Dr Clive Peedell

Dear all,
Thank you for inviting me to offer a response to this consultation.

I am the clinical lead for Radiotherapy at the James Cook University Hospital, Middlesbrough. I have been a consultant clinical oncologist for 16 years, specialising in the management of lung cancer and prostate cancer, as well as leading on the development of regional and national SABR/SBRT (Stereotactic Radiotherapy Services). I am a founding member of the UK SABR Consortium, and currently a steering committee member of the British Thoracic Oncology Group (BTOG).

In terms of the statistics related to the magnitude and extent of the "cancer backlog", the best source would be the Department of Health and NHS England itself.
The Royal Colleges (Radiologists, Physicians, Surgeons etc) will be best placed to understand workforce and capacity issues.

From my own personal experience and perspective, the key areas of focus should be on the following areas:

1. Investment in Public health to focus on cancer prevention strategies eg addressing wealth/health inequality, smoking cessation, promotion of healthy living and exercise etc
2. Public health campaigns to raise awareness of cancer symptoms
3. Investment in cancer screening programmes
4. General Practice is under extreme pressure and needs to be supported to help deal with the influx of patients. There is already a shortage of GPs, so helping to prevent early retirements and a mass exodus of GPs should be a major Government priority.
5. Increasing diagnostic capability by investing in new diagnostic equipment and expanding radiology training numbers. Current capacity should be focused on the diagnosis of new cases, rather than post-treatment follow up scanning which has very little evidence to support improving patient outcomes. This could be achieved by national consensus through the Royal Colleges and expert cancer societies.
6. Improving telemedicine facilities for oncologists. Remote consultations work well for many patients. Prescribing of chemotherapy and planning of radiotherapy can also be done remotely, and there should be investment in home IT facilities for staff.
7. Building SABR/SBRT capacity could help reduce the burden on surgeons and help with surgical capacity. There are a number of cancer types that may be better served (or equally well served) by treatment with radiotherapy rather than surgery. Increasing throughput through RT departments can be offset by using fewer fractions of RT (hypofractionation). This has clearly been demonstrated through the national Lung RT COVID study.
8. Streamlining and fast tracking the licensing and funding of new anti-drugs is essential to ensure patients receive the best possible treatment. This will improve outcomes and reduce the burden on hospital care.
9. The Government should call on the Royal Colleges and expert cancer specialist societies eg BTOG, BUG (British Thoracic Oncology Group, British Uro-Oncology Group etc) to set up working groups to help the DH and NHS England come up with strategies and guidance to address this crisis in the short, medium and long term

I am happy to be called to give evidence and suggest ideas if required

Yours sincerely

Dr Clive Peedell