



## DEBATE PACK

Number CDP-0173, 14 December 2020

# Breast cancer screening

## Summary

A Westminster Hall debate on 'Breast Cancer Screening' has been scheduled for Wednesday 16 December 2020 from 2:30-4:00pm. The debate has been initiated by Robert Langan MP.

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## Contents

<b>1.</b>	<b>Screening programmes</b>	<b>2</b>
	Targeted screening	2
	Further information	3
<b>1.2</b>	<b>The impact of Covid-19 on breast cancer screening programmes</b>	<b>3</b>
<b>2.</b>	<b>Statistics</b>	<b>4</b>
<b>3.</b>	<b>UK Parliament Material</b>	<b>5</b>
3.1	Debates	5
3.2	Written Statement	5
3.3	Committee proceedings	5
3.4	Parliamentary Questions	5
<b>4.</b>	<b>News, Press releases and reports</b>	<b>19</b>
4.1	Press Releases	19
4.2	Reports & Research	21
4.3	News	23

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. Screening programmes

## National Screening

The UK National Screening Committee (UK NSC) advises Ministers and the NHS in the four UK countries about all aspects of population screening and supports the implementation of screening programmes. The UK NSC defines screening as:

[T]he process of identifying healthy people who may have an increased chance of a disease or condition. The screening provider then offers information, further tests and treatment. This is to reduce associated problems or complications.<sup>1</sup>

National population screening programmes in England, including national breast cancer screening, are recommended by the UK NSC and funded by NHS England.

## Targeted screening

Targeted cancer screening programmes in England are aimed at specific groups of people who have a higher than average risk of developing the condition they are being screened for. Breast screening uses mammography (X-rays) to look for abnormalities in breast tissue.

Targeted programmes are currently recommended by the National Institute for Health and Clinical Excellence (NICE) and in general, they are funded by clinical commissioning groups.<sup>2</sup>

### 1.1 Breast cancer screening

Most experts agree that regular breast screening is beneficial in identifying breast cancer early. The earlier the condition is found, the better the chances of surviving it.<sup>3</sup>

As the likelihood of getting breast cancer increases with age, the breast cancer screening programmes across England and all the devolved nations invite women registered with a GP to be screened from the age of 50 years, every three years.<sup>4</sup>

NICE provide guidance on the care of people at an increased risk of breast cancer due to family history and inherited genetic mutations. Women found to be at an elevated risk should be offered appropriate screening through the national screening programme.

A detailed overview of the breast screening programme in England is set out in Appendix E of the 2019 [Report of the Independent review of adult screening programmes in England](#).

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<sup>1</sup> UK National Screening Committee. 2018. [Screening in the UK: making effective recommendations](#)

<sup>2</sup> [The independent review of adult screening programmes](#), October 2019; p 20

<sup>3</sup> NHS, [Breast cancer screening](#)

<sup>4</sup> Further information on the breast screening programmes across the devolved nations is available on the respective websites: [NHS England](#); [Public Health Wales](#); [NHS Inform Scotland](#); [Public Health Agency Northern Ireland](#)

## Further information

Further information on the cancer strategies in the devolved nations is available in the Commons Library Debate Pack briefing on [The future of breast cancer](#) (17 October 2018). Further background information on the development of the NHS cancer strategy in England is provided in the Commons Library debate pack [Cancer strategy](#) (19 February 2018).

## 1.2 The impact of Covid-19 on breast cancer screening programmes

NHS cancer screening was temporarily paused in March 2020 when services were stopped in an effort to reduce the spread of Covid-19 and focus resources in responding to the pandemic. When cancer screening services resumed from June 2020, NHS breast screening providers prioritised invitations for key age groups and women at very high risk of breast cancer.<sup>5</sup>

Although breast cancer screening programmes have now resumed across the UK, the charity [Breast Cancer Now](#) has reported that appointments are significantly reduced because of infection prevention measures. The charity has also estimated that nearly a million women in the UK missed mammograms after breast screening programmes were paused, and have said that the programme should not be paused again.<sup>6</sup>

Both the NHS and cancer charity websites state that it is important for women to go to their screening appointments unless they or someone they live with has [symptoms of coronavirus](#). They also stress that women should continue to contact their GP surgery as soon as possible online or by phone if they think they may have [symptoms of breast cancer](#).

In a response to a recent Parliamentary question on breast cancer services, the Minister, Jo Churchill, stated the NHS and local delivery partners were working to restore cancer diagnostic and treatment services to pre-pandemic levels:

Sufficient diagnostic capacity in COVID-19 secure environments will be supplied through the use of independent sector facilities, the development of Community Diagnostic Hubs and Rapid Diagnostic Centres, further all cancer screening programmes will be fully restarted.<sup>7</sup>

Further information on the impact of coronavirus on cancer screening programmes can be found on the [Cancer Research UK](#) website.

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<sup>5</sup> [HCPQ 101055](#) [on Breast cancer: screening], 8 October 2020

<sup>6</sup> See BMJ, [Pause in breast cancer screening is opportunity to re-evaluate programme, says critic](#), 1 October 2020

<sup>7</sup> [HCPQ 98158](#) [on Breast cancer: health services], 5 November 2020

## 2. Statistics

During the COVID-19 pandemic, fewer people have been referred to consultants with suspected breast cancer. In the first ten months of 2020 in England (January to October):

- There were 320,000 urgent GP referrals with suspected breast cancer. This was a fall of 14% on the same period in 2019, when there were 373,000 referrals.
- There were 101,000 GP referrals with breast cancer symptoms where cancer was not initially suspected. This was a fall of 35% on the same period in 2019, when there were 156,000 referrals.
- 32,107 people started treatment for breast cancer, down 22% from the same period in 2019 when 40,994 people began treatment.

The most recent data is for October 2020. In September and October the number of urgent referrals with suspected breast cancer had returned to the same levels as 2019. In fact, in September 2020 the number of referrals was 12% higher than in September 2019 (although it was only 3% higher in October 2020 than October 2019). However, the number of people starting treatment for breast cancer in October 2020 remains 21% lower than in October 2019.

Source: NHS England, [Cancer Waiting Times](#)

## 3. UK Parliament Material

### 3.1 Debates

HC Deb, [Breast Cancer Diagnosis and Services: Covid-19](#), 12 November 2020, 683 cc459-484WH

HL Deb, [Cancer Taskforce](#), 20 October 2020, cc1407-10

HC Deb, [Breast Screening](#), 6 October 2020, c 735

HC Deb, [Breast Cancer Screening \(Women under 40\)](#), 2 July 2019, cc1084-6

HC Deb, [Breast Cancer](#), 18 October 2018, cc 384-410WH

### 3.2 Written Statement

HCWS1412, [The Government's response to the recommendations from the Independent Breast Screening Review](#), 14 March 2019

HCWS731, [Breast Cancer Screening update](#), 4 June 2018

### 3.3 Committee proceedings

Health and Social Care Committee, [Delivering core NHS and care services during the pandemic and beyond](#), HC 320, 1 October 2020

Health and Social Care Committee, [Oral Evidence: Delivering core NHS and social care during the pandemic and beyond](#), HC 320, 30 June 2020

Health and Social Care Committee, [Oral Evidence: Delivering core NHS and care services during the pandemic and beyond](#), HC 320, 16 June 2020

Health and Social Care Committee, [Oral Evidence: Delivering core NHS and care services during the pandemic and beyond](#), HC 320, 1 May 2020

Public Accounts Committee, [Adult Health Screening](#), HC 1799 10 May 2019 – and UK Government [Response to the Committee of Public Accounts](#), CP 151, July 2019

### 3.4 Parliamentary Questions

#### [Breast Cancer: Screening](#)

**30 Nov 2020 | 116504**

**Asked by: Colleen Fletcher**

To ask the Secretary of State for Health and Social Care, what the take-up rate was for breast cancer screening in (a) Coventry, (b) the West Midlands and (c) England in each of the last five years.

**Answering Member: Jo Churchill | Department: Department of Health and Social Care (DHSC)**

NHS Digital publishes information about the coverage of breast screening. Breast screening coverage for the last five year period for Coventry, West Midlands and England is shown in the following table:

	31 March 2014 (%)	31 March 2015 (%)	31 March 2016 (%)	31 March 2017 (%)	31 March 2018 (%)	31 March 2019 (%)
Coventry	71.9	71.7	72.2	70.7	70.1	69.9
West Midlands	76.5	76.0	75.8	75.2	74.3	74.2
England	75.9	75.4	75.5	75.4	74.9	74.6

Source: <https://digital.nhs.uk/data-and-information/publications/statistical/breast-screening-programme/england---2018-19>

Notes:

Coverage is the proportion of women eligible for screening who have had a test with a recorded result at least once in the previous 36 months. This is reported as a percentage.

### **Breast Cancer: Screening**

**10 Nov 2020 | 92909**

**Asked by: Paul Bristow**

To ask the Secretary of State for Health and Social Care, how many screenings for breast cancer have taken place in the NHS, as part of the NHS Breast Screening Programme, in each month since April 2019.

**Answering Member: Jo Churchill | Department: DHSC**

We do not hold monthly data on the number of people being screened for breast cancer. Data for the NHS Breast Cancer Screening Programme is collected on an annual basis; annual data for 2019-20 (up to 31 March 2020) is not yet available. The latest available annual series can be accessed at the following link:

<https://digital.nhs.uk/data-and-information/publications/statistical/breast-screening-programme>

### **Breast Cancer: Screening**

**10 Nov 2020 | 107634**

**Asked by: Bob Blackman**

To ask the Secretary of State for Health and Social Care, what steps he is taking to increase the size of the breast imaging and diagnostic workforce.

**Answering Member: Helen Whately | Department: DHSC**

‘We are the NHS: People Plan for 2020/21 – action for us all’ sets out actions to support transformation across the National Health Service. This includes Health Education England (HEE) prioritising the training of 400 clinical endoscopists and 450 reporting radiographers. HEE is also facilitating a number of initiatives within breast imaging, including setting up and funding a National Breast Imaging Academy to tackle national workforce issues.

Alongside most other allied health profession students, diagnostic and therapeutic radiographers studying pre-registration courses at English

universities are eligible for a new, non-repayable training grant of at least £5,000 per academic year – in addition to funding available through the Learning Support Fund and Student Loans Company. They can also benefit from further funding of up to £3,000 to cover, for example, childcare costs.

### [Breast Cancer: Screening](#)

**04 Nov 2020 | 101055**

**Asked by: Mr Tanmanjeet Singh Dhese**

To ask the Secretary of State for Health and Social Care, what estimate he has made of the number of women unable to attend breast cancer screenings as a result of the effect of the covid-19 outbreak on that programme in England; and how many of those women are classified as high risk.

**Answering Member: Jo Churchill | Department: DHSC**

To recover from the disruption caused by the COVID-19 pandemic, National Health Service breast screening providers prioritised invitations for key age groups and women at very high risk of breast cancer.

The number of women waiting for a screening invitation decreased from 468,548 on 1 June 2020 to 32,518 on 5 October 2020. In mid-June, 1,936 women defined as high risk were waiting for a screening invitation; as of 5 October 2020, this number decreased to 985. During that time further women have become due for screening. 896,240 women in all categories are awaiting a screening invitation nationally as of 5 October 2020. All services have restarted routine screening and will continue to work to invite these women for a screening appointment.

### [Breast Cancer: Screening](#)

**22 October 2020 | 107268**

**Asked by: Mr Virendra Sharma**

To ask the Secretary of State for Health and Social Care, what steps he is taking to ensure equity of access to breast screenings for women living in deprived areas when timed appointments are replaced with open invitations.

**Answering Member: Jo Churchill | DHSC**

Breast screening services have a responsibility to reduce health inequalities. Local services have been able to choose whether to implement open appointments or maintain fixed timed appointments as they work to restore appointments following the disruption caused by the COVID-19 pandemic. This choice takes into account the needs of the local population: the service must evidence that their given approach better supports the recovery of appointments as well as ensuring equity of access.

### [Breast Cancer: Screening](#)

**21 October 2020 | PQ 106959**

**Asked by: Tracey Crouch**

To ask the Secretary of State for Health and Social Care, if he will make an assessment of the potential merits of upright MRI scanners in encouraging more women to undergo breast cancer scans.

**Answering Member: Jo Churchill | DHSC**

The United Kingdom National Screening Committee (UK NSC) has not reviewed the evidence to offer upright MRI scanners as a primary screen test in the National Health Service Breast Screening Programme (NHS BSP).

A change to the primary screen test would be considered as a major programme modification. Such a proposal can be submitted to the UK NSC for further consideration.

The NHS BSP offers screening to women using MRI who are high risk or very high risk as assessed by specialist genetics or oncology as being more at risk of developing breast cancer than women in general population. More information can be found at the following link:

<https://www.gov.uk/government/publications/nhs-breast-screening-high-risk-women>

**[Breast Cancer: Surgery](#)**

**19 October 2020 | 105315**

**Asked by: Mrs Sharon Hodgson**

To ask the Secretary of State for Health and Social Care, how long on average women wait between having a mastectomy and breast reconstruction; and if he will make a statement.

**Answering Member: Edward Argar**

The total number of finished consultant episodes (FCE) for reconstructive surgery in 2019-20 was 8,018. Of these, 6,061 had a mastectomy within the previous five years. Of these 4,557 reconstructive surgeries were on the same day as a mastectomy, with a mean waiting time of 194 days and a median waiting time of zero days.

There were a total of 1,505 reconstructive surgeries which did not take place during the same FCE, with a mean waiting time between mastectomy and reconstructive surgery of 836 days and a median waiting time of 762 days.

A FCE is a continuous period of admitted patient care under one consultant within one healthcare provider. These figures do not represent the number of different patients, as a person may have more than one episode of care within the same stay on hospital or in different stays in the same year.

**[Breast Cancer: Health Services](#)**

**13 October 2020 | 102752**

**Asked by: Caroline Lucas**

To ask the Secretary of State for Health and Social Care, what recent assessment he has made of the potential merits of a national secondary breast cancer audit.

**Answering Member: Jo Churchill | DHSC**

There are no plans in place for a dedicated audit into national secondary breast cancer.

The Healthcare Quality Improvement Partnership commissions, develops and manages the National Clinical Audit and Patient Outcomes Programme on behalf of NHS England, Wales and other devolved administrations. The programme currently consists of over 30 national clinical audits, six clinical outcome review programmes and the National Joint Registry.

The existing audit of breast cancer in older women does include some sections on women with metastatic breast cancer. The latest audit is available at the following link:

[https://www.hqip.org.uk/wp-content/uploads/2020/07/REF212\\_NABCOP-2020-Annual-Report-V1\\_high-res\\_20200702.pdf](https://www.hqip.org.uk/wp-content/uploads/2020/07/REF212_NABCOP-2020-Annual-Report-V1_high-res_20200702.pdf)

### [Breast Cancer: Screening](#)

**13 October 2020 | 102711**

**Asked by: Rosie Cooper**

To ask the Secretary of State for Health and Social Care, if he will make it his policy to allow breast screenings and treatments to continue during a potential second wave of covid-19.

**Answering Member: Jo Churchill | DHSC**

NHS England and NHS Improvement are working to increase the resilience of breast cancer screening and diagnosis so that services may continue to operate during a second wave of COVID-19. The NHS England and NHS Improvement Public Health Commissioning and Operations Team advise that where there are local COVID-related lockdowns or other restrictions in place the expectation is that screening services should continue as contracted, including continuing actions to support the full restoration of National Health Service screening services. This includes the expectation that screening staff should not be diverted towards other services, or their buildings or facilities repurposed for other uses, without the specific agreement of the relevant regional commissioner.

### [Breast Cancer: Screening](#)

**12 October 2020 | HL 9057**

**Asked by: Lord Porter of Spalding**

To ask Her Majesty's Government what plans they have to ensure that women are able to attend breast screening appointments, following reports from Breast Cancer Now that up to 986,000 women in the UK missed their mammograms due to breast screening programmes being paused as a result of the COVID-19 pandemic.

**Answering Member: Lord Bethell | DSHC**

All National Health Service breast screening providers are operational and working to ensure that all eligible women are invited and attend breast screening appointments. Services have been advised to prioritise women aged 53 who have not yet been screened and women aged 71 or over awaiting a breast screening invitation, together with women assessed as being at very high risk of developing breast cancer.

NHS England and NHS Improvement have also made funding available to trusts to support the adaptation of mobile breast screening units in order to enhance their safe use and so maximise the number of units available to screen women.

[Breast Cancer: Screening](#)

**8 October 2020 | 100906**

**Asked by: Dame Diana Johnson**

To ask the Secretary of State for Health and Social Care, what his Department's strategy is on increasing breast screening uptake.

**Answering Member: Jo Churchill | DHSC**

NHS England and NHS Improvement are investing in initiatives to help promote and increase the uptake of breast screening.

The 'Help Us Help You' campaign has recently been launched to encourage the public to continue to access cancer services, including routine appointments such as breast screening.

Breast cancer screening providers are encouraged to work with cancer alliances, primary care networks and NHS England and NHS Improvement regional teams to bring together work to promote uptake of breast screening and take action to ensure as many people as possible can access services.

Providers have been encouraged to use methods such as text messaging to remind women about their breast screening invitation and encourage them to attend.

[Breast Cancer: Screening](#)

**8 October 2020 | 101055**

**Asked by: Mr Tanmanjeet Singh Dhesi MP**

To ask the Secretary of State for Health and Social Care, what estimate he has made of the number of women unable to attend breast cancer screenings as a result of the effect of the covid-19 outbreak on that programme in England; and how many of those women are classified as high risk.

**Answering Member: Jo Churchill | DHSC**

To recover from the disruption caused by the COVID-19 pandemic, National Health Service breast screening providers prioritised invitations for key age groups and women at very high risk of breast cancer.

The number of women waiting for a screening invitation decreased from 468,548 on 1 June 2020 to 32,518 on 5 October 2020. In mid-June, 1,936 women defined as high risk were waiting for a screening invitation; as of 5 October 2020, this number decreased to 985. During that time further women have become due for screening. 896,240 women in all categories are awaiting a screening invitation nationally as of 5 October 2020. All services have restarted routine screening and will continue to work to invite these women for a screening appointment.

[Breast Cancer: Coronavirus](#)

**8 October 2020 | 100904**

**Asked by: Dame Diana Johnson**

To ask the Secretary of State for Health and Social Care, what estimate he has made of the time it will take to clear the breast screening backlog created by the covid-19 outbreak.

**Answering Member: Jo Churchill | DHSC**

Although NHS England and NHS Improvement are currently unable to provide a time estimate, there has been good progress made in clearing the backlog of appointments caused by the COVID-19 pandemic. The number of women waiting to receive a breast screening invitation has decreased from 468,548 women on 1 June 2020 to 32,518 women on 5 October 2020.

All local National Health Service breast screening services are operational and are working to ensure that those still waiting for an invitation will receive one as quickly as possible. NHS England and NHS Improvement have also made funding available to trusts to support the adaptation of mobile breast screening units in order to enhance their safe use and so maximise the number of units available to screen women.

**[Breast Cancer: Radiotherapy](#)****1 October 2020 | 98160****Asked by: Mrs Sharon Hodgson**

To ask the Secretary of State for Health and Social Care, what estimate he has made of the proportion of patients that have had a shorter course of breast radiotherapy as a result of covid-19.

**Answering Member: Jo Churchill | DHSC**

The latest available data from the National Cancer Registration and Analysis Service on radiotherapy episodes shows weekly counts up to May 2020. For the week commencing 25 May 2020 the proportion of breast radiotherapy being delivered as part of a shorter course was 65% (346 episodes).

**[Breast Cancer: Screening](#)****30 September 2020 | 97478****Asked by: Andrew Rosindell**

To ask the Secretary of State for Health and Social Care, what steps he is taking to encourage regular breast cancer screening in areas where the breast cancer incidence rate is above average.

**Answering Member: Jo Churchill | DHSC**

As well as Public Health England's 'Be Clear on Cancer' campaigns, NHS England is investing in initiatives to help promote uptake of breast screening. Breast cancer screening providers are encouraged to work with cancer alliances, primary care networks and NHS England and NHS Improvement regional teams to build upon existing local work to promote uptake of breast screening and, where health inequality is highlighted as an issue, identify the key groups affected and take action to ensure equality of access.

An information campaign to encourage people to continue to attend breast screening appointments has been established during the COVID-19

pandemic, including information to reassure women on the measures being put in place to protect them attached to screening invitations. Providers have also been encouraged to use methods such as text messaging to remind women about their breast screening invitation and encourage them to attend.

**[Breast Cancer: Radiotherapy](#)**

**12 September 2020 | 91040**

**Asked by: Jim Shannon**

To ask the Secretary of State for Health and Social Care, what the timescale is for making high-speed radiotherapy for breast cancer available on the NHS.

**Answering Member: Jo Churchill | DHSC**

Breast cancer treatments are advancing all the time and this year is no exception. The publication of the 10-year results of the FAST-FORWARD Trial, which looked at 5 fraction radiotherapy to treat early breast cancer, is an exciting breakthrough which will enable people with breast cancer to be treated much more quickly and conveniently. All National Health Service radiotherapy providers in England are encouraged to adopt this approach.

**[Breast Cancer: Health Services](#)**

**8 September 2020 | 86715**

**Asked by: Craig Tracey**

To ask the Secretary of State for Health and Social Care, what steps his Department is taking to reduce the backlog of breast cancer surgeries, treatments and screenings resulting from the covid-19 outbreak.

**Answering Member: Jo Churchill | DSHC**

The National Health Service is restoring the full operation of all cancer services, with local delivery plans being delivered by Cancer Alliances.

Systems will work with general practitioners and the public locally to restore the number of people coming forward and being referred with suspected cancer to at least pre-pandemic levels.

Sufficient diagnostic capacity in COVID-19 secure environments will be supplied through the use of independent sector facilities, the development of Community Diagnostic Hubs and Rapid Diagnostic Centres, further all cancer screening programmes will be fully restarted.

**[Breast Cancer: Screening](#)**

**8 September 2020 | 86716**

**Asked by: Craig Tracey**

To ask the Secretary of State for Health and Social Care, with reference to the article published in The Lancet on 12 August 2020 entitled Effect of mammographic screening from age 40 years on breast cancer mortality, if his Department will make an assessment of the potential merits of lowering the breast cancer screening age for women.

**Answering Member: Jo Churchill | DHSC**

The United Kingdom National Screening Committee (UK NSC) is aware of the The Lancet publication of the long-term outcomes of the UK Breast Screening Age trial.

The UK NSC will examine the findings carefully along with other initiatives in this area, which includes the use of artificial intelligence and digital pathology in the National Health Service Breast Screening Programme (NHS BSP). Currently there is a robust estimate that the current NHS BSP strategy is effective in preventing deaths from breast cancer. This involves regular screening in women aged 50 up to their 71st birthday.

The UK NSC also awaits the publication of the Age Extension Trial of screening in women over the age of 70 which is due to report in 2026.

The Committee's overriding concern is that any significant change to the Programme should result in more good than harm and be cost proportionable.

### [Breast Cancer: Health Services](#)

**1 September 2020 | 83972**

**Asked by: Zarah Sultana**

To ask the Secretary of State for Health and Social Care, what steps his Department has taken to (a) maintain the standard of treatment of secondary breast cancer patients and (b) ensure the role of cancer prognoses in clinical assessments during the current pandemic.

**Answering Member: Jo Churchill | DHSC**

The Cancer Recovery Taskforce has been established, and met for the first time in September, where they took stock of the status of cancer services against recovery metrics on referrals, treatment and backlog levels. A national recovery plan will be developed for publication shortly.

NHS England and NHS Improvement are continuing to operate cancer surgical hubs, supported by the extension of the independent sector deal, to maintain a whole-system approach to managing cancer surgery at volume and in accordance with clinical priority.

### [Breast Cancer: Plastic surgery](#)

**3 July 2020 | 68690**

**Asked by: Caroline Noakes**

To ask the Secretary of State for Health and Social Care, what the waiting times are for mastectomy reconstruction, by NHS Trust.

**Answering Member: Jo Churchill | DHSC**

Data on the average waiting time for mastectomy reconstruction in 2017-18, 2018-19 and 2019-20 are attached. Data for 2019-20 is provisional.

[PQ68689 PQ68690 data](#)

### [Breast Cancer: Coronavirus](#)

**18 June 2020 | 61566**

**Asked by: Bambos Charalambous**

To ask the Secretary of State for Health and Social Care, what assessment he has made of the effect on people with incurable secondary breast cancer of the changes to cancer treatment during the covid-19 outbreak.

**Answering Member: Jo Churchill | DHSC**

During the COVID-19 crisis, urgent and essential cancer treatments have continued. Some cancer diagnostics and treatments have been rescheduled to protect vulnerable patients from having to attend hospitals. These were all clinical decisions made with the patient and the recovery and restoration of cancer services to pre-pandemic levels is well underway with detailed guidance issued by NHS England and NHS Improvement.

[Cancer: Mental Health Services](#)

**8 June 2020 | 55913**

**Asked by: Rosie Cooper**

To ask the Secretary of State for Health and Social Care, how many people with cancer have been offered a holistic needs assessment (HNA); and what steps he has taken to ensure that patients' needs are met following an HNA.

**Answering Member: Jo Churchill | DHSC**

Across England, as of December 2019 at least 96% of trusts offered Holistic Needs Assessments to all breast cancer patients, 93% for prostate and 92% for colorectal. The figures were estimated to be similarly high for other cancer types. Due to COVID-19 pandemic, trusts are not currently required to submit data to Public Health England on number of Holistic Needs Assessments offered, so we do not have more recent data.

A Holistic Needs Assessment should lead to a personalised care and support plan being agreed between the patient and their health professional. This plan is designed to ensure the person's holistic needs are being met, which may be through referral to other services, signposting to sources of support, or advice and information about the person's concerns and how they might self-manage any issues.

[Breast Cancer: Health Services](#)

**8 June 2020 | 55907**

To ask the Secretary of State for Health and Social Care, what plans he has in place to ensure that the breast cancer imaging and diagnostic workforce has sufficient capacity to manage the backlog of patients resulting from the covid-19 outbreak.

**Answering Member: Jo Churchill | DHSC**

Despite facing enormous pressure from this unprecedented pandemic, the National Health Service continues to treat cancer patients as a priority.

On 29 April, Simon Stevens and Amanda Pritchard wrote to colleagues across the NHS to set out the expectation that local systems and Cancer Alliances continue to identify ring-fenced diagnostic capacity for cancer and sought assurance from regional cancer Senior Responsible Officers that appropriate arrangements were in place. On 8 June, further [guidance](#) was issued on the second phase of the NHS response to COVID-19 for cancer services.

The NHS England and NHS Improvement national cancer team is supporting planning by providing analytical modelling about the local capacity required to catch up on demand for diagnostics and acting as a central link to the independent sector partnership so that local systems can be supported with additional capacity where required.

### [Breast Cancer: Clinical Trials](#)

**8 June 2020 | 56022**

**Asked by: Dr Phillipa Whitford**

To ask the Secretary of State for Health and Social Care, what proportion of breast cancer clinical trials have been paused in England as a result of the covid-19 outbreak.

**Answering Member: Helen Whatley | DSHC**

The Department's National Institute for Health Research (NIHR) Clinical Research Network (CRN) has information on 92 breast cancer clinical trials which it was supporting in March 2020. Half (50%) of these trials paused their recruitment as a result of the COVID-19 pandemic, 45% have continued and 5% have closed.

We have now entered a new phase of the pandemic, where the number of new cases of COVID-19 is declining so the NIHR, including the CRN, is working towards the restoration of research funded and/or supported by the NIHR - including clinical trials on breast cancer. To help initiate this process, the NIHR has developed a 'Framework for Restart', which provides a structure to guide the restart, while maintaining local decision-making and flexibility to respond to COVID-19. Further information is available at the following link:

<https://www.nihr.ac.uk/documents/restart-framework/24886>

### [Breast Cancer: Screening](#)

**17 March 2020 | 30780**

**Asked by: Mr Richard Holden**

To ask the Secretary of State for Health and Social Care, what assessment her Department has made of the potential merits of annual breast cancer screening for people aged 45 and under who have previously had breast cancer.

**Answering Member: Jo Churchill | DHSC**

The National Institute for Health and Care Excellence published guidance on 'Early and locally advanced breast cancer: diagnosis and management' in July 2018 which details how follow-up breast screening should occur. It is recommended that annual mammography should be offered to all people who have had breast cancer, until they enter the NHS Breast Screening Programme in England at age 50. Details of the guidance can be found at the following link:

[www.nice.org.uk/guidance/ng101/chapter/Recommendations#followup](http://www.nice.org.uk/guidance/ng101/chapter/Recommendations#followup)

### [Atezolizumab and Nab-paclitaxel](#)

**31 January 2020 | 10751**

**Asked by: Mrs Sharon Hodgson**

To ask the Secretary of State for Health and Social Care, with reference to the publication of the NICE draft guidance on atezolizumab with nab-paclitaxel for certain breast cancer patients on 3 October 2019, what the timetable is for (a) a second committee meeting and (b) issuing final guidance on that drug.

**Answering Member: Jo Churchill | DHSC**

The National Institute for Health and Care Excellence (NICE) has advised that it does not yet have a confirmed date for the second appraisal committee meeting or for the publication of final guidance.

Under NICE's processes, if the outcome of the committee meeting is the publication of a final appraisal document, final guidance would be expected 80 days later, unless NICE receives an appeal against the document.

NICE's appraisal is currently delayed while commercial discussions between the company, NHS England and Roche, are ongoing. NICE will aim to publish its guidance on the use of atezolizumab as soon as possible following the completion of commercial discussions.

**Cancer: Health Services**

**23 January 2020 | HL 775**

To ask Her Majesty's Government how the NHS Long Term Plan intends to improve the quality of life for survivors of cancer.

**Answering Member: Baroness Blackwood of North Oxford**

Following cancer treatment, patients will move to a Personalised Stratified Follow-Up pathway that suits their needs and ensures they can get rapid access to clinical support if they are worried that their cancer may have recurred. This stratified follow-up approach is expected to be established in all trusts for breast cancer in 2019, for prostate and colorectal cancers in 2020 and for other cancers where clinically appropriate by 2023.

**Breast Cancer: Health Education**

**23 January 2020 | 7260**

**Asked by: Dr Lisa Cameron**

To ask the Secretary of State for Health and Social Care, what assessment he has made of the adequacy of the provision of information on the (a) signs and (b) symptoms of secondary breast cancer.

**Answering Member: Jo Churchill | DHSC**

By 2021, where appropriate every person diagnosed with cancer will have access to personalised care, including needs assessment, a care plan, health and wellbeing information and support. This will be delivered in line with the NHS Comprehensive Model for Personalised Care. This will empower people to manage their care and the impact of their cancer and maximise the potential of digital and community-based support. Over the next three years, every patient with cancer will receive a Personalised Care and Support Plan based on holistic needs assessment, end of treatment summaries, health and wellbeing information and support. All patients, including those with

secondary cancers, will have access to the right expertise and support, including a Clinical Nurse Specialist or other support worker.

### **Breast Cancer: Screening**

**21 January 2020 | 6042**

**Asked by: Rosie Cooper**

To ask the Secretary of State for Health and Social Care, which body is responsible for overseeing national provision of extra breast screening for women with family history of breast cancer, as recommended by NICE guideline CG164.

**Answering Member: Jo Churchill | DHSC**

No single body has sole responsibility for overseeing the national provision of high-risk breast screening. Provision of high-risk breast cancer screening services is currently the responsibility of National Health Service trusts, at a local level.

The National Institute for Health and Care Excellence has produced guidance on caring for people with a family history of breast, ovarian or other related (prostate or pancreatic) cancer. In addition, the NHS Breast Screening Programme has published protocols for providers on the surveillance of women at a higher risk of developing breast cancer. This document can be viewed at the following link:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/766128/nhsbsp74.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/766128/nhsbsp74.pdf)

As part of a wider screening improvement programme and following publication of the vision for screening as set out in 'Advancing our Health: Prevention in the 2020s', the department, NHS England and Public Health England are considering how to better integrate targeted screening in high-risk groups with our current approach to population screening.

### **Breast Cancer: Diets**

**7 January 2020 | 1002**

**Asked by: Jim Shannon**

To ask the Secretary of State for Health and Social Care, what assessment he has made of whether there is a link between dieting and the risk of breast cancer.

**Answering Member: Jo Churchill | DHSC**

An assessment of dieting and risk of breast cancer has not been undertaken. However, the Committee on the Medical Aspects of Food and Nutrition Policy concluded in 1995 that greater adiposity, particularly central adiposity, and weight gain during adulthood, increase the risk of post-menopausal breast cancer. This can be viewed at the following link:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/743526/Nutritional\\_Aspects\\_of\\_the\\_Development\\_of\\_Cancer\\_\\_1995\\_.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/743526/Nutritional_Aspects_of_the_Development_of_Cancer__1995_.pdf)

This conclusion has been supported by high quality systematic reviews and international organisations such as the World Cancer Research Fund. This can be viewed at the following link:

<https://www.wcrf.org/dietandcancer/breast-cancer>

The Government advises that having a healthy lifestyle, which includes maintaining a healthy weight, being physically active and having healthy, balanced diet, can reduce the risk of certain types of cancer, including breast cancer.

## 4. News, Press releases and reports

### 4.1 Press Releases

#### UK

[Beating cancer by improving the public's health: the road ahead in England](#)

Cancer Research UK

4 December 2020

[How we can press play on breast cancer services](#)

Breast Cancer Now

9 October 2020

[UK cancer research could see £167m drop in funding as a result of charity loss income](#)

National Cancer Research Institute

24 September 2020

[What happened to cancer services during the COVID-19 pandemic?](#)

Cancer Research UK

11 September 2020

[Over 2 million people waiting for cancer screening, tests and treatment](#)

Cancer Research UK

1 June 2020

[How coronavirus is impacting cancer services in the UK](#)

Cancer Research UK

21 April 2020

[Cancer care needs mass COVID-19 testing](#)

Cancer Research UK

17 April 2020

#### England

[The UK Government's spending review: Time to invest in cancer care](#)

Cancer Research UK

20 October 2020

[Latest NHS statistics show more is needed to ensure people with cancer get the treatment they need](#)

Health Foundation

11 June 2020

[Advice to local systems on maintenance of cancer treatment during COVID-19 response](#)

NHS England

6 April 2020

[Making breast screening more accessible: views from British-Pakistani women](#)

NHS Breast Screening Programme

19 February 2020

[NHS Cancer Programme update report: October 2019 to January 2020](#)

20 February 2020

[NHS Long Term Plan Ambitions for Cancer](#)

2019/20

Wales

[Novel Coronavirus \(COVID-19\)—temporarily pauses some of the screening programmes in Wales](#)

Public Health Wales

2020

Scotland

[Framework for the recovery of cancer surgery](#)

Scottish Government

25 August 2020

[Plan to remobilise and re-design cancer care](#)

Scottish Government

19 August 2020

[National Cancer Recovery Group: Terms of reference](#)

Scottish Government

17 July 2020

[Breast cancer screening to resume](#)

Scottish Government

13 July 2020

[Health screening programmes paused](#)

Scottish Government

30 March 2020

Northern Ireland

[Statement by Health Minister Robin Swann on latest cancer waiting times](#)

Department of Health

24 September 2020

[Breast screening: Restoration and recovery of Breast Cancer Screening Programme](#)

Public Health Agency

July 2020

[Temporary pause of routine screening programmes](#)

Department for Health

7 April 2020

[Major new cancer research report published today](#)

Department for Health

15 January 2020

## 4.2 Reports & Research

[Mortality due to cancer treatment delay: systematic review and meta-analysis](#)

British Medical Journal

4 November 2020

[Research at risk: Mitigating the impact of the impact of COVID-19 on health R&D](#)

Institute of Public Policy Research

23 October 2020

[The forgotten 'C'? The impact of COVID-19 on cancer care](#)

MacMillan

October 2020

[COVID-19 prevalence and mortality in patients with cancer and the effect of primary tumour subtype and patient demographics](#)

L. Lee et al.

The Lancet

24 August 2020

[The disruption and recovery of cancer from COVID-19: pathway, outcomes and restarting](#)

Carnall Farrar

17 August 2020

[The hidden cost of Covid-19 on the NHS- and how to “build back better”](#)

Institute for Public Policy Research

16 August 2020

[Effect of mammographic screening from age 40 years on breast cancer mortality \(UK Age Trial\)](#)

S. Duffy et al

The Lancet

12 August 2020

[The impact of the COVID-19 pandemic on cancer deaths due to delays in diagnosis in England, UK: a national, population-based, modelling study](#)

C. Maringe et al

The Lancet

20 July 2020

[COVID-19 and Cancer: A 12-point plan for restoration, recovery and transformation of cancer services](#) [and associated [Blog](#)]

Cancer Research UK

June 2020

[Cancer Screening](#)

22 May 2020

Nuffield Trust

[Breast Screening Programme, England 2018-19](#)

NHS Digital

30 January 2020

[Health inequalities: Breast cancer](#)

Public Health England

16 January 2020

[Pathways to cancer diagnosis: Monitoring variation in the patient journey](#)

HSC Business Services Organisation, Queen's University Belfast and the Health Foundation

January 2020

[Report of the Independent Review of Adult Screening Programmes in England](#)

Professor Sir Mike Richards

October 2019

[Independent Review of National Cancer Screening Programmes in England: Interim Report](#)

Professor Sir Mike Richards

May 2019

[Investigation into the management of health screening](#)

National Audit Office

1 February 2019

[The Independent Breast Screening Review 2018](#)

December 2018

## 4.3 News

The following includes a selection of news articles relevant to this debate. Please note that the Library is not responsible for either the views or the accuracy of external content.

### UK

[Four-week cancer treatment delay raises death risk by 10%-study](#)

The Guardian

4 November 2020

[Coronavirus: 50,000 cases of cancer left undiagnosed due to covid disruption, research shows](#)

The Independent

29 October 2020

[Almost half of UK women do not check their breasts regularly for signs of breast cancer](#)

Breast Cancer Now

26 October 2020

[Charity says nearly 1m women missed breast cancer check in pandemic](#)

The Guardian

30 September 2020

[Poor parts of UK have 20,000 more cancer cases each year than rich areas, report finds](#)

The Independent

30 September 2020

[Coronavirus crisis could lead to 18,000 more cancer deaths, experts warn](#)

The Guardian

29 April 2020

### England

[Waiting lists for cancer specialists up by almost a fifth, NHS data shows](#)

The Times

30 September 2020

[Government hopes to clear cancer backlog “within months” but won’t rule out more cancellations](#)

ITV News

29 August 2020

[Cancer care backlog may cost 30,000 lives, Boris Johnson told](#)

The Times

22 August 2020

[Breast cancer missed in hundreds of women due to covid cancellations](#)

Health Service Journal

9 September 2020

[Covi-19: Urgent cancer referrals fall by 60%, showing “brutal” impact of pandemic](#)

British Medical Journal

12 June 2020

## Wales

[Covid- Cancer delays “could cause 2,000 deaths in Wales”](#)

BBC News

9 November 2020

[Covid: Undetected breast cancer warning for thousands of women](#)

BBC News

3 October 2020

## Scotland

[Coronavirus: Cancer referrals down 22% after lockdown](#)

The Herald

29 September 2020

[Coronavirus in Scotland: 80,000 miss breast cancer checks after shutdown](#)

The Times

14 July 2020

[Coronavirus in the UK: Breast cancer screening in Scotland set to resume in August](#)

The i

13 July 2020

[Calls to restart Scottish cancer services to avoid second health crisis](#)

The Scotsman

12 May 2020

[Coronavirus in Scotland: Fears raised over fall in cancer case referrals](#)

BBC News

20 April 2020

## Northern Ireland

[Concern 150 women who could not get screening in Northern Ireland due to Covid pandemic may have breast cancer](#)

Belfast Telegraph

30 September 2020

[Coronavirus: Services must be increased says Robin Swann](#)

BBC News NI

10 July 2020

[Coronavirus: About 850 women awaiting breast cancer screening](#)

BBC News NI

25 June 2020

[Northern Ireland could face a “cancer epidemic” as virus impact on vital patient care, says expert](#)

Belfast Telegraph

22 April 2020

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