Written evidence by Mark Foulkes, Macmillan Lead Cancer Nurse and Nurse Consultant (Acute Oncology), Royal Berkshire NHS Foundation Trust (CSV0063)

1. I am a Nurse Consultant on our Acute Oncology Team here at the Royal Berkshire NHS Foundation Trust. I worked throughout the Covid-19 pandemic. During the first wave it was very difficult due to the uncertainties of the effect to our patients. Many patients, mainly those having palliative chemotherapy treatments, had these curtailed or adjusted. Our cancer services were moved out of the acute trust, our team of clinical nurse specialist were redeployed, and their contact with patients reduced.

2. As time has gone on cancer services are now running alongside the pandemic. This has presented a different type of challenge. In the first instance we had to reassure the public that we were able to look after them. That it was ok to present with symptoms of cancer and we would be able to care for them and keep them safe. There were serious issues with access to diagnostic services, and some of which have had long-term effects.

3. I believe the NHS has responded admirably to these challenges. We have been able to set up systems to work within the restrictions placed upon us by the pandemic. Since late 2021 we are now running at 120% of pre- COVID levels of referral and there is a definite sense that we are working our way through a backlog with some patients.

4. Some patients are regrettably are presenting with more advanced cancers due to not having the opportunity to be diagnosed because the pandemic restricted access to primary healthcare providers.

5. The continuing high numbers of cases have left us with logistical problems – simply managing high numbers of infected patients in a hospital environment. We know that some patients with a cancer diagnosis, and undertaking certain treatments are less likely to respond to vaccinations. We have had to be very cautious in how to advise and care for our patients, as the rest of the community has moved in and out of different restrictions. This caution has continued, particularly with respect to patients with haematological cancers who seem to be high risk. We also have many elderly patients in the community who are extremely isolated during their diagnosis and treatment, who may not be confident with technology and do not know how to seek support, which prevents an additional challenge.

6. I have real concerns over the NHS' ability to deal with the backlog and improve cancer care. The main problem and concern is workforce. Prior to the pandemic cancer services in the UK already had significant staffing problems. Focusing on the topic of nursing, Macmillan's census in 2017/18 showed around 30% of the specialist cancer nursing workforce will retire in the next 10 years. These individuals are extremely experienced in delivering high quality care to patients with cancer, and their families. In order to fill these posts we have to attract people in to nursing more generally and then, in turn attract them into cancer nursing. This will require urgent action and investment.

7. There has been a huge focus and investment of 'new hospitals', diagnostic kit, technology and new drugs. However there also needs to be investment in people to work in hospitals, drive the kit, deliver the technology, administer the drugs and support patients with the

side-effects of these drugs, in order for these new facilities to function properly.

8. The pandemic has shown the real value of nursing. We need to take advantage of the community support and enthusiasm. We need to utilise this to encourage people into the system. I believe the investment in nursing bursaries is not enough, and in need of significant improvement. Macmillan, HEE and UKONS are working on a joint project to revolutionise cancer nursing careers from student nurses through to nurse leaders and this needs to be invested in and delivered in a timely fashion. Funding for this kind of work and other cancer nursing initiatives should be secured.
9. The significant developments in technology is helpful and helps us work more efficiently. However, this will not be suitable in all occasions and we need to remember the different needs of different patients. People still need skilled and high quality care. Our audits show that patients tolerate telephone or 'virtual' appointments in a crisis but still prefer face-to-face as a gold standard of their care.

10. If I had one message to the Minister it would be to look outside of the pandemic – look both into the future and backward to the past. There are many pressing workforce issues which could, and should, have been addressed 4 or 5 years ago. Macmillan, and others, predicted the shortage in oncology nursing yet nothing was done to address it. If the minister, believes that cancer care can wait longer before it is addressed than you are mistaken.

11. If we look into the future, and see a position where COVID looks like an endemic and manageable infection, we will still be facing the challenge of continuing to provide quality oncology care.

12. The growth in cancer diagnoses in an ageing population will require a doubling in the number of specialist cancer nurses by 2030. Nurses know what patient's priorities are, they want personalised, timely and compassionate care delivered in a range of settings by skilled and highly-trained staff and this is an opportunity to lay the foundations for this in the wake of one of the biggest health crises in human history.

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