

UK cancer patients' lives imperilled, suffering deepened by treatment delays

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The plight of cancer patients in the UK is one of many indicators of the devastating impact of funding cuts to the National Health Service (NHS). These have been carried out by the Conservative-led government and their devolved counterparts in Scotland, Wales and Northern Ireland.

In England alone, more than 127,000 cancer patients have been left waiting more than two months to start their treatment over the last five years. According to official NHS figures released in January, almost one in four patients were waiting longer than the officially set targets of treating them within 62 days after an urgent GP referral is made and cancer is diagnosed. Figures show the long waits have reached their highest levels since records began in 2009.

NHS Scotland statistics for October to December 2018 show nearly one in five people diagnosed with cancer were waiting more than two months for treatment. Treatment for women with cervical cancer during that period has seen an alarming drop in the numbers starting treatment—just 53.7 percent of patients—compared to 89.7 percent between July and September 2018. Only one Scottish health board out of 15—NHS Lanarkshire—met the Scottish government's 95 percent target of cancer patients beginning treatment within two months from diagnosis.

In Wales, a significant shortage of specialists poses real risks to cancer care and treatment. Only three extra cancer doctors joined NHS Wales in the past five years, according to Royal College of Radiologists (RCR) figures. This is in spite of rising cancer rates and patient numbers.

Speaking to the BBC, Dr. Martin Rolles, the RCR's cancer lead in Wales, said, "The risk really is the deteriorating quality of the service. We won't be able to give the patients the time they need. Individual oncologists will struggle to see patients in a timely manner, so there may be increasing delays in treatment.

"There are increasing risks because overworked doctors tend to make mistakes. It will affect the quality of the patient experience and it will affect the quality of the very good service that we try to provide in Wales."

Statistics released by the Department of Health in Northern Ireland show a huge failure in missed targets for 95 percent of patients starting treatment within 62 days following an urgent GP referral for suspected cancer. About four out of 10 patients were left waiting longer than two months without treatment in 2018. Patient experience is going from bad to worse, with only 60.5 percent of patients getting treatment within the expected timeframe in December 2018—compared to 66.8 and 68.7 percent, in the same month in 2017 and 2016, respectively.

To achieve the best and successful outcomes, and to alleviate anxiety, fear, depression and the suffering of patients, cancer treatment should be started as early as possible when the diagnosis is confirmed.

In England, however, the target set by the government for NHS trusts currently stands at only 85 percent of patients beginning treatment within two months.

Even this arbitrary target of leaving 15 percent of patients without early treatment was breached by many NHS trusts, due to pressures they are under as a result of funding cuts.

According to the Macmillan cancer charity, "[A]lmost three quarters of NHS hospital trusts in England (73 percent) missed the 62-day target in December 2018, with 52 trusts—over one in 3—missing it by 10 percentage points or more."

Macmillan points out that an "average 2,630 patients waited longer than 62 days to start treatment after an urgent GP referral per month in 2018, compared to 1,711 in 2014 (a 54 percent rise)." This happened regardless of the fact that the more than "62-day patient numbers only rose by 25 percent from 2014 to 2018 comparatively."

Responding to this year's cancer waiting times, Dr. Fran Woodard, executive director of policy and impact at Macmillan Cancer Support, said: "January 2019 marks five years since the 62-day cancer target was first missed and despite the best efforts of hard working NHS staff, more than 127,000 people have been left waiting too long to start vital treatment throughout that time."

"Behind the numbers are real people who tell us how delays cause real anxiety for them and their loved ones at a time when they are already trying to deal with the many worries cancer is throwing their way."

One of the main factors in treatment delay is staff shortages, especially of clinical oncologists—those who treat cancer patients with chemotherapy, radiotherapy and immunotherapy. A census carried out by the Royal College of Radiologists in 62 major cancer centres in the UK found that more than 7.5 percent of consultant posts, which amount to 70 full-time posts, were vacant. Most of the vacant posts had been unfilled for at least a year. These centres mainly rely on the good will of the full-time doctors who work over six hours extra a week in average.

The long delays patients experience in getting their diagnoses confirmed with investigative procedures and tests, including obtaining biopsies from tumours, histopathology reporting of biopsies, CT scans and MRI scans, contribute to long waits in commencing cancer treatment.

The removal of malignant tumours, which needs specialist surgical interventions, is also affected by pressures such as staff shortages, lack of beds and long waiting lists for surgical operations.

There is a massive backlog for patients who need surgeries, with 220,000 patients waiting more than six months and 36,857 waiting more than nine months.

Referral to treatment (RTT) waiting times for consultant-led elective care in England reveal the human cost of the pressures created by relentless NHS funding cuts over the last eight years. NHS England's statistical press release last month stated that the "number of RTT patients waiting to start treatment at the end of January 2019 was 4.2 million patients. Of those, 2,157 patients were waiting more than 52 weeks."

A senior doctor who works in a Cancer Treatment Centre in Wales spoke to the WSWs about the crisis that leads to treatment delays. "I have seen a surge in patient numbers and referrals for cancer treatment over the last five-six years. But our facilities, resources and staff levels have not increased with the rising demand. We work several hours unpaid extra every week to fulfil the needs

of the patients.

"One of the main problems we face in starting early treatment for patients with cancer is the delays getting biopsies and surgical interventions done. I think the surgical teams are struggling to keep up with the demands for surgical operations.

"Having CT scans [using x-rays and a computer to create detailed images] and MRI scans [that create images using magnetism and radio waves] done for inpatients is not too difficult. However, PET scans [creating 3-dimensional (3D) pictures of the inside of the body], which we require prior to starting treatment, are not readily available because there aren't enough machines.

"Although we get all the investigations, necessary tests and imaging done, sometimes treatments get deferred due to lack of beds in the oncology/haematology ward. Treatments for patients who need intensive treatment and whose conditions are severe cannot be started in the day unit.

"We have a severe shortage of oncology trained nurses and the other staff. The government does not train enough specialists in cancer treatment and care. Under these conditions, it is inevitable that we miss the treatment targets."

The patient suffering and human cost of vital treatment delays are yet to be fully gauged.

What is certain is that the statistical proof of the failure to treat cancer patients in a timely manner will do nothing to stem the assault on the NHS by the political representatives of the ruling elite. In the face of damning evidence to the contrary, a Tory government NHS spokesperson downplayed the plight of cancer patients, saying that "more people than ever before are coming forward for cancer checks, with a quarter of a million more getting checked this year and thousands more being treated within the two-month target."

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