

From Jo Churchill MP Parliamentary Under Secretary of State for Prevention, Public Health and Primary Care

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The Rt Hon Sir George Howarth MP By email to: george.howarth.mp@parliament.uk

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Dear Sir George,

Thank you for your correspondence of 9 November to Matt Hancock, on behalf of a number of your constituents, in support of the Radiotherapy4Life *Catch Up With Cancer* campaign.

These are unprecedented times and the level of demand that coronavirus (COVID-19) is putting on the NHS has never been experienced before. This is a very difficult time for everyone, and even more worrying for people who are waiting for diagnosis, treatment or surgery.

I would like to reassure your constituents that the NHS's recovery plan is well underway to restore urgent cancer referrals and treatment. The latest data, for September, suggests that urgent two-week wait GP referrals are 2.4 per cent higher than the same month last year and are continuing to increase as a proportion of last year, in part as a result of the *Help Us, Help You* campaign that the NHS has undertaken.

From March to September 2020, cancer treatment was maintained at 86 per cent of prepandemic levels, and by September more urgent referrals were seen than the same time last year. Radiotherapy services are now back up to pre-pandemic levels. In September, 94.5 per cent of people treated began their first definitive treatment within 31 days of receiving their diagnosis. The message is clear that the NHS is open for business.

NHS England and NHS Improvement (NHSE&I) is prioritising delivery of the *NHS Long Term Plan* commitments that support recovery and focusing on increasing early diagnosis and survival rates through the use of Rapid Diagnostic Centres. A newly formed Cancer Recovery Taskforce, bringing together stakeholders and experts from across the cancer community, is overseeing the development of the cancer recovery plan. This includes taking into account the impact of the second wave of the pandemic and reviewing progress against objectives.

The National Cancer Programme is already committed to transforming cancer care and outcomes for all people living with cancer, including those with rare and difficult-to-diagnose cancers. For many of these cancers that do not currently have effective and timely clinical treatments, the focus needs to be on research and innovation, and ensuring that proven innovations, once discovered, are adopted swiftly across the health service.

On 3 August, NHSE&I announced that 'COVID-friendly' cancer treatments that are safer for patients during the pandemic will be expanded and extended through a £160 million initiative. The funding will pay for drugs that treat patients without having such a big impact on their immune system, or that offer other benefits such as fewer hospital visits.

During the COVID-19 pandemic radiotherapy service provision has continued. In view of the need to minimise trips to hospital, particularly for people likely to be worse affected by COVID-19, radiotherapy services have made use of fewer-fraction (radiotherapy dosage) protocols as supporting evidence emerges. Fewer fractions means fewer visits to hospitals for the patient. The focus on recovery for radiotherapy has been on embedding the use of treatments that require fewer fractions.

In addition, NHSE&I is supporting providers to accelerate the delivery of stereotactic ablative body radiotherapy (SABR) for non-small cell lung cancer and oligometastatic indications, starting with the treatment of non-small cell lung cancer as this is, in some cases, an alternative to surgical resection.

NHSE&I has invested £130 million in the modernisation of radiotherapy equipment, with over 80 machines being funded for replacement or upgrade since October 2016. In addition, in 2019 NHSE&I published new radiotherapy service specifications, which have established 11 radiotherapy networks to ensure that everyone across the country has access to high-quality care.

I hope this reply is helpful to your constituents.

JO CHURCHILL