

## **Update on non-surgical oncology workforce challenges in the North East**

**January 2023**

### **Current challenges**

Workforce challenges in oncology services are being felt across the entire NHS and nationally there is a predicted consultant oncologist workforce shortage of 28% (401 whole time equivalents) by 2025. We expect to feel the impact of this even more within the North East region in the years ahead.

The immediate workforce pressures being faced locally are within the specialties of breast, lung and colorectal (bowel) cancer and in June 2022 NHS England Specialised Commissioning advised members that over the coming months we expect a shortage of approximately six whole time equivalent (71.5 PAs) Consultant Oncologists at Newcastle Hospitals. This is due to a combination of vacant posts (compounded by an inability to recruit), planned retirements and sickness/absence. This is coupled with a growing demand and complexity in non-surgical oncology treatments with for example chemotherapy use increasing significantly.

NHS England Specialised Commissioning are currently discussing the best way to address these immediate workforce challenges to ensure the continued safe delivery of specialist oncology services. As we manage this difficult position, we want to ensure that key stakeholders are well sighted on the issues being faced and the likely temporary action that will need to be taken.

### **Background**

Consultant oncologists from Newcastle Hospitals travel across the whole of the north of the region to deliver specialist outreach clinics at several local hospital sites.

Given the scale of the immediate challenge and gaps in the consultant oncologist workforce, it was necessary in 2022 to change the number of local outreach clinics on a temporary basis to ensure that all patients still have fast access to staging diagnostics and treatment. This is in relation to breast, lung and colorectal (bowel) cancer only.

This has involved a phased approach to establishing fewer outreach clinics, that allow the consultant oncologists in post to see as many patients as possible who are on a breast, lung or colorectal (bowel) cancer pathway. This interim approach has increased resilience within the existing workforce as it has meant there are no longer lone workers which makes recruitment to vacant consultant oncologist posts more attractive.

Without consolidating the number of outreach clinics, patients in some areas would have been disadvantaged in how quickly they could be seen by the appropriate specialist Consultant Oncologist compared to other parts of the region. This means they would have waited longer to agree their initial treatment plan and their cancer treatment would have been delayed. This was not an acceptable position and the NHS worked as swiftly as possible to ensure there was no detrimental impact on patient care as a result of these difficult workforce challenges.

## Impact for patients

The vast majority of patient care has continued to happen locally with no impact on the initial diagnostic pathway, local MDTs, local surgery and chemotherapy continuing at local hospital chemotherapy units.

However, for some patients the first face to face outpatient appointment with the consultant oncologist and for any necessary face to face follow up appointments may be offered at a different site from their local hospital. The oncology service has continued to offer and maximise the use of virtual appointments where this is appropriate.

These first face to face outpatient appointments are generally followed up by multiple trips for radiotherapy and chemotherapy. We would like to stress that there has been no impact on local chemotherapy services or current radiotherapy services which continue to operate as normal.

Whilst we recognise this has caused some disruption for patients, our prime concern is to ensure every person gets the timely access they need for cancer care and that there is clear communication with patients.

### Information provided by Newcastle Hospitals NHS Foundation Trust (January 2023)

Based on information provided by Newcastle Hospitals, indicative figures show that this temporary change introduced in July 2022 impacted on patient movements 'out of area' over a six-month period as per the table below:

Locality	Impact
Northumberland to North Tyneside	99
North Tyneside to Northumberland	124
South Tyneside to Sunderland and Gateshead	74 (SRH) 0 (Gateshead)
Gateshead to South Tyneside and Durham	202 (Durham) 73 (South Tyneside)
Sunderland to Gateshead and South Tyneside	166 (South Tyneside) 0 (Gateshead)
Durham to Gateshead	0

## **Next steps**

While these temporary changes were requested by Newcastle Hospitals NHS Foundation Trust they were supported in principle by regional NHS England Specialised Commissioners, The Northern Cancer Alliance, the Integrated Care System leadership team for North East and Cumbria and the wider hospital network that are part of this system. The regional Provider Collaborative and the Cancer Board have also been briefed regarding the challenging workforce position in non-surgical oncology services and the likely need to consolidate the number of outreach clinics as a temporary measure.

We are at a point when patient feedback to the temporary services is being carefully reviewed and used to inform considerations for the future model of service delivery.

Given the current workforce challenges we have already described, and which will continue beyond the temporary solution now in place, planning for the future model of service delivery across the whole of the ICS is continuing at pace.

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