



The Rt Hon. Matt Hancock MP
Secretary of State for Health and Social Care
Department of Health and Social Care
39 Victoria Street
London
SW1H 0EU

5 October 2020

Our Ref: EC7526

Dear Matt,

RE: Surgical Services, and Cancer and Arthritis Services

Earlier today, Macmillan Cancer Support, Versus Arthritis and the Royal College of Surgeons of England held a roundtable discussion to hear from people with lived experiences about the impact the COVID-19 pandemic and delays to receiving treatment has had on their lives, and to discuss how we can ensure that access to treatment and services can be restored safely.

Many of my constituents have, over the last few months, raised their concerns with me around access to the care that they need. Indeed, I discussed this with Dame Cally Palmer, the Chief Executive of the Royal Marsden, when I met with her in early August, and – ahead of this morning’s roundtable – she set out the current position locally as she sees it.

- *How has COVID affected surgical services, cancer services and arthritis services?*

COVID initially had a very significant impact on surgical and cancer services as trusts and systems looked to respond to the first wave of the pandemic. Surgery in particular saw a large shutdown of the majority of work. However, the establishment of COVID protected Surgical Hubs across the country based on the Royal Marsden model had a significant impact in restoring surgical capacity and has been the basis for recovery plans nationally.

In terms of other areas of service, we have seen nationally a significant drop off in urgent GP referrals (down as low as 30 per cent of pre-pandemic levels) although this is now back up to around 90 per cent. Other areas of cancer services such as chemotherapy and radiotherapy services have generally managed reasonably well, with no significant backlogs of work, although this has been aided by a reduction of patients referred into the service over the last 6 months.

- *How have patients been affected and what is the impact of waiting times on people’s lives?*

Patients have of course been impacted in a number of different ways but much of the potential impact on clinical outcomes have been mitigated by the response and recovery programmes that the NHS has put in place. Many of the cancer services do not have significant wait times although the areas of greatest focus for the NHS are around diagnostic services such as endoscopy and some forms of more routine surgery that are a big focus of system recovery plans.

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- *How can we alleviate the backlog?*

Ensure cancer remains a priority for recovery and the NHS commissions the right level of capacity from the independent sector to support NHS Trusts.

- *How can we ensure the safe recovery of services and what actions must government, NHS England and local NHS Trusts take?*

See comments above. The NHS also needs ensure it properly funds NHS recovery plans and helps develop capacity in areas such as diagnostics where there is a known shortfall.

I have written to the Chancellor separately on the importance of additional funding to recruit and train more Clinical Nurse Specialists (CNS) to support those living with cancer, to ensure all patients have access to the care and support they need, as well as additional funding for the imaging and diagnostic workforce to address the expected backlog as a result of COVID.

I enclose a detailed briefing from the roundtable which sets out the position of each of the other three organisations on the above questions in more detail. I should be grateful if you could consider all of these points, and provide me with a response to allow me to report back to Dame Cally, Macmillan Cancer Support, Versus Arthritis, and the Royal College of Surgeons.

With best wishes,



Elliot Colburn

Conservative Member of Parliament for Carshalton and Wallington

Cc:

Dally Cally Palmer, Chief Executive, Royal Marsden

Tim Mitchell, Vice President, Royal College of Surgeons of England

Eve Byrne, Head of Campaigns and Public Affairs, Macmillan Cancer Support

Tracey Loftis, Head of Policy and Public Affairs, Versus Arthritis

[Enc.]