



The Rt Hon Steve Barclay MP
Secretary of State for Health and Social Care
39 Victoria Street
London
SW1H 0EU

4th October 2022

Dear Secretary of State,

We welcome your recent appointment as Secretary of State for Health and Social Care and Deputy Prime Minister. As the leading charity for prostate cancer, and with the support of the signatories to this letter, there are a number of matters we would like to bring to your attention. Acting upon these will have a positive impact for the 52,254 men in the UK who are diagnosed with prostate cancer every year.

Covid Recovery

Data shows 14,000 men in the UK were missing from the treatment pathway since the start of the pandemic. Men at risk of late diagnosis, leading to worse outcomes. Our campaign in partnership with NHS England in February 2022 activated men to find out about their risk of prostate cancer and provided those at higher-risk with information that empowered them to make an informed choice about their prostate health. To date over a million people have completed the risk checker. The recent NHSE partnership resulted in at least an extra 1,150 men being treated for prostate cancer. Pre campaign the urology conversion rate was 16.6% - in its aftermath it has jumped to 18.2% - meaning that the pathway is more efficient – with more of the right men coming forward.

Recommendations:

- Due to the asymptomatic nature of early-stage prostate cancer, and the lasting impact on health seeking behaviours driven by the pandemic, awareness raising campaigns need to be maintained between our organisation and the NHS as ‘always-on’, targeting the right men in the right areas to continually drive down late diagnoses and ensure they can enjoy better outcomes. As demonstrated by the conversion rate in the aftermath of the campaign, this will make the urology pathway more cost-effective.

Workforce

We would strongly urge for an increase in the overall workforce figures for the NHS, especially in Cancer Nurse Specialists (CNS) and GPs. Prostate Cancer UK estimates that each urological cancer nurse has an average caseload of around 700 patients in England compared to approximately 160 for each breast cancer CNS in England.

GPs are the front door to the cancer pathway. We cannot address the problems of late diagnosis unless primary care is effectively staffed. However, in July this year the Royal College of GPs said “we have more than 1,500 fewer qualified, full-time equivalent GPs than we did five years ago”.

Recommendations:

- An urgent review should be held to allocate new and increased spending on workforce recruitment and retention strategies to address the impact of the pandemic, and the attrition in the primary and secondary care workforce.

Treatments

Thanks to research funded by Prostate Cancer UK and others, and often delivered in and by the NHS, the way that men are treated for their prostate cancer is changing, with precision medicines and developments in genomics. Medicines in these fields can be targeted to the individuals and to individual mutations in the cancer, increasing effectiveness and reducing side-effects.

Recommendations:

- As our understanding of the genetics of cancer evolves, we recognise that some drugs can be used across multiple indications - precisely targeting genetic mutations present in a range of cancers or biological pathways common to multiple diseases. The delayed 10-year cancer plan presents an opportunity to review the NHS' Commercial Framework to increase the transparency and flexibility for pricing agreements that will make precision medicines accessible to all as well as capitalizing on the unique opportunity for the NHS to lead the world in using genetics to improve patient care.
- Radioligand therapy will shortly be a staple part of the prostate cancer pathway. We are asking the Government to work with us and the NHS to ensure that services are well prepared in terms of infrastructure, workforce, and the knock-on effects to the capacity of existing services, all of which will require dedicated focus and commissioning from the DHSC and NHS.

Delivering research that reduces prostate cancer mortality and morbidity

Prostate Cancer UK is a major funder of prostate cancer research in the UK. We have seen previous examples of our funding change the way prostate cancer is diagnosed and deliver new, life-extending treatments for men with prostate cancer and expect our recent and future investments to continue to improve outcomes for men with prostate cancer. However, we cannot deliver this without an NHS that is arranged and funded to deliver the clinical trials that turn research into clinical practice.

Recommendations:

- To ensure that the NHS continues to support and deliver world-leading research enshrine funding that supports the excess treatment and diagnostic costs incurred in the course of high quality, practice changing clinical trials.
- To ensure that the UK continues to lead the way globally in clinical research, maintain (and ideally increase) the budgets for all parts of NIHR but especially the HTA programme and Clinical Research Networks.
- Continue to push NHS as a whole to see the benefits that research brings at a system level and to patients and to prioritise research as a core part of its business.
- Reiterate the benefit of NHS and NIHR working and funding in partnership with other organisations, notably the unique and uniquely strong UK medical research charity sector.

We welcome your thoughts and a discussion on the contents of this letter. These recommendations could improve the lives of men and of their families' and help to make the UK a world leader in the delivery of cancer services.

Yours sincerely,



Laura Kerby, CEO Prostate Cancer UK