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DEBATE PACK

Early diagnosis and the cancer workforce in the NHS long-term plan

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Summary

On Tuesday 8 January 2019, there will be a Westminster Hall debate on Early diagnosis and the cancer workforce in the NHS long-term plan, starting at 9:30am. The debate is sponsored by Jim Fitzpatrick MP. This debate pack provides some background information on these issues and brings together related news articles, press releases and parliamentary material.

Contents

The House of Commons Library prepares a briefing in hard copy and/or online for most non-legislative debates in the Chamber and Westminster Hall other than half-hour debates. Debate Packs are produced quickly after the announcement of parliamentary business. They are intended to provide a summary or overview of the issue being debated and identify relevant briefings and useful documents, including press and parliamentary material. More detailed briefing can be prepared for Members on request to the Library.

1. Background

Following the 2015 Cancer Taskforce Strategy for England, Health Education England (HEE) published its first Cancer Workforce Plan in December 2017. The recommendations from this plan include actions to ensure there are enough staff with the right skills to deliver the funded activity set out in the Cancer Strategy by 2021, and focuses on seven priority professions to do this. HEE intends to produce a longer-term strategy that looks at the workforce needs beyond 2021, with this planning now being aligned with the forthcoming NHS long-term plan.[1] A number of health bodies, including Cancer Research UK, have called for the long-term plan to focus on workforce issues including education, recruitment and retention. On 15 November 2018 NHS England's Cancer Director, Professor Sir Mike Richards announced that cancer screening will be overhauled as part of the NHS long-term plan.[2]

The Prime Minister asked the NHS to produce a long-term plan to improve access, care and outcomes for patients, in return for a five-year funding settlement. Under the plan, NHS funding will grow on average by 3.4% in real terms each year from 2019/20 to 2023/24, increasing the NHS England budget by £20.5 billion by 2023/24. The funding will be front-loaded with increases of 3.6% in the first 2 years.[3]

The development of the long-term plan has seen a number of working groups established over the summer of 2018, these have focused on 3 'life course programmes', 4 'clinical priorities' (one of which is cancer) and 10 'enablers' (one of which is headed 'workforce, training and leadership').[4] The long-term plan had been due to be published at the end of 2018 and is now expected shortly.

1.1 The Cancer Strategy (2015) and Cancer Workforce Plan (2017)

The five-year strategy for cancer, Achieving World-Class Cancer Outcomes: A Strategy for England 2015- 2020, included 96 recommendations for improvements across cancer treatment, support and research, with the aim of improving survival rates, awareness and the quality of care people receive. Key priorities set out by the Taskforce included:

- Improvements to public health
  — This included plans to reduce smoking rates and implement national strategies on obesity and tobacco control.

- Earlier diagnosis
  — A shift towards faster testing and responding more quickly to patients who present with symptoms. A target that by 2020,

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[1] PQ 191336 22 November 2018
[2] NHS England, Cancer screening to be overhauled as part of NHS long term plan to improve care and save lives, 15 November 2018
[3] DHSC press release, Prime Minister sets out 5-year NHS funding plan, 18 June 2018
[4] See: NHS Improvement, Developing the long-term plan for the NHS and December 2018 stakeholder update

95% of patients referred by a GP will be definitively diagnosed and receive test results within four weeks.

- Greater emphasis on patient experience
  — Increasing the use of patient experience metrics, including through the annual Cancer Patient Experience Survey. A target that all patients should have online access to test results and communications by 2020.

- Improved support for people living with and beyond cancer
  — All patients should have access to the 'Recovery Package' of support by 2020, as well as improved provision of end of life care.

- Investments in a high-quality service
  — Improving access to new cancer treatments through the Cancer Drugs Fund, replacing linear accelerators at the end of their life cycle, supporting cancer research, dealing with workforce pressures and rolling-out a national molecular diagnostics service.

- New commissioning processes
  — Setting of clearer expectations of how cancer services should be commissioned and the establishment of regional Cancer Alliances.

The strategy estimated that if the NHS in England fully implemented the measures recommended, an additional 30,000 patients per year may survive cancer for ten years or more by 2020, of which almost 11,000 would be through earlier diagnosis. The UK Government accepted all 96 of the report's recommendations. Implementation is being led by NHS England's National Cancer Transformation Board.

In May 2016 NHS England published an implementation plan for the cancer strategy, Achieving World-Class Cancer Outcomes: Taking the strategy forward. This set out the support that local leaders in cancer will have from national initiatives and transformation programmes to turn the cancer taskforce ambitions into reality. In particular it noted that Cancer Alliances, bringing together clinical and other leaders from across different health and care settings in a local community, will look at whole pathway data and information in the new Cancer Dashboard. The new integrated Dashboards will include survival, early diagnosis rates and data on treatment outcomes, patient experience and quality of life. Central to the strategy was its recommendation to make better use of data to support service improvements, and its key national ambitions for incidence, survival, patient experience and quality of life to improve by 2020. The Public Health England website provides further background on the dashboard and how it is used to measure and improve performance, and on the different levels of cancer data that are available

NHS England have so far published two progress reports on the implementation of the strategy:

- Achieving World-Class Cancer Outcomes: A Strategy for England 2015-2020 – One Year On 2015-16 (October 2016)
- Achieving World-Class Cancer Outcomes: A Strategy for England 2015-2020 – Progress Report 2016-17 (October 2017)

NHS England has confirmed funding of over £600 million to support Cancer Alliances deliver the five year cancer strategy for all cancers. This includes:

- Transformation Funding to deliver improvements in early and faster diagnosis and quality of life for people living with and beyond cancer
- Core Funding to establish and maintain a team to support the new way of working led by the Alliance
- National Support Funding allocated in a way that helps to address regional variations in levels of funding and with the purpose of ensuring that all Alliances are supported to deliver the 2018/19 Planning Guidance priorities
- Dedicated support from a new analysis, evidence and data service
- A series of national Cancer Alliance events to share best practice and information across Cancer Alliances.

In December 2017, Health Education England published phase one of its Cancer Workforce Plan to deliver the cancer strategy to 2021. It includes plans to recruit more specialists and sets out how HEE will support the expansion of seven key professions:

- Histopathology and health care scientists

- Gastroenterology

- Clinical radiology

- Diagnostic radiography

- Medical and clinical oncology

- Therapeutic radiology

- Cancer nurse specialists

Given the significant lengths of time to train in some of these areas (12 years for clinical radiologists, oncologists and histopathologists), immediate priority action focuses upon retention, including through developing flexible working, HEE focusing its return to practice programme on the priority areas and international recruitment. A cancer staff forum will also be established across the seven areas, to address themes such as work/life balance and continuing professional development. The plan included a specific commitment that every patient should have access to a cancer clinical nurse specialists (CNS) or other support worker by 2021, supported by developing national CNS competencies and a clear route into training.

Addressing the Conservative Party Conference on 3 October 2018 the Prime Minister announced there would be a new Cancer Strategy, which will form a central part of the forthcoming long-term plan for the NHS:

> Half of us will be diagnosed with cancer. All of us know someone who has been. Survival rates are increasing, but we are lagging behind other countries. So today I can announce a new Cancer Strategy, funded through our 70th birthday investment, will form a central part of our long-term plan for the NHS. The key to boosting your chance of surviving cancer is early diagnosis. Five-year survival rates for bowel cancer are over 90% if caught early, but less than 10% if diagnosed late. Through our Cancer Strategy, we will increase the early detection rate from one-in-two today, to-three-in four by 2028. We will do it by lowering the age at which we screen for bowel cancer from 60 to 50. By investing in the very latest scanners. And by building more Rapid Diagnostic Centres – one stop-shops that help people get treatment quicker. This will be a step-change in how we diagnose cancer. It will mean that by 2028, 55,000 more people will be alive five years after their diagnosis compared to today.[5]

On 15 November 2018 NHS England's Cancer Director, Professor Sir Mike Richards announced that cancer screening will also be overhauled as part of NHS long-term plan. Sir Mike Richards will lead a review team to assess current screening programmes and recommend how they should be organised, developed and improved. The review will look at how latest innovations can be utilised, including the potential use of artificial intelligence, integrating research and encourage more eligible people to be screened. It will also look to learn lessons from recent issues around breast and cervical screening.

As part of the process, the review will advise NHS England and Public Health England on the best operational delivery model for current screening programmes, including possible changes to currently outsourced provision. The review, which is expected to report by summer 2019, will assess the strengths and weakness of the current cancer screening programmes, making recommendations on a number of areas including:

- How screening policy should be modified in the future, including horizon scanning, reviews of effectiveness and advice from clinical experts.

- How best to integrate screening programmes with other initiatives the NHS cancer programme is leading to promote early diagnosis of cancer and other life-threatening illnesses and place it as part of a wider approach to prevention and early intervention.

- Introducing new screening technologies and update IT.

- How screening programmes should be commissioned, delivered and quality assured in the future.

- How to ensure that the necessary workforce is trained to deliver the programmes.

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[5]   Theresa May, the Prime Minister, speaking today at Conservative Party Conference at the ICC, Birmingham,3 October 2018

- How best to ensure ongoing research and evaluation can be integrated into the screening programme.[6]

1.2 Cancer Research UK: Securing a cancer workforce for the best outcomes

In November 2018 the national cancer charity Cancer Research UK published a short briefing, *Securing a cancer workforce for the best outcomes*, in response to the Government's ambition to improve early diagnosis. In particularly this projected the future demand for cancer treatment and care and the required workforce increases to meet this future demand. The report's headline finding was that that staff numbers would need to double by 2027, with some specialities needing even larger increases.

> Our headline finding is that staff numbers may need to double across key workforce groups by 2027 just to meet the needs of the growing number of patients […].Given the scale of this estimated increase, it is vital that NHS England and Health Education England conduct their own detailed modelling exercises to better understand what increases we need over the course of the new long-term plan, and that this is tested with the wider cancer community.

> For example, our estimates suggest that by 2027 the number of radiologists may need to grow by 70%; the number of gastroenterologists by 45%; the number of therapeutic radiographers by 80%; and the number of oncologists may have to triple.

> We have been unable to estimate the scale of increase needed for diagnostic radiographers, histopathologists or GPs, but these staff groups will clearly be crucial to the early diagnosis of cancer in the future and it is therefore likely that they will also have to grow significantly in numbers to meet demand.[7]

These estimates are based on the way care is currently provided, rather than taking into account potential changes in the NHS, and the report notes that changes to the way the NHS provides cancer care are likely to lead to even greater workforce demands.

Cancer Research UK call on the long-term plan to include a long-term workforce strategy:

> A key element of the new long-term plan for the NHS must be a long-term workforce strategy to ensure that we have the staff we need to diagnose and treat cancer in the future. Without the right staff in place, we will not be able to achieve the ambition of diagnosing 75% of cancers at stage 1 or 2 by 2028.

> As part of developing a long-term plan for the workforce, NHS England and Health Education England must consider the future demand created by a growing and ageing population. This report has attempted to demonstrate what the potential impact of increased demand could be on workforce numbers in key staff groups for the diagnosis and treatment of cancer. **NHS England**

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6   NHS England, Cancer screening to be overhauled as part of NHS long-term plan to improve care and save lives, 15 November 2018

7   Cancer Research UK, *Securing a cancer workforce for the best outcomes*, November 2018

and HEE should consider the findings of this report and incorporate them into their own models of future workforce needs.

NHS England and HEE should also consider the impact of changes to technology and service delivery. Some of this work is already taking place, but there are potentially significant workforce implications for many likely changes to NHS cancer services which must be considered as part of a long-term workforce strategy.

This strategy will be ineffective unless it is matched by investment to ensure that the pipeline of staff will deliver the right numbers in the future and that any actions to increase supply in the shorter term are fully funded. **The Government must ensure that funding is available to HEE for the purposes of developing and implementing a long-term strategy for the workforce.**

NHS England must ensure that part of its existing settlement is used to support optimising the existing workforce and to ensure that regional NHS organisations prioritise the cancer workforce. [8]

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[8]   *Ibid.*

2. NHS England cancer waiting time standards

The current NHS England cancer targets are as follows:

Two-week (14 day) targets from referral to specialist

- A maximum two-week wait to see a specialist for all patients referred with suspected cancer symptoms (target: 93%).
- A maximum two-week wait to see a specialist for all patients referred for investigation of breast symptoms, even if cancer is not initially suspected (target: 93%).

One-month (31 day) targets from diagnosis to treatment

- A maximum one month (31-day) wait from the date a decision to treat is made to the first definitive treatment for all cancers (target: 96%).
- A maximum 31-day wait for subsequent treatment where the treatment is surgery (target: 94%).
- A maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy (target: 94%).
- A maximum 31-day wait for subsequent treatment where the treatment is an anti-cancer drug regimen (target: 98%).

Two-month (62 day) targets from referral to treatment

- A maximum two month (62-day) wait from urgent referral for suspected cancer to the first definitive treatment for all cancers (target: 85%).
- A maximum 62-day wait from referral from an NHS cancer screening service to the first definitive treatment for cancer (target: 90%).
- A maximum 62-day wait for the first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) (no target).

As set out in the [Handbook to the NHS Constitution](#), where this is not possible, NHS commissioners must take all reasonable steps to offer a suitable alternative provider.

The two-week (14 day) target is currently being replaced by a new standard for a diagnosis of cancer to be confirmed or excluded, and the results communicated to the patient, within 28 days of GP referral. This is intended to be rolled out fully by 2020. Further detail on cancer waiting time standards can be found in the Commons Library Debate Pack briefing on [NHS Cancer Targets](#) (30 April 2018).

3. Cancer diagnosis, workforce and waiting time statistics

Early diagnosis

When cancer is diagnosed at an early stage, survival rates are higher. In 2016 in England, 54% of cancers were diagnosed at an early stage – either stage 1 or stage 2, as opposed to stage 3 or stage 4.

This varies between cancer site. Data from the National Cancer Intelligence Network shows that 91% of melanoma skin cancers are diagnosed at an early stage, compared with 23% of pancreatic cancers.

Early diagnosis also varies in different parts of England, from 61% in Bath to 46% in North East Lincolnshire. Note that differences between areas may be partly due the prevalence of different types of cancer varying in different parts of England. For instance, lung cancers made up 21% of all diagnoses in Hull in 2016, but only 6% of all diagnoses in Wokingham.

Cancers diagnosed at an early stage 2016, England

Site	%
Total	**54%**
Skin	91%
Breast	86%
Uterine	81%
Bladder	76%
Kidney	58%
Prostate	54%
Other	45%
Colorectal	44%
Ovarian	42%
NHL	32%
Stomach	30%
Lung	28%
Oesophagus	27%
Pancreas	23%

Source: National Cancer Intelligence Network

Waiting times for diagnosis and treatment

NHS cancer services are subject to a number of waiting time standards. Selected trends for England are outlined below. More detail is given in our briefing papers, NHS Key Statistics and NHS maximum waiting times and patient choice policies.

14-day wait for first consultant appointment

When patients are urgently referred by their GP with suspected cancer, they should have a first consultant appointment within **two weeks** (target: 93%). The target was met consistently until 2018/19, when performance fell. In the quarter ending September 2018, 91.6% of patients were seen within two weeks.

31-day wait for first treatment

When a decision is made to treat cancer, the first definitive treatment should be within **31 days**. The target is 96% for this measure. This target has always been met. Performance was 96.8% in the most recent quarter, however, which is the lowest on record.

62-day wait from GP referral to first treatment

When a patient is treated for cancer after having first been urgently referred by their GP, the whole pathway (from referral to treatment) should be under **62 days**. The target is 85% for this measure. This target has not been met since 2013. In the most recent quarter, performance was 78.6% - the lowest on record.

Data for other waiting time standards can be found on the [NHS England website](#).

Cancer workforce

There is no measure of the total NHS cancer workforce, but there are a number of staff categories which provide an indication.

There were 1,305 clinical oncology doctors working in England's hospitals [in September 2018](#). This is 25.5% higher than in September 2010 (an increase of 266). Of this group, the number of consultants increased from 497 to 730.

Over the same period the number of diagnostic radiographers working in England's hospitals increased from 11,908 to 14,639 (23%).

NHS activity related to cancer has also [increased over this period](#). The number of urgent GP referrals with suspected cancer seen by a consultant has doubled, while the number of first treatments for cancer has increased by 24%.

4. Cancer plans in the devolved administrations

The Scottish Government's cancer strategy, Beating Cancer: Ambition and Action, was published in March 2016. The strategy contains over 50 actions to improve prevention, detection, diagnosis, treatment and after care for those affected by cancer, including funding for:

- radiotherapy equipment and to support radiotherapy recruitment and training
- better support for people with cancer and their families, for example, through Link Workers and other initiatives like Macmillan's Improving the Cancer Journey
- reducing inequalities in screening uptake
- improvements in surgical treatments
- swift access to diagnostics for people with suspected cancer
- improvements across the palliative care sector and to support targeted action on training and education
- supporting waiting times performance

In November 2017 the Welsh Government launched a refresh of the Cancer Delivery Plan for Wales 2016-2020. The refreshed cancer delivery plan includes a focus on:

- prevention and early diagnosis
- fast and effective treatments
- meeting the needs of people and providing the best supportive cancer care

Information on cancer services in Northern Ireland can be found on the website of the Northern Ireland Cancer Network.

5. Further reading

5.1 News articles and press releases

'Workforce should be a priority for the future of cancer care', Nursing Times, 5 December 2018

It's time to stop papering over the cracks when it comes to workforce, HSJ, 28 November 2018

Stevens: Long-term plan won't 'definitively' address staffing problems, HSJ, 28 November 2018

- An article about comments from the Chief Executive of NHS England, who stated that the long-term plan would not "definitively" deal with staff training, capital or public health.

Cancer patients wait more than a year for diagnosis, Times, 28 November 2018

Cancer survival rate scandal; Thousands of lives needlessly lost because UK lacks the scanners for early diagnosis, Express, 27 November 2018

Early cancer diagnosis rates drop in several areas, HSJ, 27 November 2018

We have made great strides in cancer care but there is some distance to go, Times, 26 November 2018

Bypassing GPs could help to diagnose cancer sooner, Times, 26 November 2018

UK cancer and children's wards being hit by closures, Guardian, 18 November 2018

NHS England launches 'major overhaul' of national cancer screening programmes, Pulse, 16 November 2018

Health secretary identifies 'big three' workforce shortage areas, HSJ, 14 November 2018

NHS cancer treatment wait statistics 'set to be worst on record', Guardian, 8 November 2018

Hospital suspends chemotherapy because of nurse shortage, BMJ, 8 November 2018

Call for cancer workforce investment after nurse shortages speed up chemo unit closure, Nursing Times, 7 November 2018

Patients facing NHS tests 'bottleneck', BBC News, 6 November 2018

How early cancer diagnosis could make all the difference, Raconteur, 25 October 2018

Theresa May speaks of pain at goddaughter's death as she unveils new cancer strategy, Independent, 15 October 2018

Conservative conference: May announces new cancer strategy to boost survival rates, BMJ, 4 October 2018

The dark side of early diagnosis, Prospect, September 2018

- An article about the danger of false positives, unnecessary treatment and misrepresentation of data that early diagnosis policies can lead to.

Bed pressures exacerbate radiology safety risks says HSIB, HSJ, 26 September 2018

The NHS desperately needs a robust workforce strategy. Can it deliver one? Guardian, 21 September 2018

Pathologists shortage 'delaying cancer diagnosis', BBC News, 16 September 2018

More money, not yet enough people: it's time to get creative, HSJ, 18 July 2018

- An article about how staff engagement can fill holes in the cancer workforce.

Workforce warning as government makes cancer pledge, HSJ, 26 June 2018

May to pledge millions to AI research assisting early cancer diagnosis,
Guardian, 20 May 2018

NHS England short of more than 400 specialist cancer nurses, report
says, Guardian, 30 April 2018

Cancer specialist nurses are being 'run ragged', warns charity, Nursing
Times, 30 April 2018

Rapid cancer diagnosis centres to be introduced at 10 NHS hospitals,
Digital Health, 5 April 2018

Test clinics offer quicker cancer diagnosis, Times, 3 April 2018

Plans to boost cancer workforce are "scratching the surface," says
radiology leader, BMJ, 5 December 2017

5.2 Devolved administrations

Waiting time targets for cancer patients not met across Scotland,
Shropshire Star, 18 December 2018

NHS Wales aims to speed up cancer diagnosis for all, BBC News, 22
November 2018

NHS chief flees Wales for better cancer care, Times, 21 October 2018

Macmillan 'deeply concerned' over cancer diagnosis rate, Times, 1
August 2018

- An article about diagnosis in Scotland

New Macmillan Research Shows Ticking Time Bomb For Wales Cancer
Nursing Workforce, Wales 247, 2 July 2018

Cancer crisis looms due to lack of experts, Times, 4 February 2018

- An article about Scotland.

5.3 Library publications

The Commons Library has produced briefing packs for a number of debates on cancer in 2018. See for example:

- Ovarian cancer diagnosis and treatment, CDP-2018-0229, published 29 Oct 2018
- The future of breast cancer, CDP-2018-0223, published 17 Oct 2018
- NHS Cancer Targets, CDP-2018-0105, published 30 Apr 2018
- Cancer treatment, CDP-2018-0090, published 18 Apr 2018
- Cancer Strategy, CDP-2018-0037, published 19 February 2018

The Lords Library also published briefings for debates, on World Cancer Day and on Innovative Cancer Treatment, both in January 2018.

5.4 Sector comment and campaigns

The Prime Minister committed to diagnosing cancers earlier – so how many staff does the NHS need to get there? Cancer Research UK, 12 November 2018

Teenage Cancer Trust's priorities for the NHS Long-Term Plan, Teenage Cancer Trust, 16 October 2018

Bloodwise's recommendations for NHS England's long-term plan, Bloodwise, 8 October 2018

Ending the capacity crisis, Bowel Cancer UK, October 2018

RCR responds to the Prime Minister's announcement of a new Cancer Strategy and focus on early diagnosis, The Royal College of Radiologists, 3 October 2018

We welcome PM's promise of a 'step-change' in cancer diagnosis and urge focus on prostate cancer, Prostate Cancer UK, 3 October 2018

Macmillan's priorities for the NHS long term funding strategy in England, Macmillan Cancer Support, 2018

Cancer in the Long-Term Plan for the NHS, Association of Chartered Physiotherapists in Oncology and Palliative Care, 17 September 2018

We call for ring fenced funding in budget as NHS hospitals breach waiting times for bowel cancer tests, Bowel Cancer UK, 13 September 2018

Cancer Research UK's proposals for the NHS 10-year plan, Cancer Research UK, August 2018

Ambition to save more lives from cancer is vital for NHS plan, HSJ, 29 May 2018

5.5 Reports

Cancer Research UK has published many policy documents which can be found on their website, Our policy on cancer services. They have also commented on national cancer plans across the UK, as well as screening programmes. Some particularly relevant reports are listed below.

Securing a cancer workforce for the best outcomes: The future demand for cancer workforce in England, Cancer Research, November 2018

- Welcoming the commitment by the Prime Minister in October 2018 to improve the early diagnosis of cancer, Cancer Research nonetheless feel that much more was required:

    — An increase in the cancer workforce to deal with both with the increasing number of those being tested for cancer, and greater specialisation.

    — A commitment to funding more training for this increased workforce, alongside a demand-led long-term strategy for staffing.

    — Cancer Research's conservative estimate is that double the current levels of staff will be required in some workforce groups by 2027; however the organisation also fears that changes in the NHS (such as AI, changing screening ages) will mean that even more staff might be required.

    — More detail can be seen in section 1.2 above.

Capacity to Diagnose? An analysis of cancer diagnostic activity in England, Cancer Research, March 2018

Accelerating the translation of early detection and diagnosis research in cancer, Cancer Research, February 2018

- A summary of a workshop held by the Academy of Medical Sciences and Cancer Research UK.

Full team ahead: Understanding the UK non-surgical cancer treatments workforce, Cancer Research, December 2017

Early Diagnosis Workforce: A campaign to take action on NHS staff shortages in England, Cancer Research UK, October 2017

Caner Research's position paper on the diagnostic workforce in England, August 2017

Cancer Research's position paper on the diagnostic workforce in Wales, August 2017

Where next for cancer services in Northern Ireland? An evaluation of priorities to improve patient care, Cancer Research, 2016

- See in particular chapter four on early diagnosis

Where next for cancer services in Wales? An evaluation of priorities to improve patient care, Cancer Research, 2016

- See in particular chapter four on early diagnosis

Testing times to come? An evaluation of pathology capacity across the UK, Cancer Research, November 2016

Macmillan Cancer Support's publications page has links to reports published by the APPG on Cancer. Their most recent report, Progress of the England Cancer Strategy: Delivering outcomes by 2020? (2017) outlines workforce issues. Macmillan has also published:

- From the frontline: work pressures in NHS, September 2017
- Thinking Differently: Macmillan's vision for the future cancer workforce in England, February 2017
- Cancer workforce in England: a census of cancer, palliative and chemotherapy specialist nurses and support workers in England in 2017, 2017

The health care workforce in England, Health Foundation/King's Fund/Nuffield Trust, November 2018

Unfinished business: an assessment of the national approach to improving cancer services in England 1995–2015: Research report, The Health Foundation, 2018

Cancer waiting times: the bigger picture (Blog), Nuffield Trust, 2 February 2018

Cancer waiting time targets, Nuffield Trust, last updated January 2018

Rising pressure: the NHS workforce challenge, Health Foundation, October 2017

5.6 Official sources

Cancer screening to be overhauled as part of NHS long term plan to improve care and save lives, NHS England, 15 November 2018

Understanding cancer performance in the NHS, NHS Providers (Blog), July 2018

HEE unveils plan to transform the future NHS cancer workforce, Health Education England, 5 December 2017

Government response to: Cancer Research UK's campaign about the Early Diagnosis Workforce, Department of Health and Social Care, 6 October 2017

Cancer Workforce Plan: Phase 1: Delivering the cancer strategy to 2021, Health Education England, 2017

Guide to Early Cancer Diagnosis, World Health Authority, 2017

6. Parliamentary material

6.1 Oral questions

Health: Cancer, HL deb 29 Nov 2018, volume 794 c727

> **Asked by:** Baroness Finlay of Llandaff (CB)
>
> My Lords, what is the Government's estimate of the funding needed for better radiological equipment; to train radiographers to be able to report, given the shortage of radiologists; to develop AI, given that the diagnosis of malignant melanoma using AI has been shown to be as accurate as diagnosis by a dermatologist; and to invest in pathology services? Without quantifying the amount and making sure that NHS England and CCGs sign up to these things, I worry that our diagnostic facilities will never catch up with those of other countries.
>
> **Answering member:** Lord O'Shaughnessy
>
> The noble Baroness pinpoints some really important issues that we need to deal with. The good news is that the number of radiographers has increased by 3,500 in the last eight years, but of course we need to do more and the cancer workforce plan includes plans to recruit more specialists. Greater investment in equipment is taking place, the Prime Minister has announced investment in specialist cancer centres, and the first proton beam therapy centres in this country have now opened. Finally, AI has extraordinary benefits. It is now able to diagnose some tumours better than most expert specialists. We have made some commitments in this area through the expansion of digital pathology and radiology, and we will be doing more.

Topical Questions, HC deb 27 Nov 2018, volume 650 c152

> **Asked by:** Kevin Hollinrake (Thirsk and Malton) (Con)
>
> Everyone in this place has lost someone close to them to the terrible and terrifying disease that is cancer. How will the NHS 10-year plan help to improve detection rates?
>
> **Answering member:** The Parliamentary Under-Secretary of State for Health and Social Care (Steve Brine) | **Department:** Health and Social Care
>
> The Prime Minister will set out our ambition that three quarters of all cancers will be diagnosed early, up from just half today. Our cancer survival figures are our best ever, but we do not have world-class outcomes yet, as we must and want to. That is why early diagnosis will be absolutely at the heart of the NHS long-term plan—for instance, in radically overhauling the screening programmes that the Secretary of State mentioned earlier.

6.2 Written questions

Cancer, PQ 191336, 22 Nov 2018

> **Asked by:** Gwynne, Andrew

To ask the Secretary of State for Health and Social Care, what assessment he has made of the number of specialists required in the cancer workforce by 2030.

Answering member: Steve Brine | **Department:** Department of Health and Social Care

Health Education England published its first ever Cancer Workforce Plan in December 2017, which commits to an expansion in the cancer workforce. The recommendations from this plan include actions to ensure there are enough staff with the right skills to deliver the funded activity set out in the Cancer Taskforce Strategy by 2021, and focuses on priority professions to do this.

HEE intends to produce a longer-term strategy that looks at the workforce needs beyond 2021. This planning is now being fully aligned with the National Health Service long term plan and associated ambitions for further development of cancer services. This will include exploring sustainable growth beyond 2021 in key professions through continued investment in training places, with a greater focus on attracting and retaining students and improving the numbers of qualified professionals who go on to work in the NHS.

[Cancer: Health Professions](#), PQ 157156, 03 Jul 2018

Asked by: Elliott, Julie

To ask the Secretary of State for Health and Social Care, what estimate he has made for the number of new specialists needed to meet the demand for (a) diagnosis, (b) treatment and (c) care of people with cancer.

Answering member: Steve Brine | **Department:** Department of Health and Social Care

In the Cancer Workforce Plan for England which was published in December 2017, Health Education England (HEE) set out the case for the need to target additional training support for clinical radiology, histopathology, oncology and diagnostic and therapeutic radiography.

HEE will consider whether further action is required to increase supply beyond 2021 in the light of the longer-term health and care workforce strategy which is expected to be published by the end of this year.

Locally, responsibility for assessing and managing staffing levels, including specialty staff, rests with individual National Health Service trusts and their boards who are best placed to decide how many staff they need to provide a given service.

6.3 Debates

[Cancer: Early Diagnosis](#), HC deb 23 October 2018, volume 648, cc.126-7

[Cancer Targets](#), HC deb 01 May 2018, volume 640, cc.72WH-94WH

[Cancer strategy](#), HC deb 22 February 2018, volume 636, cc.399-435

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