HEALTH AND SPORT COMMITTEE

HEALTH AND CARE (STAFFING) (SCOTLAND) BILL

SUBMISSION FROM CANCER RESEARCH UK

Cancer Research UK (CRUK) is the world’s largest independent cancer charity dedicated to saving lives through research. We support research into all aspects of cancer and this is achieved through the work of over 4,000 scientists, doctors and nurses. In 2017/18, we spent £423 million on research in institutes, hospitals and universities across the UK, including over £33 million in Scotland. Every year around 31,900 people in Scotland are diagnosed with cancer. CRUK wants to accelerate progress so that 3 in 4 of these people survive their cancer for 10 years or more by 2034. Staff in the NHS are essential to achieving this, helping to turn breakthroughs in cancer research into life-saving tests and treatments.

We welcome the Bill as part of wider work by Scottish Government to address staffing shortages and ensure improved outcomes for people affected by cancer. This Bill, along with:

- the NHS Health and Social Care workforce plan
- the Government’s radiologist recruitment drive
- the Endoscopy Action Plan, which included a training scheme to provide more specialist endoscopy nurses
- Appointment of independent diagnostic leads
demonstrate a welcome commitment to addressing Scotland’s workforce shortages.

With Scotland’s growing and ageing population, the NHS needs to be staffed to cope with more cancer cases. To fully address workforce shortages, we would also welcome from Scottish Government:

To address current shortages

- Testing new ways to incentivise diagnostic staff to train and work in Health Boards where shortages are most acute
- Further support for international recruitment to tackle shortages as soon as possible
- An increase in skills mix approaches to address shortages in the short term
- Continued work on alleviating the impact of current workforce shortages – such as cross-Health Board radiology reporting

To future-proof the NHS

- A full review of the cancer workforce in Scotland, which projects future demand as well as understanding current gaps. Evidence from this review should inform long-term workforce plans
- Further investment to pay for the training and employment of more staff
We would be happy to input to future workforce plans and initiatives as they develop.

Do you think the Bill will achieve its policy objectives?

**High quality care and improved outcomes**

The Bill seeks to be an "enabler of high quality care and improved outcomes for service users in both the health service and care services by helping to ensure appropriate staffing".

While the Bill sets out important guiding principles and a framework for workforce planning, it needs to be seen in combination with other action. It needs to be consolidated by further plans to address staff shortages, as set out by part 2 of The National Health and Social Care Workforce Plan. In particular, we welcome the recommendations around ‘recruitment, training and careers’. Plans to deliver these recommendations are essential so that Health Boards can fulfil their new statutory duty to ‘Ensure that at all times suitably qualified and competent individuals are working in such numbers appropriate for: the health, wellbeing and safety of patients and; the provision of high-quality health care.’

‘Taking account of the views of staff and service users’

The mandatory guiding principles for workforce planning set out in Section 1 are welcome. 1biii makes it mandatory to consider the principle of ‘taking account of the views of staff and services users’ in workforce planning. We welcome substantive involvement of key stakeholders in workforce planning.

We hope that taking into account staff and service user views means that workforce planning is based on what is needed to ensure patient safety and high-quality care—not what just what is affordable. This will more accurately inform geographical Health Boards and decision-makers what levels of staffing are needed to meet patient demand, ensuring patient safety, health, and wellbeing, as well as improved outcomes for service users. Even if this ambition needs to be tempered by pragmatic solutions, it is important that there is a demand-based level of staffing recorded at a national level. Without this ambition, resulting workforce plans can lead to severe underestimates of required staff and dangerous shortages in the long term.

What are the key strengths of Part 2 of the Bill?

Section 2 places a general duty on geographical Health Boards to ensure appropriate staffing levels for the health, wellbeing and safety of patients. This is welcome and we would like to emphasise that inappropriate staffing levels could impact on cancer outcomes.

What are the key weaknesses of Part 2 of the Bill?

**Additional plans**

We would welcome additional plans which set out how Government will support geographical Health Boards to fulfil their new statutory duty and address staff shortages. In particular, plans detailing how they will be supported when factors affecting the supply of staff available may be outside of their control.
For example, a geographical Health Board may determine that the hospitals in its area has an acute shortage of radiologists. This shortage means that patient safety and outcomes are being affected negatively, missing out on tests which could secure an early diagnosis (and therefore a better chance of survival) of a disease like cancer. However, the Health Board struggles to recruit – because of limited radiologist supply, and therefore finding they cannot fill vacancies. In this instance, the Health Board is failing its statutory duty, but for reasons outside of its control. So, while we welcome that the Bill encourages Health Boards to have staffing levels that ensure patients’ health, wellbeing and safety, Government must take central action to support Boards achieve safe staffing levels.

To achieve this, a monitoring system (based on Health Boards reporting on appropriate staffing levels) would be necessary for central support to be given proactively.

This could be by following recommendations in the National Health and Social Care Workforce strategy and outlining plans to support Boards to fill vacancies when they are unable to.

**Safety, wellbeing and health not defined**

If Health Boards are to have a statutory obligation to ensure patient safety, wellbeing and health then it is important that these are defined. For example, if low staffing levels led to a missed diagnosis of cancer or significantly delayed diagnosis, we would say that a patient’s safety, wellbeing and health has been impacted. One example from England is the ongoing Care Quality Commission investigation into radiologist staffing and its impact on chest x-ray reporting. One hospital in Portsmouth adopted a policy whereby any chest x-ray that was ordered by a hospital doctor (e.g. in the accident and emergency department) would not be reported by a radiologist, but had to be ‘auto-reported’. This meant that non-specialists would be interpreting images from people who might have cancer. The policy of auto-reporting was implemented because of radiologist shortages, and is likely to be relatively widespread. The CQC investigation of the first incident found that at least three lung cancers were missed as the patients’ chest x-rays were auto-reported, and when later reviewed by a radiologist, they suggested that with sufficient radiologist capacity and specialist reporting, they would have identified the lung cancers earlier. These patients have subsequently passed away.

**Need to take a holistic view of staffing and infrastructure**

The health, wellbeing and safety of patients only partially depends on staff. Infrastructure can be very important to the health, wellbeing and safety of patients, as well as the provision of high-quality care. For example, radiologists, who interpret scans to diagnose patients, require PACS workstations and efficient CT and MRI machines. Boards will also need adequate capital infrastructure and equipment, so it’s important this bill does not lead to Health Boards prioritising expenditure on staff at the expense of infrastructure and equipment. This could be detrimental to patient safety and high-quality outcomes.

**What are the key strengths and weaknesses of Part 3 of the Bill?**

Cancer Research UK will not be commenting on Part 3 of the Bill, as it is out of our scope of work.
iii https://news.gov.scot/news/action-on-diagnostics