

ACUTE AND SUPPORTIVE ONCOLOGY

Clinical consensus statement
Executive summary



Royal College
of Physicians

MACMILLAN
CANCER SUPPORT

EXECUTIVE SUMMARY

Cancer care is undergoing profound change. Advances in treatment mean that more people are living longer with and beyond cancer, often requiring ongoing support as their cancer becomes a long-term condition.

At the same time, rising multimorbidity, frailty and healthcare demand are increasing the complexity of care.

We know that many patients receive exceptional supportive cancer care across the UK, but this is not consistent. For the majority of people seeking advice, particularly outside the core hours of 9am–5pm or those living in rural areas or deprived communities further away from cancer centres, urgent cancer care means calling 999. Care is rarely coordinated across regions, meaning that some patients have rapid access to the right support when experiencing toxicities of new cancer agents, while others tell us that they feel lost, and fear missing out on life-saving treatments.

Equally, as a cancer community, we need to do more to support people with cancer to live well in their local communities. This means integrating more effectively with local services and taking a more proactive approach to frailty, chronic conditions and mental health, as well as supporting smoking cessation and reducing polypharmacy. Crucially, our approach must be underpinned by an understanding of local need and local data, and must address variation driven by health inequalities.

This clinical consensus statement, developed by a UK acute and supportive oncology collaboration led by the Royal College of Physicians and Macmillan Cancer Support following a request from the Department of Health and Social Care, sets out a shared vision for delivering equitable, high-quality acute and supportive oncology services across the UK.

The consensus statement supports the delivery of the objectives set out in the National Cancer Plan for England* to modernise and transform cancer care in the UK, delivering higher-quality care designed around people's lives and seamlessly coordinated across health and care settings. It calls for non-clinical interventions to tackle health inequalities, support healthy living, improve wellbeing and reduce avoidable deterioration for people living with cancer. It emphasises the key role of cancer alliances and regional networks in ensuring equitable access to specialist services across the country.

Acute oncology and supportive oncology are complementary components of modern cancer care:

- > **Acute oncology** provides urgent specialist assessment and coordination when patients become acutely unwell because of cancer or its treatment.
- > **Supportive oncology** provides proactive, multidisciplinary care throughout the cancer pathway, helping people to maintain their health, manage symptoms, tolerate treatment, recover from illness and receive appropriate support at the end of life.

Together, these services aim to improve quality of life, reduce avoidable deterioration and ensure that patients receive the right care at the right time.

Read the full *[Acute and supportive oncology clinical consensus statement](#)*.

* UK Government. *The National Cancer Plan for England: delivering world class cancer care*. Department of Health and Social Care, 2026. www.gov.uk/government/publications/national-cancer-plan-for-england [Accessed 1 September 2026].

The consensus statement is built around three overarching ambitions:

- > **Keeping people with cancer well** through proactive, holistic care that is closer to home.
- > **Ensuring timely and equitable access to specialist advice and care** when people with cancer become acutely unwell.
- > **Providing effective support to people with cancer after unplanned care use** – this may include maintaining recovery, planning for future deterioration or transition to end-of-life care.

Access to acute and supportive oncology remains inconsistent across the UK, leading to variation in patient experience and outcomes. The statement establishes a common framework for service development and standardisation, including a greater role for regional cancer alliances and networks in addressing inequality of access to services.

A set of cross-cutting principles underpin all recommendations. Services should be person centred, ensuring that patients receive holistic needs assessments, personalised care plans and opportunities to record their wishes through anticipatory crisis care plans. Every patient should have a named lead who coordinates their care and supports prevention and early intervention. Reducing health inequalities, strengthening multidisciplinary working, improving data and digital integration, supporting workforce education and delivering more care in community settings through neighbourhood health models are also identified as essential foundations.

The statement sets out a minimum level of provision that every healthcare system should provide. At a local level, all acute hospitals should offer integrated urgent cancer care pathways, access to specialist acute oncology teams, 24/7 advice lines, multidisciplinary support and robust governance arrangements. Regionally, cancer alliances and networks should provide specialist triage services, expertise in managing complex treatment toxicities, access to organ-specific specialists, pathways for cancer emergencies and advanced supportive oncology services.

For **acute oncology**, the statement calls for 24/7 service availability, strong integration with urgent and emergency care, and a ‘no wrong front door’ approach to accessing specialist support. Key recommendations include accessible acute oncology helplines, same-day emergency care services, virtual multidisciplinary networks and rapid access to expertise in managing treatment toxicities, particularly those associated with newer therapies such as immunotherapies and cellular treatments. Greater coordination with palliative care services is emphasised, recognising that acute admissions often signal a higher risk of deterioration and mortality.

For **supportive oncology**, the statement advocates a proactive approach starting at diagnosis. All patients should receive a baseline assessment covering medical, psychological and social needs, while older adults should also have a frailty assessment. The report places particular emphasis on prehabilitation, healthy living and personalised planning to optimise treatment outcomes, and to reduce avoidable complications and burdensome overtreatment in the last months of life. Patients should be supported to understand risks, monitor symptoms and participate actively in their own care.

Throughout active treatment, oncology services should provide proactive monitoring, early intervention and rapid escalation pathways when concerns emerge. Over time, health systems should seek to develop comprehensive supportive oncology services that bring together expertise in symptom management, psycho-oncology, rehabilitation, pain management, and management of treatment-related complications.

The statement also addresses the growing population living with and beyond cancer. It recommends stronger community-based support, neighbourhood care leads, remote monitoring where appropriate, patient-initiated follow-up and comprehensive end-of-treatment summaries. Patients should have access to rehabilitation, late-effects services, psychological support and clear pathways back into specialist care if needed.

For people living with progressive or incurable cancer, the consensus statement calls for earlier and more integrated supportive and palliative care.

Honest conversations about prognosis, personalised care planning and advance care planning should become routine. Services should focus on helping patients to live as well as possible, while ensuring timely access to end-of-life support when needed. The statement suggests key system-level changes to facilitate progress towards better cancer care:

- > Regional cancer alliances and health boards should take ownership of regional delivery, and commit to providing all people with cancer under their care with equitable access to acute and supportive oncology services. Acute and supportive oncology should be explicitly included within cancer programme governance arrangements and integrated with urgent and emergency care, neighbourhood health and palliative care programmes.
- > Regional cancer alliances should establish acute oncology pathway boards to oversee the cancer pathway, with established clinical leadership and appropriate data and digital support.
- > A regional approach to care will help to ensure equality of service delivery, underpinned by agreed service specifications setting out the standards that patients and their families should expect regardless of their geographic location, and supported by shared services and expertise.

The statement also recommends steps to improve access to specialist services and expertise, including:

- > Ensuring that all patients have access to expert immuno-oncology services, enabling agreed access to specialist immunosuppressive and supportive therapies for severe toxicities.
- > Timely, compassionate and effective communication about prognosis, death and future care planning. This should include early recognition of uncertainty around recovery and prognosis, and consideration of physical, practical and psychological wellbeing.
- > Healthcare professionals in acute and supportive oncology services must be supported and upskilled to take a proactive approach to the management of frailty, multimorbidity and psychological health, and be able to quickly draw on the expertise of a range of specialties to meet patient needs.

Overall, the statement sets out a framework for a modern, integrated model of cancer care. By embedding acute and supportive oncology across the cancer pathway, health systems can reduce emergency admissions, improve treatment tolerance and quality of life, support care closer to home, reduce inequalities and ensure that people with cancer receive coordinated, person-centred care, wherever they live.

Read the full [*Acute and supportive oncology clinical consensus statement*](#).

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