MACMILLAN CANCER SUPPORT

Macmillan Cancer CNS Development Lead Pilot

From national workforce policy to equitable frontline development

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Background and challenge

London's cancer CNS workforce is under sustained pressure, with higher vacancy rates than the national average, an ageing workforce and inconsistent access to development.

15%
London CNS vacancies (12% nationally)

37%
CNSs aged over 50 (retirement risk)

Uneven development
Inconsistent ACCEND use and professional isolation

Our response

A three-year, pan-London pilot introducing five Cancer CNS Development Lead (CDL) roles to operationalise the national ACCEND framework and address workforce challenges.

Develop and support CNSs

Grow the pipeline of future CNSs

Build a confident, resilient and sustainable workforce

Pan-London delivery model



- Five CDLs (Band 8b) embedded across London ICS geographies
- Hosted by local Cancer Alliances and Trust sites
- Personalised 1:1 support and universal education offer
- Outreach to promote the CNS career pathway, including internationally educated nurses
- Clinical and professional oversight from Lead Cancer Nurses and Alliance teams

Independent evaluation

Evaluated by an external evaluation agency, exploring how the CDL role works, for whom and under what circumstances.

- Surveys, interviews, reflective diaries and activity monitoring
- CNSs self-report confidence against 25 questions across the four pillars of practice
- Emerging findings show positive changes in confidence, capability and experience of support

Key results to date

534 one-to-one sessions delivered

28 group education sessions delivered

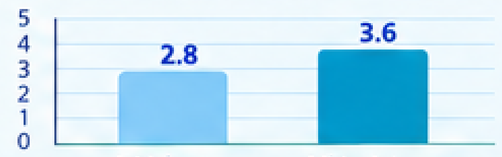
140+ CNSs supported to date

CNS Capabilities Toolkit and assessment tool developed from ACCEND

Increased confidence with CDL support (n=15)

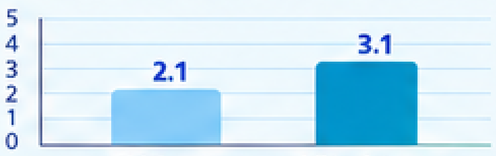
Overall ACCEND capability confidence

+29% 2.8 → 3.6 / 5 (start → midpoint)



Confidence presenting at MDTs

+48% 2.1 → 3.1 / 5 (start → midpoint)



Examples of impact in practice



Taking on PIFU – a new nurse-led responsibility

"I wasn't doing that before the CDL support."

CNS interview, January 2026

CDL support included clinic observation, real-time feedback and reflection, leading to one CNS taking on patient-initiated follow-up (PIFU) as an ongoing responsibility.



From lone working to peer support

"A connection that continued beyond the introduction."

CNS interview, January 2026

The CDL connected two CNSs in similar roles at different trusts, creating a sustained peer relationship, greatet confidence to seek support and wider collaboration.

Wider benefits

For staff
Greater role clarity, less isolation and stronger readiness for nurse-led work. Development support also shifts workload from senior CNSs and managers.

For patients and services
Reported changes include taking on PIFU, greater confidence in nurse-led clinics and stronger patient advocacy at MDTs. Patient outcomes were not directly measured.

For the system
A consistent and scalable model to operationalise ACCEND, strengthen nurse-led capacity and support a sustainable cancer nursing workforce.

System-wide co-production

Four London Cancer Alliances
NCLCA, RM Partners, NELCA and SELCA, with Macmillan and NHS England

Patient representatives, Lead Cancer Nurses Forum, workforce leads, education teams and CNSs
co-designed and shaped delivery.

Conclusion and next steps

The CDL pilot demonstrates the value of a dedicated workforce development role in building a confident, capable and sustainable cancer nursing workforce.

- Independent evaluation findings indicate positive changes in confidence, capability and experience of support.
- The model is scalable and offers a practical solution to workforce challenges aligned with national priorities.
- Next steps include completion of the evaluation, development of a business case and wider NHS adoption.

Led by NCLCA on behalf of all London Cancer Alliances

Co-funded by Macmillan Cancer Support and NHS England

Evaluated by an external evaluation agency