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UK Government urged to recognise post-COVID-19 cancer backlog



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The UK Government and NHS leadership is failing to accept the scale and urgency of the crisis facing cancer services as they recover from the impact of the COVID-19 pandemic, a parliamentary report has warned.

After receiving consultation responses from more than 30 cancer organisations and professionals, the All-Party Parliamentary Groups (APPGs) for Radiotherapy and Health published a series of recommendations, including appointing a minister to lead a radical national recovery plan supported by an independent expert advisory group.

Their report points to “considerable frustration” in the cancer community that more was not being done to prevent thousands of patients dying and presenting with advanced-stage cancers.

Outlining the recommendations at an online cancer summit, APPG for Radiotherapy chair Tim Farron MP said the “frightening” cancer backlog was a preventable national crisis. He added that those working in cancer services have the expertise needed to tackle the backlog “but that can only happen if ministers are willing to accept there is a crisis, deliver vital investment in cancer services, and act quickly”.

The report notes that the pandemic came on top of the UK having the worst cancer survival rates in high-income countries due to persistent underinvestment and bureaucratic blocks.

“In so many respects the pandemic has amplified the weakness in our cancer services. We need the government to urgently deliver a fully funded national cancer plan to tackle the backlog and save thousands of lives”, said Farron.

The report concludes that cancer referrals and clinical pathways have been substantially disrupted during the COVID-19 pandemic, and with a growing backlog of tens of thousands

of undiagnosed patients and exhausted frontline staff, it could take years to catch up. The report states that this is the “worst cancer crisis” in the past 40 years and and those working in cancer services are “gravely concerned” about the vast numbers of missing patients and how the extra capacity will be found when services are already stretched.

To support this work, ringfenced investment should be provided for cancer infrastructure, including a £325 million investment in diagnostic infrastructure recommended by the Royal College of Radiologists (RCR), as concluded in the report. The report also calls for a commitment to immediate funding for short-term solutions to the workforce crisis and at least a 20% increase in the professionals needed to run cancer services.

The report’s final recommendation is to listen to frontline staff to implement existing technology solutions and “cast away needless bureaucracy”, giving examples of NHS tariffs actively disincentivising the use of more advanced equipment and techniques.

In written evidence submitted to the APPG for Radiotherapy, Cancer Research UK said cancer waiting time targets were routinely missed even before the pandemic, with one in ten diagnostic posts vacant in 2018–19, and substantial investment needed in diagnostic equipment and technology.

The RCR said the UK’s radiologist workforce was now understaffed by a third, and clinical oncology consultants by 19%. It identified three key areas for improvement: workforce, modern technology to support early diagnosis, and new models of delivering care.

Jeanette Dickson, president of the RCR, said: “We back the report’s key calls for officials to recognise the extremity of the cancer backlog

and implement quick wins within the NHS, particularly around cutting bureaucracy, reviewing the NHS radiotherapy tariff, and supporting staff to improve services and update woefully outdated IT.”

“In our submission to the APPG for Radiotherapy, we also stressed how new operating models—including integrated imaging networks to support radiology teams and community diagnostic hubs to allow scanning away from acute hospital settings—have the real potential to help clear the backlog and future-proof care for our patients”, she said. “However, better technology, more equipment, and new ways of working will only take us so far without a properly staffed workforce.”

Clive Peedell, clinical lead for radiotherapy at the James Cook University Hospital, Middlesbrough, who also provided a consultation response for the report, said he would “strongly advise the government to implement the recommendations as soon as possible”.

“Radiotherapy has been chronically underfunded and there is an urgent need to update and renew equipment, as well as invest in training and IT support”, he said.

A government spokesperson told *The Lancet Oncology* that cancer diagnosis and treatment had remained a top priority throughout the pandemic; of the 2 million urgent referrals made, the majority saw a cancer specialist within 2 weeks.

“The NHS has published their plan to recover cancer services, and we’re providing an extra £1 billion to boost diagnosis and elective treatment in the year ahead and investing £325 million in NHS diagnostic machines to improve the experience of cancer patients.”

Emma Wilkinson