Breast Cancer Now: Health and Care Bill Committee Submission (HCB114)

Executive summary

- Between March 2020 and May 2021, around 1.2 million fewer women in England had breast screening and 10,162 fewer people started treatment for breast cancer.
- We estimate that if levels were increased to 10% above pre-pandemic levels, it would take 16 months to clear this backlog. It is unclear how the NHS will meet the ambitions set in NHS England's '2021/22 Priorities and Operational Planning Guidance' to both recover the breast screening programme and address the shortfall in the number of people starting treatment for cancer by the end of March 2022.
- The required resources are not in place to address this backlog, specifically with regards to the right number of staff. The Royal College of Radiologists (RCR) latest Clinical Radiology UK Workforce Census 2020 Report highlighted that breast radiology is the most in demand area.
- We need the Government to tackle the enormity of the crisis facing the cancer workforce by developing a robust, long-term, and fully-resourced plan – which must include investment in expanding and retaining the breast imaging and diagnostic workforce.
- Moreover, any long-term, fully resourced plan for the cancer workforce needs to be backed by regular, published modelling of the workforce, including long-term projections and by speciality.
- **We believe the Health and Care Bill, with the right amendments, offers a real opportunity to improve breast cancer diagnosis. We therefore support:**
    - **A strengthening of Clause 33 that would require the UK Government to publish independently verified projections of the future supply of the healthcare workforce for England at least every two years.**

About Breast Cancer Now

We're Breast Cancer Now, the charity that's steered by world-class research and powered by life-changing care. We're here for anyone affected by breast cancer, the whole way through, providing support for today and hope for the future.

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1. Breast Cancer Diagnosis and Treatment

1.1. It is vital that women are diagnosed and start treatment as early as possible to ensure their treatment has the best chance of being successful. The pandemic

has gravely impacted NHS England's diagnosis of breast cancer, thus affecting its efforts to catch up to the best cancer outcomes internationally.

1.2. The NHS Long Term Plan (LTP)[1] laid out a vision for improving cancer services in England so that by 2028:

- 55,000 more people each year will survive their cancer for five years or more.
- Three quarters of cancers would be diagnosed at an early stage.

1.3. However, between March 2020 and May 2021, there were a total of 540,090 referrals on the 2 Week Wait urgent GP referrals for suspected breast cancer route. Compared to a pre-pandemic baseline period (2019/20), there were **19,330 fewer referrals** (559,420).

1.4. We also estimate that around **1.2 million fewer women in England had breast screening** between March 2020 and May 2021 due to the programme being effectively paused in March 2020 and running at reduced capacity on re-starting due to infection prevention and social distancing measures.

1.5. Between March 2020 and May 2021, a total of 50,721 people started treatment on the 31-day wait from diagnosis to first definitive treatment for breast cancer which covers those diagnosed via both referrals and screening. Compared to a pre-pandemic baseline period (2019/20), **10,162 fewer people started treatment** (60,883).

1.6. According to our estimations, the NHS would need to work consistently at **110%** for the next 15/16 months to clear the backlog of referrals and the shortfall in people starting treatment. It is unclear how the NHS will meet the ambitions set in NHS England's '2021/22 Priorities and Operational Planning Guidance' to both recover the breast screening programme and address the shortfall in the number of people starting treatment for cancer by the end of **March 2022**.

2. The breast cancer workforce

2.1. The backlogs create a demand for diagnostic and imaging services that threatens to overwhelm a workforce that was already stretched before the pandemic.

2.2. The Royal College of Radiologists (RCR) latest Clinical Radiology UK Workforce Census 2020 Report highlighted that:

- In terms of vacancies, breast radiology is the **most in demand area** (41 vacant breast radiologist positions across the UK).
- Despite demand, breast radiology has **minimal growth** – breast radiologist numbers are growing, but only at 1% p.a. (average workforce growth is 4%).
- A quarter of breast radiologists (**24%**) are due to retire in the next five years.

[1] NHS Long-Term Plan, NHS England, January 2019. Available at: https://www.longtermplan.nhs.uk/

2.3. This issue had already been highlighted by **Prof Sir Mike Richards review of the current screening programmes**[2], commissioned as part of the NHS Long-term Plan. The review, published in October 2019, states that screening programmes are currently constrained by the size and nature of their workforce, and the equipment and facilities available to them. It highlighted that:

- The breast screening workforce is being put under increasing strain as eligible populations for breast screening increase. Creating capacity for this to change is key to ensure that screening programmes are fit for the future.
- Without adequate planning, the recommendations it makes could put further pressure on the workforce (through the drive to increase uptake by offering more convenience to patients, for example).

2.4. Prof Sir Mike Richards was also commissioned by former NHS chief executive Sir Simon Stevens to **review diagnostic services** as part of the NHS Long Term Plan implementation. His report27, published in October 2020, highlighted the need for significant investment in facilities, equipment and workforce alongside replacing outdated testing machines, including that the imaging workforce needs to be expanded as soon as possible with 2,000 additional radiologists and 4,000 radiographers as well as other support staff.

2.5. Realising the ambitions set out in the NHS Long-Term Plan (LTP) must remain a key priority, alongside recovering cancer services from the Covid-19 pandemic. However, a well-staffed and highly trained breast imaging and diagnostic workforce is imperative to the successful delivery of both.

2.6. It is clear then that if we are to ensure the recovery of the breast screening backlogs and that all patients with symptoms of breast cancer have access to the timely investigation they need now and in the future, the diagnostic workforce must be properly and sustainably resourced and sufficiently supported.

2.7. We need the Government to tackle the enormity of the crisis facing the cancer workforce by developing a robust, long-term, and fully-resourced plan – which must include investment in expanding and retaining the breast imaging and diagnostic workforce.

2.8. Moreover, any long-term, fully resourced plan for the cancer workforce needs to be backed by regular, published modelling of the workforce, including long-term projections and by speciality.

2.9. Whilst we welcome the new duty on the Health and Care Bill on the Secretary of State to publish a report describing the system in place for assessing and meeting the workforce needs of the health service in England, we urgently need the

[2] Report of the Independent Review of Adult Screening Programmes in England, NHS England, October 2019. Available at: https://www.england.nhs.uk/wp-content/uploads/2019/02/report-of-the-independent-review-of-adult-screening-programme-in-england.pdf

Government to go further and send a stronger signal of its commitment to invest in the NHS staff that people affected by cancer rely on, both now and in the future.

2.10. With the current workforce crisis, we must take this important legislative opportunity to improve the way NHS workforce planning is carried out. Alongside an additional duty, there should also be a specific provision to ensure a long-term NHS workforce plan is put in place and regularly reviewed and that the Secretary of State sets out the necessary funding required to deliver it. Without this, we fear the Government will be unable to meet its commitment to deliver world class care for patients and build back better from the pandemic.

2.11. Therefore, Breast Cancer Now supports sector-wide calls for the Health and Care Bill for an amendment to Clause 33 that would include a requirement of the UK Government to publish independently verified projections of the future supply of the healthcare workforce for England. This would enable the Government to take an evidence-based approach to workforce planning that responds to patients' needs now into the future.

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