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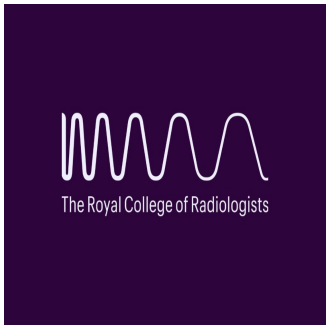
Cancer Doctors Urge Urgent NHS Investment to End ‘Postcode Lottery’ in Oncology Services



Leading medical royal colleges representing senior cancer doctors have called for urgent action to expand and integrate acute and supportive oncology services across the NHS to meet the evolving needs of people living with cancer.

In two statements published today, 14 July 2025, the Royal College of Physicians (RCP), the Royal College of Radiologists (RCR), the UK Association of Supportive Care in Cancer (UKASCC) and the Association for Palliative Medicine (APM) warn that despite remarkable advances in cancer treatment and rising survival rates, services are struggling to keep pace with demand.

More people are living longer with cancer, often with complex symptoms, multimorbidity and psychosocial needs – but too often they are caught between fragmented services, with limited access to the holistic care they require.

Supportive oncology is a multidisciplinary approach that manages the physical, psychological, and practical impacts of cancer and its treatment. It can include physiotherapy, nutrition, and mental health support, alongside medical care. It is proven to benefit patients and the wider health system by improving quality of life, reducing emergency admissions, and can increase survival by improving adherence to treatment. Yet access remains a postcode lottery, with workforce shortages and a lack of national infrastructure holding back wider rollout.

Acute oncology services have improved urgent cancer care by bringing together medical expertise in oncology, acute medicine, and palliative care. But variation in service models, mounting pressures in emergency care, and the rising use of treatments such as immunotherapy – which bring challenges such as toxicities that require timely, specialist care – mean there is an urgent need to standardise and strengthen these services.

Dr Hilary Williams, incoming RCP clinical vice president and a consultant medical oncologist, said:

“Supportive and acute oncology must be seen as essential components of modern cancer care – not optional extras.

As the number of people living with cancer grows and their treatment becomes more complex, we must invest in workforce, training, and integrated care pathways that support patients in hospital, in the community and at home.”

RCR Vice-President for Clinical Oncology and consultant clinical oncologist Dr Tom Roques agreed, saying:

“More people are living with cancer for longer, with complexities that affect their physical, emotional and social wellbeing. Supportive oncology services can improve patients’ quality and length of life and prevent avoidable hospital admissions. As the NHS moves towards more neighbourhood-based care, investing in supportive oncology services will help patients get holistic care closer to home, and relieve pressure on hospitals.”

Dr Dan Monnery, UKASCC President, added:

“The UK Association of Supportive Care in Cancer is dedicated to the development of coordinated, multiprofessional care for patients with

cancer throughout all stages of diagnosis and treatment.

We fully support the call for a coordinated national voice to drive improvement and address inequalities in care and welcome the recognition of the need for additional resource, policy and integration of these services within the NHS. We look forward to working with other organisations in a combined effort to shape sustainable future models of acute and supportive oncology."

APM President Dr Suzanne Kite said:

"As people live longer with cancer, holistic services are essential to providing quality care. Earlier palliative care involvement in cancer care has been proven to improve access, patient outcomes, and be cost effective, including significant cost savings. The Association for Palliative Medicine supports the development of co-ordinated supportive oncology services.

To address already overstretched oncology and palliative care services, the APM supports the recommendations of the Commission on Palliative and End-of-Life Care to ensure equity of access to, and provision of, palliative care for all patients."

Both position statements outline clear actions for the NHS and governments across the UK:

- **National leadership and planning:** supportive and acute oncology should be embedded within the NHS England National Cancer Plan and other health strategies.
- **Service standards and funding:** all cancer centres should be supported to develop high-quality supportive oncology services, backed by dedicated funding and a clear framework for 'what good looks like'.
- **Workforce development:** clinical fellowships in supportive oncology should be expanded, alongside an expansion in training places for oncologists, palliative care doctors, and allied health professionals.
- **Better integration and innovation:** innovative models such as Hospital at Home, Same-Day Emergency Care (SDEC), and Enhanced Supportive Care (ESC) should be scaled up and evaluated nationally.

The Christie NHS Foundation Trust's Supportive Oncology Directorate, launched in 2024, is cited as a pioneering model that integrates acute and supportive care across the cancer pathway. In its first three years, the service prevented nearly 600 emergency admissions and saved an estimated £1.4 million.

Source & Image Credit: Royal College of Physicians (RCP)

Published on : Mon, 14 Jul 2025