

# Evidence Brief: Cancer diagnostics

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Produced by the HEE Knowledge Management team Evidence Briefs offer a quick overview of the published reports, research, and evidence on a workforce-related topic.

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### Key publications – the big picture

[Cancer and diagnostics programme](#) 2023, Health Education England

The Cancer and Diagnostics programme exists to support the implementation of national cancer strategies and HEE's Cancer Workforce Plan. We capture, monitor and develop projects which aim to deliver cancer workforce improvements. Within the diagnostic workforce, we support the development of the primarily non-medical, diagnostics workforces to reduce waiting times and increase the likelihood of early diagnosis leading to better care and outcomes for patients nationally.

[NHS cancer programme: faster diagnosis framework](#) November 2022, NHS England

This document sets out the NHS Cancer Programme's strategic approach to delivering faster diagnosis of cancer. It outlines specific and measurable objectives and key requirements for Cancer Alliances until the end of 2023/24, bringing together previously separate objectives relating to rapid diagnostic centres (RDCs) and Faster Diagnosis Standard (FDS) best practice timed pathways (BTPs). It also seeks to align this work with related programmes such as the community diagnostic centres (CDC) programme.

[Why do diagnostics matter?: Maximising the potential of diagnostics services](#) October 2022, The King's Fund

The centrality of diagnostics to the NHS's ability to deliver patient services cannot be understated (McCaughey and Powis 2020). They are fundamental to clinical decision-making. There is huge potential for diagnostics to play an even greater role in driving improved outcomes through transformation and innovation, particularly via the redesign of patient pathways and the introduction of new technology. This is being realised

through a shift to community settings and community diagnostic centres, which has been recognised as an important opportunity to widen access and improve uptake by giving people more choice around when, where and how to access diagnostic services (Roche Diagnostics Limited 2021). While this is cause for optimism, there is also a need for realism.

While the temptation may be to consider community diagnostic centres or community diagnostics as the solution to all questions about diagnostic capacity, this is not the only answer. Concerted policy focus and investment will be needed to address the historic underinvestment in diagnostics over many years, particularly in terms of infrastructure and the workforce, if the major expansion of diagnostic capacity that is needed in the NHS is to be realised (Association of British HealthTech Industries 2020).

[Cancer and Diagnostics Careers – a helpful Resource Guide](#)

July 2022, Health Education England

Health Education England South East (HEE SE) has been working with Skills for Health to explore with trusts and cancer alliances in the South East how to help deliver on the priorities of their Cancer and Diagnostics strategy and the focus on new routes into cancer and diagnostic careers. The aim is to ensure a flexible and sustainable, supported cancer and diagnostic workforce, sharing good practice, and capturing innovation. The work included scoping work, focus groups and an on-line consultation to identify the spectrum of cancer and diagnostics training, and roles, as well as potential opportunities for new skills and competencies. The work aimed to identify areas of existing good practice within the South East and/or elsewhere which the South East may wish to implement.

[2022/23 priorities and operational planning guidance](#) February 2022, NHS England

[Evidence Review: Early diagnosis of cancer](#) November 2020, The Strategy Unit

Synthesised evidence evaluating interventions targeting earlier diagnosis identified a range of interventions which we categorised into the following types of interventions: Faecal immunochemical tests, Cancer Decision Support Tools, Rapid Diagnostic Centres, Primary Care (spanning targeting behaviour, improving screening uptake, and safety netting), Cancer awareness (spanning campaigns, patient education and provider education), and Lung Health Checks.

[Estimating the cost of growing the NHS cancer workforce in England by 2029](#) October 2020, Cancer Research UK

The diagnosis, treatment and support of people living with cancer relies on a range of skilled NHS staff conducting specialist tasks such as performing and reporting on diagnostic tests and providing different forms of treatment and support. Ensuring that the NHS has enough skilled staff, now and in the future, is therefore a vital part of fulfilling the ambitions of the LTP and improving outcomes for cancer patients.

Despite attempts to increase size of the cancer workforce, key cancer-related professions have remained under pressure, with vacant posts and staff shortages. Cancer Research UK found that nearly three in four staff surveyed in non-surgical oncology services see staff shortages as a barrier to providing excellent patient experience. Capacity constraints, particularly due to staff shortages in diagnostic services, are associated with poor performance against NHS waiting times standards. Even before the COVID-19 pandemic, the NHS had been reporting worsening performance against both the two-week wait for urgent suspected cancer referrals and the 62-day Cancer Waiting Times treatment standards.

[Clinical radiology: UK workforce census 2017 report](#) September 2018, Royal College of Radiologists

The Royal College of Radiologists' (RCR) annual radiologist workforce report highlights the UK's current and predicted future shortage of imaging doctors and urgently calls for more funding for trainees and better NHS retention and recruitment.

[Cancer workforce plan](#) (no date), Health Education England  
The plan responds to the independent Cancer Taskforce which set out a strategy to radically improve diagnosis, longer term quality of life and experiences for people who are affected by cancer in England.

## Case Studies

[Cancer and Diagnostics Careers – a helpful Resource Guide](#)

July 2022, Health Education England

There are many positive examples of new roles and approaches to the delivery of skills which have been developed and rolled out by individual trusts and cancer alliances across the South East which will be helpful for other employers to explore:

- [Case Study HEE SE - The use of the Physician Associate role in cancer sites in the South East](#)
- [Case Study HEE SE -The Nursing Associate Role-East Sussex Healthcare NHS Trust](#)
- [Case Study HEE SE - The new Endoscopy Assistant Role-East Sussex Healthcare NHS Trust](#)
- [Case Study HEE SE - The Doctors' Assistant Role East Sussex Healthcare NHS Trust](#)
- [Case Study HEE SE - Introducing the Role of the Pathway Navigator to the South East Region Cancer Alliances](#)

### [Implementing a Timed Head and Neck Cancer Diagnostic Pathway: Guidance for local health and care systems](#)

March 2022, NHS Cancer Programme

This guidance sets out how diagnosis within 28-days can be achieved for the suspected head and neck cancer pathway. This guidance covers upper aerodigestive tract squamous cell carcinomas. Alongside the pathway itself, resources are highlighted to support implementation of the pathways.

### [Rapid Access Diagnostic Clinic for patients with vague symptoms at Guy's and St Thomas'](#) January 2019, NHS Long Term Plan

GSTT RADC provides a diagnostic service to patients who have presented to their GP or at the Accident and Emergency Department with vague but worrying 'red flag' symptoms. It follows a model of fast patient triage; coordinated access to diagnostic tests; second follow up appointment or telephone consultation resulting in rapid specialist referral or patient discharge. Within seven days of a referral being made, a patient will attend an initial 45 minute appointment with Dr Luigi DeMichele, the clinic consultant and Geraint Jones, advanced nurse practitioner. A detailed medical history will be taken, appropriate investigations completed and the patient will be screened for any unmet frailty, mental health and social needs. If further investigations such as a CT scan or endoscopy are needed, the patient will be given a slot on the day or a date and time to return within seven days.

### [Diagnostic workforce developments](#) (no date), Greater Manchester Integrated Care

To support conducting an in-depth review of the Greater Manchester (GM) diagnostics workforce funding was secured from HEE. The review will focus specifically on imaging and endoscopy, taking an alternative qualitative approach to provide insights into the GM specific challenges with the diagnostic

workforce and directly connect with the teams delivering the services themselves to understand the detail behind these challenges as well as successes and initiatives that have made a difference to their performance. There will be a focus on how staff view their role and how they are valued within the wider system, looking at job satisfaction to understand how to best retain and recruit in the current and future challenging environment.

### [Macmillan Personalised Care Service Team](#) (no date), Great Western Hospitals Foundation NHS Trust

The Personalised Care Service is borne out of the increasing demand on cancer services from new referrals and from people living longer with cancer and in remission, so there is less staff time to work with patients including those with more complex needs who require more support. The new service is available to patients with any type of cancer and at any point in their cancer journey to help empower them to self-manage and improve their wellbeing. The service is available in both the community as well as the hospital.

### [A Strategic Approach to Workforce Planning for Diagnostic Imaging Workforce](#) (no date), Surrey and Sussex Cancer Alliance

Surrey and Sussex Cancer Alliance recognised that there was a recruitment and retention issue in some staff groups in cancer and diagnostics services and that workforce supply and demand is challenging across their footprint. The Alliance recognised that the need for a strategic system-wide approach to workforce planning had become imperative across the geography that they cover and adopted an Optimal Workforce Planning Project.

### HEE Star

More resources and tools are available in the **Cancer** section of the [HEE Star](#)

### Statistics

You can find relevant statistics on the [Health and Care Statistics Landscape](#) under “**Health and Care**” and use the “**Cancer**” filter

### HEE National Data Programme

HEE staff can look at the [National Data Warehouse \(NDL\)](#) SharePoint site to find out more about datasets and Tableau products.

### Published Peer Reviewed Research

[Diagnostics: a major priority for the NHS](#) July 2022, Future Healthcare Journal

Diagnostic capacity in the NHS in England was much lower than that in many other developed countries before the COVID-19 pandemic. The relative lack of diagnostic equipment and workforce is now hampering recovery from the pandemic. In response to this, a major programme of work is now underway to improve access to a wide range of diagnostic tests. Establishment of community diagnostic centres is a key component of this programme.

[Community diagnostic centres: bringing diagnostics closer to home](#) October 2021, British Journal of General Practice

The NHS is under very significant workload pressures as a result of the backlogs of care due to the COVID-19 pandemic and high levels of patient demand. General practice is delivering more appointments than ever before, including caring for patients currently waiting for diagnostic tests, outpatient appointments, and specialist treatments. Improving access to diagnostics may address some of the significant waiting times patients are currently facing, allowing diagnoses to be made and treatment commenced in a timelier manner. Patients attending specialist outpatient appointments would also have key investigations already performed, streamlining secondary care. However, diagnostic workforce shortages in the NHS were already significant before the pandemic and it is unclear how these community diagnostic centres would be staffed without a significant increase in radiologists, radiographers, endoscopists, and sonographers in the very near future.

[The effectiveness of the Guy’s Rapid Diagnostic Clinic \(RDC\) in detecting cancer and serious conditions in vague symptom patients](#) January 2012, British Journal of Cancer

RDCs provide GPs with a streamlined pathway for patients with complex non-site-specific symptoms that can be challenging for primary care. The 7% rate of cancer diagnosis exceeds many 2WW pathways and a third of patients presented with significant non-cancer diagnoses, which justifies the need for rapid diagnostics. Rapid Diagnostic Centres (RDCs) are being rolled out nationally by NHS England and NHS Improvement as part of the NHS long-term plan. The aim is for a primary care referral pathway that streamlines diagnostics, patient journey, clinical outcomes and patient experience. This pilot study of 1341 patients provides an in-depth analysis of the largest single RDC in England. Cancer was diagnosed in 7% of patients and

serious non-cancer conditions in 36% - justifying the RDC approach in vague symptom patients.

### [Radiographer reporting: A literature review to support cancer workforce planning in England](#) May 2019, Radiography

The evidence from this literature review confirms that the UK has pioneered radiographer reporting and that the reporting radiographer role is well established in many NHS clinical imaging departments. The studies reviewed demonstrate how radiographer reporting is helping modern NHS providers maintain high quality clinical imaging service provision and deliver cost-effective increases in diagnostic capacity. Working within multiprofessional clinical imaging teams within a defined scope of practice and with access to medical input when required, expanding the number and scope of practice of reporting radiographers can make a direct contribution to cancer screening and diagnosis and release radiologist capacity for other complex clinical imaging responsibilities. Transforming imaging service skill mix, to make better use of the respective specialist knowledge and skills of clinical radiologists and diagnostic radiographers, will help improve access to imaging not only for people suspected to have or affected by cancer, but also other patients referred to the service.

### [The role of the radiography workforce in the management and treatment of cancer patients](#) (no date), Society and College of Radiographers

The integration of new radiotherapy technologies is an important aspect of any future focused service and radiographers are leading the delivery of techniques such as image guided radiotherapy and adaptive radiotherapy which require decision making at each treatment to ensure that the optimum personalised treatment plan is delivered accurately. Radiographer-led research studies are evaluating the newer

technologies and techniques as part of providing evidence-based practice. In order to improve patient access, new radiotherapy services are being planned and commissioned across the UK. Many of these are satellite centres and stand-alone units, staffed by therapeutic radiographers with the skills and expertise to provide high quality radiotherapy with minimal daily direct supervision from clinical oncologists.

## Competency Frameworks

### [ACCEND Framework](#) February 2023, Health Education England

The Framework is made up of 3 components:

1. Career pathway component
2. Core cancer-specific capabilities in practice (CiPs) component
3. Education framework component

Combined, these components support practitioners at all levels of the career pathway to develop the core knowledge, skills and behaviours to care for people affected by cancer.

### [Rapid cancer diagnostic and assessment pathways](#) December 2022, NHS England

- [Implementing a timed colorectal cancer diagnostic pathway](#)
- [Implementing a timed lung cancer diagnostic pathway](#)
- [Implementing a timed prostate cancer diagnostic pathway](#)
- [Implementing a timed oesophago-gastric cancer diagnostic pathway](#)
- [Implementing a timed skin cancer diagnostic pathway](#)

### [NHS cancer programme: faster diagnosis framework](#) November 2022, NHS England

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specific and measurable objectives and key requirements for Cancer Alliances until the end of 2023/24, bringing together previously separate objectives relating to rapid diagnostic centres (RDCs) and Faster Diagnosis Standard (FDS) best practice timed pathways (BTPs). It also seeks to align this work with related programmes such as the community diagnostic centres (CDC) programme.

### **\*Help accessing articles or papers**

Where a report/ journal article or resource is freely available the link has been provided. If an NHS OpenAthens account is required this has been indicated. It has also been highlighted if only the abstract is available. If you do not have an OpenAthens account you can self-register here.

If you need help accessing an article, or have any other questions, contact the Knowledge Management team for support [KnowledgeManagement@hee.nhs.uk](mailto:KnowledgeManagement@hee.nhs.uk)