

Blood Cancer UK & British Society for Haematology joint briefing on the haematology workforce

The Ten Year Health Plan for England recently outlined that the approach to the forthcoming Ten Year Workforce Plan would focus less on numbers of staff, but rather on the type of workforce needed to deliver its three proposed shifts.¹ It highlighted that this new Workforce Plan will consider what workforce is needed; what they should do; where they should be deployed and what skills they would need.²

In this briefing the **British Society for Haematology** and **Blood Cancer UK** bring together our expertise and insight based on recent major reports on the [haematology workforce](#) and [UK Blood Cancer Action Plan](#) to address these key questions.

Key messages:

- **Haematology works across multiple diseases.** Most conditions treated in the NHS incorporate blood tests as part of diagnosis and treatment. In fact, 130 million haematology tests are conducted each year in the UK.³ This requires a balance of generalist and specialist knowledge across multiple settings.
- **New, innovative treatments are often trialled in blood cancer first.** This means that the NHS' ability to run trials and roll out new treatments in blood cancer is a good barometer of how well systems are equipped to handle new technologies. E.g. CAR-T therapy.
- **The haematology workforce is over-stretched.** One in ten (12%) of consultants and associate specialist doctors (13%) plan to retire in the next three years. Limited clinical time is available for critical activities such as research and quality improvement. And potential opportunities to keep staff through more flexible retention policies are being missed.

(1) The haematology workforce:

It is unclear if current workforce planning and modelling is able to accurately reflect the roles and numbers of staff working in haematology across the NHS. Without understanding this, we cannot identify the minimum and optimal haematology workforce needed to care for an ageing population that will increasingly need haematology services. Increased transparency of what workforce modelling the Department and NHS England have, would be a first step to address our concerns.

We need accurate modelling that can help us to support workforce planning, factoring in that the haematology workforce is increasingly working part time. If the NHS wishes to reverse or pause this trend, it will need to create new incentives and

improve work-life balance. **While we are waiting for such modelling to come about, the NHS should use the insight from professional bodies like the BSH to shape workforce planning that takes into account both flexible and part-time working trends and patterns and the assessment that we no longer have enough haematologists to provide high quality care.**

(2)Core activities of the haematology workforce:

The haematology workforce leads on the delivery of care for blood cancer, sickle cell disease, obstetric haematology and other haematological conditions, while also delivering care across the NHS including liaison haematology and transfusions. Unlike many other specialities, haematology expertise is often required to be generalist and specialist at the same time – this should be part of the appeal of the speciality but with so much of this work currently going unrecognised and unrecorded, it is having the opposite effect.

Work plans often fail to include ‘invisible work’ like research, liaison haematology and transfusion, which means it is also left out of succession, recruitment and retention planning. This needs to change as we are fast reaching a point where there are not enough haematologists to provide high quality care.

Administrative staff are also stretched in haematology teams and the complexity of conditions like blood cancer adds to this. NHS Trusts need to organise and delegate administrative tasks better, ensuring that expertise is in the right place. For example, blood cancer data is disjointed in part because of the high turnover and change among MDT Coordinators, who are responsible for inputting blood cancer data. We also need more clinical scientists and Clinical Nurse Specialists (CNSs) so that expert tasks can be delegated to the right people.

Blood cancer is the third biggest cancer killer in the UK, which means the haematology workforce faces emotionally taxing situations and conversations on a daily basis. Improved job planning needs to take this into account, allowing sufficient time for structured debriefs and processing emotional stress.

Blood cancer is a fast and innovative space in cancer research in the UK, and the role of clinical academics in that cannot be underestimated. **These roles need dedicated support and protected time for research activities in their job plans.**

The NHS should review how haematology work is recorded and ensure that currently invisible work is captured under new job plans and modelling.

(3)Deployment of the haematology workforce:

Haematology teams in District General Hospital (DGH) settings have to be generalists over a huge range of conditions, types of blood cancer and liaison

haematology services. They also need time, knowledge and connections to know when a patient needs to be referred to specialist care.

Teaching hospitals and tertiary centres can offer very specialist careers in haematology and haemato-oncology, focussing on one of a number of types of blood cancer, for example. This can be an attractive and rewarding career, and is essential for research and the development of new treatments.

At the moment, DGHs are struggling to keep hold of mid-level skill because colleagues are keen to move and specialise at tertiary centres, who are often felt to be better resourced. We need action to address recruitment and retention issues in DGH settings. Actions must include:

- **Additional training posts in rural and suburban settings**
- **Increasing research activities in DGH settings through work planning, more decentralised trials and improved infrastructure for research to take place on these sites**
- **Efforts to root clinical teams in a local community or region during their training.** There are examples of this happening, such as at the James Cook Hospital in Middlesbrough, where colleagues describe a family-like environment where people continue their careers in the region they trained in, with a sense of commitment to the local population.

The modelling described above will also need to inform where the future haematology workforce is 'deployed' but we would advise against the use of this word. Instead of doing something *to* the haematology workforce, the NHS needs to work *with* the haematology workforce and bring them along on the journey to address workforce gaps and introduce new innovative approaches to delivering care.

We welcome commitments to training more clinical academics in the 10 Year Health Plan, however we would like more information and to be involved in discussions on where these training posts are, what specialities they cover and the role of charity funders.

(4) Skills of the haematology workforce:

Clearer modelling, job planning and more effective recruitment of the haematology workforce must include a focus on the delivery of routine tasks to reduce the strain on the whole system. Technology can help here. While we are frustrated by long-term issues with the most basic IT infrastructure (computers, keyboards, computer mice), there are also unmet training needs here. For example, the haematology workforce describes issues with interoperability across the NHS, and while these absolutely exist, the haematology workforce has also had too little relevant training on existing tools, such as GP Connect. **When it comes to training, new tools,**

electronic patient record systems and Artificial Intelligence, it's essential that the haematology workforce is involved in the commissioning, set up and roll out of these tools. Otherwise, we will repeat situations where tools such as EPIC are set up by non-clinical staff and therefore do not meet the needs of the clinical workforce.

(5) Workforce retention and wellbeing:

The haematology workforce value the human interaction the job involves. With increasing administrative burdens and less time with patients, the fulfilment and joy they take from their jobs decreases and their wellbeing suffers. Trusts have made targets on staff wellbeing but these are not being delivered, or limited resources are being directed to initiatives that the workforce does not feel address the problem. **By focusing efforts on improving working conditions, the working environment and work-life balance through adequately resourced services, this will in turn contribute to addressing retention issues in the haematology workforce and benefit patients who also report wanting more time with their clinicians.**

We remain at the Department and NHS England's disposal to find solutions that work for all in addressing the growing workforce issues in haematology and look forward to hearing from you on how we can work together.

About Blood Cancer UK:

We're a community dedicated to beating blood cancer. We do this by funding research and supporting those affected. Since 1960, we've invested over £500 million in blood cancer research, transforming treatments and saving lives.

About the British Society for Haematology:

The British Society for Haematology (BSH) has been bringing haematology professionals together since 1960 to transform the care our members provide to patients. With over 3,000 members worldwide, BSH is the largest UK haematology organisation and the only society to cover all aspects of the speciality.

For more information, please contact Hilary Webb

(hilary.webb@bloodcancer.org.uk) at Blood Cancer UK and Deborah McLean-Thorne (deborah@b-s-h.org.uk) at the British Society for Haematology.

¹ Department of Health and Social Care. Fit for the Future: 10-year Health Plan for England (2025)

² Department of Health and Social Care. Fit for the Future: 10-year Health Plan for England (2025)

³ British Society for Haematology. The haematology workforce – a comprehensive view (2025)