10 year cancer plan
Department of Health and Social Care – call for evidence
https://consultations.dhsc.gov.uk/61efb14e3d63df2e64003662

About the Chartered Society of Physiotherapy (CSP)

The CSP is the professional, educational and trade union body for the UK's 63,000 chartered physiotherapists, physiotherapy students and support workers.

The contribution of the physiotherapy workforce can be seen throughout a cancer care pathway. This may include leadership of multi-disciplinary teams, case management, prehabilitation before and during medical intervention, and rehabilitation within acute, palliative care and community settings. Physiotherapy supports people living with and beyond cancer, as part of cancer services and within other services that cancer patients access.

About the Association of Chartered Physiotherapists in Oncology and Palliative Care (ACPOPC)

ACPOPC is a professional network of the CSP. ACPOPC's members are physiotherapists working in cancer and palliative care. It actively develops and promotes high standards of physiotherapy practice for patients with cancer and/or palliative care needs. It seeks to inform and influence healthcare policy on behalf of its members, strive to modernise service model delivery and support and champion education and research.

Key recommendations:

- Ensure patient access to non-cancer specialists who are trained to spot red flags for suspected cancer diagnosis – including MSK physiotherapists in primary care.
- Ensure quality standards for all cancer services include access to physiotherapy and rehabilitation services from diagnosis onwards, during and after treatment and in palliative care. This needs to include a national roll out of prehabiltiation services.
- To increase capacity of the cancer rehabilitation workforce and community support through greater utilization of the non-registered workforce, including Allied Health Professionals (AHP) support workers, exercise professionals, and health coaches.
- Ensure that all people have an assessment of rehabilitation and self-care support needs before and during medical treatment and on discharge.
- Improve patient access to self-management advice and support – such as the CSPs and Sport England's *Stronger My Way*
- Support a competency framework for physiotherapists, other AHPs and nurses working with cancer patients in non specialist and specialist services through the Health Education England (HEE) /Macmillan Aspirant Cancer Career and Education Development ACCEnD programme.
- Use emerging research in remote and digital delivery options in rehabilitation to support the design of hybrid services models with an emphasis on choice, personalisation and inclusivity.

- Develop a shared rehabilitation data set for cancer and all long term conditions, piloting this to test that it can be collected at scale.
- Encourage NHS contracts to build in time for staff to share expertise and new developments in cancer care with colleagues across organisations and to engage in research and data analysis.
- Make Health Equality Assessments mandatory for all cancer service planning and delivery. The mandate should include: a minimum dataset, inequalities measures, and a health equity audit as part of routine monitoring and reporting of actions taken to address inequalities.

1. Do you have any suggestions on how to get more people diagnosed quicker

1.1 For some cancer types, people from more deprived communities are more likely to be diagnosed at a later stage, giving them fewer treatment options. For all cancers, they are also 50% more likely to be diagnosed through emergency routes like A&E.[(1)]

1.2 This underlines the importance of a range of clinical staff having the training and skills to identify possible cancers and refer for investigation.

1.2 Physiotherapists in musculoskeletal (MSK) services, undertake screening for red flags that could be indicators for cancer or masquerade as symptoms of MSK conditions.

1.3 Critical to picking up diagnosis early in primary care is access to First Contact Physiotherapists (FCP), with advanced practice skills. The NHS Long Term Plan commits to 5,000 FCPs. There are approximately 1000 in post now. Full roll out over the next few years is essential.

2. Do you have any suggestions on how to improve access to and experiences of cancer treatment

2.1 1 in 2 people will develop some form of cancer in their lifetime [(2).] The number of people living with a cancer diagnosis will double from more than 2 million in 2021 to 4 million in 2030[(3).]

2.2 Rehabilitation is an essential element of cancer care to achieve the best possible outcomes with patients before, during and after cancer. High quality rehabilitation for anyone living with or recovering from cancer needs to be personalised, holistic and universal, ensuring equitable access.

2.3 There is now a good evidence-base for prehabilitation to maximize resilience to cancer treatment and its effectiveness, with a focus on physical activity interventions for cardiovascular fitness and muscle strengthening, diet and psychological support. For example, for abdominal cancer, improving physical fitness through prehabilitation is effective in reducing pulmonary complications. For patients with bladder cancer, strength and endurance exercises prior to radical cystectomy showed improved mobilisation and ability to perform daily tasks[(4).]

2.4 Evidence shows that exercise reduces the risk of cancer recurrence and mortality. Mortality can be reduced by 50 per cent, 40 per cent and 30 per cent in bowel, breast and prostate cancer respectively. In addition to this, disease progression was reduced by 57 per cent in men with prostate cancer who engaged in three hours a week of moderate intensity exercise[(5).]

2.5 Registered physiotherapists have a particular role in developing suitable activity programmes for delivery by non-registered staff, advising on the ongoing suitability of programmes for individual patients, and referring on patients with medical complications.

2.6 The non-registered workforce is critical to delivering prehabilitation and rehabilitation programmes for people living with and beyond cancer and supporting ongoing self-management. This includes exercise professionals in fitness and voluntary services.

2.7 All cancer patients need to have an expert assessment of rehabilitation needs. This should stratify patients for continuation of rehabilitation within an oncology department, referral to community rehabilitation or to support for self-care from professional trainers, voluntary organisations or leisure services.

2.8 Some cancer units have access to rehabilitation teams in both their outpatient and inpatient services. Some areas have prehabilitation services. But coverage in rehabilitation for cancer patients is patchy and inequitable between geographical areas and between cancer types.

2.9 70% of people with cancer have other long term conditions, so it is essential that rehabilitation and support is personalised to their needs as a whole.

2.10 There is a need for an agreed competency and skills framework for physiotherapists, AHPs and nurses in specialist cancer services and in other services who provide care for people living with and beyond cancer. The CSP and ACPOPC are part of the national collaborative to support the ACCEnD programme to fill this gap. This is a Health Education England initiative led by Macmillan, due for completion in 2024[7].

3. Do you have any suggestions for how to improve after-care and support services for cancer patients and their families (500 words max)

3.1 The changing nature of cancer means that 5.3 million people in the UK will be living with cancer by 2040 with an average survival of ten years or more[8].

3.2 With some cancers, research has shown that exercise can reduce the risk of it coming back and increase chances of surviving[9].

3.3 Community rehabilitation teams need to have the skills to support patients to manage the side effects of cancer treatment and impact of cancer after discharge, for example osteoporosis and lymphedema. This can be addressed by access to the ACCEnD programme when this is available.[7] (see 2.10).

3.4 Patients also need better access to self-management support. The CSP is working with Sport England and the Centre for Ageing Better to find ways to help patients become stronger and support self-management. '*Stronger My Way'* will be an online hub due to launch at the end of March 2022. It will be a 'one stop shop' informed of physio approved, reliable advice and support about strengthening activity for professionals and patients. For people living with cancer and the impact of cancer treatment they will gain high quality knowledge and confidence to be able to do more.[10].

3.5 A recent study estimated that improving end of life care for the most deprived cancer patients, for the four most common cancers alone, could save the NHS £4.6 million a year[11] 215,000 people a year currently miss out on end-of-life care and without intervention this could rise to 300,000 in under 20 years[12].

3.6 These findings show that provision is unequal within palliative care and hospices. Now that people can routinely expect to live for several years, they require ongoing palliative support to optimise function, quality of life and reduce the need for care in the last months or years of life. However the current system is out of step with the reality that many people with a terminal cancer diagnosis will live for several years, with an accumulative

symptom burden from repeated cancer treatments. The services need to be developed to meet these needs, including meeting people's rehabilitation needs and reducing the reliance on voluntary donations to fund palliative care.

3.7 CSP welcomes the end-of-life care law championed by Baroness Finlay of Llandaff with an explicit legal requirement for health commissioners throughout England[13].

4. Do you have any suggestions on how we can maximise the impact of research and data gathering cancer and cancer services in England

4.1 There has been significant research and learning from how services adapted to Covid-19, with new models of care, different ways of working and greater use of technology. We need to take this opportunity to drive new models of care, different ways of working and greater use of technology. CSP commissioned research in 2021 found that a mix of in-person and remote consultations are best for future service delivery models[14].

4.2 There is a lack of good quality data on rehabilitation services to inform commissioning decisions and allow decision-making about need and unmet need for people living with and beyond cancer.

4.3 As set out above, there is significant variation and inequality in rehabilitation for people living with and beyond cancer. It is impossible to address without a shared rehabilitation data set and agreed outcomes to measure need, impact of services or identify gaps.

4.4 The lack of data is a feature of all areas of rehabilitation services delivery, and most of the outcome data requirements are common across rehabilitation pathways. This requires upfront investment in piloting standardised data collection to test that this can be collected at scale.

4.5 Contracts should build in time for NHS staff to share expertise and new developments in cancer care across disease specific and generalist rehabilitation services, regardless of employer. This should include a call on employers to support physiotherapists to lead and engage in high quality research activity and analysis of rehabilitation datasets, as part of their job plans, to further prove the efficacy and cost-effectiveness of cancer rehabilitation

4.6 People with cancer may also live with one or more other potentially serious long-term health conditions, which could lead to reduced survival and a higher level of need. Establishing a common rehabilitation data set across all long term conditions is essential. This needs to focus on symptoms not diagnosis, and should be integrated with the new mandatory community data set but span sectors.

4.7 Health Equality Assessments should be mandatory for all cancer service planning and delivery. The mandate should include: a minimum dataset for monitoring all cancer services which includes inequalities measures; health equity audit (HEA) as part of routine monitoring for all cancer services and reporting on actions taken to address inequities identified through HEA.

References

1. Cancer Research UK. UK health inequalities: 20,000 more cancer cases a year in the most deprived areas. London: Cancer Research UK; 2020
2. Cancer Research UK. 1 in 2 people in the UK will get cancer. London: Cancer Research UK; 2015.
3. Maddams J, Utely M, Moller H, A person-time analysis of hospital activity among cancer survivors in England. British Journal of Cancer, 105(1), pS38-45
4. Macmillan Cancer Support, National Insitute for Health Research , Royal College of Anaesthetists. Principles and guidance for prehabilitation within the management and support of people with cancer. London: Macmillan Cancer Support n.d.
5. The Chartered Society of Physiotherapy. Physiotherapy works: cancer survivorship London: The Chartered Society of Physiotherapy; 2012
6.
7. Health Education England. Aspirant Cancer Career and Education Development programme. London: Health Education England; 2020.
8. Macmillan Cancer Support. Statistics fact sheet. London: Macmillan Cancer Support; 2021.
9. National Cancer Institute. Physical activity and cancer. London: National Cancer Institute; 2020.
10. The Chartered Society of Physiotherapy. Stronger my way.London: The Chartered Society of Physiotherapy; 2022.
11. Walsh B, Laudicella M. Disparities In Cancer Care And Costs At The End Of Life: Evidence From England's National Health Service. 2017. Health Affairs, 2017, 36(7), pp. 1218-1226
12. Marie Curie. Dying people's right to healthcare made explicit in law for first time in NHS history under new Government plans. London: Marie Curie; 2022.
13. The Chartered Society of Physiotherapy. CSP president secures health minister's commitment to improve rehab, as Lords debate new ICSs.London: The Chartered Society of Physiotherapy; 2022.
14. The Chartered Society of Physiotherapy. National Evaluation of Remote Physiotherapy Services: the findings. London: The Chartered Society of Physiotherapy; 2022.