

The fundraising and organisational challenges faced by the charitable and voluntary sector during the COVID-19 pandemic – a Cancer Research UK briefing, April 2020

Summary

Cancer Research UK is proud of our research community's tremendous efforts to support the COVID-19 response. We have committed our resources wherever we can to play our part in the national effort and eventual recovery. However, the impact of COVID-19 is having and will have a profound effect on our fundraising efforts and inevitably our mission to beat cancer. With a projected £120m fundraising shortfall in this year alone, we are already making difficult decisions to protect our life-saving research as best we can.

Financial backing from the UK Government for CRUK would help provide sustainable support for the national Covid-19 effort and lessen the impact over the coming years that a significant reduction in cancer research would have. To this end, we are calling on the Government to ease the burden on charities by enacting the following measures:

- **Review the level of support of support for charities as the Covid-19 crisis continues.** In the immediate term this involves supporting charities who are alleviating pressure on the health service or providing support to people suffering from the economic and social impact of Covid-19, and helping the whole charity sector stay afloat and continue operating through the pandemic
- **Ensure that charities are eligible for similar business interruption measures announced by the Chancellor.** For example, expanding access to the Business Interruption Loan Scheme to charities with annual turnover greater than £45m
- **Urgently review the applicability of state aid rules to the Retail, Hospitality and Leisure Grant Scheme (RHLGS).** This could, in its current form, unintentionally disadvantage and undermine the viability of small retail premises on every local high street across the UK
- **Implement measures to encourage charitable giving.** This could include tax incentives to support major giving as well as relaxing current rules on Gift Aid

Suggested questions for the debate:

Would the Government recognise the charity sector is in crisis with fundraising activity severely limited for many months, at a time when the most vulnerable in society need charities more than ever, and that more government support will be needed to help charities through this crisis?

Will the Government acknowledge many charities who are providing direct and indirect support for the COVID-19 effort, such as medical research charities who have adapted their labs for COVID-19 testing, will not be able to access the charity funding package and look at what else can be done to financially support their work?

Will the Government examine the schemes they have made available to businesses to ensure the charity sector is not being unfairly disadvantaged by their limitations, for example the state aid rules on the Retail, Hospitality and Leisure Grant Fund?

What further measures are the Government considering to maximise charitable giving in the coming weeks and months and ensure the sector benefits as much as possible from the generosity of the public and philanthropic endeavour?

Will the Government recognise the charity sector struggles mean a significant impact on our medical research pipeline, from clinical trials to universities and researchers, and work to protect these vital projects from the impact of COVID-19?

The financial implications of Covid-19 on Cancer Research UK

We are having to make around £150m of cuts to our research in an emergency budget over 3 years (around £50m a year). This will mean major cuts to our national network of laboratories and clinical infrastructure which we will struggle to recoup from. This is not our worst-case scenario, but any cuts will stall progress on cancer survival and the health and wellbeing of the nation.

We are working hard to support the UK's fight against COVID-19 and have therefore decided not to cut funding for our clinical research infrastructure such as our Clinical Trials Units and Experimental Cancer Medicine Centres. However, this will mean deeper cuts in other areas such as: our non-clinical research infrastructure; fellowship programmes for young clinical and non-clinical academics; ability to recruit new research teams to our institutes and centres; our live funded research projects. It will also mean cuts to research initiatives where we have worked closely with Government, such as the recently launched Radiotherapy research network (RadNet) programme designed to modernise cancer treatment in the UK, and joint efforts in brain tumour research.

We remain very concerned about the impact of COVID-19 on cancer patients – both in terms of their vulnerability to the disease but also the availability of diagnosis and treatments for them. Ultimately, all this will negatively impact on the Government's commitment and our shared ambition to improve cancer survival in the UK.

From a workforce standpoint, as of May 1 more than half our staff will have been furloughed. Our Executive Board has collectively agreed to move to 80% pay and all staff have been moved to 80% time and pay arrangements for several months. We are in a serious situation, but we are working hard on every front to limit the impact and protect our vital work to save lives through research.

How are Cancer Research UK helping to tackle Covid-19?

The Covid-19 pandemic has had a profound effect on all facets of public and private life. People with cancer are doubly vulnerable: at risk of contracting the virus, while enduring a disruption to their care. Unfortunately, the lifesaving work of our researchers and clinicians has also been severely impacted by the virus. Universities have partially closed, laboratories have wound down their activities, experiments have stopped. Many trials have paused recruitment, and some have halted altogether.

Despite these difficulties, we've seen a heroic surge of activity among our research community, who are using their expertise to beat Covid-19, demonstrating their resilience, resourcefulness and altruism. Whilst beating cancer remains our priority, we will not be able to fully focus on our mission until this pandemic is over. The measures we have taken to tackle Covid-19 so far include:

- Most of our clinical academics, including our Clinical Research Fellows, along with many of our research nurses, are **volunteering to return the frontline** in hospitals across the country
- Many of our scientists are **volunteering at Covid-19 testing hubs** – a highly skilled workforce applying their knowledge to help with the routine but technical work
- Others are using their skills and expertise to **develop new ways to directly combat Covid-19**, or understand its effect on people with cancer
- Admin/operational staff are **being redeployed** to support NHS domestic, portering and medical secretary work
- Alongside other cancer charities we have published **guidance and support** for cancer patients on Covid-19

The techniques and approaches used by cancer researchers for decades – epidemiology, molecular biology, virology and immunology – are the same disciplines being used to track, understand and defeat

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this virus. CRUK's charitable articles require us to "protect and promote the health of the public" through our research. Tackling Covid-19, to protect people affected by cancer, is a clear part of our remit.

What impact is Covid-19 having on cancer care and treatment?

- **The number of people being sent on an urgent referral for diagnostic tests for suspected cancer has reportedly dropped by 75% in England**, due to a combination of people not coming forward to their doctor and doctors not referring. **This could mean around 2,300 cancer diagnoses are being missed each week.** This will likely contribute to more cancers diagnosed at a later stage, where curative treatment options are reduced. It is also creating an extremely worrying backlog of people that need to be assessed and we are in danger of creating another, potentially more significant cancer crisis, particularly as diagnostic services were struggling with capacity before COVID-19.
- Screening services in England are de-facto paused as invitations are not currently being sent out from screening hubs. With **up to 164,000 people per week no longer being screened for bowel, breast and cervical cancer** following an invitation in England, there will be a substantial number of early cancers left undetected before these programmes are reintroduced.
- Despite national guidelines stating that urgent and essential cancer treatments must continue, we do not believe this is happening consistently across the country. Surgery has been impacted most severely, and whilst the development of cancer hubs will help, **many patients requiring major surgery aren't getting it.** The use of radiotherapy and chemotherapy has also required changes in the current circumstances. Clearly difficult decisions are having to be made, and these must be done in consultation with the patient.
- Clinical trials have been severely disrupted. While some trials continue to provide for patients on active treatment, **the set-up of all new cancer trials has been paused and most existing cancer trials have paused recruitment.** This will understandably have a significant impact on patients who were enrolled on trials that are affected. Also of concern is the potential loss of income in trial sites, which we believe may put vital jobs at risk – jobs that will be required to support trials restarting.

The implications of Covid-19 on medical research

Charity-funded medical research is facing a significant financial impact as a result of COVID-19 due to the combination of a collapse in charity fundraising income and the increased costs of paused/delayed research.

The Association of Medical Research Charities (AMRC)'s members invested £1.9 billion in UK R&D in 2019. In 2018 AMRC's members recruited 212,000 patients onto over 1,300 charity-funded clinical studies or trials – equivalent to almost a third of the innovative clinical research supported by the NIHR's Clinical Research Network.

However, medical research charities are now planning for an average 41% decrease in their research spend – they are unlikely to benefit from the support package for charities announced by the Chancellor as they do not provide commissioned frontline services, despite supporting vulnerable patient communities through this crisis. Collectively this adds up to a total projected reduction of £252 million in UK medical research charity investment in R&D over the next financial year.

Early indications from AMRC's members suggest that the shortfall is likely to be felt in research funds not yet committed, particularly response-mode project grants in universities which are more flexible than infrastructure or clinical research funding. The knock-on effect throughout the entire pipeline will be significant. The majority of current charity-funded grants in universities are on hold, while modelling undertaken by the Russell Group from across the university sector indicates that an additional £141 million will be required to cover extensions to charity-funded researcher salaries to mitigate the impact of COVID-19. It's estimated around 126,000 patients are currently unable to participate in charity-funded clinical studies.

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