EXECUTIVE SUMMARY

A Collaborative Working Project between Bristol-Myers Squibb Pharmaceutical Limited ("BMS") and Macmillan Cancer Support ("Macmillan")

Name of project	Forecasting for innovation: A workforce planning tool ("Project")
Project Overview	It is widely recognised that there are longstanding capacity challenges within the cancer workforce and a fragmented approach between national and local planning. Introduction of innovation within the health system can impact workforce skill mix and capacity requirements, which the NHS may not always be in a position to proactively consider.
	Addressing the entirety of the workforce challenges faced by the NHS is a long term and complex undertaking, requiring input from many stakeholders and organisations across the health system.
	Macmillan and BMS propose that a nationally validated workforce planning tool aligning industry insight on new treatment innovations with a more robust process for forecasting, could play a crucial role in efforts to secure the cancer workforce of tomorrow. Insights from the pharmaceutical industry will be used to provide a horizon view of treatment innovations being developed and introduced into the health system. This knowledge will be used as an input for the forecasting tool, that will help local system providers align roles and skill requirements to future innovation.
	Once the tool is developed the intention is to evaluate the tool within a pilot setting providing a proof of concept. The cancer workforce as a whole is large and complex, and it would therefore be a difficult undertaking to model the tool against it, due to the breadth of input/expertise needed. For the purposes of developing a proof of concept, the workforce planning tool will be applied to the Cancer Nurse Specialist (CNS) role within Genito-urinary (GU) cancer services. GU cancer services have been chosen as there are significant disparities in the availability of the GU workforce. ¹ Following a proof of concept, the ambition is for the tool to be adaptable and used freely across the entirety of the NHS, within other disease areas, and to be informed by others across industry. The hope is that the impact of innovation across the entirety of the health system workforce will be futureproofed.
	This collaboration will look to create, test, and support the implementation of a tool that ensures there is a recognised/consistent approach to workforce planning within oncology at a national level. This will allow national decision makers to be more informed to predict with greater accuracy the consequences of an ever-evolving cancer treatment landscape on the roles and skills of the future cancer workforce. Then at a local level, workforce business cases will meet the demands of future treatment

	 innovations and have stronger alignment between nationally recognised approaches to demand signaling and local requirements, to future proof cancer service delivery. With the anticipated 10-year cancer strategy, NHS long term workforce strategy and commitments from the Government to increase transparency around the workforce through their own reporting, this workforce planning tool could also serve as informative in meeting national priorities. This project will be delivered in 3 Phases: Phase 1: Formation of expert working group Phase 2: Delivery of Pilot for proof of concept of Tool Phase 3: Stakeholder Engagement and Policy Influencing Implementation roll out of the Tool across the NHS (wider than pilot sites) is out of scope
	for this project and could form part of a follow-on project.
	¹ Bristol Myers Squibb. Addressing the workforce challenges in kidney and bladder cancer. 2020. Available on file
Project Purpose/ Objectives	 Project Aims At a national level for there to be a recognised/consistent approach to workforce planning within oncology. National decision makers (DHSC, NHSE, Health Education England (HEE), the Office for Life Sciences (OLS) etc) should be more informed to predict with greater accuracy the consequences of an ever-evolving cancer treatment landscape on the roles and skills of the future cancer workforce. Then at a local level for workforce business cases to meet the demands of future treatment innovations and feed into national workforce planning. This collaboration will work together with the NHS England (NHSE), Department of Health and Social Care (DHSC) and other arm's length bodies to ensure the cancer workforce of tomorrow can keep pace with the introduction of innovative cancer treatments. These arm's length bodies may act as key external stakeholders in this Project and may ultimately act as end users of the workforce planning tool. Through ad hoc engagement they may wish to provide a national perspective on the NHS workforce and share insights to support the Project. Such actionable insight will ensure that national and local workforce planning is well informed to meet the demands of advancing innovations within cancer.
	 Project Objectives Better prepare the NHS for innovation adoption, by predicting the impact of future innovations on workforce in the short, medium, and long term and forecast what skills and resources should be secured to better imbed innovation. By developing a workforce planning tool that uses insights from the pharmaceutical pipeline and will be used to futureproof the workforce of tomorrow. Launch system level pilots that validate the use of the workforce planning tool within GU and the CNS workforce.

	 Communicate evidence-based policy solutions to key stakeholders that will support the endorsement of the workforce planning tool by national level decision makers and enable local business cases to be informed by the tool. Bank the workforce planning tool methodology, allowing it to be used within other disease areas and benefit from other industry pharmaceutical pipeline insights. 					
Patient, NHS, BMS Benefits	For the Patient	 More accurate forecasting for the cancer workforce will ensure that there is enough capacity and the right skills to deliver innovations to patients in the long term. Increased access and more efficient delivery of cancer treatment innovations that offer clinical promise, may result in improved patient outcomes. Through demand signaling, gaps in the workforce can be anticipated and addressed before becoming a bottle neck. This may positively impact cancer patient waiting lists and other delays correlated to workforce capacity. 				
	For Macmillan	 Contribute to Macmillan Cancer Support's goal "To do whatever it take to give people the support they need" by providing a workforce planning tool. That will be made freely available across the NHS and industry to help inform workforce planning for faster adoption of new cancer innovation. Align expertise and insights across project workstreams, such as those under ACCEnD to deliver shared ambitions more efficiently. Provide a test case for Macmillan and BMS to demonstrate the benefits of collaborative working under the auspices of its strategic partnership. 				
	For BMS	 To collaborate with one of the UK's subject matter experts on workforce planning. To support the NHS, redesign the forecasting of the cancer workforce of today to better prepare itself for the innovative treatments of tomorrow. The partnership will support this aim by using its collective insight, knowledge of the cancer pathway, and engagement with the cancer workforce to support the NHS better predict and plan for new patient demand. Better understanding of the challenges faced by the NHS in delivering high-quality patient services and care. Faster implementation of NHS policy which may be relevant to an organisations business. 				
Stakeholders		millan Cancer Support ("Macmillan") ol-Myers Squibb Pharmaceuticals Limited ("BMS")				

Timelines	Q4	2022 Q1 2023	Q2 2023	Q3 20 23	Q4 2023	Q1 2024	Q2 2024
	Monthly Project						
	Meetings Phase 1 Set Up						
	Phase 1 Delivery						
	Phase 2 Set Up						
	Phase 2 Delivery						
	Phase 3 Set Up						
	Phase 3 Delivery						
	Project Close						
rangements:	but not limited to, support.), Macmil expertise and skill the delivery, revie on the expertise of pilot site). Roles & Responsibil	lan's contribu s within this w, and comm f Macmillan H	ution as arena, ar nissioning	part of th nd its reac (which w	e poolin h and its ill includ	g of resou s subject n e but not	urces wit natter ex limited t
	Phase		Macmillar	า		E	BMS
	Phase 1 – Expert Working Group	 stakeho working Share re organisi group n and slid Attend working Provide resourc the exp objectiv 	esponsibili ing expert neetings e. es. monthly e. g group me expertise es that wil ert workin res. lan will foc ng: Secretari Subject e National Regional	expert ty for working .g. agendas xpert eetings. and I support g group cus on the al Support expertise Reach	•	ContractorRegion	king group onsibility f expert wo tings e.g. a othly expe oup meeti ntracting nts. ocating me developr cus on the arial suppo
	Phase 2 – Pilot phase	support sign up • Support through	e relations the identi of pilot sit pilot initia to comple subject m	ships to ification an es. ation, etion.	d •	Lead on ma engagemen Lead on pilo through to Act as main for pilot site	t for pilot ot initiatic completic point of
	Phase 3 – Stakeholder Engagement & Policy Influencing		olders (thro	tion of key ough existir	ng •	Lead on ide stakeholder Lead on dev execution o	rs. velopmen

	 Contribute to development of messaging and outreach materials. Support relevant outreach/engagement with key stakeholders, including attendance of meetings. Disseminate Project findings across all of its relevant networks. 	 engagement and policy influencing plan. Lead on development of messaging and outreach materials. Lead on outreach/engagement with key stakeholders, including attendance of meetings.
Project Board	 Attendance and Input - at least two personnel to attend. 	 Attendance and Input - at least two personnel to attend. Manage vendors, MHP Communications and IQVIA. Involvement of vendors have been agreed by both Parties.

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