(0)	(213)	(0)
National Cancer Vanguard: North West and South West London	0%	8%	70%	19%	1%	2%	0%	100%	n/a
	(0)	(23)	(218)	(58)	(4)	(7)	(1)	(312)	(0)
North East and Cumbria	1%	32%	61%	4%	1%	0%	0%	100%	n/a
	(3)	(86)	(162)	(10)	(3)	(1)	(0)	(265)	(0)
Peninsula	1%	46%	47%	5%	0%	0%	0%	100%	n/a
	(2)	(58)	(59)	(6)	(0)	(0)	(0)	(124)	(0)

Cancer Alliance	5	6	7	8A	8B	8C	8D	Total	Not known
Somerset, Wiltshire, Avon and Gloucestershire	1%	37%	55%	6%	1%	0%	0%	100%	n/a
	(3)	(75)	(113)	(12)	(2)	(0)	(0)	(204)	(8)
South East London	0%	3%	74%	18%	1%	3%	0%	100%	n/a
	(0)	(4)	(92)	(23)	(2)	(4)	(0)	(124)	(0)
South Yorkshire, Bassetlaw, North Derbyshire and Hardwick	1%	46%	49%	3%	1%	0%	0%	100%	n/a
	(1)	(53)	(57)	(3)	(1)	(0)	(0)	(115)	(0)
Surrey and Sussex	0%	10%	74%	14%	1%	1%	0%	100%	n/a
	(0)	(19)	(147)	(28)	(2)	(2)	(0)	(197)	(0)
Thames Valley	1%	42%	54%	3%	1%	1%	0%	100%	n/a
	(1)	(57)	(73)	(4)	(1)	(1)	(0)	(137)	(0)
Wessex	0%	36%	54%	6%	1%	2%	0%	100%	n/a
	(0)	(58)	(88)	(10)	(2)	(3)	(0)	(161)	(0)
West Midlands	1%	34%	53%	10%	1%	0%	0%	100%	n/a
	(4)	(144)	(223)	(43)	(5)	(0)	(0)	(419)	(0)
West Yorkshire	2%	54%	38%	4%	2%	0%	0%	100%	n/a
	(4)	(96)	(67)	(8)	(3)	(0)	(0)	(178)	(0)
Total	1%	27%	61%	9%	1%	1%	0%	100%	n/a
	(28)	(1,094)	(2,435)	(372)	(44)	(23)	(1)	(3,996)	(23)

Area of practice and Agenda for Change banding

The distribution of posts across Agenda for Change Bands differs across areas of practice. The areas of practice with the highest proportions of specialist cancer nurse roles below Band 7 are colorectal (33% of total WTE, including posts where the band is not known), breast (33%) and lung (33%). The areas of practice with the highest proportions of roles in Band 8 are colorectal (11%) and urology (11%), with 22% of nurses working in 'not cancer-type specific' roles reported in these high bands too.

Chart A. Specialist cancer nurse workforce, Agenda for Change banding, area of practice, WTE, England 2017



Macmillan posts

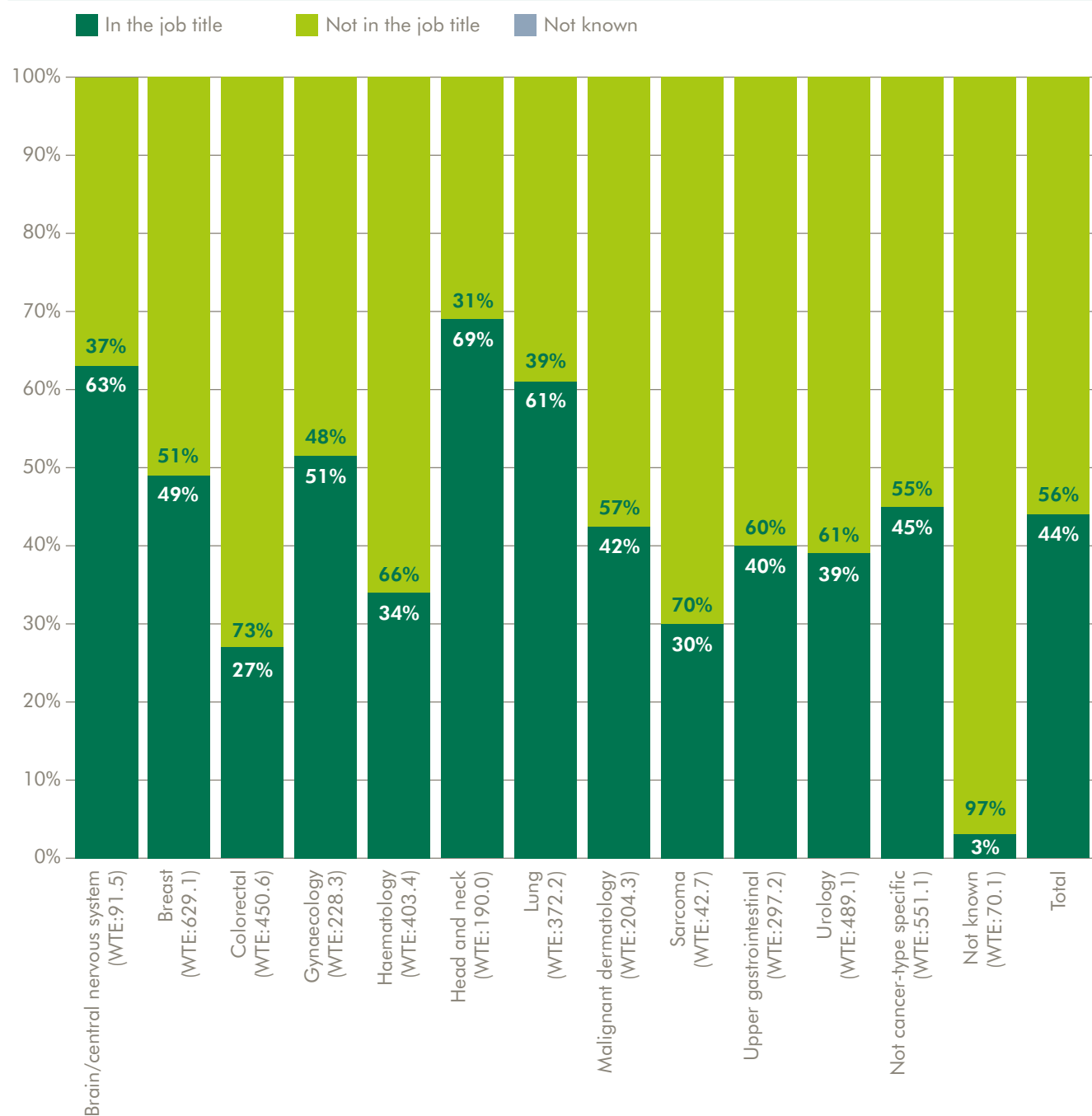
44% of specialist cancer nurse posts (1,765 WTE) have 'Macmillan' in their job title. This compares to 1,163 WTE (38%) in 2014. The highest proportions are found in head and neck (69%), brain/central nervous system (63%), and lung (61%).

Table 17. Specialist cancer nurse workforce, 'Macmillan' posts, WTE, England 2017

Macmillan posts	Filled	Vacant	Total	Not known
'Macmillan' in the job title	97%	3%	100%	n/a
	(1,705)	(59)	(1,765)	(0)
'Macmillan' not in the job title	95%	5%	100%	n/a
	(2,146)	(107)	(2,253)	(1)
Total	96%	4%	100%	n/a
	(3,851)	(166)	(4,017)	(1)

These posts are spread across every area of practice.

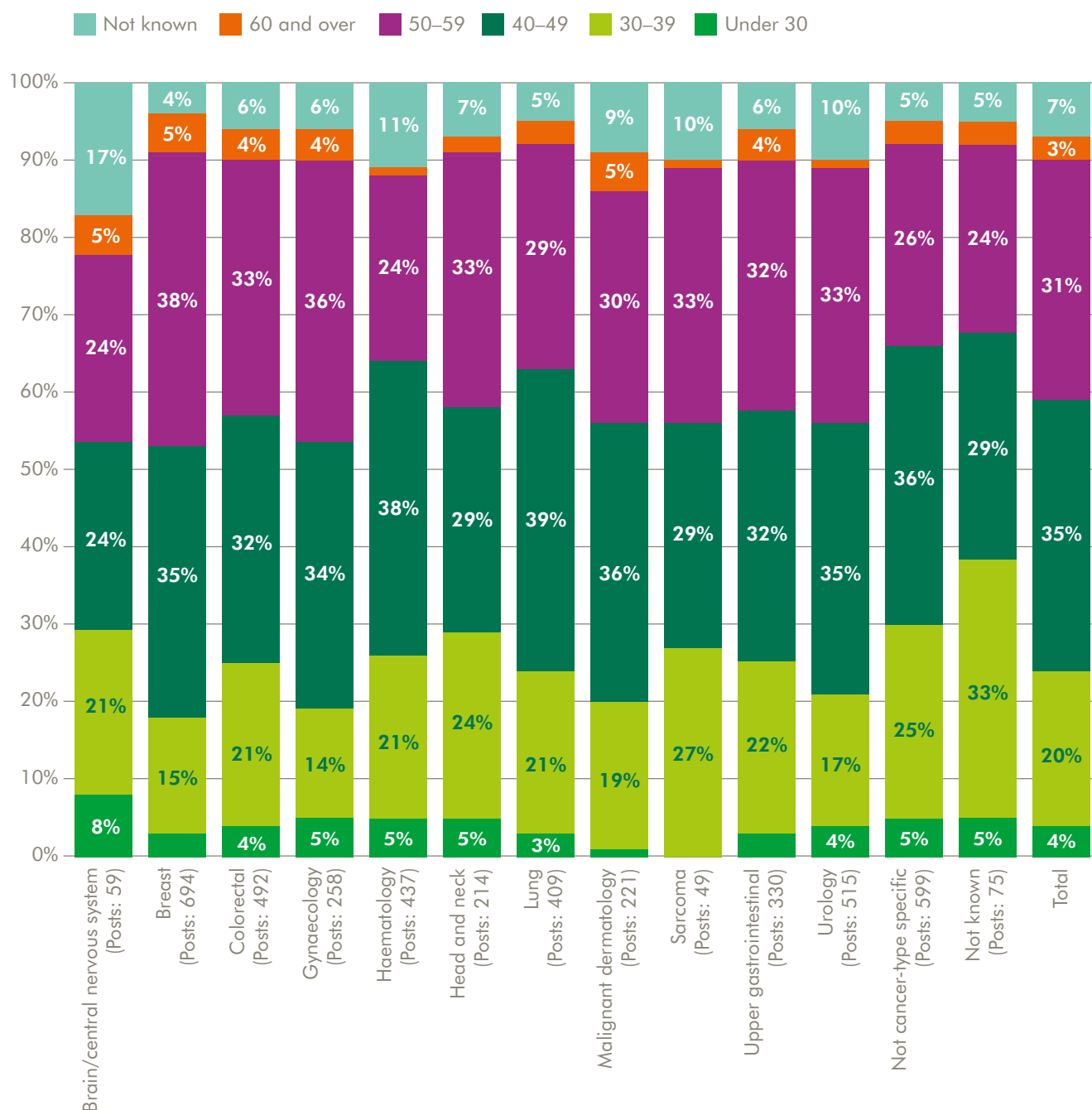
Chart B. Specialist cancer nurse workforce by area of practice, 'Macmillan' posts, WTE, England 2017



Age and area of practice

The age profile of specialist cancer nurses differs in different areas of practice. For example, areas with a relatively older workforce (aged 50 and above) include breast cancer nurses (43% of posts including those not known), gynaecology nurses (40%) and colorectal nurses (37%). Areas with a relatively younger workforce (aged 39 and below) include brain/central nervous system nurses (29%), head and neck nurses (29%), and nurses working in 'not cancer-type specific' roles (30%).

Chart C. Specialist cancer nurse workforce by area of practice, age, number of filled posts, England 2017



Setting and place of care

Most specialist cancer nurse roles are based in cancer centres (38% of WTE) or cancer units (37%).¹⁵ The remainder (25%) are based in non-cancer specific settings. Post holders deliver most of their care in hospital settings with 83% located in outpatient departments, 13% in inpatient departments, and 4% in day units. Many (63%) specialist cancer nurses also provide care in a secondary location of care¹⁶. 52% of specialist cancer nurses provide care in both an inpatient and hospital outpatient setting. Only 1% of posts have a main location of care or secondary of care in patient homes¹⁷.

Table 18. Specialist cancer nurse workforce, place and setting of care, WTE, England 2017

Place where the post holder delivers care	Cancer centre	Cancer unit	Non-cancer specific setting	Total	Not known
Day care or day unit	19%				n/a
	63%	17%	100%	n/a	(0)
Health clinic or centre	(26)	(86)	(24)	(136)	(0)
	0%	0%	100%	100%	n/a
Hospital outpatient department	(0)	(0)	(2)	(2)	(0)
	40%	36%	24%	100%	n/a
Inpatient department	(1,266)	(1,165)	(770)	(3,201)	(3)
	35%	32%	33%	100%	n/a
Patients' homes	(169)	(154)	(161)	(484)	(0)
	50%	13%	37%	100%	n/a
Total	(11)	(3)	(9)	(23)	(0)
	38%	37%	25%	100%	n/a
Not known	(1,472)	(1,408)	(966)	(3,846)	(3.0)
	(43)	(2)	(2)	(47)	(124)

¹⁵ A cancer centre was defined as a designated facility either for oncology and/or haemato-oncology that offers treatment for common cancers and rarer cancers. A cancer unit was defined as a unit that treats oncology and/or haemato-oncology, and is usually part of a district general hospital.

¹⁶ A location where they spend more than 25% of patient facing time

¹⁷ Community trusts were not included the census so this doesn't reflect all specialist cancer nurses delivering care in the community.



Thorp
Nurse Specialist
Palliative Care



MR. LIA
MCCOLLISH
Palliative Care

Ratio of cancer incidence and cancer prevalence to specialist cancer nurse posts, and by Cancer Alliance

The most common areas of practice broadly align with the most common cancers diagnosed: breast (16% of WTEs), urology (12%) and colorectal (11%). However, the relationship between the numbers of cancer patients and the size of the specialist cancer nursing workforce is variable.

There is no centrally agreed formula for determining the appropriate numbers of specialist nurses.^{xxiv} What's more, it is impractical to calculate whether there is sufficient nurse provision and fully take into account the many aspects of need and service design. However, as a very crude measure, using the most recently available data, we have mapped WTE onto new cancer cases (the incidence in 2015) and onto the number of people living up to two years post after a cancer diagnosis (the two-year prevalence in 2015). This analysis showed that urology has the highest ratio of cases per nurse, linked to a diverse case load including prostate, bladder (including in situ) and kidney cancer. The lowest ratio of cases per nurse is in brain and central nervous system cancer.

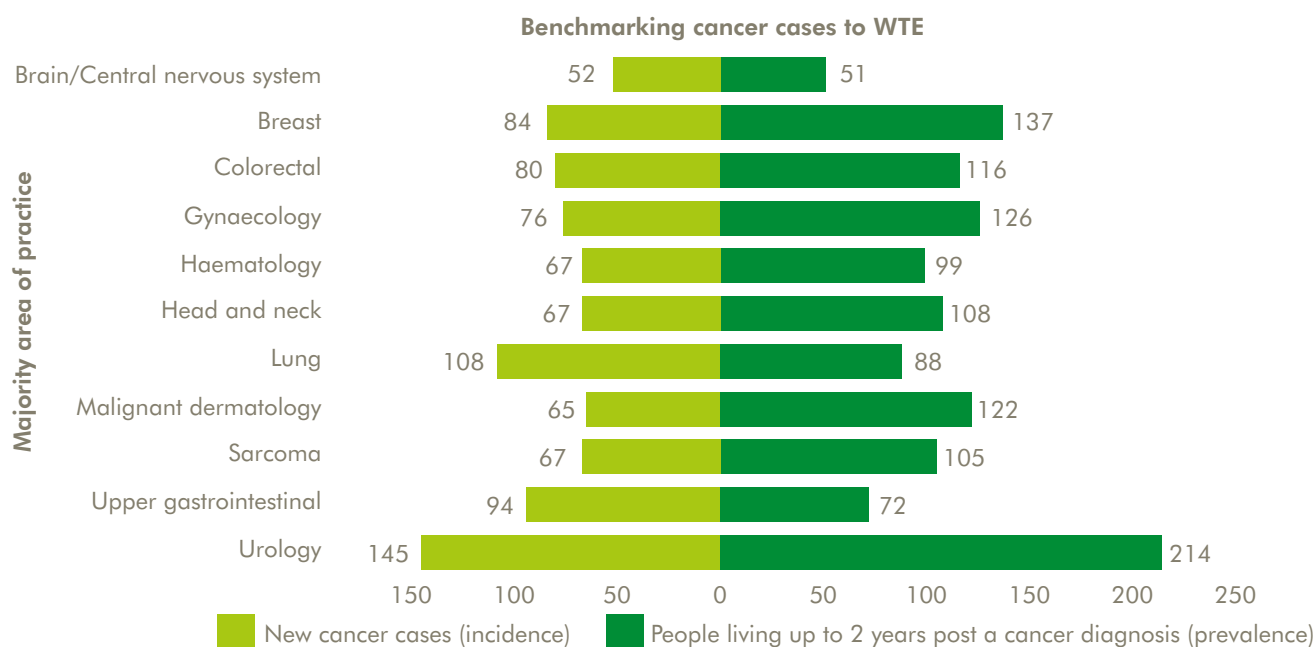
There is also variation across Cancer Alliances. Many areas of practice in Kent and Medway, for example, have higher ratios of cases per nurse. This is based on data from three out of the four Trusts based in the Kent and Medway Cancer Alliance.

This variation needs to be put into the context of the varying levels of need and variation in workforce structure. Therefore, this document does not represent guidance on appropriate caseload or, indeed, the total number of specialist adult cancer nurses required. It merely acknowledges variation in the provision of these posts across different areas of practice with a view to stimulating further discussion and exploration of circumstances and local arrangements.

Table 19. Ratio of cancer incidence and cancer two-year prevalence to posts by area of practice, WTE, England 2017

Area of practice ¹⁸	WTE in 2017	Cancer incidence in 2015 ^{xxv}	Cancer diagnosis per WTE	Two-year prevalence in 2015 ^{xxvi}	Two-year prevalence per WTE
Brain/central nervous system	92	4,789	52	4,677	51
Breast	629	52,952	84	86,051	137
Colorectal	451	35,985	80	52,239	116
Gynaecology	228	17,461	76	28,717	126
Haematology	403	26,871	67	40,039	99
Head and neck	190	12,788	67	20,533	108
Lung	372	40,294	108	32,792	88
Malignant dermatology	204	13,356	65	24,866	122
Sarcoma	43	2,877	67	4,477	105
Upper gastrointestinal	297	27,858	94	21,538	72
Urology	489	70,735	145	104,906	214

Chart D. Ratio of cancer incidence (2015) and cancer two-year prevalence (2015) by area of practice to WTE posts, England 2017



¹⁸ The areas of practice included in the census have been mapped onto cancer types that are believed to be treated by each type of nurse. The cancers are defined as breast (with in-situ C50,D05), brain and nervous system (C47,C70-C72,C75), gynaecology (C51-C58), urology (including prostate and testicular (C60-C68) and in situ of other and unspecified sites (D09)), colorectal (including anus C18-21), lung (all respiratory C33-C34, C37-C39, C45), head and neck (including thyroid C00-C14, C30-C32,C73), haematology (C81-C85,C88,C90-C96), sarcoma (C40-C41,C46,C48-C49), skin - malignant melanoma (C43) and upper GI (C15-C16, C22-C25).

Table 20. Ratio of cancer incidence (new diagnosis in 2015) by area of practice and Cancer Alliance to WTE posts, England 2017

Cancer Alliance	Area of practice										
	Brain/ CNS	Breast	Colorectal	Gynaecology	Haematology	Head and neck	Lung	Malignant dermatology	Sarcoma	Upper gastro	Urology
Cheshire and Merseyside	36	56	70	75	80	86	100	56	35	58	118
East Midlands	106	93	75	105	66	81	139	109	136	112	165
East of England	85	86	102	78	72	69	115	67	109	112	152
Humber, Coast and Vale	44	70	120	66	73	53	96	64		92	222
Kent and Medway	257	145	121	148	148	418	203	387		150	251
Lancashire and South Cumbria	76	71	64	82	64	67	126	101	157	127	164
National Cancer Vanguard: Greater Manchester	75	56	48	39	40	40	62	47	78	71	88
National Cancer Vanguard: North Central and North East London	35	84	70	78	37	77	92	73	39	75	87
National Cancer Vanguard: North West and South West London	31	71	55	48	51	62	65	38	81	126	88
North East and Cumbria	43	74	65	86	58	69	97	102		96	137
Peninsula	57	118	150	124	81	68	131	68	30	78	223
Somerset, Wiltshire, Avon and Gloucestershire	64	95	76	87	85	66	114	40	44	107	156
South East London	16	103	71	59	36	58	111	24		44	121
South Yorkshire, Bassetlaw, North Derbyshire and Hardwick	60	106	94	71	86	66	154	71	45	108	193
Surrey and Sussex	90	86	124	80	91	52	156	102		110	140
Thames Valley	29	99	100	92	63	136	123	117	54	119	203
Wessex	42	139	127	102	82	73	149	68	109	136	198
West Midlands	57	78	71	82	71	71	114	52	27	87	169
West Yorkshire	61	86	62	64	98	46	105	51	61	86	120
England	52	84	80	76	67	67	108	65	67	94	145

Table 21. Ratio of two-year cancer prevalence (people alive at the end of 2015 diagnosed between 2014 and 2015) to WTE posts by area of practice and Cancer Alliance, England 2017

Cancer Alliance	Area of practice										
	Brain/ CNS	Breast	Colorectal	Gynaecology	Haematology	Head and neck	Lung	Malignant dermatology	Sarcoma	Upper gastro	Urology
Cheshire and Merseyside	35	93	105	121	120	139	84	103	54	47	175
East Midlands	103	149	106	178	97	128	113	203	212	82	239
East of England	73	141	147	128	108	113	93	123	165	87	233
Humber, Coast and Vale	41	117	174	111	107	89	78	126		74	322
Kent and Medway	220	228	176	236	207	689	149	724		109	399
Lancashire and South Cumbria	69	117	93	139	92	106	95	190	242	96	242
National Cancer Vanguard: Greater Manchester	86	90	69	65	62	67	49	82	124	54	127
National Cancer Vanguard: North Central and North East London	41	137	102	130	57	125	79	131	66	61	130
National Cancer Vanguard: North West and South West London	38	117	83	80	82	105	57	71	141	107	137
North East and Cumbria	43	125	97	134	81	103	78	178		77	193
Peninsula	53	191	224	200	122	108	113	135	49	61	330
Somerset, Wiltshire, Avon and Gloucestershire	58	155	108	141	128	105	97	77	71	80	232
South East London	16	167	107	101	56	96	99	47		33	193
South Yorkshire, Bassetlaw, North Derbyshire and Hardwick	57	175	132	115	124	104	125	134	63	75	278
Surrey and Sussex	83	134	176	128	134	89	123	195		82	206
Thames Valley	31	163	152	146	96	219	107	218	82	95	288
Wessex	37	222	187	166	121	110	120	128	159	111	299
West Midlands	55	127	103	135	106	109	86	97	40	64	253
West Yorkshire	63	136	88	112	146	74	89	93	98	73	170
England	51	137	116	126	99	108	88	122	105	72	214

Chemotherapy nurses

This section describes the specialist chemotherapy nurse workforce in England. These nurses are on Agenda for Change Bands 5 to 9, and spend over 50% of their time directly supporting adults living with cancer. To be included in the census, each nurse was required to have been assessed as being competent, and to have a documented training record which declares them capable of the unsupervised administration of systemic anti-cancer therapy. This means the many nurses who deliver chemotherapy but are not specialists are not included in these numbers. It also means that nurses with specialist training (such as Lead Cancer Nurses) who currently rarely see patients, are not included in these numbers.

Full details on inclusion and exclusion criteria is contained in Appendix A, section iii.

Note on completion of data

Most NHS Trusts in England (121 out of 149) provided data on their chemotherapy nurse workforce. Of the 28 NHS Trusts that did not provide data on chemotherapy nurses three did not submit any data at all, 23 NHS Trusts did not submit any data on chemotherapy nurses and two NHS Trusts submitted data on chemotherapy nurses, but only after the close of the fieldwork period, and therefore their data has not been included in the analysis in this report.

Summary of data on individuals

The data returned by NHS Trusts shows 3,071 individual chemotherapy nurse posts in England. 1,920 of these are full-time posts, and 1,123 are part-time posts¹⁹, equating to a total of 2,686 WTE posts in England.

Table 22. Chemotherapy nurse workforce, number of posts, England 2017

Full time / part time	Number of chemotherapy	
	nurses	Percentage
Full Time (37.5 hours per week)	1,920	63%
Part Time (less than 37.5 hours per week)	1123	37%
Total	3,043	100%
Not known	28	

¹⁹ In addition there were 28 posts where the hours per week or WTE were not supplied.

Age

Where ages have been reported, over half (55%) of chemotherapy nurse post holders are aged 39 or below, nearly a third (28%) are aged 40-49, and the remainder (17%) aged 50 or above.

Table 23. Chemotherapy nurse workforce by age, Cancer Alliance, number of filled posts, England 2017

Age range	Number of specialist cancer nurses	Percentage
Under 30	166	4%
30-39	879	22%
40-49	1,520	37%
50-59	1,375	34%
60 and over	144	4%
Total	4,084	100%
Not known	308	

This age profile is different across Cancer Alliances.

Table 24. Chemotherapy nurse workforce by age, Cancer Alliance, number of filled posts, England 2017

Cancer Alliance	Under 30	30-39	40-49	50-59	60 and over	Total	Not known
Cheshire and Merseyside	13%	57%	23%	6%	0%	100%	n/a
	(6)	(27)	(11)	(3)	(0)	(47)	(1)
East Midlands	14%	34%	28%	21%	3%	100%	n/a
	(33)	(78)	(63)	(47)	(7)	(228)	(7)
East of England	19%	28%	30%	17%	6%	100%	n/a
	(44)	(63)	(67)	(39)	(13)	(226)	(2)
Humber, Coast and Vale	9%	20%	45%	25%	0%	100%	n/a
	(5)	(11)	(25)	(14)	(0)	(55)	(12)
Isle of Man	0%	0%	0%	0%	0%	0%	n/a
	(0)	(0)	(0)	(0)	(0)	(0)	(0)
Kent and Medway	20%	33%	35%	9%	3%	100%	n/a
	(14)	(23)	(24)	(6)	(2)	(69)	(1)
Lancashire and South Cumbria	22%	28%	34%	13%	3%	100%	n/a
	(23)	(29)	(35)	(14)	(3)	(104)	(0)
National Cancer Vanguard: Greater Manchester	33%	38%	18%	10%	1%	100%	n/a
	(132)	(155)	(72)	(40)	(4)	(403)	(9)
National Cancer Vanguard: North Central and North East London	4%	22%	45%	21%	8%	100%	n/a
	(4)	(20)	(41)	(19)	(7)	(91)	(21)
National Cancer Vanguard: North West and South West London	20%	25%	29%	23%	3%	100%	n/a
	(15)	(19)	(22)	(17)	(2)	(75)	(0)
North East and Cumbria	9%	33%	38%	18%	2%	100%	n/a
	(13)	(48)	(56)	(27)	(3)	(147)	(28)
Peninsula	0%	14%	32%	50%	5%	100%	n/a
	(0)	(3)	(7)	(11)	(1)	(22)	(51)

Cancer Alliance	Under 30	30-39	40-49	50-59	60 and over	Total	Not known
Somerset, Wiltshire, Avon and Gloucestershire	28%	30%	25%	16%	2%	100%	n/a
	(34)	(37)	(30)	(19)	(2)	(122)	(8)
South East London	44%	26%	22%	6%	2%	100%	n/a
	(22)	(13)	(11)	(3)	(1)	(50)	(0)
South Yorkshire, Bassetlaw, North Derbyshire and Hardwick	23%	37%	22%	16%	2%	100%	n/a
	(49)	(80)	(47)	(35)	(5)	(216)	(0)
Surrey and Sussex	32%	24%	33%	9%	3%	100%	n/a
	(47)	(35)	(49)	(13)	(4)	(148)	(33)
Thames Valley	22%	36%	29%	11%	2%	100%	n/a
	(25)	(41)	(33)	(13)	(2)	(114)	(0)
Wessex	26%	32%	31%	11%	1%	100%	n/a
	(27)	(33)	(32)	(11)	(1)	(104)	(20)
West Midlands	26%	32%	27%	13%	2%	100%	n/a
	(106)	(131)	(109)	(54)	(9)	(409)	(10)
West Yorkshire	6%	31%	44%	19%	0%	100%	n/a
	(3)	(15)	(21)	(9)	(0)	(48)	(6)
Total	22%	32%	28%	15%	2%	100%	n/a
	(602)	(861)	(755)	(394)	(66)	(2,678)	(209)

Gender

Where gender has been reported, 95% of chemotherapy nurse post holders are female.

Table 25. Chemotherapy nurse workforce by gender, number of filled posts, England 2017

Gender	Number of chemotherapy nurses	Percentage
Female	2,691	95%
Male	155	5%
Total	2,846	100%
Not known	41	

Nationality

Where nationality has been reported, 14% of chemotherapy nurse post holders are from outside the UK, the majority (9%) of these from outside the European Union. This is lower than the proportion of post holders from outside of the UK in the NHS nurse and health visitor workforce as a whole (16%).^{xxi}

Table 26. Chemotherapy nurse workforce by nationality, number of filled posts, England 2017

Nationality	Number of chemotherapy nurses	Percentage
UK	2,385	86%
EU excluding the UK	143	5%
Rest of world	235	9%
Total	2,763	100%
Not known	124	



This nationality profile is different across Cancer Alliances.

Table 27. Specialist cancer nurse workforce by nationality, Cancer Alliance, number of filled posts, England 2017

Cancer Alliance	UK	EU excluding the UK	Rest of world	Total	Not known
Cheshire and Merseyside	96%	0%	4%	100%	n/a
	(46)	(0)	(2)	(48)	(0)
East Midlands	89%	1%	10%	100%	n/a
	(208)	(3)	(23)	(234)	(1)
East of England	81%	6%	13%	100%	n/a
	(185)	(14)	(29)	(228)	(0)
Humber, Coast and Vale	99%	0%	1%	100%	n/a
	(66)	(0)	(1)	(67)	(0)
Isle of Man	0%	0%	0%	0%	n/a
	(0)	(0)	(0)	(0)	(0)
Kent and Medway	67%	13%	20%	100%	n/a
	(46)	(9)	(14)	(69)	(1)
Lancashire and South Cumbria	100%	0%	0%	100%	n/a
	(104)	(0)	(0)	(104)	(0)
National Cancer Vanguard: Greater Manchester	89%	9%	2%	100%	n/a
	(366)	(35)	(10)	(411)	(1)
National Cancer Vanguard: North Central and North East London	70%	8%	22%	100%	n/a
	(63)	(7)	(20)	(90)	(22)
National Cancer Vanguard: North West and South West London	71%	6%	23%	100%	n/a
	(37)	(3)	(12)	(52)	(23)
North East and Cumbria	97%	0%	3%	100%	n/a
	(170)	(0)	(5)	(175)	(0)

Cancer Alliance	UK	EU excluding the UK	Rest of world	Total	Not known
Peninsula	98%	0%	2%	100%	n/a
	(62)	(0)	(1)	(63)	(10)
Somerset, Wiltshire, Avon and Gloucestershire	89%	7%	4%	100%	n/a
	(116)	(9)	(5)	(130)	(0)
South East London	76%	10%	14%	100%	n/a
	(38)	(5)	(7)	(50)	(0)
South Yorkshire, Bassetlaw, North Derbyshire and Hardwick	96%	0%	4%	100%	n/a
	(207)	(0)	(8)	(215)	(1)
Surrey and Sussex	69%	18%	14%	100%	n/a
	(102)	(26)	(20)	(148)	(33)
Thames Valley	81%	12%	7%	100%	n/a
	(87)	(13)	(8)	(108)	(6)
Wessex	74%	11%	15%	100%	n/a
	(77)	(11)	(16)	(104)	(20)
West Midlands	85%	2%	13%	100%	n/a
	(357)	(8)	(54)	(419)	(0)
West Yorkshire	100%	0%	0%	100%	n/a
	(48)	(0)	(0)	(48)	(6)
Total	86%	5%	9%	100%	n/a
	(2,385)	(143)	(235)	(2,763)	(124)

Summary of data on posts

Vacancies

Most chemotherapy nurse posts are filled. Only 158 WTE posts (179 posts) were reported as unfilled. This equates to a vacancy rate of 6.3 vacancies per 100 filled employee roles. This is higher than the UK rate for those working in human health and social work (3.2 vacancies per 100 filled employee roles) during the census period.^{xx}

Table 28. Chemotherapy nurse workforce by area of practice, filled and vacant posts, WTE, England 2017

Area of practice	Filled	Vacant	Total	Vacancy rate	Not known
Brain/central nervous system	3	0	3	-	0
Breast	36	6	43	17.1	0
Colorectal	13	0	13	-	0
Gynaecology	9	0	9	-	0
Haematology	534	27	561	5.0	0
Head and neck	3	0	3	-	0
Lung	19	0	19	-	0
Malignant dermatology	8	0	8	-	0
Sarcoma	2	0	2	-	0
Upper gastrointestinal	8	0	8	-	0
Urology	9	0	9	-	0
Not cancer-type specific	1,862	125	1,986	6.7	3
Total	2,505	157	2,663	6.3	3
Not known	17	1	18		2

This vacancy profile is different across Cancer Alliances.

Table 29. Chemotherapy nurse workforce, vacant posts, Cancer Alliance, WTE, England 2017

Cancer Alliance	Filled	Vacant	Total	Vacancy rate	Not known
Cheshire and Merseyside	40	2	42	4.0	0
East Midlands	196	21	217	10.8	0
East of England	194	21	216	11.1	0
Humber, Coast and Vale	57	0	57	-	0
Isle of Man	0	0	0	-	0
Kent and Medway	62	9	70	14.1	3
Lancashire and South Cumbria	95	1	96	1.1	0
National Cancer Vanguard: Greater Manchester	386	9	395	2.3	0
National Cancer Vanguard: North Central and North East London	102	9	111	9.1	0
National Cancer Vanguard: North West and South West London	72	2	74	3.1	2
North East and Cumbria	152	8	160	5.5	0
Peninsula	57	9	66	15.3	0
Somerset, Wiltshire, Avon and Gloucestershire	111	5	115	4.1	0
South East London	49	6	55	12.8	0
South Yorkshire, Bassetlaw, North Derbyshire and Hardwick	181	4	185	2.2	0
Surrey and Sussex	155	2	157	1.3	0
Thames Valley	99	15	113	15.1	0
Wessex	106	5	111	4.6	0
West Midlands	365	28	393	7.6	0
West Yorkshire	45	2	48	5.5	0
Total	2,523	158	2,681	6.3	5

Part-time roles

It is common for chemotherapy posts to be filled on a part-time basis (ie, less than 37.5 hours per week). Only 1,920 (63%) of chemotherapy nurse roles are full time.

Education and training

The inclusion criteria for chemotherapy nurse posts for this census included a requirement that each post holder had a documented training record declaring them 'capable of the unsupervised administration of systemic anti-cancer therapy'. For these posts, in addition to this training, the census collected data on other specialist training essential for the role. In some cases the post holder will not have this qualification despite it being needed for the role and in some cases the post holders will have extra training that is not essential for the role.

It was reported that this specialist training was necessary for the majority of chemotherapy nurse posts.

Table 30. Chemotherapy nurse workforce, specialist training, area of practice, % of WTE where training is essential and number of WTE where training is essential, England 2017

Specialist cancer qualification	Teaching qualification	Advanced communications skills	Non-medical prescribing	Level 2 psychological support training	Recognised counselling qualification
65%	41%	16%	4%	8%	2%
(1,732)	(1,105)	(435)	(111)	(205)	(44)

The most common types of specialist training needed for roles were specialist cancer qualifications²⁰ (1,732 WTE), teaching qualifications (1,105 WTE), and advanced communication skills (435 WTE).

²⁰ Defined as a recognised post registration qualification in cancer or specialist area (ENB/clinical module level 6 or above, eg, Masters or equivalent), eg, chemotherapy, palliative care, or other advanced training in subjects such as. diagnostics.

Area of practice

The majority (75%) of chemotherapy nurse posts are in 'not cancer-type specific' roles.

Table 31. Chemotherapy nurse workforce, area of practice, WTE, England 2017

Area of practice	WTE	Percentage
Brain/central nervous system	3	0%
Breast	43	2%
Colorectal	13	1%
Gynaecology	9	0%
Haematology	561	21%
Head and neck	3	0%
Lung	19	1%
Malignant dermatology	8	0%
Sarcoma	2	0%
Upper gastrointestinal	8	0%
Urology	9	0%
Not cancer-type specific	1,989	75%
Total	2,666	100%
Not known	20	

The majority of chemotherapy nurse posts (60% of WTE) cover Cancer of Unknown Primary (CUP)..

Job title

Chemotherapy nurses have a range of job titles. The most common are chemotherapy nurse / chemotherapy sister, which is used for 1,050 WTE posts (39%), and staff nurse, which is used for 998 WTE posts (37%). The most common 'other' job titles were sister and senior staff nurse.

Table 32. Chemotherapy nurse workforce, area of practice, WTE, England 2017

Job title	WTE	Percentage
Clinical Nurse Specialist	152	6%
Advanced Nurse Practitioner	24	1%
Associate Clinical Nurse Specialist	7	0%
Chemotherapy Nurse and Chemotherapy Sister	1,050	39%
Community Nurse	2	0%
Nurse Consultant	5	0%
Nurse Specialist	42	2%
Staff Nurse	998	37%
Other	406	15%
Total	2,686	100%

Agenda for Change banding

There are more chemotherapy nurse posts in Agenda for Change Band 5 (52%) than in other bands.

Table 33. Chemotherapy nurse workforce, Agenda for Change banding, WTE, England 2017

Banding	WTE	Percentage
5	1,390	52%
6	946	35%
7	303	11%
8A	36	1%
8B	9	0%
8C	1	0%
Total	2,685	100%
Not known	1	

Macmillan posts

5% of chemotherapy nurse posts were reported to have 'Macmillan' in their job title.

Age and area of practice

The age profile of chemotherapy nurses differs slightly in different areas of practice.

Table 34. Chemotherapy nurse workforce by area of practice, age, number of filled posts, England 2017

Area of practice	Under 30	30-39	40-49	50-59	60 and over	Total	Not known
Brain/central nervous system	0% (0)	67% (2)	0% (0)	33% (1)	0% (0)	100% (3)	n/a (0)
Breast	0% (0)	49% (20)	37% (15)	7% (3)	7% (3)	100% (41)	n/a (0)
Colorectal	0% (0)	19% (3)	44% (7)	38% (6)	0% (0)	100% (16)	n/a (0)
Gynaecology	20% (2)	10% (1)	30% (3)	40% (4)	0% (0)	100% (10)	n/a (0)
Haematology	26% (151)	34% (199)	25% (144)	11% (66)	3% (17)	100% (577)	n/a (18)
Head and neck	0% (0)	67% (2)	0% (0)	33% (1)	0% (0)	100% (3)	n/a (0)
Lung	5% (1)	29% (6)	38% (8)	24% (5)	5% (1)	100% (21)	n/a (0)
Malignant dermatology	13% (1)	38% (3)	38% (3)	13% (1)	0% (0)	100% (8)	n/a (0)
Sarcoma	0% (0)	100% (2)	0% (0)	0% (0)	0% (0)	100% (2)	n/a (0)
Upper gastrointestinal	0% (0)	50% (4)	25% (2)	25% (2)	0% (0)	100% (8)	n/a (0)
Urology	22% (2)	0% (0)	67% (6)	11% (1)	0% (0)	100% (9)	n/a (0)
Not cancer-type specific	22% (445)	31% (619)	29% (567)	15% (304)	2% (45)	100% (1,980)	n/a (171)
Total	22% (602)	32% (861)	28% (755)	15% (394)	2% (66)	100% (2,678)	n/a (189)
Not known	(0)	(0)	(0)	(0)	(0)	(0)	(20)

Non-hospice based specialist palliative care nurses working in cancer

This section describes the specialist palliative care nurses working in cancer workforce in England. These nurses are on Agenda for Change Bands 5 to 8, and spend over 50% of their time directly supporting adults living with cancer. To be included in the census, each nurse must have been assessed as being competent and have a documented training record declaring them a specialist in palliative care. This means the many nurses who deliver palliative care but are not specialists in cancer are not included in these numbers. It also means that palliative care nurses with specialist training working in management who currently rarely see patients are not included in these numbers.

The census focused on posts employed in a service commissioned by the NHS. It includes those who see private patients treated in the NHS. It also includes those who work in secondary and tertiary care in both hospitals and the community. It excludes staff that practice in hospices,

are funded by hospices or are based in primary care.

Full details on inclusion and exclusion criteria is contained in Appendix A, section iii.

Note on completion of data

Most NHS Trusts in England (123 out of 149) provided data on their specialist palliative nurses working in cancer. Of the 26 NHS Trusts that did not provide data on specialist palliative care nurses three did not submit any data at all, 22 NHS Trusts did not submit any data on specialist palliative care nurses and one NHS Trusts submitted data on specialist palliative care nurses, but only after the close of the fieldwork period, and therefore their data has not been included in the analysis in this report.

Summary of data on individuals

The data returned by NHS Trusts shows 1,124 individual posts for specialist palliative care nurses working in cancer in England. 650 of these are full-time posts, while 459 are part-time posts, equating to a total of 978 WTE posts in England.

Table 35. Specialist palliative care nurses working in cancer workforce, number of posts, England 2017

Full time / part time	Number of specialist palliative care nurses	Percentage
Full Time (37.5 hours per week)	650	59%
Part Time (less than 37.5 hours per week)	459	41%
Total	1,109	100%
Not known	15	

Age

Where ages have been reported, 40% of specialist palliative care nurse post holders are aged 50 or above.

Table 36. Specialist palliative care nurses working in cancer workforce by age, number of filled posts, England 2017

Age range	Number of specialist palliative care nurses	Percentage
Under 30	47	5%
30-39	196	20%
40-49	361	36%
50-59	368	37%
60 and over	33	3%
Total	1,005	100%
Not known	55	

Gender

Where gender has been reported, 95% of specialist palliative care nurse post holders are female.

Table 37. Specialist palliative care nurses working in cancer workforce by gender, number of filled posts, England 2017

Gender	Number of specialist palliative care nurses	Percentage
Female	994	95%
Male	50	5%
Total	1,044	100%
Not known	16	

Nationality

Where nationality has been reported, 3% of specialist palliative care nurses working in cancer post holders are from outside the UK (this is split equally between post holders from within the EU and outside of the EU). This is considerably lower than the proportion of post holders from outside of the UK in the NHS nurse and health visitor workforce as a whole (16%).^{xxi}

Summary of data on posts

Vacancies

Most posts for specialist palliative care nurses working in cancer are filled. Only 44 WTE posts (48 posts) were reported as unfilled. This equates to a vacancy rate of 4.8 vacancies per 100 filled employee roles, which is higher than the UK rate for those working in human health and social work (3.2 vacancies per 100 filled employee roles) during the census period.^{xx}

Part-time roles

A large proportion of specialist palliative care nurses working in cancer posts are filled on a part-time basis (ie, less than 37.5 hours per week). Only 650 (59%) specialist palliative care nurses working in cancer posts are full time.

Education and training

The inclusion criteria for specialist palliative care nurses working in cancer posts for this census included a requirement that they each have a documented training record declaring them a specialist in palliative care. For these posts, in addition to this training, the census collected data on other specialist training essential for the role. In some cases the post holder will not have this qualification despite it being needed for the role and in some cases the post holders will have extra training that is not essential for the role.

For a large proportion of these posts (85%), it was reported that this specialist training was necessary for the role.

Table 38. Specialist palliative care nurses working in cancer workforce, specialist training, % of WTE where training is essential and number of WTE where training is essential, England 2017

Specialist cancer qualification	Teaching qualification	Advanced communications skills	Non-medical prescribing	Level 2 psychological support training	Recognised counselling qualification	Lymphoedema therapy
85%	69%	87%	36%	59%	7%	3%
(809)	(663)	(833)	(347)	(554)	(69)	(24)

The most common types of specialist training were advanced communication skills (833 WTE), specialist cancer qualifications²¹ (809 WTE), and teaching qualification (663 WTE).

21 Defined as a recognised post-registration qualification in cancer or specialist area (ENB/clinical module level 6 or above, eg, Masters or equivalent), eg, chemotherapy, palliative care, or other advanced training a subject such as diagnostics.

Job title

It is common for specialist cancer nurse posts to be filled on a part-time basis. The most common is Clinical Nurse Specialist, which is used for 718 WTE posts (73%).

Table 39. Specialist palliative care nurses working in cancer workforce by job title, England 2017

Job title	WTE	Percentage
Advanced Nurse Practitioner	9	1%
Associate Clinical Nurse Specialist	38	4%
Associate Nurse	2	0%
Clinical Nurse Specialist	718	73%
Community Nurse	12	1%
Complex Case Manager	1	0%
Lead Nurse	33	3%
Modern matron	1	0%
Nurse Consultant	11	1%
Nurse Practitioner	7	1%
Nurse Specialist	51	5%
Senior Staff Nurse	1	0%
Specialist Nurse Practitioner	15	2%
Support Nurse	7	1%
Other	72	7%
Total	978	100%

Agenda for Change banding

The largest group of specialist palliative care nurses working in cancer (66%) are in posts at Agenda for Change Band 7.

Table 40. Specialist palliative care nurses working in cancer workforce, Agenda for Change banding, WTE, England 2017

Banding	WTE	Percentage
5	10	1%
6	253	26%
7	649	66%
8A	49	5%
8B	12	1%
8C	5	1%
Total	977	100%
Not known	2	

Macmillan posts

605 WTE specialist palliative care nurses working in cancer posts (62%) have 'Macmillan' in their job title.

Table 41. Specialist palliative nurses working in cancer, 'Macmillan' posts, WTE, England 2017

Macmillan posts	Filled	Vacant	Total	Not known
'Macmillan' in the job title	96%	4%	100%	n/a
	(568)	(25)	(593)	(11)
'Macmillan' not in the job title	95%	5%	100%	n/a
	(352)	(19)	(371)	(3)
Total	95%	5%	100%	n/a
	(920)	(44)	(964)	(14)



Macmillan Support
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Cancer support workers

This section describes the cancer support workers workforce in England. To be included in this report the posts had to be on Agenda for Change Bands 3 to 4, and the post holders had to spend over 50% of their time directly supporting adult cancer patients. This means many administrative roles and Band 2 support workers and healthcare assistants have not been included in these numbers.

Full details on inclusion and exclusion criteria is contained in Appendix A, section iii.

Note on completion of data

Most NHS Trusts in England (103 out of 149) provided data on their cancer support workers. Of the 46 NHS Trusts that did not provide data on support workers three did not submit any data at all and 43 NHS Trusts did not submit any data on support workers.

Summary of data on individuals

The data returned by NHS Trusts shows 702 individual cancer support worker posts in England in 2017. This is based on posts that are cancer support workers at Agenda for Change Bands 3 and 4. 502 of these are full-time posts, while 198 are part-time posts²², equating to a total of 635 WTE posts in England.

In addition, we collected information on 1,075 cancer support worker posts (1,001 WTE posts) at Agenda for Change Band 2. These are not included in the final analysis, as there is a risk that NHS Trusts interpreted the inclusion and exclusion criteria differently for the Band 2 posts, and only some had included Healthcare Assistants working on cancer wards or units.

Table 42. Cancer support worker workforce, number of posts, England 2017

Full time / part time	Number of cancer support workers	Percentage
Full time	502	72%
Part time	198	28%
Total	700	100%
Not known	2	

²² In addition there were 71 posts where the hours per week or WTE were not supplied.

Age

Where ages have been reported, 32% of cancer support worker post holders are aged 50 or above.

Table 43. Cancer support worker workforce by age, number of filled posts, England 2017

Age range	Number of cancer support workers	Percentage
Under 30	97	17%
30-39	139	24%
40-49	160	27%
50-59	163	28%
60 and over	23	4%
Total	582	100%
Not known	48	

This age profile is different across Cancer Alliances.

Table 44. Cancer Support Worker workforce by age, Cancer Alliance, number of filled posts, England 2017

Cancer Alliance	Under 30	30-39	40-49	50-59	60 and over	Total	Not known
Cheshire and Merseyside	20%	20%	45%	15%	0%	100%	n/a
	(4)	(4)	(9)	(3)	(0)	(20)	(2)
East Midlands	27%	23%	23%	23%	3%	100%	n/a
	(8)	(7)	(7)	(7)	(1)	(30)	(0)
East of England	10%	29%	31%	29%	2%	100%	n/a
	(4)	(12)	(13)	(12)	(1)	(42)	(10)
Humber, Coast and Vale	18%	18%	36%	18%	9%	100%	n/a
	(6)	(6)	(12)	(6)	(3)	(33)	(0)
Isle of Man	0%	50%	50%	0%	0%	100%	n/a
	(0)	(1)	(1)	(0)	(0)	(2)	(0)
Kent and Medway	20%	7%	33%	27%	13%	100%	n/a
	(3)	(1)	(5)	(4)	(2)	(15)	(1)
Lancashire and South Cumbria	20%	40%	40%	0%	0%	100%	n/a
	(1)	(2)	(2)	(0)	(0)	(5)	(0)
National Cancer Vanguard: Greater Manchester	18%	18%	22%	38%	5%	100%	n/a
	(14)	(14)	(17)	(30)	(4)	(79)	(0)
National Cancer Vanguard: North Central and North East London	13%	50%	13%	13%	13%	100%	n/a
	(1)	(4)	(1)	(1)	(1)	(8)	(9)
National Cancer Vanguard: North West and South West London	16%	34%	25%	23%	2%	100%	n/a
	(26)	(54)	(40)	(36)	(3)	(159)	(0)
North East and Cumbria	16%	14%	22%	41%	6%	100%	n/a
	(8)	(7)	(11)	(20)	(3)	(49)	(2)
Peninsula	10%	40%	10%	30%	10%	100%	n/a
	(1)	(4)	(1)	(3)	(1)	(10)	(17)

Cancer Alliance	Under 30	30-39	40-49	50-59	60 and over	Total	Not known
Somerset, Wiltshire, Avon and Gloucestershire	29%	6%	29%	35%	0%	100%	n/a
	(5)	(1)	(5)	(6)	(0)	(17)	(0)
South East London	0%	0%	0%	0%	0%	0%	n/a
	(0)	(0)	(0)	(0)	(0)	(0)	(0)
South Yorkshire, Bassetlaw, North Derbyshire and Hardwick	40%	20%	20%	20%	0%	100%	n/a
	(2)	(1)	(1)	(1)	(0)	(5)	(0)
Surrey and Sussex	26%	16%	37%	21%	0%	100%	n/a
	(5)	(3)	(7)	(4)	(0)	(19)	(0)
Thames Valley	20%	20%	20%	40%	0%	100%	n/a
	(3)	(3)	(3)	(6)	(0)	(15)	(1)
Wessex	0%	14%	57%	29%	0%	100%	n/a
	(0)	(1)	(4)	(2)	(0)	(7)	(0)
West Midlands	10%	20%	28%	33%	10%	100%	n/a
	(4)	(8)	(11)	(13)	(4)	(40)	(0)
West Yorkshire	7%	22%	37%	33%	0%	100%	n/a
	(2)	(6)	(10)	(9)	(0)	(27)	(6)
Total	17%	24%	27%	28%	4%	100%	n/a
	(97)	(139)	(160)	(163)	(23)	(582)	(48)

Gender

Where gender has been reported, 89% of cancer support worker post holders are female.

Table 45. Cancer support worker workforce by gender, number of filled posts, England 2017

Gender	Number of cancer support workers	Percentage
Female	555	89%
Male	70	11%
Total	625	100%
Not known	5	

Nationality

Where nationality has been reported, 13% of cancer support worker post holders were reported to be from outside the UK (5% of these are from within the EU, while 8% are from outside of the EU). This is lower than the proportion of post holders from outside of the UK in the NHS nurse and health visitor workforce as a whole (16%).^{xxi}

This nationality profile is different across Cancer Alliances.

Table 46. Cancer support worker workforce by nationality, Cancer Alliance, number of filled posts, England 2017

Cancer Alliance	UK	EU excluding the UK	Rest of world	Total	Not known
Cheshire and Merseyside	100%	0%	0%	100%	n/a
	(22)	(0)	(0)	(22)	(0)
East Midlands	97%	3%	0%	100%	n/a
	(29)	(1)	(0)	(30)	(0)
East of England	89%	3%	8%	100%	n/a
	(34)	(1)	(3)	(38)	(14)
Humber, Coast and Vale	97%	0%	3%	100%	n/a
	(32)	(0)	(1)	(33)	(0)
Isle of Man	100%	0%	0%	100%	n/a
	(2)	(0)	(0)	(2)	(0)
Kent and Medway	100%	0%	0%	100%	n/a
	(15)	(0)	(0)	(15)	(1)
Lancashire and South Cumbria	100%	0%	0%	100%	n/a
	(5)	(0)	(0)	(5)	(0)
National Cancer Vanguard: Greater Manchester	99%	1%	0%	100%	n/a
	(77)	(1)	(0)	(78)	(1)
National Cancer Vanguard: North Central and North East London	56%	22%	22%	100%	n/a
	(5)	(2)	(2)	(9)	(8)
National Cancer Vanguard: North West and South West London	62%	13%	25%	100%	n/a
	(93)	(20)	(37)	(150)	(9)
North East and Cumbria	98%	2%	0%	100%	n/a
	(50)	(1)	(0)	(51)	(0)

Cancer Alliance	UK	EU excluding the UK	Rest of world	Total	Not known
Peninsula	96%	0%	4%	100%	n/a
	(23)	(0)	(1)	(24)	(3)
Somerset, Wiltshire, Avon and Gloucestershire	100%	0%	0%	100%	n/a
	(17)	(0)	(0)	(17)	(0)
South East London	0%	0%	0%	0%	n/a
	(0)	(0)	(0)	(0)	(0)
South Yorkshire, Bassetlaw, North Derbyshire and Hardwick	80%	20%	0%	100%	n/a
	(4)	(1)	(0)	(5)	(0)
Surrey and Sussex	95%	0%	5%	100%	n/a
	(18)	(0)	(1)	(19)	(0)
Thames Valley	93%	0%	7%	100%	n/a
	(14)	(0)	(1)	(15)	(1)
Wessex	100%	0%	0%	100%	n/a
	(7)	(0)	(0)	(7)	(0)
West Midlands	93%	3%	5%	100%	n/a
	(37)	(1)	(2)	(40)	(0)
West Yorkshire	100%	0%	0%	100%	n/a
	(26)	(0)	(0)	(26)	(7)
Total	87%	5%	8%	100%	n/a
	(510)	(28)	(48)	(586)	(44)

Summary of data on posts

Vacancies

61 WTE posts (69 posts) cancer support worker posts were reported as unfilled, and half of these were in 'not cancer-type specific' roles. This equates to a vacancy rate of 10.6 vacancies per 100 filled employee roles, which is higher than the UK rate for those working in human health and social work (3.2 vacancies per 100 filled employee roles) during the census period.^{xx}

This vacancy profile is different across Cancer Alliances.

Table 47. Cancer support worker workforce, vacant posts, Cancer Alliance, WTE, England 2017

Cancer Alliance	Filled	Vacant	Total	Vacancy rate	Not known
Cheshire and Merseyside	19	5	24	26.9	0
East Midlands	26	3	29	10.0	0
East of England	47	4	51	8.6	0
Humber, Coast and Vale	28	0	28	-	0
Isle of Man	2	0	2	-	0
Kent and Medway	14	2	16	13.0	0
Lancashire and South Cumbria	4	0	4	-	0
National Cancer Vanguard: Greater Manchester	73	4	77	5.4	0
National Cancer Vanguard: North Central and North East London	16	6	21	35.1	3
National Cancer Vanguard: North West and South West London	149	20	170	13.7	0
North East and Cumbria	48	5	53	10.3	0
Peninsula	23	4	27	16.3	0
Somerset, Wiltshire, Avon and Gloucestershire	15	5	20	32.5	0
South East London	0	0	0		0
South Yorkshire, Bassetlaw, North Derbyshire and Hardwick	5	0	5	-	0
Surrey and Sussex	17	0	18	2.9	0
Thames Valley	15	0	15	-	0
Wessex	6	1	7	16.7	0
West Midlands	36	0	36	-	0
West Yorkshire	29	2	31	6.9	0
Total	572	61	632	10.6	3

Part-time roles

Most cancer support worker posts are filled on a full-time basis (ie, 37.5 hours per week), 502 cancer support worker posts (72%) are full time.

Education and training

Specialist training was defined in the census for cancer support worker posts as including a range of particular courses and qualifications. These are shown in the following table.

There were few cancer support worker posts where it was reported that specialist training was necessary.

Table 48. Cancer support worker workforce, specialist training, area of practice, % of WTE where training is essential and number of WTE where training is essential, England 2017

Teaching qualification	Advanced communications skills	Level 2 psychological support training	Recognised counselling qualification	Lymphoedema therapy
1%	6%	6%	2%	0%
(3)	(28)	(27)	(12)	(2)

The most common type of specialist training was advanced communication skills (28 WTE).

Area of practice

The majority of cancer support worker posts (57%) are in 'not cancer-type specific' roles.

Table 49. Cancer support worker workforce, area of practice, WTE, England 2017

Area of practice	WTE	Percentage
Brain/central nervous system	6	1%
Breast	26	5%
Colorectal	32	6%
Gynaecology	8	2%
Haematology	42	8%
Head and neck	15	3%
Lung	26	5%
Malignant dermatology	10	2%
Sarcoma	2	0%
Upper gastrointestinal	19	4%
Urology	29	6%
Not cancer-type specific	285	57%
Total	500	100%
Not known	135	

Around a third of cancer support worker roles (46%) cover Cancer of Unknown Primary (CUP).

Job title

Cancer support workers have a range of job titles. The most common is Healthcare Assistant, which is used for 269 WTE (42%).

Table 50. Cancer support worker workforce, job title, WTE, England 2017

Job title	WTE	Percentage
Assistant Practitioner	54	8%
Cancer Care Coordinator	59	9%
Healthcare assistant	269	42%
Navigator	30	5%
Nursing Assistant	11	2%
Nursing Associate	4	1%
Support Worker	132	21%
Other	75	12%
Total	635	100%

Agenda for Change banding

The majority of cancer support worker posts (58% – 371 WTE) are at Agenda for Change Band 3. In addition, 913 WTE posts at Band 2 were identified. This means that cancer support workers are most commonly Band 2, however these post holders are excluded from the analysis as many of them will play a different role.

Table 51. Cancer support worker workforce, Agenda for Change banding, WTE, England 2017

Banding	WTE	Percentage
3	371	58%
4	264	42%
Total	635	100%
Not known	0	

Macmillan posts

30% of cancer support worker posts have 'Macmillan' in their job title.

Conclusion and recommendations

The census shows that the specialist cancer nursing and support workforce is growing. However, the proportion of specialist cancer nurses aged 50 or over is also growing, and the ratio of new patients to specialist cancer nurses varies considerably across the country.

We know from research, there is variation at a local level, with some areas experiencing notably higher vacancy rates than others, and some having a much greater proportion of nurses aged 50 or over. It is concerning to see the proportion of specialist cancer nurses practicing at Agenda for Change Band 7 has decreased, while the proportion at Band 5 and 6 has increased. The results also show that Macmillan has played an important role in the workforce, with a large number of specialist cancer nurses, specialist palliative care nurses and cancer support workers having 'Macmillan' in their job title.

All of these findings are set against the context of a growing and more complex cancer population. In addition, we know from research conducted with professionals last year that the cancer workforce is not immune to wider pressures in the NHS, with specialist nurses increasingly being asked to cover shifts on wards. This means that it is increasingly urgent to ensure that the NHS has a sustainable workforce with the right skills in the right settings.

While the census alone cannot tell us what the ideal cancer workforce should look like, it can provide indications as to the kind of action which is needed to ensure the workforce is sustainable in future:

1 The census should be used by the Department of Health and Social Care, Health Education England and Cancer Alliances to inform strategic workforce planning at both a national and local level.

The census is the most comprehensive data set on the cancer nursing and support workforce. It should be used as a starting point for those responsible for workforce planning to conduct further analysis to better understand what the results show and what actions need to be taken.

2 There should be a stronger focus on succession planning for specialist cancer nurses. As with the 2014 census, the latest data shows an increase in the proportion of specialist cancer nurses age of 50 or over. It is therefore vital that succession plans are put in place to avoid challenges with supply in the next five to ten years. In addition, further utilisation of 'Retire and Return' schemes may help to retain skilled nurses for longer.

3 Clear career pathways for specialist cancer nursing roles need to be developed. The census shows that there is variation in the types of training required for specialist cancer nurse roles across Cancer Alliances and area of practice. In addition, with the findings potentially pointing to some downgrading of roles, it is vital that there is clarity on the skills and competencies required at each level. This will prevent deskilling and encourage generalist nurses to move into the profession.

4 The implications of the UK's exit from the EU on the cancer nursing workforce need to be considered. Whilst at a national level, most of the cancer nursing workforce are UK nationals, there is significant variation across the country with London in particular seeing almost one in ten of its workforce come from the EU. With vacancy rates in London already some of the highest in the country, it is important that providers are able to easily recruit the professionals their patients need, including after the UK's exit from the EU.

5 More work needs to be done to understand what the ideal cancer workforce should look like in the future. As set out in our report, *Thinking Differently*, workforce planning should begin with the needs of the patient, before looking at the skills and competencies required to meet these needs^{xv}. Only then can the system effectively decide what roles are required at what levels. The census, with the inclusion of the support workforce for the first time, begins to demonstrate changing nature of the workforce, however more needs to be done. There is an important opportunity presented by the long-term cancer workforce plan, and the health and care workforce strategy currently being developed, to ensure that the workforce of the future is truly designed around the needs of the patient. This will require significant work and additional funding but is necessary to ensure that the right workforce is in place to deliver the best possible care.

Appendix A. Detailed methodology

i. The process in 2017

- The census tool and guidance materials were updated.
- Cognitive testing was carried out with eleven Lead Cancer Nurses in England to ensure that the final data collection tool and guidance manual could capture the information required in the most straightforward and effective way.
- The final data collection tool and revised guidance manual was sent to all NHS Trusts in England on 2 October 2017 with a one-week lead in period to the census day on 9 October 2017.
- Following send out of the data collection tool, some NHS Trusts highlighted challenges and reported issues with collecting information on registered nurses. The criteria were subsequently changed during fieldwork. This is described in detail in Appendix A, section iv.
- Data entry was completed at the post level within each NHS Trust with support from Quality Health/Macmillan where required.
- Completed data collection tools were returned over 10 weeks.
- Quality assurance was carried out by Quality Health and Macmillan to improve, where possible, the consistency and accuracy of the data. Quality assurance included the following steps:
 - numbers of specialist cancer nurses reported per NHS Trust in 2017 were checked against numbers collected in the previous census in 2014
 - initial checks showed an increase across the board, so NHS Trusts were contacted to check the accuracy of their data
 - returns were cross-referenced with the exclusion criteria to remove any posts recorded in error
 - information was reclassified if necessary: for example, minor edits were made to job titles
 - where necessary, recalculation of WTE was applied, to account for those who supplied hours per week (based on 1 WTE being equivalent to 37.5 hours per week).
- Where any significant anomalies were identified, the NHS Trust was contacted to check the accuracy of the data and to ensure the inclusion/exclusion criteria were being applied correctly.

ii. Information collected in 2017

- The job title of the post holder, with a free text option for those posts which didn't appear in the provided drop-down menu. Lead Cancer Nurses were asked to ignore any references to tumour type in the job title.
- If the post had 'Macmillan' in its job title.
- Agenda for Change Banding.
- The area of practice in which the post-holder most frequently delivered care. The areas of practice were based on the previous census and are broadly based on the NICE Improving Outcomes Guidance definitions^{xxvi}.
- If the post is based in an acute oncology service (AOS). This was included as it was in the previous census and recommended in the 2009 NCAG report Chemotherapy services in England: Ensuring quality and safety^{xxvii}, that all hospitals with emergency departments should establish this service. Unlike in 2014 this was asked as a separate question rather than being an area of practice.

- Details on which specialist training the post-holder required, essential to carry out their duties:
 - Specialist Cancer Qualification - a recognised post-registration qualification in cancer or specialist area (ENB/clinical module level 6 or above e.g. Masters, or equivalent)²³ e.g. chemotherapy, palliative or other advanced training in e.g. diagnostics (not asked to cancer support workers)
 - Teaching qualification
 - Advanced Communications skills
 - Non-medical prescribing training (not asked to cancer support workers)
 - Level 2 psychological support training
 - Recognised counselling qualification
 - Lymphoedema therapy training (not asked to specialist chemotherapy nurses)
- If the post covered cancer of unknown primary (CUP). This was asked in 3 of 4 sections (specialist cancer nurses, adult chemotherapy nurses, cancer support workers), but was not asked in the specialist palliative nurse working in cancer section.
- If the post covered secondary/metastatic disease. This was asked in 3 of 4 sections (specialist cancer nurses, adult chemotherapy nurses, and cancer support workers), but was not asked in the specialist palliative nurse working in cancer section.
- The proportion of time the post-holder spent supporting people living with a cancer diagnosis.
- Details on the setting: whether it was a cancer unit, cancer centre or non-cancer specific setting. Where a cancer centre is a designated facility either for oncology and/or haemato-oncology that offers treatment for common cancers and rarer cancers and a cancer unit treats oncology and/or haemato-oncology and is usually part of a district general hospital.
- The main location where the post-holder delivered care.
- If the post-holder had a second key location of care (where they spent 25% or more of their patient facing time) and if so where.
- The contracted whole-time equivalent (WTE) of the post or contracted hours per week²³ (this should have included all contracted hours of the post not just time patient facing activity or cancer care).
- If the post was filled or vacant on 9 October 2017.
- For filled posts the gender of the post holder identifies with.
- For filled posts the age range of the post-holder.
- For filled posts the nationality of the post-holder. The census only included four categories for nationality: UK, EU excluding UK, rest of world and declined.

²³ A whole-time equivalent (WTE), also sometimes referred to as a Full Time Equivalent, is based on the hours worked as a proportion of the contracted hours normally worked by a full-time employee in the post. WTE is 37.5 hours per week. For example, a person working standard hours each day, but only 3 days out of 5, would count as 0.6 WTE.

iii. Inclusion and exclusion criteria

Inclusion criteria

Job titles are not used consistently across England, so the criteria were based on role rather than by job title. To be included in the census, all posts had to:

- spend over 50% of their time directly supporting adult patients living with cancer through person to person activity for example clinic time or telephone consultations. The posts could also spend less than 50% of their time performing a role in education, research, management, audit or projects, time with paediatrics, teenagers and young adults or people who do not have cancer treat, support and manage the health concerns of adult cancer patients and work to promote health and wellbeing of the patients they care for. This can include organisation of the Recovery Package.
- be employed in a service commissioned by the NHS including those who see private patients treated in the NHS. This includes secondary and tertiary care in both hospital and the community. Posts could be funded by any source (e.g. NHS, charity, pharmaceutical).
- be vacant or filled posts on the 9th October 2017.

In addition, these were specific criteria for each area of the census:

- Specialist adult cancer nurses. Posts that require a registered health professional who has been assessed as being competent and has a documented training record which declares them as specialist in cancer care. Posts must be at Agenda for Change Band 5-9.
- Chemotherapy nurses. Posts that require a registered health professional who has been assessed as being competent, and has a documented training record which declares them capable of the unsupervised administration of systemic anti-cancer therapy. Posts must also deliver cytotoxic drugs and providing adult cancer patients with advice, education and support to ensure that the risks and toxicities are minimised. It included posts in ambulatory/outpatient chemotherapy units (solid tumour, haematology) or inpatient wards. Posts must be at Agenda for Change Band 5-9.
- Specialist palliative nurses. Posts that require a registered health professional who has been assessed as being competent and to have a documented training record which declares them as a specialist in palliative care. Posts must be at Agenda for Change Band 5-9.
- Cancer support workers. To be included, the post must be at Agenda for Change Band 2-4 although the analysis in this report concentrates on those at band 3 to 4.

Exclusion criteria

- Registered nurses that are non-specialist as to be included as a specialist (cancer, palliative or chemotherapy) nurse, the post holder needed to have documented training which declares them as a specialist within their area.
- Specialist nurses with Agenda for Change Bands outside of 5-9.
- Cancer Support Workers with Agenda for Change Bands outside of 2-4 (although this report is based on band 3 to 4).

- Any of the following roles:
 - Bone Marrow Transplant Co-ordinators
 - Specialists in other disease areas (e.g. dermatology and dementia)
 - Nutrition Nurse Practitioners
 - Transfusion Practitioners
 - Cancer Screening Nurses
 - Cancer Clinical Trials Nurses
 - Pain management specialists
 - Radiotherapy specialists.
- Post holders that spent more than 50% of their time on non-patient facing activities, such as:
 - Education
 - Administration
 - Audit
 - Research
 - Multi-Disciplinary Team (MDT) coordination
 - Management.
- Post holders that spent more than 50% of their time with groups other than adult cancer patients, such as:
 - Paediatrics
 - Teenagers and young adults
 - People who do not have cancer
- Staff wholly involved in private practice
- Staff who practiced in a hospice, were funded by hospices or were based in primary care.

iv. Amendments to the criteria in fieldwork

The census tool was initially sent out requesting that each NHS Trust should include non-specialist (band 5 and 6) Registered Nurses who spent more than 50% of their time directly supporting adult patients living with cancer.

After review and consultation with NHS colleagues, it was agreed that collecting this information involved a different focus; and a separate area of research would be required to support meaningful findings. It was also felt that this information could not be collected in a consistent way which would result in real concerns about the validity of the data return. Consequently, the decision was made to cancel the request for this information and revisions of the inclusion and exclusion criteria were sent to all NHS Trusts.

Further guidance on cancer support workers was provided to NHS Trusts to confirm that only post holders that spent the majority (over 50%) of their time directly supporting adult cancer patients through person-to-person activity (for example, clinic time or telephone consultations) should be included. The post holders could also spend less than 50% of their time performing a role in education, research, management, audit or projects, or with paediatrics, teenagers and young adults or people who do not have cancer. NHS Trusts were told this definition aimed to capture Support Workers / Health Care Assistants working directly with or within specialist cancer nursing teams, palliative care (cancer patients) and chemotherapy teams.

v. Differences from the approach in 2014

2014 census	2017 census
Just cancer specialist nurses.	Cancer specialist nurses, chemotherapy nurses, specialist palliative care nurses and cancer support workers.
Including post holders who perform a role in education, research and audit in adult cancer care. Exclude non-patient facing roles. Exclude those who work in paediatrics or with teenagers and young adults.	Posts that spend the majority (over 50%) of their time directly supporting adult cancer patients through person to person activity.
Posts can also spend less than 50% of their time performing a role in education, research, management, audit or projects, time with paediatrics, teenagers and young adults or people who do not have cancer.	269
Cancer specialists.	Posts that require a registered health professional who has been assessed as being competent and has a documented training record which declares them as specialist in cancer care.
Those that deliver predominantly secondary care (exclude Community Nurse Specialists).	Secondary and tertiary care in both hospital and the community. Exclude staff who practice in a hospice, are funded by hospices or are based in primary care.
Include NHS Trusts.	Posts employed in a service commissioned by the NHS including those who see private patients treated in the NHS.
Main measure was WTE in adult cancer care.	Main measure was WTE in their contract.
Job titles included: Advanced Nurse Practitioner, Clinical Nurse Specialist, Nurse Consultant, Nurse Practitioner, Nurse Specialist or Other.	Job titles included: Cancer Specialist Nurses, Advanced Nurse Practitioner, Associate Clinical Nurse Specialist, Associate Nurse, Cancer Nurse Specialist, Clinical Nurse Specialist, Community Nurse, Lead Nurse, Modern Matron, Nurse Clinician, Nurse Consultant, Nurse Practitioner, Nurse Specialist, Senior Staff Nurse, Specialist Nurse Practitioner, Support Nurse or Other.
Didn't include Nobles Hospital, Isle of Man.	Includes Nobles Hospital, Isle of Man.

vi. Limitations of the methodology

Potential limitations in the census methodology include the following:

- there are a number of **gaps in the data** that Macmillan knows about (where a few NHS Trusts haven't submitted data at all; or have only submitted partial or incomplete data - details contained in main report). In addition to this, it is likely that there are also other gaps that Macmillan do not know about
- Despite detailed guidelines, additional support for NHS Trusts, direct support from Quality Health and Macmillan, and extensive quality assurance and data cleansing, it is likely that there are still **inconsistencies in the data**, where different NHS Trusts have interpreted the criteria in different ways
- The data are all self-reported, usually by a single individual in a Trust, but covering a wide range of posts and post-holders. Despite the wide range of quality assurance carried out, it is not possible to independently verify individual returns, and therefore **misreported data** may well be included
- By its very nature, the census is a **snapshot of one particular day** (9 October 2017) – which is not necessarily representative of the average
- There were **improvements to the methodology** in 2017 compared to 2014 and other previous censuses, making comparisons between the censuses less clear
- In 2014, NHS Trusts were given **more in-depth support** to complete their returns than was offered in 2017.

Appendix B. Acknowledgements

The project team were:

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- Adam Taylor – Reporting Manager, Quality Health.

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Endnotes

- i Cancer incidence (all cancers excluding non-melanoma skin cancer) in 2016 divided by 365 to estimate cancers per day. Office for National Statistics. 2018. Cancer Registration Statistics, England, 2016 (First Release). <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/datasets/cancerregistrationstatisticscancerregistrationstatisticsengland>
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When you have cancer, you don't just worry about what will happen to your body, you worry about what will happen to your life. At Macmillan, we know how a cancer diagnosis can affect everything and we're here to support you through. From help with money worries and advice about work, to someone who'll listen if you just want to talk, we'll be there. We'll help you make the choices you need to take back control, so you can start to feel like yourself again.

No one should face cancer alone. For support, information or if you just want to chat, call us free on **0808 808 00 00** (Monday to Friday, 9am–8pm) or visit **macmillan.org.uk**

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