Cancer Research UK Briefing: Westminster Hall debate on early diagnosis and the cancer workforce in the NHS long-term plan, 8th January 9.30-11am

Summary

By 2035 one person every minute will be diagnosed with cancer, but our health service is already struggling and UK cancer survival lags behind the best in the world.

Unless we have a plan to address the staffing shortages – backed up by significant investment – the NHS will struggle to maintain today’s standard, let alone attempting to achieve the Prime Minister’s ambition to diagnose three in four cancer cases at an early stage by 2028.

We need a long-term NHS plan which acknowledges staffing gaps; commits to invest in increasing the supply pipeline, staff retention and numbers of staff to meet future patient demand; and sets a date for the publication Health Education England’s long-term cancer workforce plan.

Early diagnosis saves lives

The earlier a cancer is diagnosed the more likely it is to be treated successfully. For example, if you diagnose bowel cancer at an early stage, 9 in 10 people will survive. When they’re diagnosed late (at stage 4) only 1 in 10 people will survive.

Right now, just over half of people are diagnosed with cancer early in England— a major reason why we are lagging behind cancer outcomes in other countries. Across the country, the proportion diagnosed at stages 1 and 2 varies – it can be as low as 46% in some CCGs compared to 61% in others. We can do so much better.

Growing demand for Tests

Every year, more people are referred for diagnostic tests. In 2018 there were over 1.9m urgent GP referrals for suspected cancer. This was 40% higher than the equivalent period four years ago. Diagnostic services are already struggling to keep up with growing demand, as shown by missed cancer waiting times targets over the last three years.

This demand for tests is only going to increase, due to a growing and ageing population. For example, by 2020 we’ll need to carry out at least 750,000 more endoscopies every year. 500,000 people are projected to be diagnosed with cancer in 2035.

More workforce needed to diagnose cancer earlier

More than three years after the publication of the Cancer Strategy for England, more progress needs to be made to improve early diagnosis. To achieve the Prime Minister’s ambition of having 3 in 4 diagnosed at an early stage by 2028, we will need more of the specialist staff who carry out and interpret diagnostic tests.

Even without a drive towards early diagnosis, our latest report demonstrated that the cancer workforce may have to double by 2027 just to keep up with the needs of the UK’s growing and ageing population.

Urgent action must to be taken now to ‘future proof’ the NHS workforce to ensure it is adequately equipped to deal with rising demand.

“The numbers of patients we’re seeing every year goes up and up but our capacity in the health service just isn’t keeping pace. As our population gets older, we’re seeing more patients with cancer. On top of this, Primary Care are referring patients to hospital sooner. This is great but it’s breaking the diagnostic system. We need more people to make the diagnoses. The whole system is struggling to cope at the moment, but particularly the diagnostic services. We have a fantastic health system; if we have the right capacity and the people we need, we can deliver world class cancer care.” Peter, Oncologist, Southampton, Test

For further information please contact publicaffairs@cancer.org.uk or 020 3469 6058.
Shoulder to Shoulder Against Cancer

Our Shoulder to Shoulder Against Cancer campaign asks the Government to stand shoulder to shoulder with the NHS by training and employing more diagnostic staff and producing a fully-funded long-term cancer workforce plan. Since it launched in June, the campaign has gained passionate support from MPs, NHS staff, cancer patients and the wider public.

More than 4000 people from across the UK have sent a message to the Health Secretary explaining why this is so important to them. And over 200 Parliamentarians from all parties represented in Westminster, signed a letter to the Health and Social Care Secretary asking for the cancer workforce to be a priority in the NHS long-term plan.

“I experienced wonderful care and support during my cancer treatment recently. The surgeon, theatre staff, nurses, radiographers, physiotherapists and district nurses were outstanding and I cannot thank them enough. My three sisters have also been treated for breast cancer. When you are given life changing news it is really reassuring to have that expertise, support and genuine care.” Vicky, Alyn & Deeside

We would like to see:

A more strategic approach to workforce planning:

We need a new approach to workforce planning which is based on best-practice and clinical need. Health Education England (HEE) must produce phase 2 of the cancer workforce plan, which looks at how many staff are needed to meet growing patient demand. This plan must be backed with appropriate funding.

A long-term NHS plan which:

- Acknowledges staffing gaps are impeding our ability to provide world leading cancer care.
- Commits to invest in increasing the supply pipeline, staff retention and numbers of staff to meet future patient demand.
- Sets a date for the publication HEE’s long-term cancer workforce plan, known as phase 2.

Short-term solutions to address shortages in key professions¹:

- Open more specialist training places: high and persisting vacancy rates across key professional groups show there are an insufficient number of specialist staff being trained in the UK to meet patient demand. HEE must have funding to open more specialist training places and DHSC to drive an increase in diagnostic training numbers.
- International recruitment: HEE should consider coordinated international recruitment options to address immediate shortages.
- Encourage skills-mix approaches: a national emphasis towards skills-mix approaches can help to alleviate pressures on staff by utilising existing staff more efficiently. Widespread training opportunities for Nurse Endoscopists, reporting Biomedical Scientists and reporting diagnostic Radiographers should be available.
- Explore new technologies: building on the Topol Review, funding should be made available for technologies which can ease workforce pressures, such as Digital Pathology.

“The most challenging aspect of my role is the increasing numbers of patients, when equipment and staffing remain static. We’re seeing almost week on week increases for people needing tests and having to wait long times between having a test and receiving the result, which can be extremely anxious. We need investment across the board, but especially in early diagnosis.” Nick, Consultant radiographer, Hackney South & Shoreditch

¹ Clinical radiology, diagnostic radiography, endoscopy and cellular pathology

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