Cancer Research UK response to All Party Parliamentary Group on Cancer consultation “Cancer across the Domains”

29 August 2013

About Cancer Research UK

Cancer Research UK is the world’s leading cancer charity dedicated to saving lives through research. We support research into all aspects of cancer through the work of over 4,000 scientists, doctors and nurses. In 2012/13, we spent £351 million on research in institutes, hospitals and universities across the UK. The charity’s pioneering work has been at the heart of the progress that has already seen survival rates in the UK double in the last forty years. We receive no government funding for our research.

Cancer Research UK works primarily in the prevention, diagnosis and treatment of cancer. We also provide accurate and up to date information for cancer patients. We have therefore chosen to focus our response on Domains 1 and 4.

Domain 1 – Preventing people from dying prematurely

Up to 40% of cancers are linked to lifestyle factors[1]. The biggest killer is tobacco, which causes about 20% of all cancers[2]. Any action to seriously address premature mortality from cancer needs to take prevention into account; that’s why we strongly urge the Government to reconsider its decision to delay standard packs, and introduce this important public health measure now.

As this consultation deals specifically with the NHS England domains, our submission to this section will focus on improving early diagnosis and access to treatment, both of which are vital if we are to meet the Government’s target to save an additional 5000 lives per year by 2015.[3]

Key messages:

- The Government should continue to fund and support the National Awareness and Early Diagnosis Initiative and Be Clear on Cancer campaigns. Clarity on future funding for these initiatives would be welcomed and would make planning further campaigns easier.
- As recommended by NICE, NHS England should include indicators of stage at diagnosis and emergency admissions for cancer in the CCG Outcome Indicator Set for 2014/15.
- NHS England should look into the reasons behind variations in cancer surgery and ensure that patients are not missing out on this important cancer treatment.
- NHS England should provide sustained investment and support to the radiotherapy service to ensure that all patients that need it can benefit from the best radiotherapy.
- The Government should clarify whether or not the Cancer Drugs Fund (CDF) will continue. We would welcome the publication of clear data on how patients have benefited from drugs supplied via the CDF.

Early diagnosis

When cancer is diagnosed at an early stage the chances of a full recovery are much greater. For example, when bowel cancer is diagnosed at the earliest stage, more than 9 out of 10 people survive for at least 5 years. But fewer than 1 in 10 people with bowel cancer are diagnosed at the earliest

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1 Registered charity number 1089464
stage[4]. In some cases, it can mean that treatment is simpler – a patient diagnosed with early stage bowel cancer might only need surgery, avoiding the need for chemotherapy or radiotherapy.

**Symptomatic Early Diagnosis**

National and local action is required if we are to diagnose cancer earlier. The National Awareness and Early Diagnosis Initiative has been very effective since its foundation in 2008, and the early indications from the evaluation of the Be Clear on Cancer campaigns are encouraging. **These initiatives should continue to receive funding and support. Clarity on future funding for these initiatives would be welcomed and would make planning further campaigns easier.**

The Government has invested in giving GPs direct access to four key diagnostic tests for cancer (Chest X-Ray, MRI, non-obstetric ultrasound, colonoscopy/flexible sigmoidoscopy)[3]. However, it is difficult to say what impact this funding is having and whether GPs are able to access these tests more easily as a result. There is a need to track funding intended for specific investment such as this, and there should also be clear plans to evaluate impact. At the moment neither are in place. NHS England and local commissioners should work together to remove any barriers to GP access. There is also wide variation in the use of two week wait referrals[5, 6], and NHS England should explore the causes of this and what can be done to reduce differences.

Responsibility for improving early diagnosis has changed as a result of the NHS reforms. At a national level, Public Health England has responsibility for public awareness of the signs and symptoms cancer and NHS England is responsible for clinical practice, such as diagnosis of cancer. At a local level the split is between local authorities and CCGs, with Health and Wellbeing boards providing the link between the two. In some places, Commissioning Support Units have also taken on some responsibilities relating to early diagnosis. The reality on the ground therefore appears to be one of considerable complexity and confusion around who has responsibility for promoting healthy lifestyles and early diagnosis within the NHS. It is important that all players in the system continue to work together to promote early diagnosis.

**Shared indicators on 1 and 5 year survival rates from cancer in the Public Health and NHS Outcomes Frameworks** would help ensure that these organisations work together towards earlier diagnosis. NICE has recently recommended that **NHS England should also include indicators of stage at diagnosis and emergency admissions for cancer in the CCG Outcome Indicator Set for 2014/15.** It is vital NHS England does so, and we would like to see Government include these indicators in the NHS Outcomes Framework in future as well.

**Screening**

Screening is a powerful tool, as it can pick up cancer before it becomes symptomatic.[7-9] The cervical and bowel screening programmes can also have a preventive effect, meaning that they can spot the early stages before cancer fully develops and allow these early, pre-cancerous growths to be treated. It is important that the best tests available are used in the screening programmes – this means ensuring a fast and effective rollout of Bowel Scope Screening in England, as well as HPV testing for the cervical screening programme. We are pleased that the Faecal Immunochemical Test (FIT) will be piloted in the NHS Bowel Screening programme next year, as the evidence is clear that it is a more effective test than FOBT[10, 11].

Although monitoring and design of the screening programmes are now the responsibility of Public Health England, our understanding is that NHS England is still responsible for commissioning the programmes themselves. **Greater clarity over who is responsible for what elements of the screening programmes would be welcome.** The NHS also has a huge role to play in promoting uptake. One of the best evidenced ways of removing barriers to participation in the bowel screening programme, for example, is a letter from a GP sent with the screening kit.
Access to treatment

Emerging evidence from the International Cancer Benchmarking Partnership[4, 12-14]suggest that access to treatment is a contributor to the gap between cancer survival in the UK and many other similar countries. In particular, improving access to radiotherapy and surgery could have a significant impact on reducing premature mortality.

Surgery

Surgery has the greatest impact on long term survival in most types of cancer[15]. However, studies have shown that rates of cancer surgery in England not only vary across the country[16] but also lag behind those of other countries[17, 18]. This may contribute to our poor cancer outcomes in the UK compared to other countries.[19] There is also evidence that older patients do not undergo as much surgery as younger patients.[20] Experts suggest that efficiency drives in the NHS are having an impact on availability of newer surgical treatments, particularly laparoscopic bowel resection, and access to the latest surgical equipment.[21] **NHS England should look into the reasons behind variations in cancer surgery** and ensure that patients are not missing out on this important cancer treatment.

Radiotherapy

Radiotherapy is thought to be involved in 40 per cent of cases where cancer is cured.[22, 23] While it is thought that half of all cancer patients should receive radiotherapy as part of their treatment, less than 40% currently do. An ageing population and better efforts to diagnose cancer earlier will increase demands on the service. Combined with an urgent need to replace out of date machines, this means for example, that around 250 new machines will be needed by 2016[24].

Reducing waiting times for radiotherapy patients is estimated to be saving an additional 2,500 lives every year.[25] However, the Department of Health’s report *Radiotherapy Services in England 2012* showed that the NHS is facing a significant challenge over the next three years to address shortfalls in the radiotherapy service.[24]

The Prime Minister’s commitment that all patients should receive the radiotherapy their doctor recommends, and the investment through the Radiotherapy Innovation Fund (RIF), another form of advanced radiotherapy which should be adopted as the minimum standard for radiotherapy treatment. Last year, fewer than 14 per cent of patients were receiving IMRT, well below the recommended 24 per cent. Our report evaluating the impact of the RIF showed that the average delivery of IMRT to patients in April 2013 was up to over 22 per cent – a fantastic achievement in such a short space of time. This means that around 5,800 more patients across England will now be in line to benefit from IMRT than last year due to the RIF[26]. We expect that this figure will keep on rising.[27] But **sustained investment and support is needed to ensure that everyone can benefit from the best radiotherapy.** For example, availability of other advanced techniques such as image guided radiotherapy (IGRT) and stereotactic ablative radiotherapy (SABR) still lags significantly behind recommended levels.

Cancer drugs

NICE and the Department of Health are currently redesigning the process by which the NHS appraises and makes decisions on new drugs, creating a system of ‘value based pricing.’ It is extremely important that this system works for cancer patients, and takes into account the elements of a treatment that constitute “value” for a cancer patient. **The Government should also clarify whether or not the Cancer Drugs Fund (CDF) will continue** and how it will support sustainable provision of innovative and effective cancer drugs in future. Assessing the impact of the CDF is vital in determining the next steps. **We would welcome the publication of clear data on how patients have benefited from drugs supplied via the CDF** and, where drugs have been successful, commitments to their continued provision.
Domain 4 – Ensuring that people have a positive experience of care

With the NHS currently undergoing a period of huge change it is especially important to closely monitor any impact on patient experience. There has been some work suggesting that patient experience may be directly linked to wider treatment outcomes.[28] It is therefore vital that improving cancer patient experience remains a priority.

Key messages:

- The Cancer Patient Experience Survey (CPES) should continue on an annual basis to allow the monitoring of trends over time.
- NHS England should publish a clear strategy to show how it will deliver its legal duty to promote research.

The CPES is extremely useful to gauge how cancer patients feel about the care they are receiving and the factors that are important to them. It has enormous value for providers and commissioners to highlight areas of their service for improvement.

The inclusion of questions concerning patient involvement in research in the 2011/12 CPES was particularly useful, and made it very clear that patients want to as a minimum have a discussion about involvement in research with their doctor. 95% of those who had had a conversation about research with their doctor said they were pleased to have done so, while 53% of those who didn’t have a conversation about research would like to have done so.[29] Encouraging research and innovation within the NHS is an integral part of providing a great health service with good patient experience. NHS England should publish a clear strategy to show how it will deliver its legal duty to promote research.

The interest we have seen in the CPES internationally through our involvement with the International Cancer Benchmarking Partnership shows that we are currently at the forefront of measuring cancer patient experience. We were pleased to see the recent statement from NHS England that there are no plans to stop running the CPES[29], but we would like to see a commitment to repeat the survey annually. We should continue to lead in this area to drive improvements in outcomes and patient care.,

We would be happy to provide any further information to discuss these issues further, as required. Please contact Dan Hughes-Morgan on dan.hughes-morgan@cancer.org.uk or telephone 0203 469 8046.

References

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