

NHS Workforce Levels: Impact on Cancer Patients

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See the full transcript and notes [here](#)

The House of Commons held a debate on 23 October 2025 concerning the impact of NHS workforce levels on cancer patients, led by **Mr Elliot Colburn MP (Carshalton and Wallington, Conservative)**. Opening the discussion, Mr Colburn emphasised the critical link between workforce capacity and the timeliness, quality, and outcomes of cancer treatment. He noted that while the UK had made significant advances in cancer diagnostics and technology, these achievements were being undermined by staff shortages and uneven workforce planning. He stated that the problem was “not just about numbers but about having the right people with the right skills in the right place at the right time.”

Mr Colburn outlined several key challenges facing the NHS cancer workforce. He cited analysis from **Macmillan Cancer Support**, which reported that over 100,000 cancer patients each year experienced delays in diagnosis or treatment due to staffing shortages, and from **Cancer Research UK**, which estimated that the NHS would require an additional **3,400 radiologists**, **1,900 clinical oncologists**, and **3,800 specialist cancer nurses** by 2030 simply to meet demand. He drew attention to particularly acute gaps in diagnostic imaging, pathology, and radiotherapy, which were creating a “postcode lottery” in cancer outcomes. In some regions, he observed, cancer waiting time targets had not been met for over five consecutive years.

Mr Colburn also spoke of the emotional and human toll of workforce shortages. He recounted the story of his constituent, Sarah, a 47-year-old mother who had waited over 12 weeks for an MRI scan following a suspected ovarian cancer diagnosis. During this period, her condition deteriorated, and by the time she received treatment, the cancer had progressed to a later stage. He described her experience as “a tragedy of system delay, not of medical incompetence”, and stated that such cases illustrated why workforce reform must be treated as an emergency.

Turning to policy, Mr Colburn argued that the 2023 NHS Long Term Workforce Plan, though well-intentioned, had failed to deliver sufficient progress. He called for annual, independently verified workforce projections, a ringfenced fund for cancer workforce expansion, and a national recruitment campaign targeted at diagnostic and oncology specialties. He also proposed reforming training routes to accelerate the qualification of clinical scientists and advanced practitioners, expanding international recruitment in the short term, and improving retention through fair pay and professional development.

Mr Colburn urged the Government to adopt a comprehensive **Cancer Workforce Strategy**, akin to the one recommended by the *All-Party Parliamentary Group on Cancer*. He also called for improved integration between the **NHS England Cancer Programme** and the **National Institute for Health and Care Research (NIHR)** to ensure that research and innovation are embedded into workforce planning. In closing, he reiterated that “the success of our cancer care system will be determined not by technology or investment alone, but by the people who deliver it every day.”

Responding for the Government, **the Minister of State for Health, Ms Ashley Dalton MP**, expressed gratitude to Mr Colburn for securing the debate and acknowledged the importance of

his advocacy for cancer patients and NHS staff alike. She began by recognising that cancer outcomes in the UK remained below the standards achieved in comparable nations such as Denmark, Sweden, and the Netherlands, and that workforce pressures were a major contributing factor.

Ms Dalton confirmed that the Government's overarching aim was to ensure that "every patient receives a diagnosis within 28 days of referral and begins treatment within 62 days," reiterating that this target was fundamental to the NHS cancer strategy. She acknowledged that the previous Conservative administration had failed to meet these standards for more than a decade, leaving a "legacy of chronic understaffing and fragmented planning."

The Minister set out a detailed account of current and forthcoming actions to rebuild the cancer workforce. She confirmed that the **NHS Long Term Workforce Plan** remained in place but was now being "accelerated and expanded" under the new Government. This included the recruitment of an additional **10,000 nurses, 2,000 doctors, and 1,500 allied health professionals** specialising in cancer care over the next five years. She further announced that the Government was establishing a new **Cancer Workforce Expansion Fund of £750 million**, to be disbursed over three years, focused on diagnostics, radiotherapy, and specialist nursing.

Ms Dalton explained that the Fund would finance training places, apprenticeship routes, and return-to-practice schemes, particularly in shortage specialisms such as radiography and histopathology. She also announced the creation of **regional cancer academies**, designed to improve professional development and retain staff through ongoing education and mentorship. In addition, she confirmed the introduction of a new **National Cancer Fellowship**, enabling clinicians to pursue advanced research training alongside clinical practice.

The Minister then addressed the issue of diagnostic capacity. She confirmed that **48 Community Diagnostic Centres (CDCs)** were now fully operational across England, providing millions of additional scans, tests, and checks. Plans were under way to open a further **25 centres by 2026**, each supported by targeted recruitment of radiographers, sonographers, and reporting clinicians. Ms Dalton emphasised that these CDCs were already reducing bottlenecks in diagnostics and contributing to early detection.

Ms Dalton also provided an update on the implementation of **Jess's Rule**, a new patient safety measure introduced earlier in the week, which requires GPs to review and re-evaluate a patient's case after three consultations without diagnosis or improvement. She described the policy as "a cultural shift in how we approach early cancer detection."

On workforce retention, the Minister announced a **£400 million package** to improve conditions for cancer staff, including enhanced career progression, flexible working options, and wellbeing support. She referenced new data showing that improved retention could save up to £1 billion annually in recruitment and agency costs.

Addressing the issue of international recruitment, Ms Dalton stated that the NHS would continue to rely on skilled overseas clinicians in the short term, but stressed the importance of building long-term domestic capacity. She confirmed the launch of the **Global Health Partnerships Programme**, designed to streamline mutual recognition of qualifications with partner countries and to support ethical recruitment from lower- and middle-income nations.

In response to concerns about inequality, the Minister committed to publishing an annual **Cancer Workforce Equality Report** to monitor regional and demographic disparities in staffing levels, training access, and career progression. She also confirmed that the Government would continue to work with the **Royal Colleges**, the **General Medical Council (GMC)**, and **Health Education England** to ensure that cancer workforce planning remained aligned with clinical priorities.

Concluding her remarks, Ms Dalton emphasised that the Government’s strategy sought not merely to fill vacancies but to transform the culture and sustainability of the cancer workforce. She reaffirmed that the Government remained determined to make the UK “a world leader in early diagnosis, equitable access, and compassionate cancer care.” She expressed her appreciation for the cross-party consensus on the urgency of tackling workforce shortages and invited Members from all sides to contribute to the development of the forthcoming **National Cancer Plan**, due for publication in early 2026.