



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

13 April 2021

Our Ref: EC12455

Dear Matt,

RE: Cancer services

I hope this letter finds you well. May I first take the opportunity to again pay tribute to you, your Ministerial team, and all working within your Department and our NHS for the incredible efforts you are making to tackle COVID-19, particularly now as we begin to lessen the restrictions and re-open society.

As you will know from previous correspondence, I have been in regular contact with a number of charitable organisations throughout the pandemic to hear more about the amazing work they are doing to support people at this difficult time, and what steps they feel the Government could take that would be helpful in maximising our recovery. I pay particular tribute to Macmillan Cancer Support and the Royal College of Pathologists, with whom I met again recently, for their commitment on this issue.

Following that meeting, and as a Vice Chair of the All-Party Parliamentary Group on Cancer, I am writing to highlight a number of issues which they have asked me to raise with you, and I should be very grateful for your comments in outlining what measures the Government is considering to tackle them.

Backlogs in cancer services

Following disruption caused by COVID-19, both the Royal College of Pathologists (RCPATH / “the College”) and Macmillan have serious concerns over preparations to deal with the backlog of non COVID-19 related illness, especially cancer care, and the related surge of demand for pathology services, particularly for cancer diagnosis and treatment.

From current January cancer waiting times, it shows there are 37,000 fewer people who have commenced a first treatment for cancer from the start of the pandemic, compared to 2019 data. To get through this backlog, Macmillan project that this will take up to 15 months to address only if the system operates consistently at 110%. Understanding how this backlog will impact on Pathology will be an incredibly important consideration.

Cancer will affect half of us all at some time in our lives. It is a devastating and terrible disease, but modern treatments coupled with early detection and monitoring offer us hope that we can beat it. Pathology is central to this early diagnosis and ongoing monitoring, as well as being vital for cancer prevention and screening, but pathology is facing a workforce crisis which must be addressed if we are to win the fight against cancer.

Pathology is key to prevention, screening, and early detection of cancer. It saves lives and it saves money. If we are to beat cancer, we must invest in pathology.

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Workforce challenges

While the College welcomes the £1billion to tackle the elective backlog set out by the Chancellor at the Spending Review, pathology workforce shortages highlighted ‘pre-COVID’ remain. Although recruitment into histopathology has increased, there remains a 25% shortfall in staff able to report results, with some regions having even higher shortages.

Workforce pressures across the four UK nations are being compounded by the pandemic. There have been reductions in patients seeking help for their symptoms, including a significant decline in referrals from primary care leading to substantial delays in diagnosis and a significant backlog of cases.

Research from Macmillan estimates that there were 50% fewer Cancer Nurse Specialists in the NHS than was needed in order to deliver the necessary personalised care and treatment that cancer patients deserve. It is essential that your department and the Treasury work together to ensure that the autumn Comprehensive Spending Review delivers on a suitable multi year funding settlement for the NHS workforce.

Building the cancer workforce, not just in histopathology, but also in haematology and other areas of pathology, has to be a key investment priority for government. Without this investment there will be no capacity for pathology to deal with any increase in workload associated with efforts to overcome this backlog.

The expertise of haematologists is central to patient management and care; for example, by advising GPs and doctors in other specialties on the best tests to perform and interpreting and communicating the significance of the test results.

Training and recruitment

As well as more investment to recruit and retain more pathology staff, the College would also like to see more training places, better IT for day-to-day work and capital investment to implement digital pathology more widely, so staff can work more efficiently and flexibly.

IT and infrastructure

Rapid IT infrastructure transformation, hardware to replace the nearly 30% of Laboratory Information Management Systems (LIMS) that are virtually obsolete, connectivity to link systems, and, for histopathology and haematology, digital imaging will be key to making services more stable and efficient. There have been some good examples of single LIMS roll outs in Wales that have made patients’ test results more accessible, and able to be reported across the country. Similarly, some regions have good systems that link many hospitals and indeed some acute and primary care systems. These models need to be widely adopted. LIMS are vital to effectively manage samples, and associated data and automate workflows.

Digital pathology

One area the College is keen to develop as a profession is to harness technology to achieve the best possible outcomes for the workforce and patients. Digital pathology has the potential to improve patient care and support the pathology workforce by making the diagnosis and monitoring of disease much more efficient. However, in order to transform pathology services and support patient care and safety, we need investment in IT infrastructure, staffing and training.

Digital pathology also facilitates remote working in several ways which are useful during the pandemic and going forward will help with staffing issues – home reporting, avoiding the need to be physically in the same space as a colleague giving a second opinion, and facilitating trainee pathologists in learning.

Any investment should also build on the initial investment of the NHS to develop centres of excellence in digital pathology nationally. These centres can help with any further expansion of the technology across the NHS, by sharing knowledge and standards. It is the view of the College that digital pathology should be centrally funded and rolled out nationally in a similar way to digital radiology.

Genomics

Genomic medicine provides an incredible opportunity for faster, accurate diagnosis and tailored treatment for people with cancer, and with inherited diseases. However, it is essential that there is equity of access to tests and the associated treatment(s).

Developments in genomics will require significant investment – staff need to be equipped with knowledge, and laboratories with necessary equipment. Pathologists are at the heart of these developments and hence must be involved throughout the programme, because of their vast experience in tissue handling, processing and reporting.

The College is concerned that there is no planned resource provision for the significantly increased workload that the Genomic Medicine Service will create for pathology, which will grow over time. Without this being addressed there will be issues in providing the quality and level of service desired.

Thank you for taking the time to consider these important points, and I look forward to hearing from you so that I may report back to both Macmillan and the College. I shall also be sending a copy of this letter to Radiotherapy4Life and Cancer Research UK, with whom I also work closely.

With best wishes,



Elliot Colburn

Conservative Member of Parliament for Carshalton and Wallington

Cc:

Macmillan Cancer Support
Royal College of Pathologists
Radiotherapy4Life
Cancer Research UK