British Society for Haematology's Advocacy for Haematology Workforce in the 10-Year Health Plan

Haematology is involved in a range of specialities and therefore, is integral to the diagnosis and management of many patients in clinical practice in the UK. The British Society for Haematology (BSH) is committed to advocating for the haematology workforce.

BSH commissioned research, completed in 2024, examined the workforce challenges faced by haematology professionals across England, Wales, Northern Ireland, and Scotland. The study, conducted by an expert team at London South Bank University (LSBU), identified several critical issues that need to be addressed in workforce planning, essential for the improvements to the NHS within the 10 Year Plan.

Key Workforce Issues:

1. **Workforce Shortages and Retirement**
   The haematology workforce faces significant shortages, with substantial vacancies and frozen positions. Furthermore, 12% of consultants are set to retire within the next 1-3 years, exacerbating the issue.

   Areas with particularly high vacancy levels:

Location	Profession	% vacancy rate
England - East	SAS Doctors	37.5%
	Specialist nurses	35.1%
	Trainees (all stages)	40.9%
England – East Midlands	Clinical Scientists	200%
	Pharmacists	20.9%
	Physician Associates	50%
	SAS doctors	28.4%
England - London	Nursing associates	100%
England – North East	SAS doctors	78.1%
	Specialist nurses	29.2%
England – North West	Consultant haematologists	13.9%
England – South East	Advanced nurse practitioners	111.1%
	Nursing associates	50%
England – South West	Physician associates	100%
England – West Midlands	SAS doctors	20.8%
Northern Ireland	Consultant haematologists	36%

Areas with particularly high retirement rates:

Location	Profession	% Retirement rate in the next 3 years
England – East Midlands	Clinical Scientists	40%
England - London	SAS doctors	40.6%
England – North East	SAS doctors	31.2%
England – North West	Advanced nurse practitioners	50%
England – South East	Specialist nurses	66.7%
England – South West	Consultant nurses	43.5%
Scotland	Consultant haematologists	19.7%
Wales	Clinical nurse specialists	38.5%
	Consultant haematologists	60.6%
	SAS doctors	43.5%

If proposed retirement plans are fulfilled without a programme of replacement, workloads will only worsen. This will be exacerbated by a steady transition to less than full-time working without a concurrent expansion in training posts to mitigate this.

There is also a problem with the distribution of training places for doctors, which are concentrated around specialist centres and major urban conurbations. As the majority of trainees tend to take substantive roles in the vicinity of their training institution, this practice effectively discriminates against fair and equal recruitment while leaving rural areas without required staff and services, reducing the access, complexity and quality of care for patients, which leads to worse outcomes.

We used the Batenburg workforce model [1] to look at workforce projections, and showed this situation getting worse in the future, with the gap between available staff and required capacity in consultants and clinical nurse specialists widening over time due to unseen labour demand and an aging population. This highlights that retaining professionals as well as recruitment, is crucial to the long-term sustainability of haematology services. Below we discuss what changes could help with both recruitment and retention.

2. **Unseen/Invisible or Unrecorded Activity**
   Job planning is supposed to ensure that roles are recruited to meet the relevant need, and this is based on an understanding of the time required for each task. Therefore, it was an important and alarming finding that large parts of essential work done by haematology professionals are not captured in NHS statistics, despite their usage of resources within the system. This lack of recording was found in liaison haematology and transfusion work.

[1] The "Batenburg workforce projection model" is a simulation model used for health workforce planning, that forecasts the future evolution of the workforce based on historical trends and demographic factors. The model aims to prevent imbalances in the health workforce by anticipating future needs and ensuring the right number of professionals with the right skills are available. It was developed by Ronald Batenburg and Lud van der Velden.

Haematology professionals spend a significant proportion of their time every day providing advice (in diagnosis and treatment) to other clinicians in different services. They are brought in to help assess the most complex and difficult situations, delivering clinical advice in high-risk areas, such as bleeding in obstetrics and cancer.

Much of this work is unrecorded. This is generally described in the UK as 'liaison haematology'. It involves consultation, advice and investigation and is not limited to the time spent in direct communication with the requestor. Many requests for advice necessitate further investigation and/or consideration. This work is vital to quality of care, reduces unnecessary testing and hospital admission and allows professionals to deal more efficiently with issues at an earlier stage.

A second area of work largely unaccounted for in NHS statistics is haematologists' involvement in transfusion practice; 2.5 million units of blood and blood components are transfused in the UK annually. The annual Serious Hazards of Transfusion report and the infected blood inquiry highlight the risks of the transfusion of all blood products, yet the amount of job planned haematologically time allotted to transfusion is minimal. The clinical haematological input to transfusion is delivered by physicians and transfusion practitioners, 35% of whom are single-handed practitioners for large hospital groups.

Without these essential activities fully captured, they will continue to go unrecognised and unfunded, distorting the time and resources the workforce needs while obscuring the volume and complexity of work being carried out. This makes it harder to justify budget allocations or procedures, exacerbating the staffing levels issues. This adds to staff stress, contributes to higher turnover. If job plans do not factor in the true time required, professionals may have less capacity to handle complex cases thoroughly or deliver timely input. In turn, this means patient risks are not always fully accounted for, can raise the likelihood of delays, errors, and suboptimal decisions—ultimately affecting patient safety and outcomes, while creating hidden costs through avoidable errors or delayed care.

3. **Emotional Labour, Work-Life Balance and Well-being**
   Haematology professionals face significant emotional labour, which is rarely considered in workforce calculations. Emotional labour is particularly pronounced in transfusion roles, with 35% of transfusion practitioners being single-handed practitioners for large hospital groups. Haematology professionals experience multiple stressors, including high workloads and exposure to emotionally charged situations. These challenges are impacting work-life balance, personal relationships, and overall well-being. There is a significant need to address these issues to retain staff and improve their quality of life. The emotional toll of these roles and the management of this toll must be factored into workforce planning to ensure the well-being of staff.

4. **Work Left Undone**
   Many professionals report insufficient time to complete essential tasks. The most commonly omitted work includes quality improvement (69%), professional development (63%), research (58%), and teaching (51%). Only 7% of professionals report completing all tasks within the allocated time, which impacts patient safety and outcomes.

5. **Part-Time Workforce**
   A substantial portion of the haematology workforce works part-time, with 32% of professionals planning to reduce their hours further. While part-time roles offer better work-life balance, there are concerns about how this will impact the recruitment of new consultants, the future workforce and workloads.

6. **Continuing Professional Development (CPD)**
   Access to CPD is essential for career development, yet 19% of respondents report difficulties in securing funding for education, and 13% struggle to obtain study leave. There is a strong desire for access to specialist study days, leadership programmes, and clinical short courses.

7. **Burdensome Workforce Planning**
   The current workforce model, often referred to as the "Christmas Tree" model, places too much supervisory burden on highly skilled staff, especially consultants. This model has led to increased stress and inadequate service delivery.

Recommendations for the 10-Year Health Plan:

- Implement recruitment and retention mechanisms such as incentives that professionals have identified to help them stay or work in rural areas, and allow for a more flexible, part-time workforce
- Ensure the accurate and consistent recording of activities and resource usage, particularly liaison haematology and transfusion work, to allow for inclusion in workforce planning.
- Recognise and account for emotional labour in workforce planning, with supportive measures.
- Invest in CPD, educational opportunities and quality improvement for haematology professionals with increased access and protected time in workload planning.
- Modernise workforce planning to reduce the supervisory burden on consultants and distribute work more evenly across the team, taking into account both risk and technical expertise.
- Support the integration of more skilled team members to handle non-technical tasks, freeing up haematology professionals to focus on complex clinical care.

By tackling these workforce issues, we can ensure that haematology professionals are supported in delivering high-quality care, ultimately improving patient outcomes and addressing the growing demand for haematology services across the UK.

Challenges and Enablers to Moving Care from Hospitals to Communities

Challenges

1. **Limited specialist resources and training for community teams**
   There are fewer haematologists than many other clinical specialities, and some regions struggle to recruit and retain staff with the right expertise. Simultaneously, community nurses and GPs may require additional training to manage complex blood disorders safely and effectively outside of hospital settings.

2. **Patient and Public Perception (Trust and familiarity)**
   Patients often feel safer in a hospital setting for specialist treatments like chemotherapy, and changing these perceptions can take time and effective communication.

Enablers:

1. **Liaison Haematology**
   Liaison haematology, which provides haematological advice to healthcare professionals, plays a key role in avoiding hospital admissions. BSH's research defines it as both formal and informal advice related to haematological expertise, and further research will explore how this work is recorded, organised, and the challenges faced by professionals in this area. The future of liaison haematology must link hospital-based experts with community professionals to continue preventing unnecessary admissions, supported by a systematic service between sharing messages, information and data
2. **Supported Community Processes for Faster Turnaround of Laboratory Results**
   Quick laboratory results enable rapid patient discharge from hospitals, especially from Accident & Emergency departments. BSH supports faster lab processes through a wider adoption of technologies with the community to reduce hospital pressures.
3. **Community-Based Care**
   There has been success in delivering care traditionally provided in hospitals in community settings or at patients' homes, such as the Haematology Outreach Chemotherapy Service offering home chemotherapy. This emphasises the importance of cross-sector collaboration, which requires sustainable funding for supporting remote monitoring with robust governance frameworks.

Challenges and Enablers to Technology Use in Health and Care

Enablers:

1. **Streamlining Workflows**
   Technology, such as automation in tissue block cutting, can enhance efficiency and reduce workload.

2. **Novel Therapies**
   Advanced treatments like CAR-T cell therapy offer new hope for patients with previously untreatable conditions.

Challenges:

1. **Overreliance on Automation**
   There are concerns that excessive automation may compromise quality, expertise, and patient-centred care. Over-automation might risk losing the human touch needed for holistic, patient-focused care, which the public may negatively perceive.

2. **IT Infrastructure Gaps and Resource Constraints**
   Effective technology-driven care depends on robust data-sharing systems. Introducing new technologies often demands significant upfront investment, which may be hard to justify if budgets are tight or if short-term outcomes appear uncertain. Community services may face low resources where they have patchy or outdated IT platforms that can impede collaboration with hospitals, and primary care.

Challenges and Enablers to Shifting from Sickness to Prevention

Enablers:

1. **Monitoring and Biomarkers**
   Haematology labs routinely track a range of diagnostic biomarkers, helping detect early abnormalities (e.g., anaemia, clotting disorders, malignancies). Closer surveillance in at-risk populations can prevent more serious complications later on.

2. **Public Engagement**
   Public facing activity/initiatives can support the strategies by working closer with patient advocacy groups, and charities – understanding community needs.

3. **BSH's Role**
   BSH aims to raise clinical and laboratory standards through best practice guidelines and expert advice, contributing to the prevention of diseases through early detection.

Policy Ideas for Change

Quick to Do (within 1 year):

1. **Acknowledge and Record Unseen/Unrecorded Work**
   - Update NHS workforce models and job-planning metrics to include liaison haematology and transfusion work, given their proven impact on patient outcomes and hospital avoidance.
   - Pilot a short-term data capture exercise to quantify the time clinicians spend providing advice and oversight (including transfusions), ensuring these essential tasks are no longer invisible.

2. **Promote Rapid Access to Essential Training**
   - Offer immediate, short-course CPD and study-leave provisions to address pressing educational gaps identified by 19% of haematology professionals with protected time to undergo trainings

- Encourage multi-disciplinary workshops (e.g., community nurses, GPs, haematologists) to accelerate knowledge-sharing around core topics like transfusion and liaison services.

3. **Support Well-Being and Work-Life Balance and Recognise Emotional Labour in Workforce Planning**
   - Formally incorporate measures of emotional stress and coping strategies within job plans to address staff well-being.
   - Provide ongoing staff-wellness initiatives, including peer support networks, counselling, and flexible schedules—essential for retaining talent and mitigating burnout.

In the Middle (2-5 years):

1. **Flexible and Part-Time Workforce Planning**
   - Expand training posts and reallocate them beyond major urban centres, enabling broader recruitment and fairer distribution of haematology staff, while filling in for part-time workforce desires
   - Introduce incentive packages (housing allowances, relocation grants) to encourage staff to work in rural or underserved regions, thus addressing inequities and covering upcoming retirement gaps.

Long-Term Change (5+ years):

1. **Adopt the 'Expert Team' Model**
   - Transition from the hierarchical "Christmas Tree" model to a team-based approach that delineates responsibilities (e.g., advanced nurse practitioners, physician associates, clinical pharmacists), improving workload distribution and worker well-being.
2. **Develop Dual Workforce Pathways**
   - Service Provision Pathway: Ensure adequate consultant, SAS (specialist and associate specialist), and nursing capacity is maintained for day-to-day patient care, with room for professional growth.
   - Workforce Development Pathway: Focus on building a pipeline of trainees and part-time professionals who can combine clinical duties with research, leadership, or teaching—thus replenishing the workforce over time.
3. **Sustain a Culture of Prevention and Early Detection**
   - Integrate advanced biomarker testing and genomic screening into routine care, enabling earlier intervention for at-risk individuals.
   - Expand patient education programmes in collaboration with charities and community groups, shifting the system from a reactive "sickness" model to a proactive, preventive one.

Additional Recommendations:

- **Reduce Administrative Overload**
  Simplify data collection processes (with better IT systems) and reduce unnecessary tasks (like redundant form-filling) to allow clinicians more time for patient-centred activities and complex cases.
- **Champion Education and Research**
  Encourage research collaborations, expand specialist study days, and nurture academic posts to ensure ongoing innovation in treatments (e.g., CAR-T therapy) and service models.

By prioritising these policy ideas - each underpinned by practical timelines- the NHS and BSH can collaboratively address pressing workforce shortages, enhance patient outcomes, and ensure that haematology services remain fit for purpose in an evolving healthcare landscape.