



HOUSE OF COMMONS

LONDON SW1A 0AA

26<sup>th</sup> March 2021

*New Content*

**RE: CORONAVIRUS: CANCER TREATMENT**

Thank you for your recent correspondence in respect of cancer treatment during the Coronavirus pandemic; your comments upon which I have read with great interest and compassion.

I was delighted and relieved when it was announced that NHS services could begin restarting from April 2020, starting with the most urgent, like cancer care and mental health support. The NHS is open for business, even during this time of additional restrictions, and anyone who needs care and treatment should continue to access it as and when they need it, especially when delays could impose both an immediate and a long-term risk to health.

I am aware that some NHS services, including screening appointments for Bowel Cancer, were necessarily slowed down or paused to enable resources to be used in the ongoing fight against Coronavirus. Since April 2020, NHS services have been reopening, including cancer care, and I know that as part of that, cancer teams across the country have been working extremely hard to deliver services in a safe way that does not put patients at risk of exposure to Coronavirus.

In particular, I welcome that the Government has already announced £3 billion of funding to support the NHS' recovery from COVID-19, to help to ease existing pressures and enable hospitals to carry out extra checks, scans, and other operations or procedures. This will help to ensure that cancer patients are able to access the care that they need as safely and quickly as possible. This was reiterated as part of the recent Spring Budget, and I firmly support the Government's ongoing commitment to the NHS and the vital service it provides, during normal times as well as during the pandemic.

I know that continuation of cancer services is absolutely vital in many cases, which is why I welcome that restarting cancer care in a safe manner has been a priority for the NHS and for the Government. I welcome that, due to COVID-19, the 21 cancer alliances in England have established hubs to ensure dedicated cancer care away from hospitals dealing with the virus.

One of the measures outlined in the *NHS Long Term Plan* (LTP) is safer and more precise treatment, including advanced radiotherapy techniques and immunotherapies to continue to support improvements in survival rates. This will be supported by a £130 million upgrade of radiotherapy machines across England, as well as commissioning the NHS new state-of-the-art Proton Beam facilities in London and Manchester. In addition, the LTP commits to reforms to the specialised commissioning payments for radiotherapy hypofractionation to support further equipment upgrades. Faster, smarter and effective radiotherapy, supported by greater






networking of specialised expertise, will mean more patients are offered curative treatment, with fewer side effects and shorter treatment times. Starting with Ovarian Cancer, the NHS will ensure greater access to specialist expertise and knowledge in the treatment of cancers where there are fewer, or more risky treatment options.

Cancer is a priority for the Government and survival rates are at a record high. Since 2010, rates of survival from cancer have increased year-on-year. Around 7,000 people are alive today who would not have been had mortality rates stayed the same as then. I agree that we need to keep working on this, which is why I welcome the Government's stated aim to see three quarters of all cancers detected at an early stage by 2028 (currently just over half are detected at an early stage). The plan will overhaul screening programmes, provide new investment in state-of-the-art technology to transform the process of diagnosis, and boost research and innovation. This is all part of the *NHS Long Term Plan* (LTP), published in January 2019, and forms part of how the Government will achieve its ambition to see 55,000 more people surviving cancer for five years in England each year from 2028. I will continue to support the Government and the NHS to deliver on this, in spite of the ongoing pandemic.

When people start treatment for cancer, their medical team works with them to balance the risks and benefits of treatment before agreeing a plan. As a result of the pandemic, it may be that doctors consider the risks of certain treatments, particularly those that weaken the immune system, to be much greater than normal. They will take into consideration how urgent your treatment is: and in some cases, delaying treatment might not make a big difference to the outcome. Patients with cancer visit hospitals regularly, but for those who are particularly vulnerable, this is more risky than usual, as it may result in exposure to the virus. Any changes to treatment protocol to ensure patients are treated safely should be carried out in full consultation with patients, to ensure that they fully understand the reasoning behind any changes made in line with guidance from clinical experts. If you are concerned, I strongly suggest you contact the medical team assigned to you or your relative and discuss the options.

I am aware that some NHS services, including screening appointments for Bowel Cancer, were necessarily slowed down or paused to enable resources to be used in the ongoing fight against Coronavirus. Going forward, I will continue to work with my colleagues at the Department of Health & Social Care, and with our local health professionals, to ensure that screening services are prioritised to help people to get the care that they need. You can be assured that I will continue to monitor this issue very closely and am grateful for your feedback on it.

Once again, thank you for having taken the time to contact me and if I can ever be of any further assistance to you, then please do not hesitate to contact me again.

*With best wishes,*  


**TOM PURSGLOVE MP**  
**MEMBER OF PARLIAMENT**  
**CORBY & EAST NORTHAMPTONSHIRE**