Call for evidence questions:

British Oncology Pharmacy Association (BOPA) Submitted Response for NHS Cancer Plan 2025

Prevention and awareness

Question

Which cancer risk factors should the government and the NHS focus on to improve prevention? (Select the 3 actions that would have the most impact)

1. Alcohol
2. Obesity
3. Physical inactivity

Increased alcohol intake and higher rates of obesity and physical inactivity all contribute to the cancer rates seen in the UK. According to Cancer Research UK (CRUK), drinking alcohol increases the risk of cancer and the risk increases the more alcohol that is consumed. Alcohol directly causes seven different types of cancer, including breast, oropharyngeal and bowel cancer. A global study published in The Lancet Oncology calculated that 17,000 cases of cancer in the UK in 2020 could be linked to alcohol consumption. The study found that "risky" and heavy drinking were associated with the largest proportion of cancer cases, but even moderate levels of drinking were linked to almost 1 in 7 of all alcohol-associated cases. Regular physical activity is associated with a lower rate of both colon and breast cancer.

Pharmacy professionals (which includes pharmacists and pharmacy technicians) can help manage alcohol use disorder (AUD) and alcohol withdrawal syndrome (AWS) by implementing screening tools, conducting brief interventions, and involving pharmacy professionals in the management of AUD and AWS. Brief interventions by pharmacy professionals working in community can make a significant difference to people with alcohol addiction. Pharmacy professionals in both inpatient and outpatient settings can also support patients by providing information on the effects of alcohol (including increased cancer risks), offering advice on reducing alcohol intake, and referring patients to appropriate support services.

Pharmacy professionals play a critical role in the safe and effective management of obesity in both inpatient and outpatient settings. In an outpatient setting, they conduct comprehensive patient interviews to design individualised therapeutic plans involving

nonpharmacological interventions, pharmacological interventions, or surgical options. This includes pharmacy involvement in prescribing of glucagon-like peptide 1 receptor agonists which may significantly change obesity rates within the UK. Pharmacy professionals should caution patients about the weight gain that can occur with certain medications and recommend appropriate changes to their diet and exercise regimens. They can also provide thorough patient education and monitoring for transitions from hospital to outpatient settings and subsequent follow-up visits.

To tackle high rates of alcohol consumption and obesity and the promotion of physical activity, pharmacy professionals are well placed to address these issues and have an active role in providing preventative lifestyle advice. Community pharmacies also provide a network of accessible health advice and patient education, and this is key to patients being more aware of a symptom that could indicate early onset.

By addressing alcohol consumption, obesity and promoting physical activity, the government and the NHS can significantly reduce the incidence of preventable cancers and improve overall public health and pharmacy professionals across the sectors have significant role to play in this.

BOPA asks that greater emphasis on prevention and awareness of cancer is prioritised by the government and NHS and that pharmacy professionals' roles across all sectors are fully utilised in supported to deliver on this. We also ask that all pharmacy professionals have further entitlements in regard to being able to onward referral patients - and to be able to prescribe life-style changes etc, further reducing the burden on community GP service.

Early diagnosis

Question

What actions should the government and the NHS take to help diagnose cancer at an earlier stage? (Select the 3 actions that would have the most impact)

1. Improve symptom awareness, address barriers to seeking help and encourage a timely response to symptoms
2. Support timely and effective referrals from primary care (for example, GPs)
3. Develop and expand interventions targeted at people most at risk of developing certain cancers

Pharmacy professionals play a crucial role in improving cancer symptom awareness, addressing barriers to seeking help, and encouraging a timely response to symptoms.

Through initiatives like Pharmacy First, pharmacists are seeing more patients, conducting clinical examinations, enhancing their expertise in diagnosing conditions.

Pharmacy professionals improve symptom awareness by educating patients about the signs and symptoms of cancer and increasing awareness and encouraging individuals to seek help promptly. They also offer guidance on overcoming barriers to seeking medical help and they can encourage timely response to symptoms by emphasizing the importance of early detection and prompt action when symptoms arise. This is an increasingly important consideration in younger patients such as young non smokers who develop lung cancer and also with the increase in younger patients diagnosed with colorectal cancers. Pharmacy professional also has a major role to play in promoting uptake and engagement with national screening opportunities (breast scans, PSA checks, bowel screening etc).

BOPA, in partnership with NHS England supports community pharmacy staff responding to cancer symptoms through the Let's Communicate Cancer e- learning programme. The programme provides community pharmacy professionals with skills identify patients symptoms and provide the tools to hold effective consultations. The programme content includes information on diagnosis, how patients may present to community pharmacies and advice regarding "red flag" symptoms.

Pharmacists can refer patients to primary care providers, such as GPs, optometrists, and dentists, for further evaluation. Pharmacists may also have access to direct referral pathways for suspected cancers. The Community Pharmacy Early Diagnosis of Cancer Pilot is ongoing in NHS England, where 60 pharmacies are piloting a direct referrals service for patients presenting with certain red flag symptoms. This pilot aims to improve the integration of community pharmacists into appropriate referral pathways and access to patient health record.

BOPA asks the government and NHS to review the outcome of the Community Pharmacy Early Diagnosis of Cancer Pilot and if results found to be positive to widen access rapidly so more patients can benefit

Pharmacy professionals develop and expand interventions targeted at people most at risk of developing certain cancers through various strategies and initiatives. Clinical pharmacists can advise on genetic testing or alternative treatment selection based on genetic testing results which can then be evaluated for effectiveness. Genetic testing to identify those patients with higher risk of cancers, patients with chronic conditions that are linked to some cancers (such as smoking related COPD and lung cancer) can be identified through primary care records and pharmacy professionals would be ideally placed to make interventions to reduce further cancer risks (smoking cessation etc) to that patient.

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BOPA asks the government and NHS to recognise the skill set of pharmacy professionals that can be leveraged across a range of strategies and initiatives to develop and expand interventions targeted at people most at risk of developing certain cancer. The government and NHS should ensure that there is sufficient training and resources for pharmacy professionals to support this.

Treatment

Question

What actions should the government and the NHS take to improve access to cancer services and the quality of cancer treatment that patients receive? (Select the 3 actions that would have the most impact)

- Increase treatment capacity (including workforce)
- Improve the flow and use of data to identify and address inconsistencies in care
- Increase the use of genomic (genetic) testing and other ways of supporting personalised treatment

Pharmacy professionals reduce the impact of oncologist shortages and cancer pharmacists were early adopters of the role of the pharmacist independent prescriber. Cancer pharmacists have transitioned into advanced practice roles where they assume responsibility for patient's treatment. There has been an increase in consultant cancer pharmacists' posts across England within the past 10 years.

BOPA asks for support and resources be made available to support the development of consultant pharmacist posts' across England. These posts should have the same status as other senior members of the oncology MDT.

In 2023 the UKSACT board produced guidance, "Prescriber competencies for reviewing and prescribing Systemic Anti-Cancer Therapy". The document gives guidance and standardisation to healthcare providers wishing to develop roles of oncology pharmacists and other Allied Health Professional NMPs. It also provides competencies that detail the knowledge and skills prescribers needs to safely prescribe SACT.

BOPA ask that an integrated formal training and competency recording programme for all prescribers in cancer training programmes is developed. Digitalisation of the programme would also allow for it to be utilised as a "passport."

Cancer pharmacy technicians are also stepping into roles and holding responsibilities that previously fell to pharmacists, including SACT toxicity reviews, patient counselling

and verification of SACT. BOPA is working closely with the RPS and GPHC to fully support and ensure effective governance is in place for pharmacy technician verification.

BOPA asks for support for pharmacy technicians in advancing roles and formalising and standardising advanced practice.

There is recognized inequity of cancer pharmacy provision across the UK. The main driver of this is the limited capacity within the cancer pharmacy workforce, which can be particularly challenging in some geographical areas or with respect to the local cancer services design.

BOPA asks that a national workforce reviews current oncology workforce and scope the workforce needed to maximise on the opportunity of the cancer pharmacy workforce. Any oncology workforce plan must recognise the contribution of pharmacy professionals in cancer. To note the last cancer plan did not mention pharmacy professionals at all.

BOPA asks that recommended safe staffing levels for cancer pharmacy workforce is an outcome of the workforce plan.

Pharmacy professionals play a key role in the use of pharmacogenomics to optimise the use of medicines. BOPA endorsed the RPS Pharmacy professionals and Genomic Medicine position statement, which outlines defined roles pharmacy staff have with regards to genomics and developing roles that are needed. There are six consultant pharmacists are accredited in NHS England. With the Genomic Medicine Services and the planned expansion of the pharmacogenetic panels there is a need for pharmacy professional to be involved in interpreting report to support personalised treatments plans. NHSE has published the "Pharmacy genomic workforce, education and training strategic workforce". The RPS are developing genomic prescribing competencies with guidance of entry level and advanced genomic knowledge guidelines and associated curriculum.

BOPA asks that there needs to be support to improve genomic literacy to ensure pharmacy professional can advise and interpret pharmacogenomic reports.

Living with and beyond cancer

Question

What can the government and the NHS do to improve the support that people diagnosed with cancer, treated for cancer, and living with and beyond cancer receive? (Select the 3 actions that would have the most impact)

- Improve the emotional, mental health and practical support for patients, as well as their partners, family members, children and carers
- Offer targeted support for specific groups, such as ethnic minority cancer patients, children and bereaved relatives
- Improve access to high-quality, supportive palliative and end-of-life care for patients with incurable cancer

Pharmacy professionals (across all sectors) who review patients often see patients at regular intervals and can recognise mental health disorders in patients and help guide these patients toward treatment as well as providing support for partners, family members and carers. Community pharmacy professionals and their accessibility within the community allows them to support patients managing mental health conditions through medication management, education, and early intervention.

BOPA asks that government and the NHS that more consideration is given to cancer patients mental health and allowing pharmacy professional to make referrals into mental health services more easily would be a help this occur.

Pharmacy professionals improve access to palliative and end-of-life care by being part of an interdisciplinary team that provides patient-centred and family-centred care. They help optimise quality of life by anticipating, preventing, and treating suffering throughout the continuum of illness. They also improve access to palliative medicines for people being cared for at home by working closely with nurses and other healthcare professionals and ensure that patients receive the necessary medications and support to manage their symptoms effectively.

BOPA asks that government and the NHS ensure sufficient funding for palliative care services to support cancer patients and provide access to appropriate palliative care for all cancer patients in their chosen care setting .

Inequalities

Question

In which of these areas could the government have the most impact in reducing inequalities in incidence (cases of cancer diagnosed in a specific population) and outcomes of cancer across England? (Select the 3 actions that would have the most impact)

- Improving prevention and reducing the risk of cancer

- Raising awareness of the signs and symptoms of cancer, reducing barriers and supporting timely response to symptoms
- Reducing inequalities in cancer screening uptake

Cancer outcomes in minority groups can be influenced by several factors including disparities in incidence and mortality, for example African American people have higher death rates than all other racial/ethnic groups for many cancer types. Additionally ethnic minorities often face barriers to accessing high-quality care, leading to poorer outcomes. Ethnic minorities may have lower cancer screening rates, leading to later-stage diagnoses and worse outcomes. Efforts to improve screening uptake and early detection in these populations are critical.

The patient's physical geography too often limits the patient's cancer care and there is a need to increase care closer to home to reduce these geographic inequalities. There are significant numbers of patients from deprived communities who are unable or unwilling to travel long distances to the cancer centre and as such have more limited treatment options. If a comprehensive network of cancer care providers was in place patients would have better access to treatment including clinical trials.

Pharmacy professionals reduce barriers to access and promote screening uptake and early detection. The LCC program as discussed earlier is an example of how BOPA is leading on this initiative. In addition, those working in cancer pharmacy can champion diversity in clinical trials, removing barriers and advocating for inclusive research practices to ensure diverse populations are adequately represented in clinical trials.

An example of how BOPA has focused on improvement in cancer are in a minority group is that in collaboration with OUTpatient (a UK based LGBTIQ+ cancer charity) BOPA has published TRANScribing- Clinical considerations for safe and inclusive prescribing for transgender and non-binary patients " as a support document for cancer pharmacist and wider oncology services for managing transexual patients with a cancer diagnosis.

BOPA asks that they key role that pharmacy has in reducing barriers to cancer and care thereby reducing inequality in care is recognized by the government and NHS and is supported in maximising its reach and scale to do this.

Within the NHS in England cancer services benefit from national agreement on reimbursement for the majority of cancer medicines through NICE, reducing possible inequalities based on geography that could indirectly impact minorities populations more. Movement away from national reimbursement agreements risks introducing post code lottery prescribing further exacerbating inequalities in cancer care. In addition, this would also result in significant duplication in work needed to review and approval reimbursement at local levels

BOPA asks that national reimbursement continues to reduce duplication of work and prevent introduction of potential inequalities of care through varying access to cancer treatment.

Research and innovation

Question

How can the government and the NHS maximise the impact of data, research and innovation regarding cancer and cancer services? (Select the 3 actions that would have the most impact)

- Improve the data available to conduct research
- Improve patient access to clinical trials
- Speed up the adoption of innovative diagnostics and treatments into the NHS

Using data to identify variations in prescribing practices can lead to efficiency improvements, cost reductions and optimization of cancer care. Despite extensive guidance, unwarranted variations persist due to factors like prescriber experience, education and patient expectation pressures still exist.

Access to healthcare data, particularly SACT data has several challenges in the UK. Enhancements in digital technology will be equally important eg better interfaces with ePMA systems and EPRs, enhanced clinical decision support systems and AI-enhanced clinical screening or SACT prescriptions will all help to significantly improve the efficiency of the workforce.

BOPA asks pharmacy professionals that pharmacy professional have readily accessible healthcare information and data to improve the care provided to patients across boundaries

The current limited access to both patient level and prescribing data is a barrier to being able to undertake both local and national audits. Of all the cancer types only within the NLCA and the lung cancer community undertake a national audit of practice on a yearly basis. This type of national audit could be replicated across multiple tumour types through access to data.

BOPA asks the government and NHS to scope national audits of patterns of care and patient outcomes in multiple different tumour types to improve quality of care

Pharmacy professionals can take on research delivery roles such as principle investigators and this ability could be leveraged to improve clinical trial access for patients. However, a report by NHSE in 2024 identified that "only a minority of the pharmacy workforce are currently research active. Protected time and support, both at the individual and organisational levels, are the most significant enablers for promoting the pharmacy workforce involvement in research and fostering clinical academic pharmacy careers." There is scoping work under way with the NIHR Pharmacy incubator to improve pharmacy led research but this has yet to be fully scoped and the recommendations implemented.

BOPA asks government and NHS the role pharmacy professional can play in improving patient access through trials (both through pharmacy led research and removing barriers to patient access) is fully scoped and the profile of pharmacy researchers is elevated.

Speed of uptake of new adoption of innovative diagnostics and treatments into the NHS is limited by several factors, capacity to deliver treatments, which is discussed previously, being a key one. Local implementation timelines can also limit uptake, particularly where protocols (which are usually pharmacy led) need to be developed. Currently protocols are developed at a local level causing significant duplication and risks introducing unwarranted variation into practice. National SACT protocols have been discussed for several years both within BOPA and as part of the UK SACT Board but have yet to come to fruition due to resource constraints. This is an area where some resource investment would make in significant return on investment through reduction in duplication and standardisation of content..

BOPA asks that there is a National SACT Protocol Programme and website, supported by permanent funding to keep the programme up to date and functional.

Priorities for the national cancer plan

Question

What are the most important priorities that the national cancer plan should address? (Select the 3 most important priorities)

- Earlier diagnosis of cancer
- Improving the access to and quality of cancer treatment, including meeting the cancer waiting time standards
- Reducing inequalities in cancer incidence, diagnosis and treatment

Please explain your answer. (Do not include any personal information in your response. Maximum 500 words.)

Earlier diagnosis is clearly a key priority for the national cancer plan because it generally increases the chances for successful treatment by providing care at the earliest possible stage. Delays in accessing cancer care are common with late-stage presentation, particularly in lower resource settings and vulnerable populations. The consequences of delayed or inaccessible cancer care are lower likelihood of survival, greater morbidity of treatment, and higher costs of care. Pharmacy professional can support earlier diagnosis of cancer by educational services, delivering screening raising awareness of cancer symptoms and encouraging early detection. In addition, as previously discussed where pharmacists can refer patients directly to other healthcare providers for further evaluation and diagnostic services this too will hopefully lead to earlier diagnosis.

Improving the access to and quality of cancer treatment is clearly another key priority for the national cancer plan. As previously discussed, workforce capacity is currently a barrier to maximising access and quality, but cancer pharmacy has a proven track record of implementing practices to improve both access and quality. In 2016 National Dose Standardisation for Chemotherapy in 2016 was introduced. This was done to sought to achieve standardised chemotherapy product specifications to enable Trusts within England to reduce these unwarranted variations in the products they either compound in house or outsource externally and thereby release compounding capacity for other activities.

Similarly to national protocols discussed previously, a centrally produced capacity planning tool would help cancer departments to plan the most efficient use of their available capacity. For instance, if a department knows they have a set number of available staff, chairs, and hours in the day, a planning tool would allow them to schedule patients in the most efficient way.

BOPA asks that the government and NHS work collaboratively with them and the UK SACT board to establish a centrally produced SACT planning tool for available capacity.

The aseptic capacity required to improve access to cancer treatment is a hugely significant factor. The NHS infusions and special medicines board recommended a hub and spoke model for the development of large-scale medicines. £75m of capital was allocated for 2022- 25 to develop five pathfinder hub sites – the first hub sites are expected to open this year. These sites will be able to provide economies of scale needed to improve capacity and therefore access as well as ensuring quality.

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BOPA asks that the government and NHS work recognize and allocate additional funding to support the roll out of the model, and to build the compounding facilities, now required to meet treatment demand

Title	British Oncology Pharmacy Association (BOPA) Submitted Response for NHS Cancer Plan
Authors	The BOPA Executive Committee
Owner	BOPA.