



BASO ~The Association for Cancer Surgery

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Response to the National Cancer Plan from the British Association of Surgical Oncology ~ Association for Cancer Surgery (BASO~ACS) & National Committee for Cancer Surgery (NCCS)

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Summary

BASO welcomes the publication of the National Cancer Plan by the Department of Health and Social Care (DHSC) and supports many of the stated intentions. However, the Plan represents a missed opportunity to address the most significant and persistent constraints on cancer care delivery within the NHS. In particular, it fails to confront longstanding deficiencies in operating theatre capacity, peri-operative services, surgical and anaesthetic workforce, and infrastructure planning. Without urgent and sustained action in these areas, BASO believes the Plan will not deliver meaningful improvements in cancer waiting times, equity of access, or population outcomes. Professional surgical societies and Royal Colleges must be formally and continuously engaged by DHSC to achieve meaningful change.

Key Issues and Analysis

Lack of strategic continuity, delivery framework, and vision

Since the conclusion of the 2015–2020 cancer strategy, the NHS has operated without a coherent national cancer plan or long-term strategic direction. This absence of continuity has contributed to systemic drift, fragmented decision-making, and a failure to invest appropriately in the core infrastructure and supportive workforce.

Although the Plan recognises the deficiencies of centralised state bureaucracy, it does not identify the independent body (independent of Government) that will be empowered to focus on long-term planning. Although the Plan references collaboration, it does not clearly commit to formal, ongoing engagement with surgical professional bodies in the design, monitoring, and implementation of cancer services that is essential for delivery of improvements in cancer care. Improvements in cancer care require strong surgical leadership, long-term planning, multi-year capital investment, workforce planning, and protected elective, non-emergency operating theatre capacity. Taken together, these omissions suggest that the Plan underestimates the importance of implementing evidence-based change, the risks and cost of over-diagnosis and the complexity of translating ambition into deliverable, equitable cancer care.

Reducing obesity, UV-exposure, and HPV vaccination can reduce cancer incidence in the very long-term. Stopping tobacco sales to those turning 16 this year is welcomed but without stronger laws, lung cancer incidents will not reduce for several decades; we do not support the unproven substitution with vaping nicotine. Regardless, there is an immediate need for the expansion of surgical infrastructure.

Surgery is the cornerstone of cancer treatment: need more operating theatres

Cancer surgery remains the most effective, accessible, and cost-efficient treatment modality for the vast majority of cancers. Despite this, the Plan does not recognise surgery as the backbone of cancer treatment nor prioritise the operating infrastructure required to deliver it safely and at scale – or even to begin to address the exceptionally long waiting times for surgery in the UK. These unacceptable delays will inevitably be exacerbated by the emphasis under the Plan, to increase diagnostic infrastructure.

Operating theatre capacity and weekday utilisation: The expansion of robotic surgery is welcomed in principle, alongside commitments to its further evaluation. However, robotic surgery is more expensive, resource-intensive and takes significantly longer than conventional surgery. Its expansion is entirely reliant on a substantial increase in operating theatre capacity and associated staffing support. BASO finds it very concerning that several new cancer centres across the UK, have inadequate or non-existent operating theatre capacity.

The COVID-19 pandemic exposed the vulnerability of the UK NHS cancer surgical services and the serious operating theatre infrastructure shortages, to the extent of outsourcing of NHS operating lists to private hospitals. These infrastructure deficiencies have not been considered or addressed in the Plan.

Without transparent, ring-fenced investment towards infrastructure, the proposed transformation risks relying on reconfiguration and efficiency gains that have already been exhausted across much of the NHS over many years. We need national oversight of operating theatre numbers, staffing levels, and utilisation rates to enable realistic costing, expansion and maintenance of capital investment and surgical infrastructure.

Inadequate use of the surgical workforce: The average consultant surgeon in the UK operates just one day per week or less, compared with the 2-3 days in Western Europe or North America. Surgical residents are unable to progress due to shortage of consultant posts. These ongoing issues reflect systemic infrastructure shortages rather than availability of surgeons. Reallocating core staff to working over the weekend, simply reduces staffing availability during the working week. We urgently need an expansion of operating theatres capacity. In addition, the Plan does not address existing shortages in anaesthetists, critical care, nursing, and other operating theatre staff, all of which negatively impact cancer surgery delivery.

Workforce sustainability risks are serious threats: Recent workforce data, from the Royal College of Surgeons of England, show that 62% of surgeons aged 55-64 plan to retire within the next four years. The principal challenges reported by surgeons need to be addressed: they include burnout and stress, lack of access to operating theatres, pay and pension concerns, poor working conditions, and conflict between clinical and managerial priorities.

Research, innovation and implementation of proven technologies

We welcome the emphasis on research and innovation. Although surgery remains the most important treatment for cancer, less than 2% of research funding is currently dedicated to cancer surgery and this is not sustainable. Increased research funding for cancer surgery and for AI tools to improve delivery of cancer surgery, is urgently needed.

There should be rapid implementation of proven UK research and innovation into the health service, backed by an unbiased comprehensive evidence review. For instance, the Plan promotes the 5-day radiotherapy regimen for breast cancer (FAST-FORWARD), despite it overtreating the entire breast and potentially causing hardened of breast in 25% of patients. Single-dose intraoperative radiotherapy (delivered in 20-30 minutes during surgery), is not even mentioned in the Plan. This cost-effective technology was developed in the UK and evaluated withing large international clinical trials led by the UK. It was hailed as one of the UK's greatest research achievements by NIHR, is used worldwide but still not used in the UK.

For brain cancers there are delays in rolling out novel relatively non-toxic oral treatments such as vorasidenib tablets which offer a "kinder" treatment option by slowing disease progression and the need for harsher treatments, despite strong evidence from randomised controlled trials.

For sarcomas (a rare and aggressive type of cancer), there is evidence for benefits of whole genomic sequencing, yet it is being withdrawn despite the support for genomic testing in the Plan. Implementation of evidence-based practices should be prioritised.

Conclusion

BASO considers the National Cancer Plan to be a missed opportunity. We need urgent action to expand core surgical infrastructure, operating theatre capacity and workforce, roll-out proven technologies efficiently, along with clinical leadership in order to achieve the aspirations laid out in the Plan. BASO and the [National Committee for Cancer Surgery \(NCCS\)](#) representing professional organisations in cancer surgery stand ready to work with the DHSC to provide expert independent advice and detailed, practical considerations to address the severe infrastructure shortages, peri-operative and workforce constraints already undermining cancer care delivery.

More information for National Committee for Cancer Surgery can be found here:
<https://baso.org.uk/about-us/national-committee-for-cancer-surgery.aspx>