



Department
of Health &
Social Care

*From Jo Churchill MP
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Dear Colleagues,

Thank you for your correspondence of 3 June to Matt Hancock about stereotactic ablative radiotherapy (SABR). I apologise for the delay in replying.

I am pleased to say that we are fast tracking the roll-out of SABR. Rather than full roll-out by 2022, SABR will now be available across the NHS by the end of this financial year. By next April, every part of the country will be offering SABR treatment in radiotherapy units across England for patients with non-small-cell lung cancer and those with lung, lymph node and non-spine bone oligometastatic disease. Further roll-out for other disease types is planned for 2021/22.

The recovery and restoration of cancer services to pre-pandemic levels is well underway. I have engaged regularly with the National Cancer Director and the National Clinical Director for Cancer to ensure that services are resumed as swiftly as possible. They have issued the latest guidance to NHS cancer services on the second phase of the NHS response to COVID-19 for cancer services. The letter notes that the work by local systems and Cancer Alliances to identify ring-fenced diagnostic and surgical capacity for cancer should now be well advanced.

The guidance is based on three principles: capacity, fairness and confidence. Cancer Alliances should work with their regional teams to provide such services. This includes focusing on reducing the number of cancer patients waiting more than 62 days; in particular, by rescheduling diagnostic procedures or treatment for those who have had their care delayed by the pandemic.

We are working at pace to bring referrals, diagnostics and treatment back to pre-pandemic levels at the earliest opportunity in order to minimise potential harm and reduce the scale of the post-pandemic surge in demand. On 11 June, the NHS set out steps to treat more patients safely, including carrying out multiple same-day tests to minimise patient visits, the roll-out of COVID-protected cancer hubs for treatment, and online consultations so people do not have to go to hospitals for regular checks. Hospitals have also significantly increased the use of chemotherapy at home, with local pharmacy teams and community

nurses providing the service to reduce cancer patients' risk of exposure to the virus. These 'COVID-friendly' cancer treatments, which are safer for patients during the pandemic, will be expanded and extended through a £160 million initiative that was announced on 3 August.

I hope this reply is helpful.

Kind regards


JO CHURCHILL