

The future of cancer care in the UK – time for a radical and sustainable National Cancer Plan

Cancer care in the UK is in crisis and in need of an ambitious reset to deliver the world-class service patients deserve.

Waiting times

Cancer affects 1 in 2 people in the UK and its burden is set to increase. In the next decade the UK will see:



30% more new patients with cancer annually



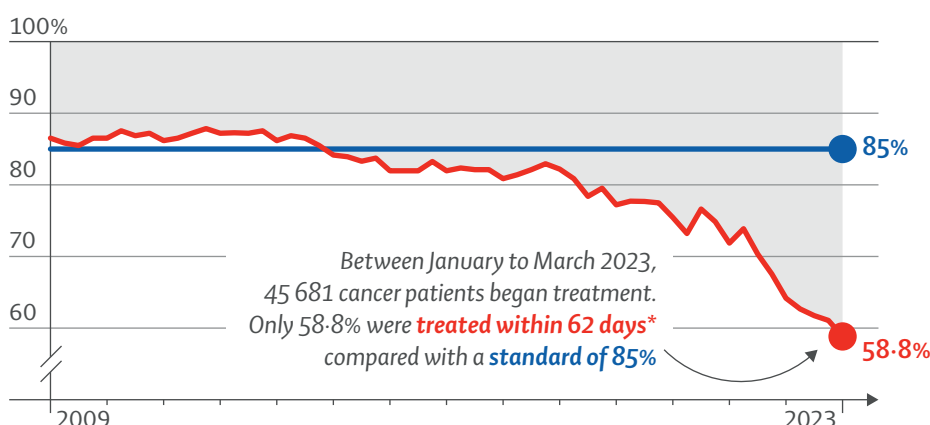
Up to 234 000 cancer deaths per year



Nearly 4 million people living with cancer

Waiting times for cancer treatment have been steadily deteriorating since 2013, and this deterioration has been exacerbated by the COVID-19 pandemic. In May, 2023 NHS England reported the worst ever waiting times for cancer treatment:

Proportion of patients with cancer in the UK treated within 62 days of a referral*



The recommended maximum wait time from a suspected cancer referral to start of treatment is 62 days. However, in September, 2022, and again in May, 2023, more than 1 in 10 referred patients (13%) waited more than 104 days.

Treatment

Surgery will be needed in more than 80% of cancer cases†:



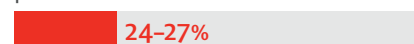
Radiotherapy is needed by at least 53% of UK patients with cancer...



... and is involved in 40% of cancer cures:

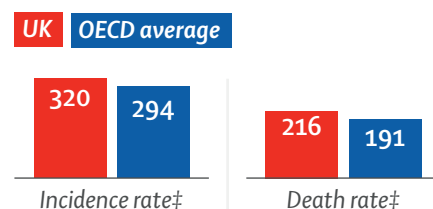


However, in 2019 — even before the COVID-19 pandemic — radiotherapy was accessed by just 24–27% of patients with cancer:



Incidence and deaths

UK cancer incidence rates and death rates are both higher than the international average:



* Within the 62-day target between an urgent GP referral and treatment; † In curative or palliative settings; ‡ Age-standardised rates per 100 000 population.

Cancer care, research, and training in the UK face a wide range of interlocking issues and challenges. Notably:

- » The UK has staggering workforce shortages in almost every staff group who treat people with cancer, fuelled by chronic underinvestment and a lack of planning.
- » The complexity of cancer care has grown exponentially and many patients are now much older, and increasingly with more co-morbidities.
- » Patients lack the knowledge and autonomy to make informed decisions about their own care. There is a growing information asymmetry across all aspects of cancer care.
- » More than 50% of cancers are in the 50 to 75 year age group and so the economic effects of lives lost to cancer is significant.
- » There is fundamentally insufficient capacity in the NHS to cope with the current cancer burden and complexities of treatment in addition to the 30% increase that is needed over the next 15 years.
- » Research is a key driver of equitable, affordable and high quality care. However, the UK is failing to deliver the breadth of research — surgical, radiotherapy, palliative, health systems, etc — that patients and the NHS need.
- » Fragmentation of services is a growing problem that has shaped a health-care system that is struggling to address the increasingly complex, specialised, and expensive needs of cancer care.

A blueprint for a radical and sustainable UK cancer plan

To achieve this, we propose a ten-point plan:



1

Create and properly resource dedicated UK-wide National Cancer Control Plan through a more integrated devolved government consultation, which are patient centred; empower clinical frontline staff; and deliver equitable, affordable, data-informed, and research-active cancer control



5

Properly fund a UK wide evidence-driven prevention programme particularly for tobacco control, alcohol, and obesity



9

Deliver a sustainable plan for equipment and infrastructure across the UK to assist the work force and help increase its productivity and ensure patients with cancer get access to appropriate technologies and that proven innovations are equitably implemented through a value-based approach



2

Re-establish a strengthened and more comprehensive National Cancer Research Institute and broaden cancer research strategic agenda and funding



6

Integrate hospice care within the NHS and increase support for psychosocial and survivorship, keeping patients and those living with cancer out of hospitals



10

Rethink governance, structure, and relationship of advice to Government and NHS England for cancer. Reinstate the role of an independent National Cancer Director and office of support with authority to drive through changes and liaise between government and the NHS to provide robust independent oversight



3

Deliver on NHS Long Term Cancer Workforce Plan with fair pay and better working environments coupled to a rethink on future cancer workforce skill sets



7

Address domain-specific and vulnerable population solutions in national planning such as in radiotherapy, surgery, pathology, imaging, and systemic therapies and in children and young adults



4

Significantly strengthen primary care and deliver on the target of 75% of cases diagnosed at stage 1 or 2 by 2028 through enhanced screening



8

Develop an integrated pan-UK data and digital infrastructure that delivers intelligence-driven service design, performance assessment and quality improvement. This should be coupled to cancer targets that focus on delivery of the main 62-day treatment target and reflect the totality of the system; time to diagnosis, time to treatment, and quality metrics

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