

Comprehensive Spending Review

September 2020

About breast cancer

55,000 women and 370 men diagnosed per year in UK	One in seven women in the UK will develop breast cancer	35,000 women living with incurable secondary breast cancer	Almost 1,000 women die from breast cancer in the UK every month	Around 600,000 people in UK living with or after beyond breast cancer
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Impact of Covid-19 on Breast Cancer

- During the pandemic, breast screening services were effectively paused in England and GP referrals to investigate suspected breast cancer steeply declined during the peak months.
 - Around **186,000** women per month are screened in England, preventing around **1,300 deaths** in the UK each year. By now, hundreds of thousands of women have missed out on their appointments.
 - In April, **20,000 fewer** women were seen by a specialist to investigate suspected breast cancer in England, a drop of **57%** compared to 2019. There may be an **influx in demand** in the coming months.
- During the pandemic, some breast cancer patients had their treatments changed or temporarily paused to protect their immune systems, or had their surgeries delayed.
 - In April the number of people starting chemotherapy for breast cancer fell to **61% of levels** in April 2019. In June it had returned to **92% of normal levels**.
 - The number of people having surgery dropped in May to **57% of the level** in 2019, although it is now starting to recover. Risk-reducing mastectomies and breast reconstruction were suspended.
- These pauses and delays have had a negative impact on the **emotional wellbeing and mental health** of patients and their families. Secondary breast cancer patients (also known as metastatic or advanced) in particular report concerns they may die sooner due to changes to their care or the suspension of clinical trials.
- All **recovery plans** for cancer being developed must set out how treatment will be safely restored to pre-pandemic levels, and the backlog dealt with, as well as ensuring that patient's care and support needs are being met during this period

What we are asking

- You can raise these asks with **HM Treasury** and ask them to take them into consideration:
 - Funding for a **National Secondary Breast Cancer Audit** covering diagnosis, treatment and access to support, providing the missing insight that is needed to ensure the NHS can meet the needs of those living with secondary breast cancer.
 - Additional funding to recruit and train more **Clinical Nurse Specialists (CNS)** to support those with incurable secondary breast cancer, to ensure all patients have access to the care and support they need.
 - Additional funding for the **imaging and diagnostic workforce** to address the expected backlog as a result of COVID19.
 - A commitment to support a **Life Sciences Charity Partnership Fund** to mitigate the impact of the pandemic and ensure continuity of charity funded research.

For more information please contact Nycolle Diniz, Senior Public Affairs Officer at Breast Cancer Now at publicaffairs@breastcancer.org or call 0203 714 2359.

Secondary Breast Cancer

- Recovery plans for cancer being developed must recognise and address the needs of all breast cancer patients to be successful. A significant barrier to this is the lack of available data on the needs and experiences of people with secondary breast cancer.
 - There are currently an estimated **35,000**¹ people living with secondary breast cancer in the UK. However, this is only an estimate; it is not known how many people are diagnosed each year, how long they are living for, the spread of their disease, or the treatment and support they are receiving.
 - It has been mandatory for Hospital Trusts in England to collect data on new diagnoses of secondary breast cancer since 2013. However, this has not happened routinely in practice. Research by Breast Cancer Now in 2016² found that only **a third** of Hospital Trusts in England were collecting data in full.
 - More recent research (2018³) by Breast Cancer Now found that **40%** of Hospital Trusts and Health Boards across the UK were unable to tell us how many secondary breast cancer patients were under their care, highlighting that a lack of data is still an issue.
- Research by Breast Cancer Now⁴ shows that people with secondary breast cancer experience delays in diagnosis, struggle to access the support of a specialist nurse, fear they won't be able to access the treatment they need in the future, and are not given sufficient information about clinical trials.
- This lack of data makes it enormously difficult for commissioners and healthcare providers to plan for and implement the services that will meet the needs of those with secondary breast cancer.
 - At a time when NHS budgets are increasingly under pressure, this information is vital to ensuring people with secondary breast cancer receive the treatment and support they need. Without it, commitments made for this group of patients in the **NHS Long Term Plan**, such as access to a Clinical Nurse Specialist or other support worker by 2021⁵, will be difficult to achieve.

What we need

- It is crucial that the **Comprehensive Spending Review** provides funding for a **National Secondary Breast Cancer Audit** covering: diagnosis, treatment and access to support, to provide the missing insight that is desperately needed to ensure the NHS can meet the needs of those living with secondary breast cancer. Based on similar audits, we estimate that this will cost in the region of £2 million.

¹ Yip, K., McConnell, H., Alonzi, R., & Maher, J. (2015). Using routinely collected data to stratify prostate cancer patients into phases of care in the United Kingdom: implications for resource allocation and the cancer survivorship programme. *British Journal of Cancer*, 112, 1594–1602.

² Breast Cancer Care (2016) Secondary. Not Second Rate. Secondary breast cancer part two: Who's counting?, available at: <https://breastcancernow.org/sites/default/files/secondary-breast-cancer-report-2.pdf>

³ Breast Cancer Care (2018) Secondary. Not Second Rate. Incurable should not mean unsupported, available at: https://breastcancernow.org/sites/default/files/secondary_support_package_evidence_reportjan2019.pdf

⁴ Breast Cancer Now (2020) The Unsurvivors, available at: https://breastcancernow.org/sites/default/files/bcn_report1_1019v2_-_final_22.11.19_0.pdf [accessed 02/09/2020]

⁵ NHS England (2019), NHS Long Term Plan, available at: <https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/>

Clinical Nurse Specialists (CNSs)

- The importance of having a CNS was acknowledged in **NHS England's Long-Term Plan** with a commitment that by 2021, all patients, including those with secondary cancers, will have access to a CNS or other support worker.
- Clinical Nurse Specialists (CNS) play a crucial role in coordinating care and providing the information and support people need to manage their diagnosis and treatment.
 - The support of a CNS is the single most important contributing factor to people's positive experience of care⁶.
 - This is particularly important for secondary breast cancer patients who are on lifelong treatment and may have complex emotional and supportive care needs.
 - With COVID-19 resulting in changes to treatment and impacting on emotional wellbeing, access to a CNS for secondary patients has never been more urgent.
- Yet, a 2019 survey of over 2,000 people with secondary breast cancer found that:
 - **A quarter** of respondents had not seen a CNS since diagnosis.
 - **Less than a third (30%)** said they had seen a CNS regularly.⁷
- A recent survey⁸ of CNS's prior to the pandemic found that:
 - **Only 1 in 3** believe their hospital has enough specialist nurses to give patients with secondary breast cancer the support and care they need, with **81%** stating this is because there are not enough nursing posts.
 - **71%** reported that an increasing number of patients is affecting their hospital's ability to deliver the support and care that secondary breast cancer patients need.
- It is also crucial that CNSs have access to sufficient **training and development**.
 - It ensures that CNSs have the right skills and knowledge to support people with secondary breast cancer but it is also essential in retaining experienced staff.
 - Our recent survey of CNSs found that **less than half (49%)** of breast nurse specialists felt they had received sufficient training and development to provide the support and care that patients with secondary breast cancer need.

What we need

- The introduction of 350 grants to support more nurses to become cancer CNS's and chemotherapy nurses in the **NHS People Plan for 2020/21** is a step in the right direction. It is crucial that this is now supported by long-term investment to recruit and train more nurses to address the shortfall and to ensure that all patients have access to care.
 - It is crucial that this **Comprehensive Spending Review** provides the **necessary additional funding to recruit and train more Clinical Nurse Specialists**. This is essential to meet the needs of people living with secondary breast cancer now and in the future and deliver on the commitment set out in the Long-Term Plan.
 - Targeted action is required to retain staff and ensure there is appropriate training and CPD opportunities. **Health Education England's budget for CPD should urgently be restored to at least its previous highest level of £205 million in 2015/16**. It is also vital that there is enough nursing cover to allow others to take time for CPD.

⁶ Cancer Patient Experience Surveys

⁷ Breast Cancer Now (2020) The Unsurvivors, available at:

https://breastcancer.org/sites/default/files/bcn_report1_1019v2_-_final_22.11.19_0.pdf [accessed 02/09/2020]

⁸ Breast Cancer Now Survey, Fieldwork undertaken between January to March 2020. 124 responses in total from CNS's.

Breast imaging and diagnostic workforce

- Coronavirus has greatly exacerbated pressures that the breast imaging and diagnostic workforce were already experiencing, through increased staff shortages, disruption to services and creating a backlog in demand.
 - A well-staffed and highly trained breast imaging and diagnostic workforce is imperative to the successful delivery of the **NHS Long-Term Plan** commitment to improve screening uptake and early diagnosis.
 - Service delivery has also become more intensive and time consuming as infection prevention control measures are implemented which could result in staff burnout.
 - Breast cancer services could soon be overwhelmed, which could result in people waiting longer to be diagnosed and ultimately delaying the treatment they need.
- Prior to the pandemic, the breast imaging and diagnostic workforce was already overstretched and under severe pressure due to increased demand for breast services compounded by persistent shortages and vacancies in the breast workforce.
 - Public Health England has previously reported a vacancy rate of **15%** for mammography and around **half** of all mammographers are aged 50 and are therefore likely to retire in the next 10-15 years.⁹
 - Furthermore, only **18%** of breast screening units are adequately resourced with radiography staff in line with breast screening uptake in their area.¹⁰
- These challenges are also evident within radiology with specialist breast radiologist roles particularly vulnerable to workforce shortages, with **one in four** trusts/health boards across the UK having **at least one** vacant consultant breast radiologist post.¹¹
 - This situation is unlikely to improve soon as vacancies are set to increase with **a quarter** of consultant breast radiologists (**26%**) forecast to retire over the next five years.¹²
- At this stage, it is unclear how long it will take to get services up-to-date

What we need

- The **NHS People Plan for 2020/21** recognises the severe pressures the NHS workforce has been under and set out broad ambitions to recruit more staff. A 'part 2' of the plan in the autumn needs to go further to address 'supply needs' in the long-term.
- A fully resourced workforce is fundamental for the recovery of breast cancer services to pre-pandemic levels. Without it, recovery plans could be undermined whilst the NHS also risks failing to achieve broader ambitions on early diagnosis, treatment and care. It is critical that workforce shortages do not negatively impact patient care.
 - The **Comprehensive Spending Review** must now provide a **multiyear funding settlement to effectively support long-term cancer workforce planning**.
 - This must include targeted funding to address the expected backlog as a result of Coronavirus whilst also transforming the breast imaging and diagnostic workforce to ensure it is sustainable and fit for the future.

⁹ PHE, NHS Breast Screening Programme National Radiographic Workforce Survey 2016.

¹⁰ Ibid.

¹¹ Royal College of Radiologists (RCR), Clinical Radiology: UK workforce census 2019.

¹² Royal College of Radiologists (RCR), Clinical Radiology: UK workforce census 2019.

Impact on medical research funding

- Breast cancer research gives hope for the future by discovering how to prevent breast cancer, save lives and help people to live well with the disease. Medical research charities are a vital part of the UK's world-leading research base and life sciences sector.
 - In 2019, members of the Association of Medical Research Charities (AMRC) collectively invested **£1.9 billion** in UK research and development - more than the Medical Research Council (MRC) and the National Institute for Health Research (NIHR) combined. This accounted for half of publicly funded medical research nationally.
- The coronavirus pandemic has had a devastating impact on the income of medical research charities, leaving them with little choice but to cut funding for research.
 - AMRC members are planning for an average **41% decrease** in research spend in the 2020/21 financial year, resulting in a projected reduction in UK medical research investment of at least **£310 million**.
 - This means significantly less funding for vital research that saves lives, threatening the careers of thousands of young scientists who are dependent on this funding, and risking damaging world-class infrastructure that has taken decades to build.
- At Breast Cancer Now we estimate that there will be a **34% drop** in our income over the next year as a result of the pandemic. Whilst all of our long-term research will continue, we have had to reduce funding by at least **30%** to the following programmes:
 - **the Breast Cancer Now Toby Robins Research Centre**, which has been at the forefront of many of the key breakthroughs in breast cancer research, including discovering that a group of drugs known as PARP inhibitors could help treat women with breast cancer who have faulty BRCA genes; developing liquid biopsies; and identifying how healthy cells help cancer spread.
 - **our Tissue Bank**, set up to address the lack of access to high quality tissue necessary for researchers to study how breast cancer behaves, grows, and spreads, helping make breast cancer research quicker and more reliable.
 - **our Generations Study**, which is following over 113,000 women for 40 years to help understand the causes of breast cancer.
 - **our King's College London Unit**, which focuses on research into 'triple negative' breast cancer – a particularly aggressive form of the disease for which there are limited treatment options currently available.
- We have also had to cancel our latest round of project grants and PhD studentships, meaning we can't support early career development for researchers.

What we need

- Alongside other medical research charities, we are supporting the AMRC's call for a **Life Sciences Charity Partnership Fund** to mitigate the impact of the pandemic and ensure continuity of charity funded research.
- The Fund would be a co-investment scheme between the government and charities that provides a level of match funding from government for future charity research over the next three years. At least £310 million of funding from government is being sought in the first year to bridge the projected shortfall in sector spend. This funding would be matched by funding from charities to ensure overall sector investment is maintained.

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