



A collaborative national voice for acute and supportive oncology: bridging the gap for people living with cancer

What's the challenge?

The introduction of new cancer therapies – alongside rising incidence, an ageing population and improved survival – is reshaping the demands placed on cancer services. This is uncovering a growing need to better define, integrate and invest in both acute and supportive oncology across the full cancer pathway.

Unplanned emergency presentations remain a common and costly challenge. First [established in 2009](#), acute oncology services have improved patient outcomes, system efficiency, rapid, expert assessment and the coordination of urgent care [for patients living with cancer](#).

At the same time, more people are living longer with cancer – often with complex symptoms, comorbidities and treatment side effects. Huge regional variation exists and many patients, especially those in the last year of life, find themselves caught up in urgent and emergency care services, or trapped in a broken hospital system that increasingly relies on corridor care. The rising use of immunotherapy – now applied across [15 tumour types](#) and growing – further underscores the need for rapid access to expert oncology input, especially as [10–15% of patients](#) experience serious or life-threatening toxicities.

Many people with incurable cancer rely heavily on both acute and primary care services. Proactive, multidisciplinary supportive oncology services that anticipate, manage and reduce the burden of illness across the cancer continuum are essential to improving quality of life and reducing avoidable admissions.

[Supportive oncology services](#) help to manage symptoms, guide care and navigate complex treatment pathways across the whole cancer continuum and can prevent avoidable hospital admissions, improve quality of life and reduce costs.

Evidence-based models exist, including Hospital at Home, enhanced same-day emergency care (SDEC) and enhanced supportive care (ESC), but these are not universally available to people living with cancer.

Why does this matter?

Rising complex demand: cancer rates are rising across the UK – driven by an ageing population, improved diagnostics and increasing cases in younger adults. More people are living longer with incurable disease, often alongside multiple chronic conditions and growing psychosocial needs. While advances in treatments such as immunotherapy are transforming survival, they also bring new challenges – including complex toxicities requiring timely, specialist input.

A workforce under pressure: the expansion of the oncology workforce – including medical, nursing and allied health professionals – has not kept pace. Acute staffing gaps, unsustainable workloads and underinvestment in training are undermining quality of care. Cross-specialty collaboration remains poorly supported in many settings, even as it becomes increasingly essential. National action is needed to address retention, develop skills in generalist and oncology care, and build workforce capacity for the future.

Medical training is falling behind: although acute oncology is now embedded in core oncology curricula, wider training remains inconsistent. Supportive oncology is not yet embedded in curricula, although some larger cancer centres offer a supportive oncology clinical fellowship programme. We need to develop integrated, multidisciplinary education and career pathways that span oncology, geriatrics, acute medicine and palliative care. As patient complexity rises, all clinicians – not just oncologists – will need expertise in generalist and supportive cancer care. This means investment in education, supervision and protected training time.

A fragmented health and care system: care for people with cancer often spans multiple services, but coordination remains poor, leading to duplication, gaps and delays. National strategies for end-of-life care, frailty and community-based support frequently operate in silos – with limited integration with oncology treatment pathways. More coherent national and local planning is urgently required to align cancer care with broader health and care priorities.

We are calling for a national, clinically-led voice for acute and supportive oncology to improve access to care and patient outcomes.

A national acute and supportive oncology collaborative would bring together medical royal colleges, specialist societies, statutory training / education bodies and leads, cancer alliances and networks, third sector organisations and the NHS. It would advocate for the complex and evolving needs of people living with cancer – and help to reduce regional variation in service delivery and patient outcomes.

Working closely with the UK and devolved governments, a UK-wide collaborative would:

1. **standardise and improve clinical practice** by developing and disseminating national clinical guidelines and best practice, and supporting local teams to integrate supportive oncology into community and acute settings
2. **strengthen workforce training and retention** by advocating for an expansion in workforce numbers across medicine, nursing and the allied health professions (with a focus on improving generalist and multidisciplinary skills). It would work with professional bodies to influence curriculum development and promote flexible training pathways / integrated roles that reflect evolving patient needs
3. **improve data, digital integration and service planning** by identifying digital and data barriers to collaboration and improvement; then advocate for investment in high-quality data to inform national policy and research and service design – and to align service evaluation with national NHS and government priorities
4. **shape policy and steer system change** by working to ensure that **acute and supportive oncology** is embedded in wider national policy frameworks on urgent and emergency care, integrated care, and [end-of-life and palliative care](#); advocating for better national oversight and accountability for cancer care integration across acute and community settings.

Bridging the gap in cancer care: what's next?

Acute and supportive oncology must evolve to better meet the needs of people living with cancer.

We are calling on the NHS to:

1. **expand and invest in the oncology workforce:** generalist and cross-specialty medical training must reflect the complexity of modern cancer care and embed integrated training pathways that support collaboration across different specialties
2. **expand access to acute and supportive oncology:** introduce national standards and focus on equity, quality and patient-centred care
3. **prioritise integration of care:** all parts of the health and care system should be aligned in strategy and delivery
4. **support the spread of innovative service models:** oncology SDEC, ESC and Hospital at Home should be supported with appropriate funding and evaluation.

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For more information, please contact policy@rcp.ac.uk