

Written evidence submitted by Pancreatic Cancer Action (ECS0016)

About Pancreatic Cancer Action (PCA)

Pancreatic cancer has under an eight per cent survival rate and this figure has not improved significantly for over 50 years. Despite it being the fifth biggest cancer killer in the UK, pancreatic cancer receives only three per cent of overall research funding.

With a strong focus on early diagnosis, it is Pancreatic Cancer Action's aim to improve survival rates through awareness, medical education, improved patient information and by funding research specifically into the early diagnosis of pancreatic cancer. Simply, we want more people diagnosed in time for surgery, currently the only potential for a cure.

Introduction

In the UK, over 10,000 people are newly diagnosed with pancreatic cancer each year. Pancreatic cancer affects men and women equally, with incidence increasing from the age of 45. The median age at diagnosis is 72.

Pancreatic cancer is the deadliest of all the common cancers. In England, only 25.4% of pancreatic cancer patients survive one year after diagnosis and only 7.3% of people survive five years after diagnosis¹.

Pancreatic cancer can be a difficult condition to diagnose. Symptoms of the disease can present as vague and therefore are often mistaken for other conditions which are more common. Misdiagnosis of pancreatic cancer can increase the time between visiting the doctor and getting the correct diagnosis. Patients who are misdiagnosed also have, on average, more visits to their GP and more diagnostic tests. This increases the risk of pancreatic cancer being diagnosed late. Once that cancer referral has eventually been made, it is imperative that the individual is seen quickly to ensure that they get a diagnosis in time for surgery. Currently, just 8% of pancreatic cancer patients in the UK have surgery to successfully remove their tumour because the vast majority of patients are diagnosed at an advanced stage when surgery is not an option. However, research suggests that those who are fast-tracked for surgery so the success rate jump by 22%²

As a result, we have opted to focus our submission on the challenges and targets set out in the cancer workforce plan, specifically the lack of Radiographers and the challenges our patients face to get on the path to surgery without being able to access a CT scan to get that crucial diagnosis.

Workforce

Patients who present with one or more signs and symptoms of pancreatic cancer need quick investigation. Diagnosis of pancreatic cancer can be complicated, and some patients are diagnosed with other conditions or have multiple appointments before they are referred to a specialist.

Tests for pancreatic cancer include first- and second-line investigations. Some tests are designed to find out the cause of your symptoms and if you have pancreatic cancer. Second-line tests attempt to discover the size and state of the tumour. The two key first-line investigations are either a CT Scan or an Abdominal Ultra Sound.

¹ Office for National Statistics, [Cancer survival by stage at diagnosis for England](#), 2019.

² [https://www.hpbonline.org/article/S1365-182X\(17\)30572-5/fulltext](https://www.hpbonline.org/article/S1365-182X(17)30572-5/fulltext)

The Cancer Workforce Plan - Phase 1: Delivering the cancer strategy to 2021 has very clear commitments to significantly grow the number of radiographers in England. They break this down into short and long term actions. The first commitment relating to immediate action is as follows: *"We have identified system-wide actions to secure a further 955, producing a total of 2227 FTE more diagnostic radiographers and 1,560 FTE more therapeutic radiographers, a total of 2,845 FTE radiographers by 2021 (18% increase from 2016)."*³

However, despite this commitment, a significant staff shortage exists amongst Radiographers. A 2019 survey showed the average vacancy rate for diagnostic radiographers was 10.2%, this compares to an average vacancy rate of 7.8% in 2014⁴. The data available suggests that pandemic has not impacted upon these targets due to the fact that no real progress had been made against them since 2017.

The Cancer Workforce Plan states that the *"HEE is leading a two-year Return to Practice programme for up to 300 former Allied Health Professionals (AHP) and Healthcare Clinical Scientists (HCS), including working with PHE to encourage radiographers to return to practice"*⁵. Yet this has not had the desired impact with reports of urgent cancer referrals continuing to be downgraded both pre and during the pandemic.⁶⁷ The Cancer Workforce Plan has a much greater emphasis on encouraging return to service for allied healthcare professionals and expanding skills of the existing workforce over expanding the workforce and training new radiographers. Return to service programs and upskilling existing staff are both important, but they are not a long term solution to an area of work such had diagnostic radiographers which have had a fairly static, if not slightly worsening vacancy rate since 2014.

There were no specific funding arrangements made to support the growth of diagnostic radiographers outside other larger commitments and costs associated with return to practice projects. Recommendations focused on retention of the larger number of individuals leaving service for not retirement related issues. It's unclear what the results of the initial research produced, and the costs associated. However, the static number of vacancies would suggest any actions following this research has not been effective.

If the commitment to grow the number of diagnostic radiographers had been met it would have had a meaningful impact on patients in terms of reducing waiting times and specifically for pancreatic cancer patients getting that diagnosis faster. Only around 10 in 100 people (around 10%) can have surgery to remove pancreatic cancer due to the late stage it is diagnosed⁸. With CT scans currently being the only way to accurately diagnose pancreatic cancer, it is vital that patients are seen quickly so they are diagnosed in time for surgery.

³<https://www.hee.nhs.uk/sites/default/files/documents/Cancer%20Workforce%20Plan%20phase%201%20-%20Delivering%20the%20cancer%20strategy%20to%202021.pdf> Page 6

⁴https://www.sor.org/getmedia/365ef68a-d681-43bb-9e7e-46ca29a88df2/diagnostic_workforce_census_2019.pdf_2

⁵<https://www.hee.nhs.uk/sites/default/files/documents/Cancer%20Workforce%20Plan%20phase%201%20-%20Delivering%20the%20cancer%20strategy%20to%202021.pdf> Page 18

⁶ <https://www.pulsetoday.co.uk/news/clinical-areas/cancer/gp-leaders-demand-full-investigation-into-rejected-radiology-referrals/>

⁷<https://www.gponline.com/exclusive-one-three-gps-say-urgent-cancer-scans-blocked/cancer/cancer/article/1384154>

⁸ Ghaneh, P., Smith, R., Tudor-Smith, C., Raraty, M. and Neoptolemos, J. (2008). Neoadjuvant and adjuvant strategies for pancreatic cancer. European Journal of Surgical Oncology (EJSO), 34(3), pp.297-305.

Any future commitments around expanding the radiographer workforce needs to have a more holistic approach. The UK has an estimated 4.8 consultant radiologists per 100,000 people. This is one of the lowest in all of Europe, the average for Western Europe is 12 radiologists per 100,000 population⁹. There is an estimated shortage of 1,934 radiologists across the UK, equivalent to a 33% shortfall for what is needed to manage the number of referrals¹⁰. We appreciate that it takes twelve years to train a radiologist, however, given that the roles are so intrinsically linked it would make sense for workforce plans to recognize this and ensure that both roles are expanded in conjunction with each other.

This same principle applies to equipment, not something that would not normally be included in a workforce plan. Current workforce plans will not help us improve cancer survival rates unless we are both ambitious in workforce and the equipment that the workforce needs to do their role. Countries with higher survival rates for pancreatic cancer have significantly more Radiologists and Radiographers and they also have substantially more CT scanners per capita. CT scans are often used to diagnose pancreatic cancer because they can show the pancreas clearly with a sensitivity of over 90%. They can also help show if cancer has spread to organs near the pancreas. A CT scan can also help determine what stage the cancer is at and if surgery might be a treatment option. When looking at the number of CT scanners per capita in comparable nations the UK is 35th out of the 38 OECD (Organisation for Economic Co-operation and Development) countries. Plans to increase the cancer workforce must not operate in silos.

The current targets have not been met, nor were they ambitious or focused enough. Closing the vacancy rate among radiographers and radiologists through the return to practice projects and expansion of skills will not make significant improvements to pancreatic cancer survival rates unless they are coupled with plans for expanding the existing equipment available and growing the workforce as a whole.

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⁹ <http://emea.gehealthcarepartners.com/images/pdfs/Rapid-Review--Radiology-Workforce-Review-FINAL.pdf>

¹⁰ Clinical radiology UK workforce census 2020 report, by The Royal College of Radiologist April 2021