

Cancer Research UK Briefing: COVID-19 and Cancer

May 2020

Introduction

COVID-19 is an unprecedented crisis which will continue to have an impact on all healthcare services in Scotland this year and beyond. We fully support the need for the NHS in Scotland to adapt rapidly to meet the substantial challenges of COVID-19 and have been working hard to help the national effort through our research infrastructure and patient information resources. We also recognise that some cancer care will need to change for safety reasons. However, we are deeply concerned by the clear knock-on effect that this crisis is having on NHS cancer services and people living with cancer.

Cancer is the leading cause of death in Scotland. Before COVID-19 there were around 34,000 new cases of cancer in Scotland each year,ⁱ and sadly, around 16,100 deaths.ⁱⁱ Cancer will not stop because of this pandemic. Early diagnosis followed by swift access to the most effective treatment remains as important as it's ever been for survival.

It is paramount that NHS organisations, Scottish Government, healthcare professionals, charities, MSPs and others work together to help address the immediate and near-term challenges we face. People affected by cancer now must continue to receive the care they need, in as safe a way as possible, during this crisis. Attention must also be given to returning the provision of cancer care to pre-COVID-19 levels as soon as possible, again in a safe and effective way. Given the backlog in diagnosis and treatment we are currently seeing, this will require swift and clear action. Strong national and local leadership and a clear governance framework are paramount to ensure the return the provision of safe and accessible cancer services in the most effective way.

Key Immediate Impacts and Recommendations

Access to cancer services in safe locations

- **The COVID-19 pandemic is having a significant impact on the delivery of diagnostic services and treatment for cancer patients.**

Cancer patients have increased risk of COVID-19 infection, which could have very serious health implications. Cancer services must be delivered in environments as far as possible free from COVID-19. Since a significant proportion of COVID-19 cases are asymptomatic, this requires widespread and repeated testing of symptomatic and asymptomatic patients and healthcare staff – both now and throughout the recovery from the pandemic.

Access to cancer services in safe locations: Recommendations

- Safe spaces that minimise COVID-19 exposure should be rolled out as quickly as possible.
- Scottish Government and the health service should ensure that all staff and patients in the healthcare system have access to COVID-19 testing on a regular basis.
- A strategy should be put in place to achieve this, with staff and patients where cancer services are being delivered prioritised to ensure access to diagnostic and treatment services in safe environments. Testing rates among staff and patients in these settings should be monitored, with weekly reporting.
- Adequate PPE and enhanced safety procedures must also be in place to deliver cancer services safely.

Cancer Diagnosis

- **Screening services have been paused nationally.**

With around 23,000 people per week (100,000 per month) no longer being screened for bowel, breast and cervical cancer following an invitation in Scotland,ⁱⁱⁱ there will be a substantial number of early cancers left undetected before these programmes are reintroduced.

- **The number of people being sent on an urgent referral for further investigation or diagnostic tests for suspected cancer reportedly dropped by 72% during the early stage of the pandemic,^{iv} due to a combination of people not coming forward to their doctor and doctors not referring.**

Around 2,000 urgent suspected cancer referrals are not happening each week,^v which could mean cancer diagnoses are being missed. 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. Recognising the potential detrimental impact, Scottish Government has launched “The NHS Is Open” campaign to encourage people to seek help for non-COVID urgent health issues.

Diagnosis: Recommendations

- Scottish Government must ensure appropriate safety netting and management of people affected by the suspension of cancer screening programmes to ensure these people can receive a seamless (re)integration into the screening pathway irrespective of the point they were at when services paused.
- Scottish Government must also ensure that screening services and follow up testing services are restarted as quickly as is reasonably feasible.
- The “NHS is Open” campaign should be reviewed and renewed so that people with potential cancer symptoms are encouraged to seek help from healthcare professionals. This campaign should continue to be delivered via mainstream media.
- GPs should be given clear guidance and support on referring patients with suspicion of cancer symptoms into hospitals whilst the COVID-19 pandemic is ongoing and implement safety-netting procedures for those who are not referred.
- All secondary care providers should accept and act on their responsibility to ensure patients are placed on appropriate patient tracking lists.
- There should be regular tracking of the change in urgent cancer referrals, and routes to cancer diagnosis more generally, to understand the impact of COVID-19.

Cancer Treatments

- **Despite national guidelines stating that urgent and essential cancer treatments must continue, we do not believe this is happening consistently across Scotland.**

Surgery has been impacted most severely, and whilst the use of private hospital facilities 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. We welcome the guidance from Scottish Government that where treatments are postponed, an appropriate local system to capture these individuals must be in place.

Cancer Treatments: Recommendations

- Scottish Government must continue to communicate to Health Boards that all decisions regarding disruptions to cancer patients' planned treatment should be made on a case-by-case basis; should consider possible alternate treatment regimens that patients can be offered; and should be communicated to patients with a clear rationale and appropriate safety monitoring and support put in place.
- Scottish Government should work with Health Boards to ensure compliance with the treatment guidance, and that it is applied as consistently as possible across Scotland.

Prevention services

- **Services to address preventable risk factors for cancer have been disrupted.**

The provision of stop smoking support in Scotland has been reduced, with Quit Your Way having only just resumed in a limited manner after closure for several weeks. Face-to-face smoking cessation support from local stop smoking services and pharmacies has been reduced, with support primarily being provided over the phone. There is little information on smoking and COVID-19 currently available to the public, despite emerging evidence showing a link between smoking and severity of illness. While this is an anxious time, it is still important to support people to live healthier lives.

Prevention Services: Recommendations

- Scottish Government should strengthen public information on smoking and COVID-19.
- Ensure adequate signposting to Quit Your Way for people who smoke who wish to quit (including through provision of Very Brief Advice from health professionals).

Medical Research

- **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.

Medical Research: Recommendations

Scottish Government should ensure that healthcare settings support the reintroduction of clinical trials once the environment is right for them to continue.

Key considerations for recovery and renewal

It is vital that a clear plan is put in place for restoring cancer services which focuses on making sure that treatment provision returns to pre COVID-19 levels as quickly as possible, and that there is adequate diagnostic workforce and testing capacity to cope with the potential backlog in cancer diagnoses. It is also important that screening programmes and clinical trials are restarted as quickly as possible.

More than ever, the need for national and local leadership within the cancer community is paramount. Against a backdrop of increasing incidence, the existing bottleneck within diagnostic services and the added challenge of COVID-19, a clear national governance framework is essential in order to ensure high-quality, equitable, safe and accessible cancer services now and in the future.

An immediate and fundamental priority is to ensure that cancer services can be delivered in environments as free from COVID-19 as possible, to minimise the risk of patients being exposed to the virus. A COVID-19 testing strategy for cancer patients and healthcare staff is integral to this. We would also like to see lessons learned from innovation in the health service during the pandemic included in plans for the renewal of the services.

Of particular concern is capacity of diagnostic services to cope with the influx of patients requiring a diagnosis. CRUK and Scottish Government's shared ambition to address diagnostic workforce capacity is outlined in the recently published Integrated Health and Social Care Workforce Plan. Before the COVID-19 crisis, diagnostic capacity was already stretched, with around 1 in 10 diagnostic posts unfilled across the NHS. Without a clear workforce plan, progress on cancer survival in Scotland could stall and perhaps even reverse.

A sustainable approach to workforce training, recruitment and retention, through building on the commitments made for the cancer workforce in the Integrated Health and Social Care Workforce plan, is paramount. This should include clear plans to deliver the number and type of staff required in the next 10-15 years to meet patient demand, and to ensure adequate resources to address the pause of cancer services due to COVID-19. CRUK stands ready to work with all sectors to ensure we continue to provide for cancer patients now and in the future.

For further information please contact kirsty.slack@cancer.org.uk

References

ⁱ ISD Scotland (2020) Cancer incidence and prevalence in Scotland to December 2018 ([pdf](#))

ⁱⁱ ISD Scotland (2019) Cancer mortality in Scotland – Annual update to 2018 ([pdf](#))

ⁱⁱⁱ Calculated from the weekly/monthly average statistics of people in Scotland screened in 2018/2019 for [bowel](#), [breast](#) and [cervical](#) cancers as part of the corresponding screening programmes.

^{iv} BBC News (2020) Coronavirus in Scotland: Fears raised over fall in cancer case referrals ([website](#))

^v BBC News (2020) Coronavirus in Scotland: Fears raised over fall in cancer case referrals ([website](#))