

## Executive summary

Covid-19 will affect NHS England's efforts to catch up to the best breast cancer outcomes internationally by:

- Gravely impacting diagnosis of breast cancer. In the 15 months since March 2020, there were **19,330 fewer referrals** for suspected breast cancer and **10,162 fewer people starting treatment** for breast cancer.
- Overwhelming a diagnostic and imaging workforce that was already stretched before the pandemic. The Royal College of Radiologists (RCR) latest Clinical Radiology UK Workforce Census 2020 Report highlighted that breast radiology is the **most in demand area**.
- Delaying the implementation of the recommendations made on Prof Sir Mike Richards review of the current screening programmes, in particular the recommendations for women with a **family history** of breast cancer.
- Further exacerbating the **waiting lists** for delayed breast reconstruction in many hospitals as a result of breast reconstruction being suspended during the peak of the first wave of the pandemic.
- Pausing of some **clinical trials**, which provide a vital opportunity for patients to access potential new treatments at an early stage of their development.

While realising the ambitions laid out in the NHS Long-Term Plan (LTP) must remain a key priority, a well-staffed and highly trained breast imaging and diagnostic workforce is imperative to the successful delivery of the LTP commitments. We hope that the 2021 Spending Review will deliver on the long-promised long-term fully resourced workforce plan.

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## About Breast Cancer Now

We're Breast Cancer Now, the charity that's steered by world-class research and powered by life-changing care. We're here for anyone affected by breast cancer, the whole way through, providing support for today and hope for the future.

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### 1. International Comparisons for Breast Cancer

- 1.1. Compared to similar countries, the UK performs well on breast cancer screening rates. This has been steady over time and outperforms countries such as France, Germany, and Australia<sup>12</sup>.
- 1.2. Breast cancer mortality rates have been falling in the UK over time. However, when compared to similar countries, the UK still has a relatively high breast cancer mortality rate<sup>3</sup>. The UK breast cancer mortality rate is consistently below countries such as Spain,

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<sup>1</sup> Cancer screening, The Nuffield Trust, 2021. Available at: <https://www.nuffieldtrust.org.uk/resource/breast-and-cervical-cancer-screening>.

<sup>2</sup> International comparisons of healthcare quality. What can the UK learn?, The Health Foundation and the Nuffield Trust, 2015.

<sup>3</sup> Cancer survival rates, The Nuffield Trust, 2021. Available at: <https://www.nuffieldtrust.org.uk/resource/cancer-survival-rates>

Japan, and Italy<sup>4</sup>. Japan's low mortality rate may be due to the high proportion of women with breast cancer diagnosed at an early stage<sup>5</sup>.

- 1.3. Five-year survival from breast cancer in the UK has been improving over time but still falls behind similar countries. A recent analysis highlighted the UK's breast cancer five-year survival of 85.6% between 2010 and 2014, was lower than that of the USA (90.2%), Australia (89.5%) and Japan (89.4%)<sup>6</sup>. Differences in breast cancer survival between countries may be due to the stage of diagnosis, treatment delays, access to care, stage specific survival and population-level factors<sup>7</sup>.

## 2. Breast Cancer Diagnosis and Treatment

- 2.1. It is vital that women are diagnosed and start treatment as early as possible to ensure their treatment has the best chance of being successful. The pandemic has gravely impacted NHS England's diagnosis of breast cancer, thus affecting its efforts to catch up to the best cancer outcomes internationally.
- 2.2. In the 15 months since March 2020, there were a total of 540,090 referrals on the **2 Week Wait urgent GP referrals for suspected breast cancer route**. Compared to a pre-pandemic baseline period (2019/20), there were 19,330 fewer referrals (559,420).
- 2.3. We also estimate that around **1 million fewer women in England** had breast screening **between March 2020 and December 2020** due to the programme being effectively paused in March 2020 and running at reduced capacity on re-starting due to infection prevention and social distancing measures. We are currently updating this estimate and will provide a revised figure to the Committee at the end of the month.
- 2.4. In the 15 months since March 2020, a total of 50,721 people started treatment on the **31-day wait from diagnosis to first definitive treatment for breast cancer** which covers those diagnosed via both referrals and screening. Compared to a pre-pandemic baseline period (2019/20), 10,162 fewer people started treatment (60,883).
- 2.5. According to our estimations, the NHS would need to work consistently at 110% for the next 15/16 months to clear the backlog of referrals and the shortfall in people starting treatment. It is unclear how the NHS will meet the ambitions set in NHS England's '2021/22 Priorities and Operational Planning Guidance' to both recover the breast screening programme and address the shortfall in the number of people starting treatment for cancer by the end of **March 2022**.
- 2.6. Some measures have been taken to try and ensure attendance at the reduced number of screening appointments available. In England, from the end of September 2020 women were sent '**open invitations**' to call and make an appointment for screening, rather than a timed appointment. However:
  - Research shows that the number of women making appointments is **significantly lower** than those attending timed appointments. This could worsen the **persistent decline** we have seen in uptake of breast screening in recent years.

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<sup>4</sup> Coleman, B.M. et al (2011). Cancer survival in Australia, Canada, Denmark, Norway, Sweden, and the UK, 1995–2007 (the International Cancer Benchmarking Partnership): an analysis of population-based cancer registry data. *The Lancet*, 377, 127-138.

<sup>5</sup> Health at a Glance 2019 - Breast cancer outcomes, Organisation for Economic Cooperation and Development. Available at: [https://www.oecd-ilibrary.org/sites/4dd50c09-en/1/2/6/10/index.html?itemId=/content/publication/4dd50c09-en&\\_csp\\_ =82587932df7c06a6a3f9dab95304095d&itemIGO=oecd&itemContentType=book#](https://www.oecd-ilibrary.org/sites/4dd50c09-en/1/2/6/10/index.html?itemId=/content/publication/4dd50c09-en&_csp_ =82587932df7c06a6a3f9dab95304095d&itemIGO=oecd&itemContentType=book#)

<sup>6</sup> Cancer survival rates, The Nuffield Trust, 2021. Available at: <https://www.nuffieldtrust.org.uk/resource/cancer-survival-rates>

<sup>7</sup> How Good is the NHS? (2018). The Health Foundation, The Institute for Fiscal Studies, The King's Fund and The Nuffield Trust.

- We are particularly concerned about the impact this will have on groups amongst which uptake is already low, such as women living in **deprived areas** and some **Black and Minority Ethnic (BAME) groups**.
- Measures to improve uptake must be taken to mitigate the potential impact. Outcomes must be measured regularly and locally.

### Breast cancer workforce

- 2.7. The backlogs create a demand for diagnostic and imaging services that threatens to overwhelm a workforce that was already stretched before the pandemic.
- 2.8. **The Royal College of Radiologists (RCR) latest Clinical Radiology UK Workforce Census 2020 Report** highlighted that:
- In terms of vacancies, breast radiology is the most in demand area (41 vacant breast radiologist positions across the UK).
  - Despite demand, breast radiology has minimal growth – breast radiologist numbers are growing, but only at 1% p.a. (average workforce growth is 4%).
  - A quarter of breast radiologists (24%) are due to retire in the next five years.
- 2.9. This issue had already been highlighted by **Prof Sir Mike Richards review of the current screening programmes**<sup>8</sup>, commissioned as part of the NHS Long-term Plan. The review, published in October 2019, states that screening programmes are currently constrained by the size and nature of their workforce, and the equipment and facilities available to them. It highlighted that:
- The breast screening workforce is being put under increasing strain as eligible populations for breast screening increase. Creating capacity for this to change is key to ensure that screening programmes are fit for the future.
  - Without adequate planning, the recommendations it makes could put further pressure on the workforce (through the drive to increase uptake by offering more convenience to patients, for example).
- 2.10. Prof Sir Mike Richards was also commissioned by former NHS chief executive Sir Simon Stevens to **review diagnostic services** as part of the NHS Long Term Plan implementation. His report<sup>27</sup>, published in October 2020, highlighted the need for significant investment in facilities, equipment and workforce alongside replacing outdated testing machines, including that the imaging workforce needs to be expanded as soon as possible with 2,000 additional radiologists and 4,000 radiographers as well as other support staff.
- 2.11. It is clear then that if we are to ensure the recovery of the breast screening backlogs and that all patients with symptoms of breast cancer have access to the timely investigation they need now and in the future, thus improving England’s efforts to catch up to other countries, the diagnostic workforce must be properly and sustainably resourced and sufficiently supported.
- 2.12. We need the Government to tackle the enormity of the crisis facing the cancer workforce by developing a robust, long-term, and fully-resourced plan – which must

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<sup>8</sup> Report of the Independent Review of Adult Screening Programmes in England, NHS England, October 2019. Available at: <https://www.england.nhs.uk/wp-content/uploads/2019/02/report-of-the-independent-review-of-adult-screening-programme-in-england.pdf>

include investment in expanding and retaining the breast imaging and diagnostic workforce.

- 2.13. Moreover, any long-term, fully resourced plan for the cancer workforce needs to be backed by regular, published modelling of the workforce, including long-term projections and by speciality.
- 2.14. Whilst we welcome the new duty on the Health and Care Bill on the Secretary of State to publish a report describing the system in place for assessing and meeting the workforce needs of the health service in England, we urgently need the Government to go further and send a stronger signal of its commitment to invest in the NHS staff that people affected by cancer rely on, both now and in the future.
- 2.15. With the current workforce crisis, we must take this important legislative opportunity to improve the way NHS workforce planning is carried out. Alongside an additional duty, there should also be a specific provision to ensure a long-term NHS workforce plan is put in place and regularly reviewed and that the Secretary of State sets out the necessary funding required to deliver it. Without this, we fear the Government will be unable to meet its commitment to deliver world class care for patients and build back better from the pandemic.

#### Implementing improvements to screening

- 2.16. Prof Sir Mike Richards review of the current screening programmes<sup>9</sup> also made wider recommendations on how to improve early diagnosis of breast cancer. The Government had plans to publish an implementation plan for the recommendations, but this has been delayed due to Covid.
- 2.17. The report includes several important recommendations, including on improving uptake of screening, providing clear ownership and governance, and targeted screening - such as that for women with at increased risk of breast cancer because of their family history.
- 2.18. In particular we have concerns about the current implementation of screening for women with a family history of breast cancer. Recommendations on this are made in NICE clinical guidelines.<sup>10</sup> Currently, women at the highest level of risk receive screening through the national breast screening programme, while some women at high risk and those at moderate risk should receive screening through local family history services, which are the responsibility of CCGs.
- 2.19. This lack of national oversight of family history screening for women at increased levels of risk may result in women not being able to access screening in some areas. Research has suggested that the NICE recommendations that are the responsibility of CCGs are not being fully implemented in many regions because they are not mandatory, and likely because of financial constraints.<sup>11</sup> It is very worrying that many women at increased risk of developing breast cancer are not receiving screening that could enable the disease to be caught at an early stage.

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<sup>9</sup> Report of the Independent Review of Adult Screening Programmes in England, NHS England, October 2019. Available at: <https://www.england.nhs.uk/wp-content/uploads/2019/02/report-of-the-independent-review-of-adult-screening-programme-in-england.pdf>

<sup>10</sup> Familial breast cancer, classification, care and managing breast cancer and related risks in people with a family history of breast cancer, NICE, June 2013 (updated November 2019). Available at: <https://www.nice.org.uk/guidance/cg164>

<sup>11</sup> Evans G D et al, Sporadic implementation of UK familial mammographic surveillance guidelines 15 years after original publication, British Journal of Cancer, November 2019. Available at: <https://www.nature.com/articles/s41416-019-0631-2>

- 2.20. Recommendations in the review included establishing a new single screening body making recommendations on both population and targeted screening, and that targeted screening should be given the same weight and funding commitments as population screening and be commissioned through the same mechanism as population screening, with nationally agreed standards and specifications. This would ensure that women at increased risk because of their family history receive the screening to which they are entitled.
- 2.21. Implementing Prof Sir Mike Richards' screening review recommendations will help to improve early detection of breast cancer and improve cancer outcomes in England.
3. Breast reconstruction
- 3.1. Breast reconstruction is a vital part of treatment and recovery from breast cancer for those women that chose it. Before the pandemic, breast reconstruction services were already under strain, with **waits of 1 to 2 years** for delayed reconstruction in many hospitals. The pandemic has only further exacerbated this pressure as a result of breast reconstruction being suspended during the peak of the first wave of the pandemic.
- 3.2. We estimated that **over 1000 women** 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<sup>12</sup>.
- 3.3. These **numbers will be continuing to grow** as a result of units operating under capacity and the fact that breast reconstruction is considered the lowest priority (priority 4) in the clinical guide to surgical prioritisation during the pandemic<sup>13</sup>.
- 3.4. Recently, the NHS has fallen from first to fourth in the Commonwealth Fund's latest analysis<sup>14</sup> of the performance of the healthcare systems in the nations it studies, with the think-tank blaming the NHS's slip down its league table on the delays patients face in accessing care and treatment, among other things.
- 3.5. A survey we carried out in July 2020<sup>15</sup> showed that of those respondents that experienced changes to their reconstructive surgery **nearly half (48%)** told us they were unhappy with their body image. **59%** were concerned that they would need more operations as they were unable to have reconstruction at the same time as their mastectomy.
- 3.6. It is vital that NHS England works with Breast Cancer Now, the Association of Breast Surgery and British Association of Plastic, Reconstructive and Aesthetic Surgeons to develop a clear plan to address the issues with breast reconstruction

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<sup>12</sup> Estimate based on data on the number of women having immediate and delayed reconstruction from the National Mastectomy and Breast Reconstruction Audit 2011 and updated to 2020.

<sup>13</sup> Clinical guide to surgical prioritisation during the coronavirus pandemic, Federation of Surgical Specialty Associations, updated April 2021. Available at: [fssa.org.uk/userfiles/pages/files/covid19/prioritisation\\_master\\_30\\_april\\_21.pdf](https://fssa.org.uk/userfiles/pages/files/covid19/prioritisation_master_30_april_21.pdf)

<sup>14</sup> Mirror, Mirror 2021: Reflecting Poorly, The Commonwealth Fund, August 2021. Available at: <https://www.commonwealthfund.org/publications/fund-reports/2021/aug/mirror-mirror-2021-reflecting-poorly>

<sup>15</sup> Breast Cancer Now's survey was open from 9 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.

#### 4. Access to treatments and clinical trials

- 4.1. Clinical trials provide a vital opportunity for patients to access potential new treatments at an early stage of their development. This is particularly important for women with secondary breast cancer, who often have limited treatment options available to them and for whom clinical trials provide precious hope of more time with loved ones.
- 4.2. The pandemic has led to many impacts on medical research and clinical trials including pausing of some clinical trials, seconding research staff back into the NHS and uncertainty around funding for charity funded research. Disruption to trials has been a concern for some people with breast cancer.
- 4.3. In March 2020, the **National Institute of Health Research (NIHR)** suggested that many NIHR funded or supported studies may have to be paused as healthcare professionals were asked to prioritise frontline care and make research facilities available for this if asked to do so by their employer. It also paused the site set up of new and ongoing trials<sup>16</sup>.
  - Of 92 breast cancer trials that the NIHR Clinical Research Network was supporting on 21<sup>st</sup> May 2020 39% of these were paused as a result of the pandemic. As of March 2021 83% of these paused trials have restarted.<sup>17</sup>
  - Of the 118 respondents to our survey<sup>18</sup> who were receiving, or expecting to receive, treatment as part of a clinical trial during this time, just under a quarter (22%) told us they had experienced such disruption.
- 4.4. Although it has been encouraging to see work underway to help recover clinical trials beyond the pandemic it is important recovery continues to be carefully monitored. This is an area of concern for many people. Our survey on the impact of Covid 19 found that 85% of respondents were also concerned about delays and disruption to clinical research breast cancer because of the pandemic<sup>19</sup>.
- 4.5. Disruption to breast cancer research could have implications for access to clinical trials for people with breast cancer which was already an issue for some prior to the pandemic. Our survey of over 2,000 people living with secondary breast cancer<sup>20</sup> found that there were pre-existing issues with patients accessing clinical trials.
  - **One in six** respondents lack confidence that they will have access to the most appropriate treatments in the future.
  - **Only 23%** had discussed taking part in a specific clinical trial with a healthcare professional and **53%** of respondents said they had not been given enough information about clinical trials by healthcare professionals.
- 4.6. It is therefore vital as part of the recovery of clinical trials that actions are taken to help ensure disruption to research doesn't not affect access and recruitment. It is also important to explore from some of the learning that has happened during the pandemic

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<sup>16</sup> DHSC issues guidance on the impact of COVID-19 on research funded or supported by NIHR, National Institute for Health Research, March 2020. Available at: [www.nihr.ac.uk/news/dhsc-issues-guidance-on-the-impact-of-covid-19-on-research-funded-or-supported-by-nihr/24469](http://www.nihr.ac.uk/news/dhsc-issues-guidance-on-the-impact-of-covid-19-on-research-funded-or-supported-by-nihr/24469)

<sup>17</sup> Answer to parliament question provided by Dr Philippa Whitford on 24 March 2021

<sup>18</sup> Press Play: Getting and keeping breast cancer services back on track, Breast Cancer Now, October 2020. Available at: [https://breastcancernow.org/sites/default/files/final\\_breast\\_cancer\\_now\\_press\\_play\\_report.pdf](https://breastcancernow.org/sites/default/files/final_breast_cancer_now_press_play_report.pdf)

<sup>19</sup> Ibid

<sup>20</sup> The Unsurvivors Report, Breast Cancer Now, October 2019. Available at: [https://breastcancernow.org/sites/default/files/bcn\\_untilthingschange\\_final\\_30.09.20.pdf](https://breastcancernow.org/sites/default/files/bcn_untilthingschange_final_30.09.20.pdf)

including the vaccination trials to help improve clinical research for the future. We believe this can be enabled by:

- Continual government support to ensure the delivery of the Future of UK Clinical Research Delivery: 2021 to 2022 implementation plan particularly around widening access and uptake in clinical trials.
- Involving medical research charities in considering the wider recovery of clinical research and trials beyond the pandemic.
- Ensuring there is sufficient funding to help support the long-term sustainability of medical research to recover and thrive beyond the pandemic.

## 5. The NHS Long-Term Plan

5.1. The NHS Long Term Plan (LTP)<sup>21</sup> laid out a vision for improving cancer services in England so that by 2028:

- 55,000 more people each year will survive their cancer for five years or more.
- Three quarters of cancers would be diagnosed at an early stage.

5.2. Realising these ambitions must remain a key priority, alongside recovering cancer services from the Covid-19 pandemic. We want to see progress being made urgently on key commitments from the plan, including implementing the recommended actions from Prof Sir Mike Richards' review of cancer screening programmes and diagnostic capacity.

5.3. However, a well-staffed and highly trained breast imaging and diagnostic workforce is imperative to the successful delivery of the LTP commitments.

5.4. An NHS workforce implementation plan was promised for later in 2019 to support the commitments made in the NHS LTP and set out a ten-year cancer workforce strategy. In June 2019, NHS England and NHS Improvement published an Interim NHS People Plan<sup>22</sup>, which began to set out their plans for the future of the cancer workforce.

5.5. The full plan was delayed to the Spring 2020 due to the General Election, and then delayed again to the Autumn 2020 due to the pandemic. Instead, the NHS People Plan for 2020/2021<sup>23</sup> was published on July 2020 to address the workforce challenges the health service was currently facing and to ensure that plans for the full recovery of services after the peak of the pandemic have a strong focus on NHS staff. It promised that “when the government further clarifies the available budget to expand the workforce and make sure that education and training is fit for the future – as expected to be set out in the forthcoming spending review – more details will follow.”

5.6. Unfortunately, the 2020 Spending Review did not include the necessary long-term commitments for the cancer workforce. We hope that the 2021 Spending Review will deliver on the long-promised long-term fully-resourced workforce plan.

**Sept 2021**

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<sup>21</sup> NHS Long-Term Plan, NHS England, January 2019. Available at: <https://www.longtermplan.nhs.uk/>

<sup>22</sup> Interim NHS People Plan, NHS England, June 2019. Available at: <https://www.longtermplan.nhs.uk/publication/interim-nhs-people-plan/>

<sup>23</sup> We are the NHS: People Plan 2020/21 – action for us all, NHS England, August 2020. Available at: [www.england.nhs.uk/wp-content/uploads/2020/07/We\\_Are\\_The\\_NHS\\_Action\\_For\\_All\\_Of\\_Us\\_FINAL\\_24\\_08\\_20.pdf](http://www.england.nhs.uk/wp-content/uploads/2020/07/We_Are_The_NHS_Action_For_All_Of_Us_FINAL_24_08_20.pdf)