

Non-surgical oncology workforce challenges in the North East

June 2022

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 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 currently 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, we will need 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.

The exact detail of this required change is still being worked through, but in principle it will involve 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.

It is hoped this interim approach will increase resilience within the existing workforce as it will mean there are no longer lone workers and will also hopefully make recruitment to vacant consultant oncologist posts more attractive.

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

Impact for patients

The vast majority of patient care will continue to happen locally from the initial diagnostic pathway with local MDTs, local surgery and chemotherapy at local hospital chemotherapy units. The only impact would be for patients having their first face-to-face outpatient

appointment with the consultant oncologist and for any necessary face-to-face follow up appointments with the consultant oncologist during their chemotherapy treatment. The NHS will continue 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 will be no impact on local chemotherapy services or current radiotherapy services which will continue to operate as normal.

Whilst we recognise this will cause 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. We are also giving due consideration to patient transport requirements, with Daft as a Brush patient transport keen to provide services regionally.

Information provided by Newcastle Hospitals NHS Foundation Trust (June 2022)

Based on information provided by Newcastle Hospitals, indicative figures show that this temporary change will impact approximately 114 patients a week, see the breakdown below.

Predicted patient movements ‘out of area’ by locality

Locality	Impact
Northumberland to North Tyneside	8 patients a week
North Tyneside to Northumberland	9 patients a week
South Tyneside to Sunderland and Gateshead	13 patients a week
Gateshead to South Tyneside and Durham	28 patients a week
Sunderland to Gateshead and South Tyneside	42 patients a week
Durham to Gateshead	14 patients a week

Total impact is approx. 114 patients a week

NB there are over 630 cancer patient contacts every week in these specialities (breast, lung and colorectal)

This therefore reflects 18% of activity

Next steps

While these temporary changes have been requested by Newcastle Hospitals NHS Foundation Trust they are 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.

Information at this stage remains indicative and work is ongoing at Newcastle Hospitals to finalise which patients will need to travel to a different place to attend an outreach clinic as

part of these necessary temporary measures. This is dependent on which consultant oncologist specialist the patient needs to see (breast, lung or colorectal (bowel) cancer).

We will continue to keep overview and scrutiny colleagues informed of progress with these changes . If you have any queries in the meantime, please do not hesitate to contact.

Alison Featherstone – Cancer Alliance Managing Director

Julie Turner – Head of Specialised Commissioning