Breast Cancer Now Submission

14th May 2021

APPG for Radiotherapy Consultation: Solutions to the COVID induced backlog

How large is the cancer backlog and what are the risks to patients?

Missing diagnosis and the screening backlog

- The earlier breast cancer is diagnosed, the more likely it is that treatment will be successful. Yet, every month that passes more women with breast cancer could be missing the best possible chance of early diagnosis, which is key to preventing deaths from the disease.
- Between March and December 2020, there was a 90,000 drop in referrals to a specialist for patients with possible symptoms of breast cancer in England[1]. Breast Cancer Now believes this is due to a combination of women being reluctant to attend medical appointments as well as GPs being reluctant to risk sending patients to hospital for fear of them becoming infected with Covid-19.
- During the first peak of the pandemic, breast screening services were effectively paused in England.
    - While screening services have since restarted, we understand that due to social distancing and infection prevention measures they have been running at about 60% of normal capacity.
    - There remains a significant backlog of women waiting for breast screening. We estimate that nearly 1.2 million fewer women across the UK had breast screening between March and December 2020.[2]
- We have estimated that around 10,700[3] fewer people across the UK were diagnosed with breast cancer between March and December 2020 as a direct result of the impacts of the pandemic. The risk to patients is that some of these people may be diagnosed at a later stage than they otherwise would have been. In the worst cases, this could result in some women dying as a result of delayed diagnoses.

The impact on people living with secondary breast cancer

- Secondary breast cancer patients in particular reported concerns they may die sooner due to changes to their care or the suspension of clinical trials. Through our Helpline and insight work we heard[4]:
    - Thousands of secondary breast cancer patients experienced anxiety and fears that their lives may be shortened due to changes to treatment, scans and trials.
    - Where monitoring scans have been delayed, sometimes by up to three months, it left patients uncertain as to whether their current treatment may be working or whether their cancer may be progressing.

---

1 Calculated using Monthly Provider Based Data and Summaries, Cancer Waiting Times, NHS England. Available at: https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/monthly-prov-cwt/

2 Calculated using data on the average number of women screened each month, based on performance data for 2018/19 (with some adjustments to take account of changes to screening during the pandemic, the length of time for which services were paused, and reductions in capacity since services restarted. The number fewer women screened between march and December 2000 breaks down across the UK as follows – England – 1,001,700; Scotland – 93,756; Wales – 61,237; Northern Ireland – 33,828.

3 Calculated using a combination of data sets: the number of people starting their first treatment for breast cancer under the 31 day wait between March and December 2020 (compared to data from the same months in 2019) in England and Scotland; and based on urgent referrals and screening data in Wales and Northern Ireland. The number fewer breast cancer diagnoses between March and December 2020 breaks down across the UK as follows - England – 8900; Scotland – 890; Wales – 687; Northern Ireland – 248.

4 Thousands of women with incurable breast cancer 'fearing for survival' amid delays to treatment, scans and access to trials, Breast Cancer Now, May 2020. Available at: https://breastcancernow.org/about-us/media/press-releases/thousands-women-incurable-breast-cancer-%E2%80%98fearing-survival%E2%80%99-amid-delays-treatment-scans-access-trials

    - Living with incurable breast cancer can be difficult enough, but to add the extreme uncertainty of having to pause treatments that may be prolonging your life is utterly distressing.
- The extent of the specific impacts for breast cancer patients across the UK, including the length of any delays to treatments or services, is yet to be established and it may therefore be some time before any long-term effects of the outbreak for breast cancer patients are known.

<u>Delays to breast reconstruction surgery</u>

- Before the pandemic, breast reconstruction services were already under strain, with waits of 1 to 2 years for delayed reconstruction in many hospitals. In the past, some Clinical Commissioning Groups (CCGs) in England have implemented restrictions on the time in which reconstruction should be complete.
- This pressure has been further exacerbated by the fact breast reconstruction was suspended during the peak of the pandemic. As far as we are aware, it was not suspended during the coronavirus surge we experienced during autumn and winter 2020/21.
    - In September 2020, we estimated that **over 1000 women** would have missed out on immediate reconstruction during the first wave of the pandemic, and around another **500** will have had their delayed reconstruction delayed further[5].
    - These numbers are continuing to grow as units will be operating under capacity.
- A survey we carried out in July 2020[6] showed many respondents were experiencing impacts to their treatment, including cancelled or delayed surgeries, reduced or delayed therapy or difficulties in access drugs, including hormone therapy. Of those respondents that experienced changes to their reconstructive surgery nearly half (48%) told us they were unhappy with their body image, and 59% were concerned that they would need more operations as they were unable to have reconstruction at the same time as their mastectomy.

Do we have the capacity within cancer diagnostics services, cancer treatments and the cancer workforce to deal with the COVID induced cancer backlog?

- The expected increase in referrals and backlog of women waiting for breast screening will lead to an increase in demand for diagnostic and imaging services, threatening to overwhelm a workforce that was already stretched before the pandemic. It is critical that workforce shortages do not negatively impact patient care.
- Demand on breast services was already on the rise. The number of women in England referred to a specialist with suspected breast cancer has increased significantly over the past few years[7].
- Prior to the pandemic, the breast imaging and diagnostic workforce was already overstretched and under severe pressure due to increased demand for breast services compounded by persistent shortages and vacancies in the breast workforce.
    - Public Health England has previously reported a vacancy rate of **15%** for mammography and around **half** of all mammographers are aged 50 and are therefore likely to retire in the next 10-15 years[8]

[5] Estimate based on data from the Audit on the number of women having immediate and delayed reconstruction and updated to 2020.
6 Breast Cancer Now's survey was open from9 July – 6 August and promoted via the charity's networks and social media channels. 2124 people with breast cancer responded to the survey, 1545 with primary breast cancer and 472 with secondary breast cancer. The remainder chose to describe their breast cancer themselves.
[7] Cancer waiting times, NHS England. Available at www.england.nhs.uk/statistics/statistical-work-areas/ cancer-waiting-times/
[8] PHE, NHS Breast Screening Programme National Radiographic Workforce Survey 2016.

    - Furthermore, only **18%** of breast screening units are adequately resourced with radiography staff in line with breast screening uptake in their area[9]
- These challenges are also evident within the radiology workforce – by 2025 the clinical radiology workforce shortfall will be 44%[10].
    - This situation is unlikely to improve as vacancies are set to increase with **a quarter** of consultant breast radiologists (**24%**) forecast to retire over the next five years[11]

What policy recommendations should the APPGs make to the Government for tackling the Covid-induced cancer crisis?

- The Department of Health and Social Care must assess diagnostic capacity across breast cancer services and set out a demand-led, long-term plan to ensure the workforce has enough resource and support now and in the future. The development and implementation of a full NHS People Plan, and the Government's successful recovery of cancer services post-pandemic, is dependent on long-term funding being allocated.

- £50 million of funding is being allocated by NHS England to recover the breast screening programme by March 2022[12]. The Government must ensure that the open invites being used currently in England do not reduce uptake (which dipped below the national minimum standard of 70% in 2019/20), or further exacerbate inequalities in groups already less likely to attend.
- NHSE operational and planning priorities 2021/22 state that the NHS will meet the increased level of referrals and treatment needed to address the shortfall in the number starting first treatment by March 2022. Government must ensure there are sufficient staff (particularly in diagnostics), facilities and equipment to deliver this commitment. The continuation of hypofractionation in line with the FAST-Forward trial results for of breast radiotherapy will help reduce hospital visits for breast cancer patients and free up capacity.
- The Government and NHS England must work with the Association of Breast Surgery (ABS), British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS) and Breast Cancer Now to develop a clear plan to clear the backlog of reconstruction surgery. Women must not be prevented from having breast reconstruction because of any time limits imposed on these operations by CCGs in England.

[9] Ibid.

[10] Royal College of Radiologists (RCR), Clinical Radiology: UK workforce census 2020

[11] Royal College of Radiologists (RCR), Clinical Radiology: UK workforce census 2020

[12] NHSE priorities and operational planning guidance 2021/22. Available at: https://www.england.nhs.uk/wp-content/uploads/2021/03/B0468-nhs-operational-planning-and-contracting-guidance.pdf