



CANCER WORKFORCE IN WALES

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

MACMILLAN
CANCER SUPPORT

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Foreword



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Every year 19,000 people are diagnosed with cancer in Wales.ⁱ We know that these people have a much better holistic experience of care when they are supported by a specialist cancer nurse or key worker – nurses throughout Wales are crucial at virtually every step of the patient pathway.

We are therefore pleased to share this important report. This 2017 census builds on our 2014 report but, importantly, does not only cover clinical nurse specialists, but also palliative care nurses working in cancer, chemotherapy specialist nurses, and cancer support workers to help gather further insight into the cancer workforce. This unique project, delivered by Macmillan with the support of our partners in the NHS, is a vital component both in understanding the current workforce in Wales and in planning for the future.

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

The important role of the specialist cancer nursing and support workforce in meeting the needs of people with cancer is recognised in the Cancer Delivery Plan for Wales 2016–2020ⁱⁱ which highlights that ‘the cancer pathway is complex and a named key worker is fundamental to help the patient navigate the pathway and ensure a smooth patient journey’. The Wales Cancer Patient Experience survey results published in 2013ⁱⁱⁱ and 2017^{iv} provide evidence that patient experience is significantly enhanced when a patient has a named key worker, usually a clinical nurse specialist, allocated to them to provide care and support through the clinical pathway.

It is therefore extremely encouraging that overall the census shows the Specialist cancer nurse segment of the workforce continuing to grow. Macmillan will continue to work in partnership with the seven NHS Health Boards and Velindre NHS Trust to support nurses and to build on the £4 million we have invested towards specialist cancer nurses over the course of the first Cancer Delivery Plan (2010–2016).

Four key areas have emerged from the 2017 census, which point to some of the positive ways in which the workforce is changing, but also highlight some of the challenges.

There is a positive 36% increase in the number of specialist cancer nurse whole time equivalent (WTE) posts recorded (an increase from 184 to 250 WTE posts across Wales). However, this growth needs to be understood in the context of the increasing numbers of people being diagnosed with cancer, the complexity of the disease and the considerable variation in the ratio of nurses to people diagnosed with cancer across different areas of practice.

A younger workforce is emerging when compared with 2014 (42% of specialist cancer nurses in 2017 are aged 50 and above compared with 53% recorded in 2014). However, significant variation exists within teams and within some areas of practice. Breast cancer has a higher rate (74%) of specialist cancer nurses aged 50 and above, so could face serious workforce issues in the next decade if action is not taken now on succession planning.

A smaller proportion of specialist cancer nurse WTE posts are Band 7 (65% compared to 75%) and a larger proportion are Band 6 and Band 8 posts compared to 2014. The increase in Band 6 posts needs to be better understood in the context of ensuring appropriate skill mix and valuing the specialist role in the multidisciplinary team. Finally, among specialist cancer nurses, the vacancy rate appears to have increased since 2014.

We have relied heavily on our partners in the NHS to compile this information. In particular, we are grateful for the advice and support provided by the Lead Cancer Nurses in Wales with the data collection exercise which facilitated the achievement of a 100% completion response rate.

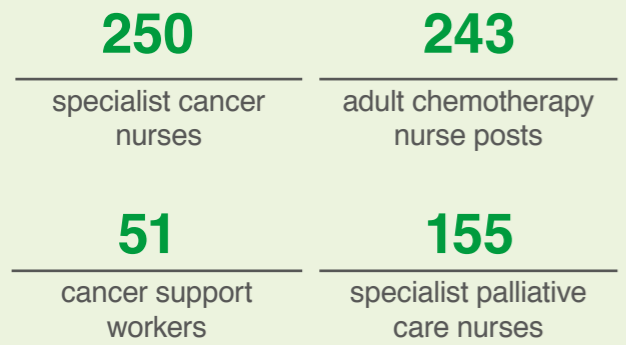
Macmillan recognises that the cancer workforce is complex and the healthcare environment is challenging. We are proud of the leading role we have played in growing and developing the cancer workforce, since we first established the role of clinical nurse specialists in the 1970s. The 2017 census data demonstrates how this workforce has grown and evolved to meet demand. This data strengthens existing insight, highlights the changing workforce and the skill mix in multidisciplinary teams. Crucially, we hope this evidence will help inform service delivery, support workforce horizon scanning, increase investment in new roles and aid strategic discussions around professional development and succession planning for the cancer nursing and support workforce in Wales.

Executive Summary

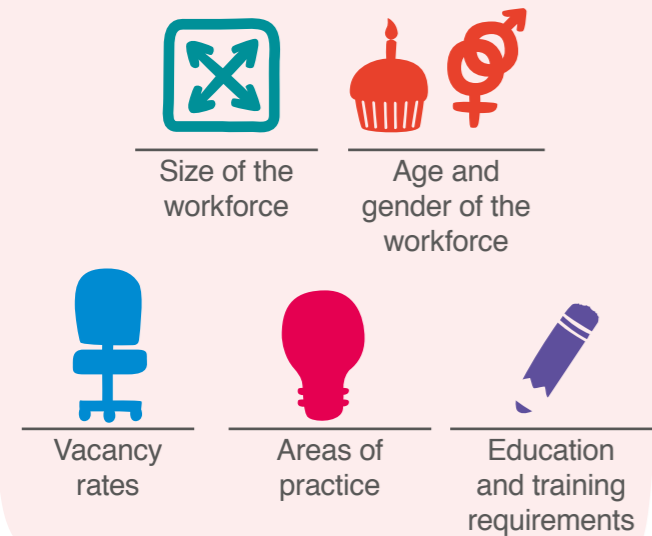
What we have done?

Macmillan commissioned a census in order to better understand the specialist adult cancer nursing and support workforce in Wales. It provides a snapshot of the workforce on a single day: 9 October 2017. All seven Health Boards and NHS Trust (Velindre NHS Trust) 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 equivalent (WTE)):



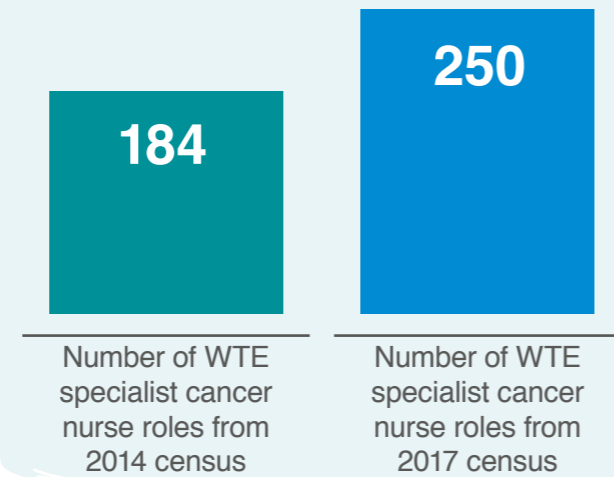
The findings can be used alongside other evidence to help improve workforce planning. The report includes information on:



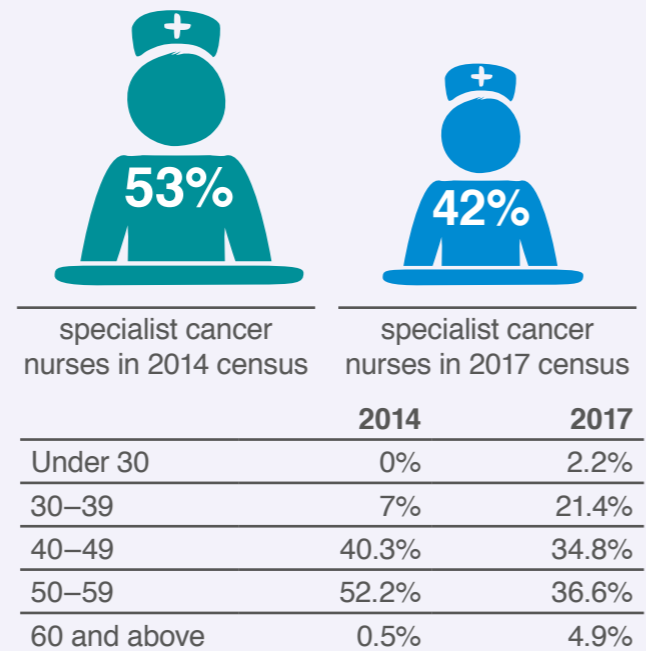
What have we found?

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

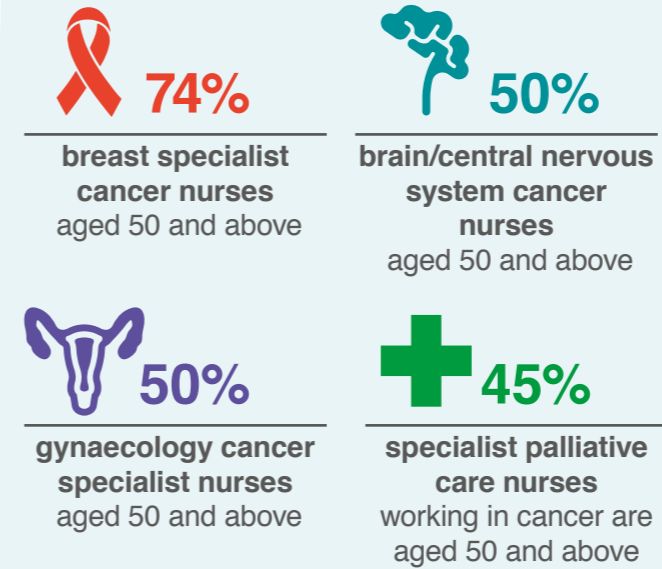
Overall, the specialist cancer nurse workforce is continuing to grow.



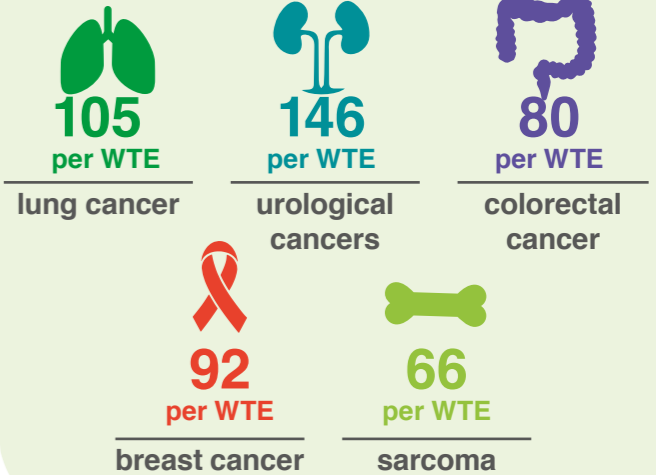
The proportion of specialist cancer nurses aged 50 and above has decreased from 53% to 42%.



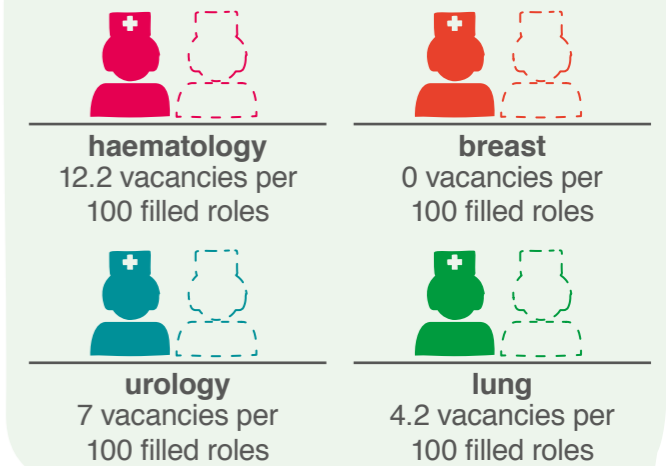
There is some variation in the age of specialist cancer nurses by area of practice.



There is significant variation in the ratio of specialist cancer nurse posts to cancer incidence by cancer type (calculated based on WTE).

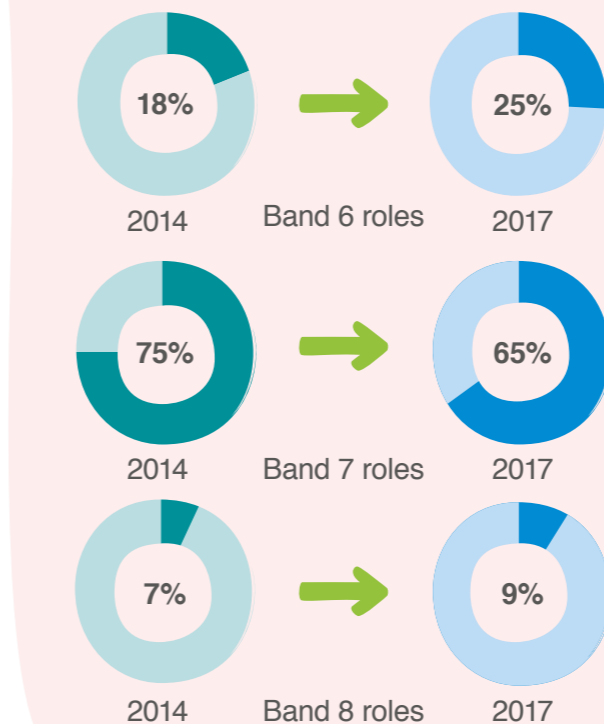


Vacancy rates for specialist cancer nurses and chemotherapy nurses are higher than the UK rate of 3.2 vacancies per 100 filled. There is also variation in the number of vacant posts by area of practice.

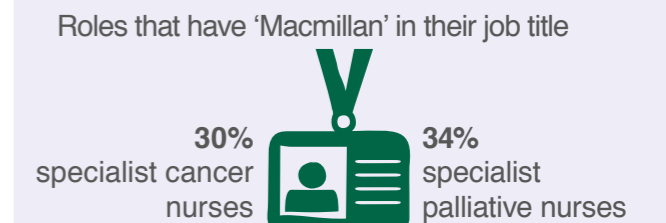


There has been a shift to lower banded roles for specialist cancer nurses.

With an increase in the proportion of Band 6 posts and a decrease in the proportion of Band 7 posts. There has been an increase in the highest level Band 8 roles.



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



Background and Methodology

Background

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

The first two censuses in 2007^v and 2008^{vi} (the latter included some data from Wales) were developed and led by the cancer network nurse directors and colleagues. Management for the census in England was then handed over to the National Cancer Action Team (NCAT) and Mouchel Management Consulting Limited, who led on the 2010^{vii} and 2011^{viii} 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). This resulted in a separate report for Wales^{ix}.

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 Wales 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 Wales Cancer Patient Experience Survey results.

This report provides a detailed description of the current specialist adult cancer nursing and support workforce across Wales so that it can be used as a resource to support workforce planning and service development.

The census included data that included information about whether a post is based in an 'acute oncology service' (AOS). Acute oncology services are particularly important in Wales as they were supported in the Welsh Government's Cancer Delivery Plan, '*Together for Health*'.^x In September 2016, the Wales Cancer Network launched the *National Standards for Acute Oncology Services* in Wales setting out the workforce requirements for AOS services in Wales^{xi}. Macmillan would welcome the opportunity to work with partners to address specific challenges, with the aim of ensuring that everyone affected by cancer has the best possible outcomes and experience of care through access to a specialist adult cancer nurse or key worker.

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^{xii} and Macmillan Cancer Support/Mouchel in Wales in 2014.^{xiii}

It was adapted following cognitive testing to the healthcare system in Wales and extended to include chemotherapy nurses, specialist palliative care 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. This 100% response rate was achieved in Wales – all seven Health Boards and one NHS Trust (Velindre NHS Trust) returned their data over a ten-week period between October and December 2017.

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. The Health Boards and NHS Trust submitted data on their areas via their Lead Cancer Nurses. Support was provided where they had more complex decisions to make on which parts of their workforce to include. This support included meeting with the Lead Cancer Nurses and representation from the Wales Cancer Network.

The census included data that describes if a post is based in an acute oncology service (AOS).

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 Health Boards and the NHS Trust, along with the census tool, to maximise the consistency of the 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

All Health Boards and Velindre NHS Trust responded to the census. Two Health Boards did not provide data on cancer support workers and one Health Board didn't provide data on specialist chemotherapy nurses as they do not have any of these posts.

Specialist cancer nurses

This group includes a wide range of specialist cancer nurses who have job titles such as Clinical Nurse Specialist, Cancer Nurse Specialist and Advanced Nurse Practitioner¹. The data shows 278 individual specialist cancer nurse posts (250 Whole Time Equivalent (WTE)) in Wales in 2017. This includes 247 WTE who provide care in an acute setting which is an increase from 196 posts (184 WTE) reported in the last census in 2014. Comparisons between 2014 and 2017 should be made with caution as a result of improvements to definitions and inclusion criteria that were made in 2017.

30% of the specialist cancer nurse workforce in Wales (74 WTE) have 'Macmillan' in their job title.² This compares to 21% (39 WTE) in 2014.

There are 41 WTE specialist cancer nurse posts in Wales, whose area of practice where they most frequently deliver care was considered to be 'not cancer-type specific'. The other 209 WTE have a specific area of practice where the post holder most frequently delivers care. Of these, the most common areas of practice are breast cancer (16%), colorectal cancer (14%), haematological cancers (13%), urological cancers (13%), and lung cancer (12%).

The majority of specialist cancer nurse posts (65%) are at Agenda for Change Band 7. However, compared to 2014, this has reduced by nine percentage points from 75% to 65%, with more at Bands 5 and 6 (26%, compared to 19%), and more at Band 8 (9%, compared to 7%). The distribution of posts across Agenda for Change Bands differs across areas of practice, with particularly large proportions at below Band 7 in lung cancer (49%) and breast cancer (45%).

Chemotherapy nurses

The data shows 284 individual chemotherapy nurse posts (243 WTE) in Wales in 2017. None of these have 'Macmillan' in their job title.

The majority of the chemotherapy nurse workforce (66%) is at Agenda for Change Band 5.

There are no comparisons with 2014 as this data was not collected then.

Non-hospice based specialist palliative nurses working in cancer

The data shows 180 individual posts for specialist palliative care nurses working in cancer (155 WTE) in Wales in 2017, employed in NHS Wales. This excludes staff that practice in hospices, are funded by hospices or are based in primary care. 34% of specialist palliative care nurses working in cancer have 'Macmillan' in their 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 in Wales may be higher.

There are no comparisons with 2014 as this data was not collected then.

Cancer support workers

The data shows 59 individual cancer support worker posts (51 WTE) in Wales 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 107 (88 WTE) at Agenda for Change Band 2. These are not included in the final analysis as there is a risk that across Wales the Health Boards and the NHS Trust 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.

Two out of 51 cancer support workers WTE at Bands 3 and 4 have 'Macmillan' in their job title.

There are no comparisons with 2014 as this data was not collected then.

Vacancies

Vacancy rates for specialist cancer nurses (4.4 vacancies per 100 filled employee roles) and chemotherapy nurses (5.3 vacancies per 100 filled employee 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.^{xiv} For specialist cancer nurses, this is an increase of 2.8 vacancies per 100 filled employee roles since the last census in 2014.

Vacancy rates for specialist palliative care nurses working in cancer (3.2 vacancies per 100 filled employee roles) are the same as the overall rate for those working in human health and social work. Only one vacancy (0.2 WTE, a vacancy rate of 0.4 vacancies per 100 filled employee roles) was reported for cancer support workers.

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). Only 70% of specialist cancer nurse roles are full time. The same goes for 51% of chemotherapy nurse roles, 58% of specialist palliative care nurses working in cancer, and 56% of cancer support workers.

¹ For the full definition of specialist cancer nurse, see appendix A part iii.

² The 2017 data includes nurses in the community setting but these were not included in 2014. In total in 2017, 30% of all specialist cancer nurses in Wales (74 WTE) had 'Macmillan' in their job title

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:

- 42% of specialist cancer nurses whose age range has been reported are aged 50 and above (this is lower than the 53% highlighted in the 2014 census). But the age profile varies by area of practice. For example, 74% of breast cancer nurses are aged 50 and above, as are 50% of gynaecology cancer nurses and 50% of brain/central nervous system cancer nurses.
- Approximately a third of chemotherapy nurses (35%) are aged 39 and below. Another third (33%) are aged 40 to 49, and the remaining third (32%) are aged 50 and above. There are more chemotherapy nurses in haematology aged 30 or below (25%) than there are in 'not cancer type specific' roles (16%). There are fewer chemotherapy nurses aged 50 and above in haematology (28%) than there are in 'not cancer type specific' roles (34%).
- 45% of specialist palliative care nurses working in cancer are aged 50 and above.
- 36% of cancer support workers are aged 50 and above.

Gender

Most of the cancer workforce is female, although this differs slightly across the four roles. The proportion of specialist cancer nurses who are male has remained the same at 4%.

Area of practice

The ratio of cancer incidence and cancer two-year prevalence to specialist cancer nurse WTE in Wales differs across areas of practice. 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 (23%, compared to 18%) cover cancer of unknown primary (CUP). Large proportions of chemotherapy nurse roles (59%) and cancer support worker roles (77%) cover CUP.

Education and training

Additional specialist training³ is reported as required for large numbers of specialist cancer nurses, chemotherapy nurses, and specialist palliative care nurses working in cancer. For all three roles, the most common types of specialist training required are advanced communications skills, a recognised post-registration qualification, and a teaching qualification.

³ 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 Wales. These nurses are 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, the post must require a nurse that has been assessed as being competent, and has a documented training record declaring them a specialist 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.

Summary of data on individuals

The data returned by the Health Boards and the NHS Trust shows 278 individual specialist cancer nurse posts in Wales. This is an increase from 196 posts (184 WTE) in 2014.

In the 2017 census 194 of these are full-time posts, and 84 are part-time posts, equating to a total of 250 WTE posts in Wales.

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

Full time / part time	Number of specialist cancer nurses	Percentage
Full Time (37.5 hours per week)	194	70%
Part Time (less than 37.5 hours per week)	84	30%
Total	278	100%
Not known	0	

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' homes⁴, 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 though 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.

⁴ 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, 42% of specialist cancer nurse post holders are aged 50 or above this is a decrease from 53% in 2014. 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, Wales 2017

Age range	Number of specialist cancer nurses	Percentage
Under 30	5	2%
30–39	48	21%
40–49	78	35%
50–59	82	37%
60 and above	11	5%
Total	224	100%
Not known	43	

Gender

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

Table 3. Specialist cancer nurse workforce by gender, number of filled posts, Wales 2017

Gender	Number of specialist cancer nurses	Percentage
Female	255	96%
Male	10	4%
Total	265	100%
Not known	2	

Nationality

Where nationality has been reported, only 1% of specialist cancer nurse post holders are from outside the UK.

Table 4. Specialist cancer nurse workforce by nationality, number of filled posts, Wales 2017

Nationality	Number of specialist cancer nurses	Percentage
UK	262	99%
EU excluding the UK	2	1%
Rest of world	1	0%
Total	265	100%
Not known	2	



Summary of data on posts

Vacancies

Most specialist cancer nurse posts are filled. Only 11 WTE posts were reported as unfilled. This equates to a vacancy rate of 4.4 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.

This is higher than the vacancy rate reported for this group in the 2014 census (1.7 per 100 filled roles⁵).

Table 5. Specialist cancer nurse workforce by area of practice, vacancy rates, WTE, Wales 2017

Area of practice	Filled	Vacant	Total	Vacancy rate	Not known
Brain/central nervous system	5	0	5	0.0	0
Breast	34	0	34	0.0	0
Colorectal	29	0	29	0.0	0
Gynaecology	13	1	14	7.7	0
Haematology	25	3	28	12.2	0
Head and neck	14	0	14	0.0	0
Lung	24	1	25	4.2	0
Malignant dermatology	9	1	10	10.5	0
Sarcoma	3	0	3	0.0	0
Upper gastrointestinal	20	1	21	5.1	0
Urology	26	2	27	7.0	0
Not cancer-type specific	39	2	41	4.6	0
Total	240	11	250	4.4	0
Not known	0	0	0	0.0	0

Of the 21 WTE posts in an acute oncology service, only one WTE was reported as a vacancy.

Part-time roles

It is common for specialist cancer nurse posts to be filled on a part-time basis (ie, less than 37.5 hours per week). Only 194 (70%) of specialist cancer nurse roles are full time.

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 6. Specialist cancer nurse workforce, specialist training, area of practice, % of WTE where training is essential and number of WTE where training is essential, Wales 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	100%	79%	100%	21%	21%	21%	0%
	(5)	(4)	(5)	(1)	(1)	(1)	(0)
Breast	84%	54%	79%	6%	42%	6%	31%
	(29)	(18)	(27)	(2)	(14)	(2)	(11)
Colorectal	95%	55%	64%	17%	41%	7%	0%
	(28)	(16)	(19)	(5)	(12)	(2)	(0)
Gynaecology	86%	28%	71%	7%	35%	0%	0%
	(12)	(4)	(10)	(1)	(5)	(0)	(0)
Haematology	78%	24%	46%	28%	20%	3%	0%
	(22)	(7)	(13)	(8)	(6)	(1)	(0)
Head and neck	100%	39%	87%	17%	24%	6%	0%
	(14)	(5)	(12)	(2)	(3)	(1)	(0)
Lung	80%	40%	91%	16%	42%	16%	4%
	(20)	(10)	(22)	(4)	(10)	(4)	(1)
Malignant dermatology	90%	55%	81%	27%	17%	10%	0%
	(9)	(6)	(8)	(3)	(2)	(1)	(0)
Sarcoma	100%	67%	100%	0%	0%	0%	0%
	(3)	(2)	(3)	(0)	(0)	(0)	(0)
Upper gastrointestinal	83%	42%	73%	14%	22%	14%	0%
	(17)	(9)	(15)	(3)	(5)	(3)	(0)
Urology	93%	57%	64%	11%	29%	10%	4%
	(25)	(16)	(18)	(3)	(8)	(3)	(1)
Not cancer-type specific	91%	33%	73%	23%	17%	12%	0%
	(37)	(14)	(30)	(10)	(7)	(5)	(0)
Total	88%	44%	72%	17%	29%	9%	5%
	(220)	(109)	(181)	(41)	(73)	(23)	(13)
Not known	(0)	(0)	(0)	(0)	(0)	(0)	(0)

The most common types of specialist training essential for roles were specialist cancer qualifications⁶ (220 WTE), advanced communications skills (181 WTE), and teaching qualifications (109 WTE).

⁵ 1.7 vacancies per 100 filled roles are based on WTE. The rate based on count of posts is 1.6 vacancies per 100 filled roles – as reported in the 2014 report.

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

Area of practice

16% of specialist cancer nurse posts are in 'not cancer-type specific' roles, while the remainder specialise in particular types of cancer. 8% (21 WTE) of specialist cancer nurses work in acute oncology service and, of these, all but one were reported 'not-cancer type specific'.

Table 7. Specialist cancer nurse workforce, area of practice, WTE, Wales 2017

Area of practice	WTE	Percentage
Brain/central nervous system	5	2%
Breast	34	14%
Colorectal	29	12%
Gynaecology	14	6%
Haematology	28	11%
Head and neck	14	5%
Lung	25	10%
Malignant dermatology	10	4%
Sarcoma	3	1%
Upper gastrointestinal	21	8%
Urology	27	11%
Not cancer-type specific	41	16%
Total	250	100%
Not known		

23% of specialist cancer nurse roles (58 WTE) cover Cancer of Unknown Primary (CUP), an increase from 18% (26 WTE) in 2014.



Job title

Specialist cancer nurses have a wide range of job titles. The most common is Clinical Nurse Specialist, which is used for 205 individuals (183 WTE, 73%). The next most common job titles are Advanced Nurse Practitioner (21 WTE, 8%), and Cancer Nurse Specialist (19 WTE, 8%).

Table 8. Specialist cancer nurse workforce, job title, WTE, Wales 2017

Job Title	WTE	Percentage
Advanced Nurse Practitioner	21	8%
Associate Clinical Nurse Specialist	5	2%
Cancer Nurse Specialist	19	8%
Clinical Nurse Specialist	183	73%
Lead Nurse	7	3%
Nurse Consultant	1	0%
Nurse Practitioner	3	1%
Nurse Specialist	6	2%
Specialist Nurse Practitioner	3	1%
Support Nurse	1	0%
Other	2	1%
Total	250	100%

Agenda for Change banding

The majority (65%) 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 Band 6 (25% compared to 18%).

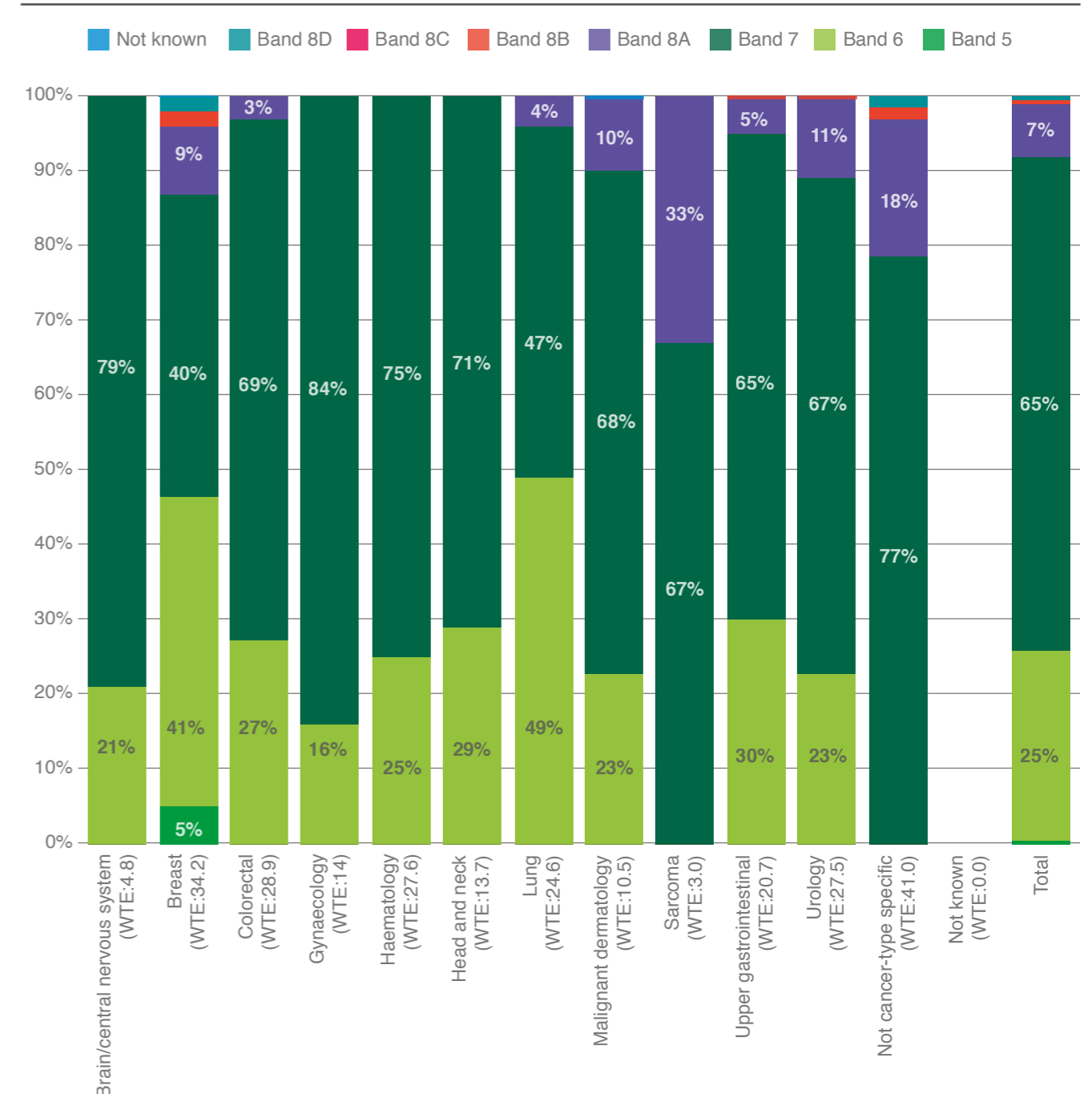
Table 9. Specialist cancer nurse workforce, Agenda for Change banding, WTE, Wales 2014 and 2017

Banding	2014 WTE	2014 percentage	2017 WTE	2017 percentage
5	2	1%	2	1%
6	33	18%	63	25%
7	137	75%	164	65%
8A	12	7%	18	7%
8B	0	0%	2	1%
8C	0	0%	2	1%
8D	0	0%	0	0%
Total	184	100%	247	100%
Not known	0		0	

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 lung (49%), breast (45%) and upper gastrointestinal (30%). The areas of practice with the highest proportions of roles above Band 7 are sarcoma (33%), breast (15%) and urology (11%).

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



Macmillan posts

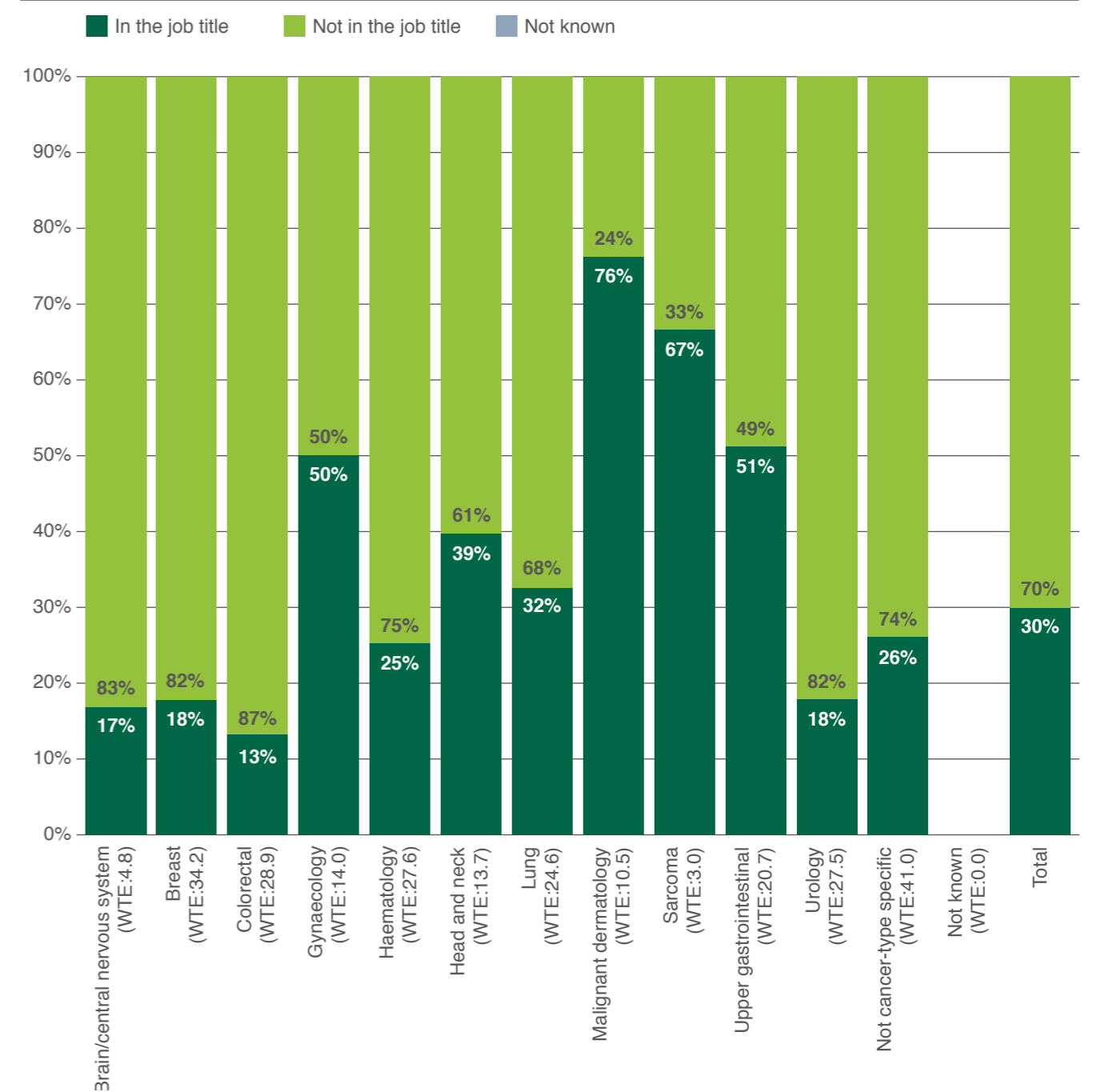
30% of specialist cancer nurse posts (74 WTE) have 'Macmillan' in their job title. This compares to 39 (21%) in 2014.

Table 10. Specialist cancer nurse workforce, 'Macmillan' posts, WTE, Wales 2017

Macmillan posts	Filled	Vacant	Total	Not known
'Macmillan' in the job title	91% (67)	9% (7)	100% (74)	n/a (0)
'Macmillan' not in the job title	98% (172)	2% (4)	100% (176)	n/a (0)
Total	96% (240)	4% (11)	100% (250)	n/a (0)
Not known	(0)	(0)	(0)	(0)

These posts are spread across every area of practice, with the highest proportions found in malignant dermatology (76%), sarcoma (67%), upper gastrointestinal (51%), and gynaecology (50%).

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



Age and area of practice

The age profile of specialist cancer nurses differs by area of practice. For example, areas with a relatively older workforce (ages 50 and above) include breast cancer nurses (74% of filled posts where age is known), urology nurses (48%) gynaecology nurses (50%), and brain/central nervous system nurses (50%). Areas with a relatively younger workforce (ages 39 and below) include lung cancer nurses (48%), haematology nurses (28%), and urology nurses (24%).

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

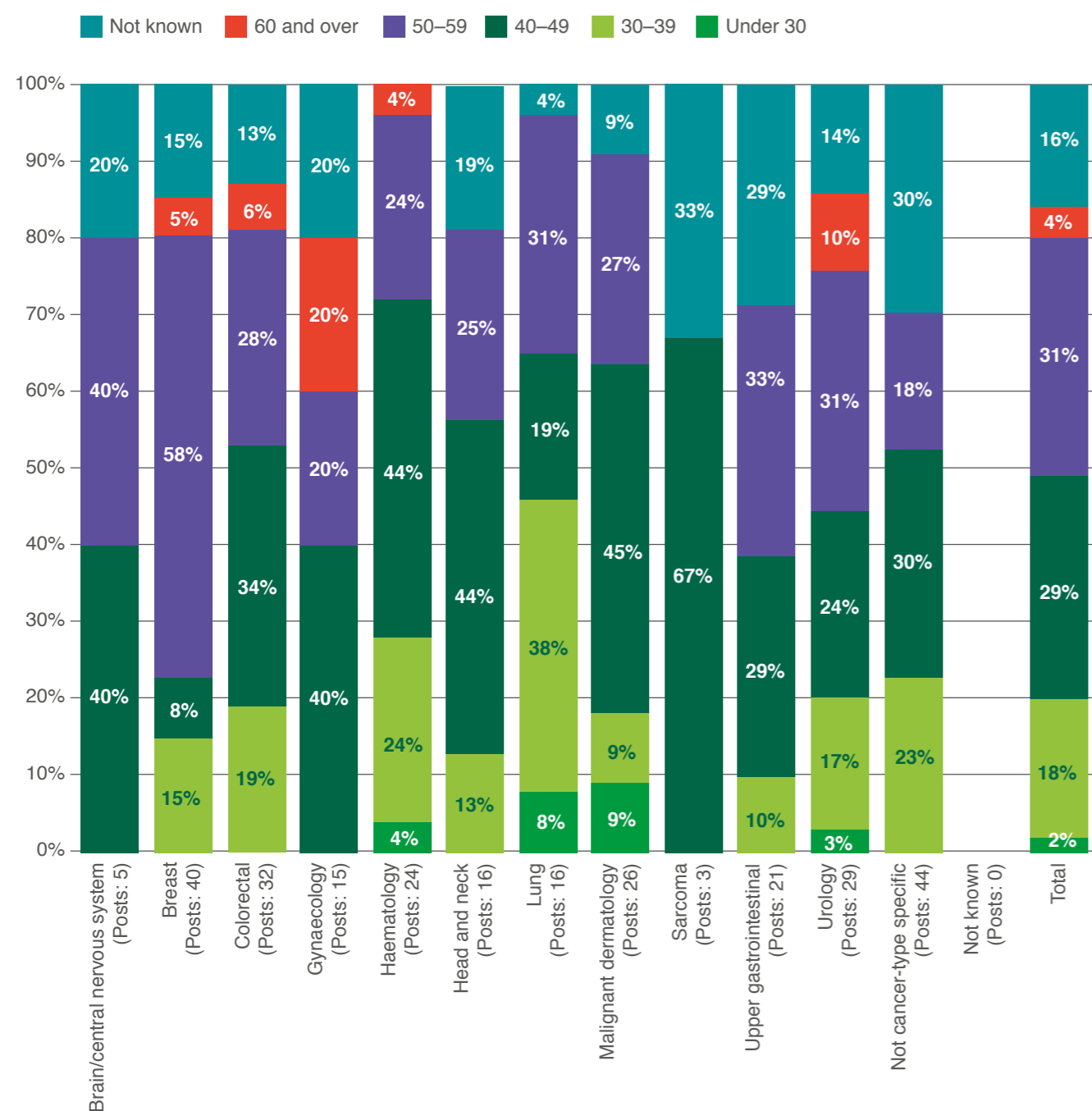


Chart C includes 'not known' responses. Unless otherwise stated other percentages in this report exclude 'not known' responses so the numbers in the chart do not match the numbers quoted in the text of the report.

Setting and place of care

The majority of specialist cancer nurse roles (56%) are based in non-cancer specific settings, with the remainder split between cancer centres (25%) and cancer units (19%)⁷. The vast majority of care is delivered in hospital settings, with 72% of specialist cancer nurses in outpatient departments, 20% in inpatient departments, and 7% in day care/units. Many (65%) specialist cancer nurses also provide care in a secondary setting⁸. 47% of specialist cancer nurses provide care in both an inpatient and hospital outpatient setting. 5% of posts have a main location of care or secondary of care in patient homes.

Table 11. Specialist cancer nurse workforce, place and setting of care, WTE, Wales 2017

Place where the post holder delivers care	Non-cancer specific setting			Total	Not known
	Cancer centre	Cancer unit	Non-cancer specific setting		
Day care or day unit	48%	52%	0%	100%	n/a
	(8)	(9)	(0)	(17)	(0)
Health clinic or centre	0%	0%	100%	100%	n/a
	(0)	(0)	(1)	(1)	(0)
Hospital outpatient	24%	17%	59%	100%	n/a
	(43)	(30)	(106)	(180)	(0)
Inpatient	22%	16%	62%	100%	n/a
	(11)	(8)	(31)	(50)	(0)
Patients' homes	0%	0%	100%	100%	n/a
	(0)	(0)	(2)	(2)	(0)
Total	25%	19%	56%	100%	n/a
	(62)	(48)	(140)	(250)	(0)
Not known	(0)	(0)	(0)	(0)	(0)

⁷ 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.

⁸ This was defined as a location where they spend more than 25% of their patient facing time

Ratio of cancer incidence and cancer prevalence to specialist cancer nurse posts by area of practice.

The ratio of specialist cancer nurse posts to cancer incidence and cancer prevalence in Wales differs between area of practice. The most common areas of practice broadly align with the most common cancers diagnosed: breast (14% of WTEs), urology (11%) and colorectal (12%). 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. 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 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

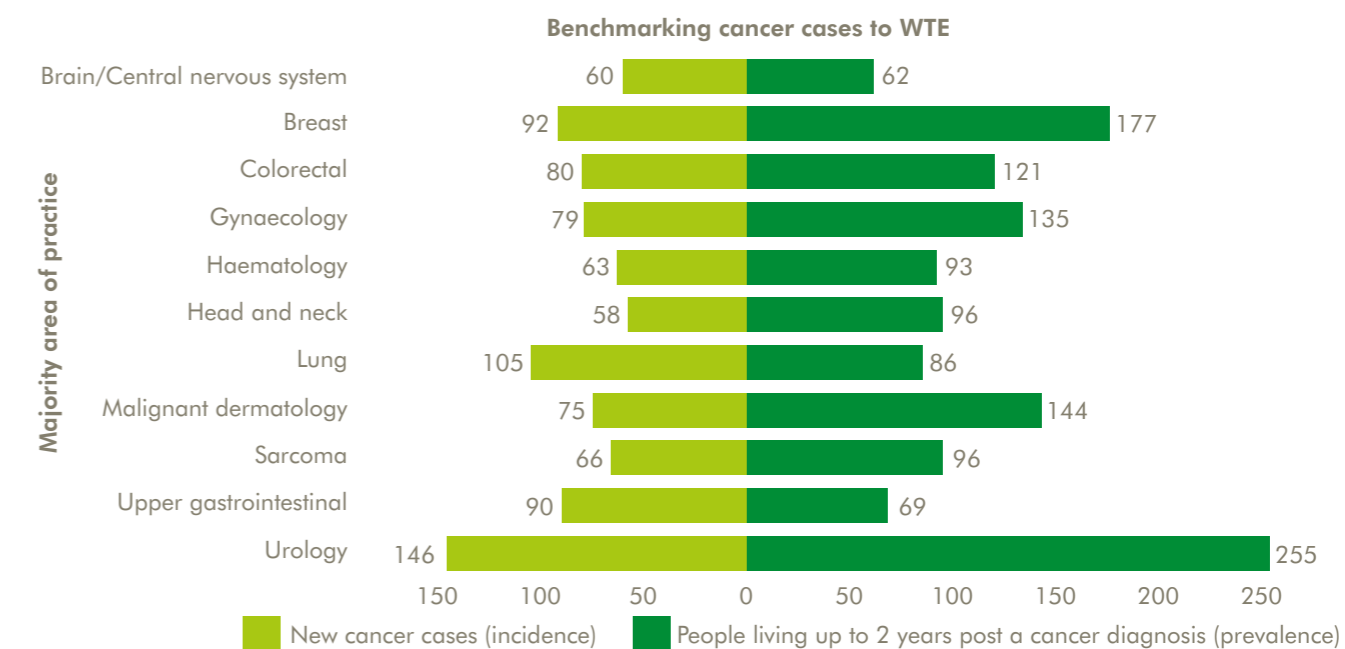
(including in situ) and kidney cancer. The lowest ratio of cases per nurse is in brain and central nervous system cancer.

It is important to put this variation 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 12. Ratio cancer incidence and cancer two-year prevalence to posts by area of practice, WTE, Wales 2017

Area of practice ⁹	WTE in 2017	Cancer incidence in 2015 ^{xv}	Cancer diagnosis per WTE	Two-year prevalence in 2015 ^{xvi}	Two-year prevalence per WTE
Brain/central nervous system	5	287	60	296	62
Breast	34	3,148	92	6,064	177
Colorectal with anus	29	2,322	80	3,510	121
Gynaecology	14	1,103	79	1,883	135
Haematology	28	1,732	63	2,556	93
Head and neck with thyroid	14	803	58	1,320	96
Lung and other respiratory	25	2,594	105	2,118	86
Malignant dermatology	10	784	75	1,508	144
Sarcoma	3	199	66	288	96
Upper gastrointestinal	21	1,855	90	1,426	69
Urology including prostate and testicular and in situ of other and unspecified sites	27	4,013	146	6,998	255

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



⁹ 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).

Chemotherapy nurses

This section describes the specialist chemotherapy nurse workforce in Wales. These nurses are 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 specialist are not included in these numbers. It also means that nurses with specialist training (such as Lead Cancer Nurses) who currently rarely sees patients are not included in these numbers.

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

Table 13. Chemotherapy nurse workforce, number of posts, Wales 2017

Full time / part time	Number of chemotherapy nurses	Percentage
Full time	146	51%
Part time	138	49%
Total	284	100%
Not known	0	

Summary of data on individuals

The data returned by the Health Boards and the NHS Trust shows 284 individual chemotherapy nurse posts in Wales. 146 of these are full-time posts, and 138 are part-time posts, equating to a total of 243 WTE posts in Wales.

Age

Where ages have been reported, approximately a third (35%) of chemotherapy nurse post holders are aged 39 and below. Another third (33%) are aged 40 to 49, and the remaining third (32%) are aged 50 and above.

Table 14. Chemotherapy nurse workforce by age, number of filled posts, Wales 2017

Age range	Number of specialist cancer nurses	Percentage
Under 30	36	19%
30–39	32	16%
40–49	64	33%
50–59	60	31%
60 and above	2	1%
Total	194	100%
Not known	76	

Gender

94% of chemotherapy nurse post holders are female.

Table 15. Chemotherapy nurse workforce by gender, number of filled posts, Wales 2017

Gender	Number of chemotherapy nurses	Percentage
Female	255	94%
Male	15	6%
Total	270	100%
Not known	0	

Nationality

7% of chemotherapy nurse post holders are from outside the UK, the majority of these from outside the European Union.

Table 16. Chemotherapy nurse workforce by nationality, number of posts, Wales 2017

Nationality	Number of chemotherapy nurses	Percentage
UK	250	93%
EU excluding the UK	3	1%
Rest of world	17	6%
Total	270	100%
Not known	0	

Summary of data on posts

Vacancies

Most chemotherapy nurse posts are filled. Only 12 WTE were reported as unfilled. This equates to a vacancy rate of 5.3 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.

Most of these vacancies in are 'not cancer-type specific' roles.

Table 17. Chemotherapy nurse workforce by area of practice, filled and vacant posts, WTE, Wales 2017

Area of practice	Filled	Vacant	Total	Vacancy rate	Not known
Brain/central nervous system	0	0	0	0.0	0.0
Breast	0	0	0	0.0	0.0
Colorectal	0	0	0	0.0	0.0
Gynaecology	0	0	0	0.0	0.0
Haematology	85	2	87	2.7	0.0
Head and neck	0	0	0	0.0	0.0
Lung	0	0	0	0.0	0.0
Malignant dermatology	0	0	0	0.0	0.0
Sarcoma	0	0	0	0.0	0.0
Upper gastrointestinal	0	0	0	0.0	0.0
Urology	1	0	1	0.0	0.0
Not cancer-type specific	145	10	155	6.9	0.0
Total	231	12	243	5.3	0.0
Not known	0	0	0		0.0

Part-time roles

A large proportion of chemotherapy nurse posts are filled on a part-time basis (i.e, less than 37.5 hours per week). Only 146 (51%) 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.

For many chemotherapy nurse posts, it was reported that some of this specialist training was necessary. Specialist cancer qualification appeared more necessary in posts focussing on haematology (82%) than in 'not cancer-type specific' roles (34%).

Table 18. Chemotherapy nurse workforce, specialist training, area of practice, % of WTE where training is essential and number of WTE where training is essential, Wales 2017

Specialist cancer qualification	Teaching qualification	Advanced communications skills	Non-medical prescribing	Level 2 psychological support training	Recognised counselling qualification
52%	12%	29%	1%	7%	4%
(125)	(28)	(70)	(2)	(17)	(11)

The most common types of specialist training needed for roles were specialist cancer qualifications¹⁰ (125 WTE), advanced communications skills (70 WTE), and teaching qualification (28 WTE).

Area of practice

The majority (64%) of chemotherapy nurse posts are in 'not cancer-type specific' roles.

Table 19. Chemotherapy nurse workforce, area of practice, WTE, Wales 2017

Area of practice	WTE	Percentage
Haematology	87	36%
Urology	1	0%
Not cancer-type specific	155	64%
Total	243	100%
Not known		

Over half of chemotherapy nurse posts (59%) cover cancer of unknown primary (CUP).

¹⁰ Defined as a recognised post-registration qualification in cancer or specialist area (ENB/clinical module level 6 or above, e.g. Masters or equivalent), e.g. chemotherapy, palliative care, or other advanced training in subjects such as diagnostics.

Job title

Chemotherapy nurses have a range of job titles. The most common are Staff Nurse, which is used for 112 WTE posts (46%), and Chemotherapy Nurse/Chemotherapy Sister, which is used for 80 WTE posts (33%).

Table 20. Chemotherapy nurse workforce, area of practice, WTE, Wales 2017

Job title	WTE	Percentage
Clinical Nurse Specialist	4	2%
Chemotherapy Nurse and Chemotherapy Sister	80	33%
Nurse Specialist	10	4%
Staff Nurse	112	46%
Other	37	15%
Total	243	100%
Nurse Specialist	42	2%
Staff Nurse	998	37%
Other	406	15%
Total	2,686	100%

The most common other job titles were Senior Staff Nurse (13 WTE) and Sister (15 WTE).

Agenda for Change banding

There are more chemotherapy nurse posts in Agenda for Change Band 5 (66%) than in other bands.

Table 21. Chemotherapy nurse workforce, Agenda for Change banding, WTE, Wales 2017

Banding	WTE	Percentage
5	161	66%
6	57	24%
7	23	9%
8A	2	1%
8B	0	0%
8C	0	0%
Total	243	100%
Not known		

Macmillan posts

No chemotherapy nurse posts were reported to have 'Macmillan' in their job title.

Age and area of practice

The age profile of chemotherapy nurses differs in different areas of practice. There are more chemotherapy nurses in haematology aged 30 and below (24%) than in 'not cancer-type specific' roles (14%). There are fewer chemotherapy nurses in haematology aged 50 and above (28%) than in 'not cancer-type specific' roles (34%).

Table 22. Chemotherapy nurse workforce by area of practice, age, number of filled posts, Wales 2017

Area of practice	Under 30	30-39	40-49	50-59	60 and over	Total	Not known
Haematology	24%	15%	33%	27%	1%	100%	n/a
	(21)	(13)	(29)	(24)	(1)	(88)	(6)
Urology	0%	0%	0%	100%	0%	100%	n/a
	(0)	(0)	(0)	(1)	(0)	(1)	(0)
Not cancer-type specific	14%	18%	33%	33%	1%	100%	n/a
	(15)	(19)	(35)	(35)	(1)	(105)	(70)
Total	19%	16%	33%	31%	1%	100%	n/a
	(36)	(32)	(64)	(60)	(2)	(194)	(76)

Non-hospice based specialist palliative care nurses working in cancer

This section describes the non-hospice based specialist palliative care nurses working in the cancer workforce in Wales. These nurses are Agenda for Change Bands 6 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.

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

Table 23. Specialist palliative care nurses working in cancer workforce, number of posts, Wales 2017

Full time / part time	Number of specialist palliative care nurses	Percentage
Full time (37.5 hours per week)	104	58%
Part Time (less than 37.5 hours per week)	76	42%
Total	180	100%
Not known	0	

Summary of data on individuals

The data returned by the Health Boards and the NHS Trust shows 180 individual posts for specialist palliative care nurses working in cancer in Wales who spend over 50% of their time with cancer patients and who are not based in or funded by a hospice. Please note that the inclusion and exclusion criteria we established for this census means that this represents only a proportion of total specialist palliative care nurses in Wales.

104 of these are full-time posts, while 76 are part-time roles, equating to a total of 155 WTE posts in Wales.

Age

Where ages have been reported, 45% of specialist palliative care nurse post holders are aged 50 and above.

Table 24. Specialist palliative care nurses working in cancer workforce by age, number of filled posts, Wales 2017

Age range	Number of specialist palliative care nurses	Percentage
Under 30	9	5%
30–39	29	17%
40–49	55	33%
50–59	67	40%
60 and above	9	5%
Total	169	100%
Not known	4	

Gender

95% of specialist palliative care nurses working in cancer post holders are female.

Table 25. Specialist palliative care nurses working in cancer workforce by gender, number of filled posts, Wales 2017

Gender	Number of specialist palliative care nurses	Percentage
Female	165	95%
Male	8	5%
Total	173	100%
Not known	0	

Nationality

Where nationality has been reported, there are no specialist palliative care nurses working in cancer post holders from outside the UK.

Summary of data on posts

Vacancies

Most posts for specialist palliative care nurses working in cancer are filled. Only five WTE posts were reported as unfilled. This equates to a vacancy rate of 3.2 vacancies per 100 filled employee roles – the same as the UK rate for those working in human health and social work during the census period.

Part-time roles

It is common for specialist palliative care nurses working in cancer posts to be filled on a part-time basis (i.e. less than 37.5 hours per week). Only 104 (58%) of specialist palliative care nurses working in cancer roles 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, it was reported that this specialist training was necessary for the role.

Table 26. Specialist palliative care nurses working in cancer workforce, specialist training, % of WTE where training is essential and number of WTE where training is essential, Wales 2017

Cancer qualification	Teaching qualification	Advanced communications skills	Non-medical prescribing	Level 2 psychological support training	Recognised counselling qualification	Lymphoedema therapy
76%	16%	57%	8%	12%	10%	0%
(117)	(25)	(88)	(12)	(19)	(16)	(0)

The most common types of specialist training were specialist cancer qualifications¹¹ (117 WTE), advanced communications skills (88 WTE), and teaching qualifications (25 WTE).

¹¹ Defined as a recognised post-registration qualification in cancer or specialist area (ENB/clinical module level 6 or above, e.g. Masters or equivalent), e.g. chemotherapy, palliative care, or other advanced training in a subject such as diagnostics.



Job title

Specialist palliative care nurses working in cancer have a wide range of job titles. The most common is Clinical Nurse Specialist, which is used for 87 WTE (56%).

Table 27. Specialist palliative care nurses working in cancer workforce by job title, Wales 2017

Job title	WTE	Percentage
Clinical Nurse Specialist	87	56%
Lead Nurse	4	3%
Nurse Practitioner	1	1%
Nurse Specialist	2	1%
Senior Staff Nurse	12	7%
Other	50	32%
Total	155	100%

The most common other job titles were staff nurse (33 WTE) and nurse (11 WTE).

Agenda for Change banding

The largest group of specialist palliative care nurses working in cancer (40%) are in posts at Agenda for Change Band 7.

Table 28. Specialist palliative nurses working in cancer workforce, Agenda for Change Banding, WTE, Wales 2017

Banding	WTE	Percentage
5	43	28%
6	44	29%
7	63	40%
8A	5	3%
8B	0	0%
8C	0	0%
Total	155	100%
Not known	2	

Macmillan posts

52 WTE specialist palliative care nurses working in cancer posts (34%) have 'Macmillan' in the job title.

Table 29. Specialist palliative nurses working in cancer, 'Macmillan' posts, WTE, Wales 2017

Macmillan posts	Filled	Vacant	Total	Not known
'Macmillan' in the job title	100%	0%	100%	n/a
	(52)	(0)	(52)	(11)
'Macmillan' not in the job title	95%	5%	100%	n/a
	(98)	(5)	(103)	(3)
Total	97%	3%	100%	n/a
	(150)	(5)	(155)	(14)

Cancer support workers

This section describes the cancer support workers workforce in Wales. To be included in this report the posts had to be 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.

Summary of data on individuals

The data returned by the Health Boards and the NHS Trust shows 59 individual cancer support worker posts in Wales. 33 of these are full-time posts, while 26 are part-time posts, equating to a total of 51 WTE posts in Wales.

Table 30. Cancer support worker workforce, number of posts, Wales 2017

Full time / part time	Number of cancer support workers	Percentage
Full time	33	65%
Part time	26	44%
Total	59	100%
Not known	0	

Age

Where ages have been reported, 36% of cancer support worker post holders are aged 50 and above.

Table 31. Cancer support worker workforce by age, number of filled posts, Wales 2017

Age range	Number of cancer support workers	Percentage
Under 30	2	5%
30–39	9	21%
40–49	16	38%
50–59	14	33%
60 and above	1	2%
Total	42	100%
Not known	16	

Gender

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

Table 32. Cancer support worker workforce by gender, number of filled posts, Wales 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, no cancer support worker post holders were reported to be from outside the UK.

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

Summary of data on posts

Vacancies

Virtually all cancer support worker posts are filled. Only 0.2 WTE was reported as unfilled, in a 'not cancer-type specific' role. This equates to a vacancy rate of 0.4 vacancies per 100 filled employee roles, which is lower than the UK rate for those working in human health and social work (3.2 vacancies per 100 filled roles) during the census period.

Part-time roles

It is common for cancer support worker posts to be filled on a part-time basis (i.e. less than 37.5 hours per week). Only 33 (56%) cancer support worker roles 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 such as advanced communications skills, psychological support training and counselling skills.

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

Table 33. Cancer support worker workforce, specialist training, % of WTE where training is essential and number of WTE where training is essential, Wales 2017

Teaching qualification	Advanced communications skills	Level 2 psychological support training	Recognised counselling qualification	Lymphoedema therapy
0%	16%	5%	2%	4%
(0)	(8)	(3)	(1)	(2)

The most common type of specialist training was advanced communications skills (8 WTE).

Area of practice

Most cancer support worker posts (90%) are in 'not cancer-type specific' roles.

Table 34. Cancer support worker workforce, area of practice, WTE, Wales 2017

Area of practice	WTE	Percentage
Haematology	3	7%
Head and neck	1	2%
Lung	1	2%
Not cancer-type specific	46	90%
Total	51	100%

The majority of cancer support worker roles (77%) 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 30.0 WTE (59%).

Table 35. Cancer support worker workforce, job title, WTE, Wales 2017

Job title	WTE	Percentage
Healthcare Assistant	30	59%
Navigator	1	2%
Support Worker	4	8%
Other	16	32%
Total	51	100%

Agenda for Change banding

Most of cancer support worker posts (94%) are at Agenda for Change Band 3. In addition, 88 WTE 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 36. Cancer support worker workforce, Agenda for Change Banding, WTE, Wales 2017

Banding	WTE	Percentage
3	48	94%
4	3	6%
Total	51	100%
Not known	0	

Conclusion

Cancer incidence is increasing. We know many people are being diagnosed earlier and improvements in cancer survival rates and advancements in treatment options mean that more people than ever before are living for longer after a cancer diagnosis. This has an impact on the adult cancer nursing workforce in Wales.

Ensuring that this growing cancer population receives the very best care and treatment is dependent on the NHS having the right workforce in place, both in specialist cancer services as well as across the wider NHS.

Macmillan is proud of its role in supporting the cancer nursing and support workforce, and we are pleased to share the results of our latest cancer nursing census. This unique project describes the size and composition of the cancer nursing workforce across four roles and provides a rich picture of the nature of the cancer nursing and support workforce in Wales today.

The refreshed Cancer Delivery Plan for Wales^{viii} (November 2016) sets out its vision for the delivery of the highest standard of care for everyone with cancer. It aspires to achieve services and outcomes for all patients to match the best in Europe and there is recognition of the need to make the most of collective assets such as clinical staff, service managers and third sector organisations in Wales. This census highlights the positive way in which the workforce is evolving to meet the needs of cancer patients in Wales, with new roles emerging in acute oncology services (8% of specialist cancer nurses WTE posts are based in acute oncology services) plus 51 WTE posts as cancer support workers. Macmillan has played an important role in supporting both traditional and new roles across Wales.

The census provides a snapshot of the current cancer nursing and support workforce in October 2017. It shows that the specialist cancer nurse workforce is increasing, a younger workforce is emerging, and the ratio of nurses to patients varies considerably across areas of practice.

The most common areas of practice for cancer specialist nurses in Wales are breast (14%) and colorectal (12%). There are also 16% of specialist cancer nurses who do not have a specific cancer type area of practice where they frequently deliver care. Specialist cancer nurses appear to have a wide range of job titles. The most common is Clinical Nurse Specialist, and others include Cancer Nurse Specialist and Advanced Nurse Practitioner. In terms of the age profile of the workforce, while the census highlights that 42% of specialist cancer nurses are aged 50 and above compared with 53% recorded in 2014, there are some teams who have a much greater proportion of nurses over 50. For example, 74% of specialist cancer nurses working in breast cancer are aged 50 and above.

The banding range of specialist cancer nurses has changed. It is worth noting that the census in 2017 recorded a smaller proportion of specialist cancer nurse WTE posts at Band 7 and a higher proportion of WTE posts at Band 6 and Band 8 than in 2014. There are no Band 8Ds or Band 9s recorded as the census only included post holders who spend over 50% of their time directly supporting adult cancer patients through person-to-person activity. Those in more senior posts do not often meet this criteria so have not been included. The reasons for this shift in banding range are not clear and are probably multi-factorial. This is an area that may need to be better understood to ensure that there is strategic alignment with cancer workforce planning across Wales.

The census also reveals that the number of specialist cancer nurse posts have increased from 184 to 250 WTE. However, this is complex and growth should be understood in the context of increasing complexity, variation in provision and vacancy rates. It appears that the vacancy rate among specialist cancer nurses in Wales has increased since 2014 rising by 2.8 vacancies per 100 filled posts, and this merits further investigation.

The census captured, for the first time, what education and training was required for the various posts. Of the types of training included in the census, the most common types of specialist training required for specialist cancer nurses were specialist cancer qualifications, advanced communications skills, and teaching qualifications.

While the census cannot tell us what the ideal workforce should look like, its findings indicate that there needs to be a focus on recruitment and retention, on succession planning, and on developing clear career pathways. It is vital that the Welsh Government and NHS Wales drive workforce transformation through strategic planning at both a national and local level. They must ensure there is appropriate investment and collaboration to sustain this workforce in Wales.

In conclusion, the adult specialist cancer nurse workforce is a highly skilled and valued profession and the complementary role of cancer support workers is beginning to emerge. Macmillan recognises that the cancer workforce is complex and the healthcare environment is challenging. The 2017 census demonstrates how this workforce has grown and evolved to meet demand. This data strengthens existing insight, highlights the changing workforce and the skill mix in multidisciplinary teams and potential challenges ahead. Crucially, we hope this evidence will help inform service delivery, support workforce horizon scanning, increase investment in new roles and aid strategic discussions around professional development and succession planning for the cancer workforce in Wales.

Recommendations

Based on the findings from this census, Macmillan has put forward a series of achievable recommendations that will help towards developing the cancer care workforce in Wales. To ensure we are in the best possible position to meet the demands of a growing and ever more complex cancer population, we recommend:

1 The Welsh Government, NHS Wales and the newly formed Health Education and Improvement Wales (HEIW) must apply the census findings to their strategic workforce plans at an all Wales level and within local health boards.

A critical area of focus should be on training, developing and sustaining a specialist cancer workforce with the expertise and capacity to meet the increasingly complex needs of the growing number of people living with cancer in Wales.

We would anticipate this work is to be undertaken as a matter of urgency.

2 The Welsh Government should place an emphasis on the need for a stronger and more strategic focus on recruitment, retention and succession planning for cancer specialist nurses.

While we welcome the number of specialist cancer nurses increasing from 184 to 250 WTE posts across Wales since 2014 and a younger workforce emerging, there is wide ranging variation across specialist teams and evidence of workforce challenges on the horizon. For example, 74% of specialist cancer nurses working with breast cancer patients are aged 50 and above.

3 HEIW as a matter of priority should undertake research to understand what the future cancer care workforce and its skill mix will need to look like.

The census, with the inclusion of the support workforce for the first time, demonstrates the changing nature of the workforce. However, more needs to be done to understand the needs of people with cancer and the appropriate skill mix in the team to support people to work at the top of their skill set. Further analysis could usefully look what posts are needed to treat and care for the growing cancer population, but also at the types of skills and level of competency needed across the cancer workforce.

4 The Welsh Government and HEIW should establish clear career pathways for specialist cancer nursing roles to support the delivery of high quality person-centred care.

Doing so will provide clarity, support and the retention of clinical expertise. In addition, it will help prevent deskilling and encourage generalist nurses to move into this specialist area.

5 We recommend that this census is read in conjunction with the Wales Cancer Patient Experience survey results. The Welsh Government should also consider scoping the feasibility of partnership research with Macmillan Cancer Support to combine the Wales Cancer Patient Experience survey results and the findings from this census.

This will provide a powerful tool in identifying areas of greatest need in the workforce and give us an understanding of where gaps in the workforce may be affecting patients. The consistency with which different groups of patients report more or less favourable experiences merits further consideration in light of the census findings.

The refreshed Wales Cancer Delivery Plan published in November 2016 highlights that patient experience is as important as patient outcomes. In July 2017, the Wales Cancer Patient Experience survey results revealed patients who had access to a clinical nurse specialist (CNS) or a named key worker reported more favourable experiences and rated their overall NHS care highly.^{xviii}

We would envisage discussions to commence and exploratory scoping work to be completed by December 2018.

6 The Welsh Government encourages the ethos that 'Wales should be a great place to work' (Parliamentary Review^{xix})

Wales' specialist cancer workforce should be well trained, supported and engaged to deliver a quality service consistent with the Welsh Government's vision for health and social care in Wales and the Quadruple Aim as set out within the long term plan, "A Healthier Wales"^{xx}. Wales must continue to deliver its *Train, Work, Live* campaign and continue to make the connection between Wales' cultural and environment assets, and the well-being of staff working here.

Appendix A.

Detailed methodology

i. The process in 2017

- The census tool and guidance materials were updated.
- Cognitive testing was carried out with four Lead Cancer Nurses in Wales 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 the Health Boards and the one NHS Trust in Wales 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 Health Boards 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 Health Board/NHS Trust level 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 Health Board/NHS Trust in 2017 were checked against numbers collected in the previous census in 2014,
 - initial checks showed an increase across the board, so Health Boards/

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, and
- 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 Health Board/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.
- If the post was based in an acute oncology service (AOS). 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. A list was provided which asked if the post holder required training in any of the following:
 - a specialist cancer qualification – a recognised post-registration qualification in cancer or specialist area (ENB/clinical module level 6 or above eg, Masters, or equivalent) eg, chemotherapy, palliative or in other advanced subject such as diagnostics (not asked to cancer support workers),
 - a teaching qualification,
 - advanced communications skills,
 - non-medical prescribing training (not asked to cancer support workers)
 - level 2 psychological support training,
 - a recognised counselling qualification, or
 - lymphoedema therapy training (not asked to specialist chemotherapy nurses).
- If the post covered cancer of unknown primary (CUP). This was asked in three of four sections (specialist cancer nurses, adult chemotherapy nurses, and 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 three of four 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 week¹² (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 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.

¹² 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 three days out of five, would count as 0.6 WTE.

iii. Inclusion and exclusion criteria

Inclusion criteria

Job titles are not used consistently across Wales, 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, auditing or project work, 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 could include organisation of the Recovery Package.
- be employed by the NHS in Wales, 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 either vacant or filled posts on the 9th October 2017.

In addition, there 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 to 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 provide 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 Bands 5 to 9.
- **Specialist palliative 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 a specialist in palliative care. Posts must be at Agenda for Change Bands 5 to 9.
- **Cancer support workers.** To be included, the post must be at Agenda for Change Bands 2 to 4 although the analysis in this report concentrates on those at Bands 3 to 4.

Exclusion criteria

- Registered nurses that are non-specialist. To be included as a specialist cancer, palliative or chemotherapy nurse, the post holder needed to have documented training which declared them as a specialist within their area.
- Specialist nurses with Agenda for Change Bands outside of 5 to 9.
- Cancer support workers with Agenda for Change Bands outside of 2 to 4 (although this report is based on Bands 3 to 4).
- Those that work 'as and when required', e.g. bank and agency staff.

- 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, and
 - radiotherapy specialists.
- Posts that spent more than 50% of their time on non-patient facing activities, such as:
 - education,
 - administration,
 - auditing,
 - research,
 - Multi-Disciplinary Team (MDT) coordination, or
 - management.
- Posts that spent more than 50% of their time with groups other than adult cancer patients, such as:
 - paediatrics,
 - teenagers and young adults, and
 - 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 Health Board and the NHS Trust should include non-specialist (Bands 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 Health Boards and the NHS Trust.

Further guidance on cancer support workers was provided to the Health Boards and the NHS Trust 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, auditing or project work, or with paediatrics, teenagers and young adults, or people who do not have cancer. The Health Boards and the NHS Trust were told this definition aimed to capture support workers/healthcare assistants working directly with or within specialist cancer nursing teams, palliative care (for cancer patients) and chemotherapy teams.

v. Differences from the approach in 2014

2014 census	2017 census
Just specialist cancer nurses.	Specialist cancer nurses, chemotherapy nurses, specialist palliative care nurses and cancer support workers
Included post holders who performed a role in education, research and auditing in adult cancer care. Excluded non-patient facing roles. Excluded those who worked in paediatrics or with teenagers and young adults.	Included posts that spend the majority (over 50%) of their time directly supporting adult cancer patients though person-to-person activity. Posts can also spend less than 50% of their time performing a role in education, research, management, auditing or project work, time with paediatrics, teenagers and young adults or people who do not have cancer.
Cancer specialists.	Posts that require a registered health professional who has been assessed as being competent and has a documented training record declaring them as specialist in cancer care.
Those that deliver predominantly secondary care (excluding community nurse specialists).	Secondary and tertiary care in both hospital and the community. Excluded staff who practice in a hospice, are funded by hospices or are based in primary care.
Included health board and NHS Trusts.	Included posts employed by the NHS in Wales 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 Nurse, 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.

vi. Limitations of the methodology

Potential limitations in the census methodology include the following:

- Returns were submitted by every Health Board and Velindre NHS Trust in Wales, covering all of the posts. However, it is possible that there may be some missing data within individual returns.
- Despite detailed guidelines, additional support for Health Boards and the NHS Trust, 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. Different Health Boards and the NHS Trust may have interpreted the criteria in different ways.
- The data are all self-reported, usually by a single individual in a Health Board or NHS 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) and this may not necessarily be representative of the average.
- There were improvements to the methodology in 2017 compared to 2014 and other previous censuses. This makes comparisons between the censuses less clear.

Appendix B. Acknowledgements

The project team were:

- Jacqueline Goodchild, Workforce Engagement Adviser, Macmillan Cancer Support
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- Daniel Ratchford, Chief Executive, Quality Health
- Charlie Boshier, Senior Business Development Consultant, Quality Health
- Adam Taylor, Reporting Manager, Quality Health.

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Endnotes

- i Average cancer incidence (All malignancies excluding NMSC) in 2014 to 2015. Welsh Cancer Intelligence and Surveillance Unit, February 2017. Incidence Extract
- ii Welsh Government. 2016. Cancer Delivery Plan for Wales 2016-2020. <https://gov.wales/topics/health/nhswales/plans/cancer-plan/?lang=en>
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- xix The Wales Parliamentary Review of Health and Social Care in Wales. 2018. <https://beta.gov.wales/sites/default/files/publications/2018-01/Review-health-social-care-report-final.pdf>
- xx Welsh Government, A Healthier Wales: Our Plan for Health and Social Care. <https://gov.wales/docs/dhss/publications/180608healthier-wales-mainen.pdf> (Accessed June 2018)

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