The importance of screening and early diagnosis in improving cancer survival in England

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Screening and early diagnosis: Overview

• Where have we come from?
  • Lessons from the past 20-40 years

• Looking forwards
  • The NHS Long Term Plan
  • My review of cancer screening and diagnostic capacity
Unfinished business


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A brief history

• 1970s-1990s: Emerging from the ‘dark ages’ of cancer
  • Patients not told their diagnosis
  • Fatalism / nihilism about cancer amongst doctors
  • ‘Dabblers’
  • No strategy or guidelines


• 1999: Cancer ‘A top priority’

• 2000: NHS Cancer Plan

• 2007: Cancer Reform Strategy

• 2011: Improving Outcomes: A strategy for cancer

• 2015: Achieving World Class Cancer Outcomes
What progress have we made?

• Incidence
  • Increasing

• Outcomes
  • Cancer mortality is falling
  • Cancer survival is improving for almost all cancers (but ...)
  • Patient experience has improved significantly

• Processes
  • Multidisciplinary team working is now fully embedded
  • Complex surgery has (largely) been reconfigured
  • We built a strong 2°/3° community for change (though cancer networks)

• Treatment
  • Major improvements in surgery, radiotherapy and systemic therapies
Cancer survival

![Graph showing cancer survival rates over time.]
But ...

- The gap in cancer survival between England/UK and other developed countries has not been narrowed (except for breast cancer).

- The 62 day standard, which was achieved between 2006 and 2013 is now not being achieved.

- The experts I interviewed all commented that progress had stalled around 2012 with the loss of cancer networks and the health service reforms.
International comparisons

Unfinished business
Why is cancer survival in England/UK still poor?

• Strong consensus **now** that late diagnosis plays a major part in poor survival

• This was strongly disputed 20 years ago

• Concerns were expressed about validity of cancer registration

• There was very little research evidence about cancer from a primary care perspective
Why is late diagnosis a particular problem in the UK?

- We have a very **tight gatekeeping model**
- The public are worried about wasting their GP’s time (ICBP)
- GPs are overstretched
- GPs in the UK are less likely to investigate or refer than those elsewhere (ICBP)
- We have very poor access to diagnostics including CT, MRI, Endoscopy (OECD)
- Commissioners sometimes try to restrict referrals
- Hospital consultants sometimes berate GPs for ‘inappropriate referrals’
Cancer: Looking Forwards

• The NHS Long Term Plan sets a clear direction of travel.

“By 2028 the proportion of cancers diagnosed at stages 1 and 2 will rise from around half now to three quarters of cancer patients.”
Long Term Plan commitments on early diagnosis

- Greater awareness of symptoms of cancer
- Lower the threshold for referral by GPs
- Accelerated access to diagnosis and treatment
- Maximise the numbers of cancers that we identify through screening
- Beginning to test family members of cancer patients where they are at increased risk of cancer
- Modernise the bowel screening programme
- Implement HPV primary screening for cervical cancer
- Extend lung health checks
- Introduce a new faster diagnosis standard from 2020
- Roll out rapid diagnostic centres
- Spending review 2019: Invest in new CT and MRI scanners
- (+ More on treatments, molecular diagnostics, care plans and follow up)
What will be needed to make this happen?

• Investment
• Workforce – especially primary care and diagnostics
• Equipment
• A major programme of engagement involving public health, primary care and diagnostic services – as well as cancer treatment services
• New models of care (e.g. rapid diagnostic services)
• Integrated care systems working with cancer alliances to take responsibility for improving cancer survival
Cancer screening and diagnostic capacity review

“NHS England has asked Sir Mike Richards to lead a review of the current cancer screening programmes and diagnostic capacity”

• To further improve the delivery of the screening programmes.
• To increase uptake.
• To learn lessons from the recent issues around breast and cervical screening.
• To modernise and expand diagnostic capacity.

Initial recommendations: April 2019
Final report: Summer 2019
Cancer screening review

• Important to remember that cancer screening saves thousands of lives each year, through prevention and early detection.

• However, multiple issues have been identified with current processes and service delivery, including:
  • Slow adoption of new programmes/methodologies
  • Very old IT (especially breast and cervix)
  • Lack of clarity of roles and responsibilities
  • Falling uptake/coverage
  • Workforce and equipment issues

• Opportunities to save more lives in the future
  • Risk based screening (e.g. based on genetics/family history).
  • New programmes (e.g. lung cancer).
  • Remember: only 6% of all cancers are currently diagnosed through screening.

• I am keen to hear your views – on solutions as well as problems please!