



31st August 2021

HOUSE OF COMMONS

LONDON SW1A 0AA

Jean Combrin

RE: CORONAVIRUS – CANCER TREATMENT

Thank you for your recent correspondence in respect of cancer treatment during the Coronavirus (COVID-19) pandemic; your comments upon which I have read with compassion and interest.

The NHS is very much open for business, even whilst some restrictions remain in place, 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. If you have concerns about your own care, I would be happy to speak with the appropriate NHS Trust on your behalf.

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 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 also take into consideration how urgent your treatment is: 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. Of course, any changes to treatment protocols 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 the clinical experts.

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 COVID-19. 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 the virus. I will continue to work with my colleagues at the Department of Health & Social Care to ensure that screening services are prioritised to help people to get the care that they need. I will continue to monitor this issue closely.

Additionally, one of the measures outlined in the 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.


In particular, it is 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. Cancer patients will continue to be prioritised and will benefit from approximately £1 billion of this funding to begin tackling the elective backlog. This will be supported by £325 million for NHS diagnostics. This will help to ensure that cancer patients are able to access the care that they need as safely and quickly as possible. I understand that further funding is subject to the 2021 Spending Review in the autumn and I will ensure that Ministers are made aware of the comments you have raised ahead of this.

I warmly welcome the provision of £260 million in the Spending Review of 2020 to continue to increase the NHS workforce and support commitments made in the *Cancer Workforce Plan*, published by Health Education England (HEE) in 2017. In 2020/21, HEE is prioritising the training of 400 clinical endoscopists and 450 reporting radiographers. Training grants are being offered for 250 nurses to become cancer nurse specialists and 100 chemotherapy nurses, training 58 biomedical scientists, developing an advanced clinical practice qualification in oncology, and extending cancer support-worker training.

HEE is facilitating a number of initiatives to increase clinical nurse specialist capacity which will help tackle the elective backlog, including the development of cancer nurses, through provision of 250 training grants of up to £5,000 each in 2020/21. The grants are aimed at existing and aspiring cancer nurse specialists to enable them to undertake additional training to develop specialist clinical, leadership, education, or research capabilities.

I do hope this reply helps to allay your concerns, but please do get in touch if there is something personal or specific with which I may be able to help you directly.

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,


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