



## August 2023

### National Cancer Patient Experience Survey – 2022 – Uploaded 1<sup>st</sup> August

(NCPES) – July 2023

The National Cancer Patient Experience Survey 2022 was the twelfth iteration of the survey first undertaken in 2010. It has been designed to monitor national progress on experience of cancer care; to provide information to drive local quality improvements; to assist commissioners and providers of cancer care; and to inform the work of the various charities and stakeholder groups supporting cancer patients.

The questionnaire was reviewed in 2021 to reflect changes to cancer services and commitments to cancer care as detailed in the NHS Long Term Plan which is available at <http://www.longtermplan.nhs.uk/online-version/>.

Read the Report – [National Cancer Patient Experience Survey – 2022](#)

[Download the NHS Long Term Plan](#)

### RCR Clinical Oncology Workforce Census 2022 - Uploaded 1<sup>st</sup> August

RCR – June 2023

This is the 15th annual RCR clinical oncology census report – presenting a comprehensive picture of the clinical oncology workforce as it stood in October 2022. Once again, we have secured a 100% response rate, enabling us to speak decisively about the state of the oncology workforce across the UK.

Key findings from this year's clinical oncology workforce census include:

Patient care has been notably impacted by shortages in the clinical oncology workforce. In almost all UK cancer centres (97%), patients' treatment was delayed because of staff shortages. In 1 in 2 cancer centres, delays were happening in most months or every month.

The UK has a 15% shortfall of clinical oncologists – 175 additional doctors are needed to deliver safe and effective patient care. By 2027, it is projected that the shortfall will rise to 25%.

Across the UK, there is a 7% vacancy rate of clinical oncologists. 54% of these vacancies have been open for over a year.

Inevitably, health systems are having to rely on costly alternatives. The proportion of locum staff in the clinical oncology workforce has risen from 4% to 8% over the past two years.

There are concerning inequalities in access to cancer specialists. In London, there are 10.2 oncologists (medical and clinical) per 100,000 older people, compared to just 3.1 in North and West Wales.

Shortages in the cancer workforce are the major barrier to meeting national cancer ambitions and achieving world-class cancer outcomes. There are simply not enough doctors to see the volume of patients needed. Furthermore, staff do not have the headspace to consider service improvement, health inequalities are widening, and increasing pressure is leading to an exodus of staff – either voluntarily or due to stress and burnout.

There are no quick fixes for the cancer workforce crisis, but several avenues do exist for the government and health services in each of the four nations to engage with. We need action to support the workforce including recruiting new doctors, training existing staff to fill new roles, and introducing measures to make the national health system a place where staff are empowered to work and want to stay.

Read the Report – [RCR Clinical Oncology Workforce Census 2022](#)

## Summary guide pulls together best practice for meeting NHS 28-day cancer diagnosis standard - Uploaded 3rd August

GIRFT – 3 Aug 2023

Summary guidance to support NHS clinicians to better meet the Faster Diagnosis Standard (FDS) for cancer is now available to download.

Getting It Right First Time (GIRFT) and NHS England's Cancer Programme have worked in partnership to produce guidance for [Best practice timed diagnostic cancer pathways](#), outlining how cancer alliances and local organisations can implement NHSE's best practice timed diagnostic pathways for cancer.

The guidance includes advice for all stages of a cancer diagnosis, from early identification of patients to onward referral, as well as useful insights from the relevant GIRFT national clinical leads and links to best practice case studies.

This edition has a particular focus on colorectal cancer, prostate cancer and skin cancer, with guidance for other cancer specialties to follow.

The [NHS Long Term Plan](#) committed to providing a faster diagnosis for patients through the introduction of the Faster Diagnosis Standard (FDS), to ensure people are told they have cancer or that cancer is excluded within 28 days from referral. Since the introduction of the

FDS, performance across England has been around 71% (April 2023). The aim is to reach 75% performance by March 2024.

[Best practice timed diagnostic pathways](#) for seven cancer specialties (head and neck, gynaecology, colorectal, lung, prostate, skin and oesophago-gastric) have been shared by NHSE's Cancer Programme, with more in development. The pathways aim to encourage consistent, system-wide approaches to managing diagnosis pathways, allowing clinicians to focus on the rapid investigation of the highest priority patients, while ensuring fast and effective rule out and management of those without cancer.

Further information – [Summary guide](#)

### **Artificial intelligence: 10 promising interventions for healthcare - Uploaded 3<sup>rd</sup> August**

NIHR – July 2023

The news is full of stories on artificial intelligence, or AI. These include extreme predictions about its impact on jobs, privacy and society, as well as exciting stories about benefits in healthcare and education, for example. Articles may be misleading, and exaggerate both the positive and the negative. At a time when people need to understand a rapidly-changing landscape, there is a need for debate informed by evidence. This Collection aims to provide some of that evidence.

We describe recent examples of research on AI-based technology that could support the NHS. As it develops and is put into practice, it could enable managers to predict patients' needs and manage their service's capacity. It could help doctors diagnose conditions earlier and more accurately, and offer specific treatments to individuals. More research is needed, but the evidence to date is promising.

The Collection provides members of the public and healthcare professionals with insights into the future of AI in healthcare.

Further information – [10 promising interventions for healthcare](#) – AI

### **Major conditions strategy: case for change and our strategic framework - Uploaded 15<sup>th</sup> August**

[Department of Health and Social Care](#) – 14th august 2023

Following the Secretary of State for Health and Social Care's commitment to [publish a major conditions strategy](#), this government report sets out the case for change and strategic framework for the final strategy.

The final strategy will aim to improve outcomes and better meet the needs of our ageing population living with an increasing number of conditions. Tackling the groups of major conditions that drive ill health in England provides an important opportunity to improve the lives of millions of people. Reducing suffering from these conditions will move us towards our objective of increasing healthy life expectancy by 2035, help us to ease pressure on the health system and reduce the number of people out of work due to ill health.

[Major conditions strategy: case for change and our strategic framework](#)

## **Changes to cancer waiting times standards from 1 October 2023 - Uploaded 17<sup>th</sup> August**

NHS England – 17th August 2023

An update on changes to cancer waiting times standards that have been agreed between NHS England and the Department of Health and Social Care (DHSC), and which will come into effect from 1 October 2023.

[Changes to cancer waiting times standards from 1 October 2023](#)

## **Cancer waiting times review – Models of care and measurement: consultation response - Uploaded 17<sup>th</sup> August**

NHS England – 15 August 2023

This report sets out the wide-ranging support received through the national consultation on the proposed new standards for cancer care, and highlights some of the key considerations raised to support their successful implementation. It also sets out the final policy recommendations, and the next steps required by both the NHS and Government to implement them.

The proposed new standards align with the recommendations in the 2015 Independent Cancer Taskforce report, build on the NHS Long Term Plan and prior to consultation were subject to testing across cancer providers.

Read the Report – [Models of care and measurement: consultation response](#)

## **NHS partners with Morrisons to put vital cancer awareness messaging on underwear labels - Uploaded 21<sup>st</sup> August**

NHS England – 21st August 2023

Morrisons and the NHS are working together to put advice on underwear labels urging people to contact their GP practice if they spot potential symptoms of breast or testicular cancer.

The Nutmeg-branded underwear featuring NHS advice will be in 240 Morrisons stores nationwide, initially in men's boxer shorts and followed by crop top bras in the coming months.

The NHS guidance will be displayed on the fabric labels alongside the standard sizing and care information. There will also be a QR code on the packaging and tags linking customers through to more detailed information on breast and testicular cancer on the NHS website.

Morrisons is the first UK supermarket to roll-out the new labels and the first-of-its-kind partnership for the NHS is the latest move in a significant drive to ensure people are aware of the signs and symptoms of cancer.

If people notice symptoms that could be cancer, they should contact their GP and come forward for checks as early as possible so they can get the all-clear, or in some cases, a cancer diagnosis sooner to give them the best chance of surviving the disease.

Further information – [NHS partners with Morrisons to put vital cancer awareness messaging on underwear labels](#)

## **Around 100,000 fewer colonoscopies expected to take place each year following updated NICE guidance - Uploaded 24<sup>st</sup> August**

NICE 24th August 2023

Tens of thousands of people a year could be spared the need for a colonoscopy following new guidance from NICE.

People with signs or symptoms of colorectal cancer should be offered a home test with quantitative faecal immunochemical tests (FIT) from 1 of 2 technologies (HM-JACKarc or OC-Sensor). This could lead to faster diagnosis, with fewer people referred to secondary care for an unnecessary colonoscopy. People who require follow up investigation can then be prioritised for referral leading to colonoscopy services focusing on those people who need them most.

Analysis carried out by NICE shows if there is a 25% reduction in the number of people referred, 94,291 fewer colonoscopies would take place.

North Tees and Hartlepool NHS Foundation Trust is already using the approach recommended by NICE and found they detected more cancers using fewer colonoscopies, which is better for patients and more efficient for the NHS.

NICE's diagnostic advisory committee has recommended a sample is sent in the post to a laboratory where the amount of blood in the faeces is measured. The results are usually available within a week and people with 10 or more micrograms of haemoglobin in their faeces should then be referred for further investigation.

Under previous NICE guidance, FIT was already offered to some people presenting to primary care with symptoms suggestive of colorectal cancer, while others were immediately referred on the suspected cancer pathway.

Further assessment using colonoscopy, or CT colonography, is required to diagnose cancer.

Colonoscopy capacity is limited, and there are sometimes long wait times. Using FIT could reduce the number of people referred for urgent colonoscopy, and so reduce the waiting times to allow people on non-urgent referral pathways to be seen more quickly. For people where there is strong clinical concern of cancer because of ongoing unexplained symptoms, the guidance remains to refer them immediately to secondary care.

Further information – [Around 100,000 fewer colonoscopies expected to take place each year following updated NICE guidance](#)