**Key Messages**

Cancer care in the UK is facing a critical crisis. Over the past decade, **more than 500,000 patients have experienced unacceptable delays in receiving their cancer treatment**, placing the UK near the bottom of the OECD cancer outcome rankings. This is deeply alarming, as every four-week delay in cancer treatment results in a 10% increase in mortality. Improving cancer survival rates is the ultimate goal yet the current system struggles to manage the existing number of cancer patients. This raises serious concerns about how it will handle the projected 30% increase in cancer cases by 2040.

The upcoming cancer plan presents a vital opportunity to revitalize cancer services and shift from a culture that tolerates unacceptable delays to one that prioritizes continuous improvements in cancer care. However, **without decisive and bold leadership to implement evidence-based, data-driven solutions across the entire cancer pathway and address the structural barriers hindering service delivery, lives will continue to be lost unnecessarily**. This is an opportunity to get it right, but only if there is focus on the broken cancer pathway and delivering cancer survival is the priority,

**Radiotherapy,** one of the three main pillars of cancer treatment alongside surgery and Systemic Anti-Cancer Therapies (SACT), is essential for 1 in 2 cancer patients and **contributes to 40% of cancer cures**. It is cost-effective, technologically advanced, and efficient. Enhancing access to modern radiotherapy could immediately reduce waiting lists and provide faster, more precise treatment.

At the upcoming **APPG-RT roundtable at 2pm on Wednesday 2nd April** in Room T, Portcullis House, MPs will have the opportunity to find out constituency-level data and engage directly with frontline radiotherapy workforce, patients, industry representatives and experts in cancer services, including globally renowned cancer expert, Professor Pat Price, about how cost-effective investment in radiotherapy could reduce waiting lists and improve survival for patients with cancer.

**In 2021 just 35% of UK cancer patients received radiotherapy as their primary treatment, compared to the recommended 53%.** Lord Darzi’s independent investigation of the NHS in England reported that more than **30 per cent** of patients are waiting longer than 31 days for radical radiotherapy. Current delays in subsequent radiotherapy indicating a significant time between surgery and radiation therapy can negatively impact a patient's outcome by increasing the risk of local recurrence.  For example, delays greater than 6 weeks for head and neck cancer and 8 weeks for breast cancer reduces the chance of cure; this is because the window for optimal treatment is missed, allowing cancer cells to spread. Data on the time between surgery and radiotherapy is not publicly released and there in some instances we know patients are waiting, in the case of breast cancer, up to **6 months** post-surgery for radiotherapy.

[**Analysis from Radiotherapy UK**](https://radiotherapy.org.uk/wp-content/uploads/2024/10/Radiotherapy-Productivity-Report.pdf) **estimates the replacement of all the out-of-date linacs (radiotherapy machines) could free up 87,000 additional cancer appointments per year if installing the most modern technologies**. Modern radiotherapy machines, software, and AI-driven technology speed up treatment and improve accuracy at just £3,000–£7,000 per patient—a fraction of the cost of other treatments. A recent study in the Lancet highlighted that if resources allocated to new drugs recommended by NICE (primarily oncology drugs) had been spent on existing services, an estimated 5.0M additional QALYs could have been generated during 2000-2020. This is 1.25M more QALYs than attributed to the new drugs. With scarce NHS resources, an urgent evaluation of how to achieve value-based healthcare is required, grounded in quality data and ongoing assessment.

**Trusts currently cannot afford to treat patients due to a reimbursement tariff that has not been substantially updated since 2014.** For example, a single LINAC delivering radiotherapy to 400 patients in a year receives a 2023/24 tariff payment approximately £380,000 less than if tariffs had simply kept up with inflation since 2014. This limits service delivery, and in the current tight fiscal environment, it makes Trusts less likely to utilise even lifesaving treatments like radiotherapy, as they risk financial losses for treating patients. The development of an updated tariff that reflects inflationary increases, funds modern practices and technologies equitably and in a way that promotes developments and advances in patient treatment is essential. The entire payment system requires regular review to reflect advances in care and ensure that delivering modern radiotherapy to cancer patients is not a financial burden for Trusts.

**Radiotherapy is delivered by a multi-disciplinary specialised highly skilled and small workforce of estimated 6,400 professionals that are** facing chronic shortages. Retention is a major concern, with professional organisation surveys predicting that up to 1 in 5 doctors and 1 in 20 therapeutic radiographers may leave within five years. Additionally, 25% of the radiotherapy physics workforce and nearly 50% of clinical technologists are over 50 years old. Understaffing has severe consequences for patients, leading to prolonged treatment waits and increased complications. In 2023, 84% of heads of cancer services told the Royal College of Radiologists they were concerned workforce shortages affected quality of care. Tackling these issues should include robust workforce plans, to include paid for course fees and bursaries to encourage more people into the profession (similar to physiotherapy), additional funding for dedicated apprenticeships, training places, as well as initiatives to retain existing highly skilled staff.

Establishing a **National Radiotherapy Advisory Group** with strategic responsibility for the delivery of radiotherapy would provide centralised guidance, lead to cost savings, efficient implementation of innovations, and improved access to advanced treatments. This group would be accountable for the delivery of a national evidence-based radiotherapy strategy with sustainable funding and guidelines to integrate radiotherapy into the cancer plan, enhance early, precise, curative treatment, and ultimately increase survival rates.

Short reports on how to reach world-class radiotherapy in the UK can be found below.

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Equity of access to radiotherapy World-class radiotherapy in the UK Unlocking modern radiotherapy