How the next Government can improve services for cancer patients

Four proposals from The Royal College of Radiologists
Cancer affects 1 in 3 people

The number of patients diagnosed with cancer is expected to rise by 40% by 2030.

Radiotherapy contributes to the cure of 40% of cancers but accounted for only 5% of the national spend on cancer treatments in 2012.

Drug therapy contributes to the cure of 10% of cancer patients.

Cancer survival rates have doubled in the last 40 years.
How the next Government can improve services for cancer patients

The Royal College of Radiologists (RCR) sets the standards for training and practice in clinical oncology and helps shape cancer services for the benefit of patients. The RCR has over 9,500 Fellows and members worldwide and is a charity registered with the Charity Commission.

Clinical oncologists are doctors who prescribe both radiotherapy and chemotherapy treatment for patients with cancer. They play a vital role in planning cancer services and in co-ordinating the care of patients with cancer.

Clinical oncologists are the only doctors who can prescribe radiotherapy. In addition, they prescribe more than 50% of chemotherapy delivered to cancer patients.

Prescribing both forms of treatment allows continuity of care for patients, along with efficiency and cost-effectiveness of service delivery. Clinical oncologists develop long-term, professional relationships with cancer patients and, together with the patient’s general practitioner (GP), manage the patient through the whole course of their cancer treatment.

Radiotherapy contributes to the cure of 40% of cancers and is a safe, modern, targeted treatment for cancer.

Cancer services, cure rates and survival have all improved over the last 10–20 years but the UK still lags a long way behind many comparable Western countries. The RCR believes that UK cancer patient survival rates should be equivalent to the best in Western Europe.

The RCR's publication Clinical oncology – the future shape of the specialty (www.rcr.ac.uk/CO_shape_of_specialty) is an in-depth review of the specialty, ways of working and how best it can develop over the next ten years to enhance the scope and quality of treatment offered in UK cancer centres.

In this short document the RCR presents four proposals for improving services for cancer patients and shows how RCR can help the next Government to realise these ambitions. Without these actions, cancer services will not improve and patients will suffer. We are ready to work with the next Government to make things better.
No one wants anything but the best chances of cure and survival for such a devastating disease as cancer. Unless the next Government acts, there is a high risk that services will deteriorate and patients will suffer. High-quality cancer care can only be achieved with sufficient numbers of clinical oncologists; at least 30 more clinical oncology trainees are needed per year starting now to meet the demands.

Why we need more clinical oncologists

The number of people with cancer is expected to increase in the next decade, partly due to an aging population. Early diagnosis of cancer through screening initiatives and increased public awareness will also become more and more significant. Most of the additional cancers will be discovered in the elderly where surgery can often be very risky. Diagnosing cancer early means more patients can be treated successfully with radiotherapy and chemotherapy. This is a very positive development, but it means we need more clinical oncologists.

The workforce shortfall and what needs to be done

About 47 clinical oncology trainees complete their training each year. Fewer than this will take up a consultant post in the UK as a number go abroad.

Our models (www.rcr.ac.uk/CO_workforce) demonstrate that we must significantly increase the number of clinical oncology trainees each year to meet the needs of the service fully, including comprehensive implementation of advanced radiotherapy treatment.

What we think the next Government should do

The next Government should increase immediately the number of trainee clinical oncologists by at least 30 per year to prevent the deterioration of cancer services and resultant poorer patient outcomes.

What we will do

The RCR will:
- Work with the training schemes to ensure that capacity is used effectively
- Ensure that clinical oncology training schemes fully prepare future consultants for the demands that their careers will bring
- Provide a training curriculum and assessments that continue to be fit for purpose
- Provide data and forecasts for the workforce and workload demands annually.
How to achieve a fairer allocation of resources for cancer treatment

Patients should be able to access the full range of treatments they need on an equitably and fairly funded basis across the UK.

The England-only Cancer Drugs Fund (CDF) cannot be spent on new radiotherapy techniques. Radiotherapy is only allocated 5% of the overall cancer treatment budget; this is holding back treatment and cure.

The CDF was introduced by the Government in England in April 2011 and is planned to continue until March 2016. It was intended to fund cancer drugs that have some clinical benefit but not enough to have been approved by the National Institute of Health and Care Excellence (NICE) and are therefore not available to the National Health Service (NHS) in England. There is no equivalent scheme in the other UK nations.

While we applaud any funding that will allow cancer patients to access the care they need, we do not understand the rationale for ring-fencing so much funding for one type of treatment. This perpetuates serious underinvestment in other types of cancer treatment to the detriment of patients.

Radiotherapy is an extremely cost-effective cancer treatment. Treatment with radiotherapy contributes to the cure of 40% of cancer patients; drug therapy contributes to the cure of 10% of cancer patients (http://www.cancerresearchuk.org/sites/default/files/cruk_research_strategy.pdf). Investment in radiotherapy will have a much greater impact on patient outcomes, including survival, than continuing the CDF in its current form.

It is also vital that continued funding is provided for the radiotherapy and chemotherapy datasets – without collecting such data, we cannot assess the usefulness and impact of treatments.

What we think the next Government should do

The next Government should introduce and maintain funding mechanisms which provide:
- Equitable access to the full range of treatments that cancer patients need
- Continuing support for the radiotherapy and chemotherapy datasets.

What we will do

The RCR commits to working with the next Government:
- To advise on how best to target resources for non-surgical cancer treatment, with a particular emphasis on the cost-effectiveness of radiotherapy
- To provide expert assistance with analysis of the national datasets to ensure that patients are offered the most effective treatments.
Patients are suffering because too few cancer centres are able to offer advanced radiotherapy. To provide safe, reliable and effective treatment, no machine delivering radiotherapy treatment should be more than ten years old.

UK patients do not currently have equal access to the highest quality, modern radiotherapy techniques, which are internationally recognised as the standard of care for their type of cancer. Of the 265 radiotherapy machines in use in 2012, 120 required replacement by 2017. A funded programme to replace these is essential to keep the quality of service at the required level.

Advanced radiotherapy

The future delivery of high-quality radiotherapy services relies on innovative radiotherapy techniques and their rapid implementation across the UK. To offer patients the quality and standard of care they deserve, 80% of patients receiving curative radiotherapy need to be treated using advanced radiotherapy techniques.

Intensity-modulated radiotherapy (IMRT) offers patients the possibility of cure while minimising the long-term side-effects of treatment and reducing the economic burden of treatment-related complications. In 2012, there was a commitment to ensure delivery of IMRT for at least 24% of curative radiotherapy treatments in England through the £23 million ‘Radiotherapy Innovation Fund’. All centres have now reached this target and most are working to increase access to IMRT. The majority of radically treated patients would benefit from IMRT.

Stereotactic ablative body radiotherapy (SABR) is increasingly used for small, localised cancers and should be delivered to more patients in a greater number of centres. Much more widespread commissioning of SABR is required to deliver optimal treatment to many more cancer patients.

Proton beam therapy in the UK will be available to a small proportion of curable patients. The programme for two proton centres in the UK must be delivered on time and, if possible, advanced. We expect the indications for proton treatment to be expanded in the UK over the next five to ten years.

What we think the next Government should do

The next Government should increase investment in radiotherapy services to:
- Deliver the required increase in the use of advanced radiotherapy techniques now
- Deliver on future indications for treatments such as proton beam therapy
- Fund a continuing programme to replace radiotherapy machines when needed.

What we will do

The RCR will:
- Bring together the professions involved in radiotherapy with industry to advise and guide the next Government to achieve the investment in radiotherapy services that patients need
- Advise on emerging indications for advanced radiotherapy treatment, including proton beam therapy, and how they can be realised in practice.
Research and development in radiotherapy technology, cancer sciences and drug therapy is essential to improve patient survival and experience. The UK will otherwise fail to advance cancer treatment. The next Government should commit to a ten-year programme that will restore the UK as an internationally acknowledged world-leader in cancer care research and development.

By 2020, cancer will affect one in three of us. A continuous investment programme for cancer treatment research and development is the only way for the UK to improve patient survival to a level approaching that of comparable countries.

The number of patients diagnosed with cancer each year stands at 330,000 and this is set to rise by 40% by 2030.

UK cancer survival rates have doubled in the last 40 years but we still lag behind other Western countries (http://www.cancerresearchuk.org/sites/default/files/cruk_strategy_highlights.pdf).

Developments in technical radiotherapy delivery as described on previous pages and the combination of radiotherapy with the most modern, targeted drugs carries great promise in improving cure rates for patients with cancer in the next decade and this needs continuous research investment.

What we think the next Government should do

The next Government should commit to a ten-year research programme that will advance cancer treatment in the UK to the level patients deserve.

What we will do

The RCR will:

• Work collaboratively with the major cancer research institutions
• Ensure that the latest findings are made known across the profession and reflected in practice.
Talk to us about these proposals

The Royal College of Radiologists is an apolitical organisation and is not able to endorse or support the policies or intentions of any political party. The College reserves the right to support, criticise or object to any policies which are issued from time to time. However, the College firmly believes that it is in the interests of current and future patients and of all taxpayers in the UK, for what remains a predominantly publicly funded health service, that the policies which parties and politicians develop are as fully informed as possible. Accordingly, the College is ready and willing to enter into dialogue with anyone who wishes to take its advice and views.

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