The SACT capacity crisis: short – medium-term solutions for supporting the oncology multidisciplinary workforce.

We would like to thank you for meeting with us to discuss the ongoing capacity issues in systemic anti-cancer therapy (SACT) departments across the country. As promised, we have compiled a range of short-medium-term solutions which would support cancer teams to deliver the best possible patient care. These are centred around national approaches to service provision and the cancer workforce.

A national approach to SACT services

National protocols

- A SACT protocol is a document that is intended to provide guidance on the optimal prescribing and administration of cancer drug treatments for healthcare professionals.
- They are often written from the clinical trial protocols and include practical information to ensure treatment can be delivered safely to the patient.
- There is currently no standardisation for SACT protocols in the UK – every hospital administering SACT has to write their own and keep them up to date. Each hospital will need several hundred protocols. National SACT consent forms are already in place.
- This variation means there is inconsistency in practice and is a risk to patient safety.
- There is significant repetition of work and inefficient resource use, as each department delivering SACT develops their own protocol set.
- In the UK this repetition of producing protocols **costs an estimated £1.1 million to £1.8 million each year in staff time.** This number will only increase as the number of new and updated/complex regimens become available.

What do we need?

- **Establish the National SACT Protocol Programme and website, supported by permanent funding to keep the programme up to date and functional.**
- By having a National SACT protocol library resource, we will have a structure in place to ensure clinical staff have access to high quality information to then be able to safely treat our patients and manage their side effects.
- The objective is to have a free to access website containing the approved national SACT protocols. The website will be continually updated and expanded as new treatments are approved/licensed.
- The website and SACT protocol build is a long-term programme which will require capital investment as well as ongoing operational costs.

Departmental SACT planning tools

- Similar to national protocols, a centrally produced capacity planning tool would help cancer departments to plan the most efficient use of their available capacity.
- For instance, if a department knows they have a set number of available staff, chairs, and hours in the day, a planning tool would allow them to schedule patients in the most efficient way.

- This would support with calculating the capacity needed to manage the annual increase in drugs approved. Ideally central funding for that extra capacity would be provided, so that new drugs are funded to be delivered rather than funds just covering the cost of the drug itself as at present.

Increased use of technology to deliver a national service

- Given widespread workforce shortages, which are more acute in certain regions, we need to consider opportunities to use the workforce we have more effectively. Available data shows considerable variation of practice across the UK, even though we all have one evidence base for optimal treatment.
- Many parts of the SACT pathway – from manufacturing drugs to providing patient information - are repeated across the country in different ways. We need to consider where a more centralised approach to these services could make better use of our stretched workforce and improved use of technology.
- Examples might include on-line clinics to monitor people taking rare drugs; better use of tech to assess patient-reported side effects; national e-consent forms; patient information videos.
- Another example would be that, where a service is lacking consultants in one tumour site, a doctor in another region could hold a virtual consultation to avoid delays in patients seeing a doctor and starting treatment.
- Not only does this make the most of the expertise available across the country, but it will also provide patients with a better experience, avoiding the need to travel long distances.
- NHS England could also consider centralising training and competence assessment, prescribing, and manufacturing.
- NHS England should start the process of centralising certain parts of the SACT pathway, to make the most of the workforce we have today. The Government should provide new funding to support this process.

Support the rollout of the Digital Staff Passport to doctors

- In order to deliver a more centralised service, and use the workforce we have available today, we need to quickly rollout the Digital Staff Passport.
- The Digital Staff Passport collects details on completed mandatory training and other HR information. This allows doctors to move between services without needing to retake local training and fill in numerous forms.
- This option should be made available for doctors immediately so that they can support struggling services and work across borders.
- This has been called for widely for many years and central support is now needed to ensure the programme's quick roll out.

Workforce

Support for the multidisciplinary oncology workforce

Workforce shortages exist across the whole multidisciplinary team and a unified and multifaceted approach is needed to address this. However, there are solutions specific to each workforce.

Clinical and medical oncologists

- There are difficulties attracting doctors into clinical oncology and medical oncology training posts.[1]
- 51% of clinical oncology and 54% of medical oncology posts were filled in 2023 following two rounds of recruitment.
- There are several contributing factors to this including little oncology in medical school syllabuses and a lack of junior doctor exposure to the specialties.

What do we need?

- The RCR with the ACP have submitted a business case to NHS England to fund an oncology recruitment campaign, similar to a successful campaign that was carried out for the psychiatry profession. We would appreciate the Minister encouraging NHS England to fund this campaign, given widespread shortages of oncology doctors.
- During our meeting, the minister said that he would be meeting with universities. It is recognised that at many universities, cancer teaching is limited to 1-2 weeks. We would appreciate the chance to discuss this and explore ways to increase exposure to the numerous exciting learning and research opportunities in cancer. We would be happy to assist with this.
- Trusts need to make jobs available and hire into them once staff are qualified. While this seems obvious, financial constraints and competing demands are restricting the number of consultant and training posts that individual trusts make available and disincentivise workforce planning over multiple years. This reduces the success of the government's national initiatives, for example in improving in early diagnosis.
- In parallel with increasing training numbers we need to ensure that trusts prioritise time for senior doctors and other health professionals to train the doctors and other health professionals of the future.

SACT nurses and pharmacists

- There are massive national variations in the numbers of trained SACT nurses available in the UK.
- We need to maintain the numbers of nurses choosing to work in oncology for their career. UKONS' audits tell us that once nurses do choose oncology they tend to stay in the speciality.
- Nurses and pharmacists should have equitable access to SACT training and courses, and also have dedicated time to complete this training whilst working.

[1] Clinical oncologists deliver cancer drug treatments but also work with radiotherapy, often in conjunction with chemotherapy. Medical oncologists focus on delivering cancer drug treatments.

- Funding for the ACCEND programme (Aspirant Cancer Career and Education Development) should be unfrozen. This course, run by NHS England and Macmillan, supports aspiring cancer nurses and AHPs to increase their cancer-specific knowledge and skills, which can boost recruitment and retention.
- We should also consider developing extended and advanced roles in pharmacy and nursing to increase capacity. Consideration should be given to developing and funding the content of an 'approved' SACT course which could be delivered in different localities.

Developing aseptic services

- The NHS infusions and special medicines board recommended a hub and spoke model for the development of large-scale medicines. £75m of capital was allocated for 2022-25 to develop five pathfinder hub sites – the first hub sites are expected to be built this year.
- Additional funding to support the roll out of the model, and to build the compounding facilities, is now required.
- We also need further investment in the development of a new career structure for aseptic services and the development of the advanced clinical practitioner pathway for nurses and pharmacists to play a greater role in the prescribing of SACT.
- There is a lot of work already underway but keeping the momentum going and getting the right level of support behind it will mean that we see the benefit of it sooner.

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