**Department of Health and Social Care - Open call for evidence**

**Shaping the national cancer plan**

**Prevention and awareness**

Which cancer risk factors should the government and the NHS focus on to improve prevention?  (optional)

Select the 3 most important risk factors

* Alcohol
* Tobacco
* Obesity
* Physical inactivity
* UV radiation
* Air pollution
* I don’t know
* Other

Choose no more than 3.

Please explain your answer. (Optional)

Do not include any personal information in your response. Maximum 500 words.

Tobacco remains the biggest preventable cause of cancer and is responsible for over 50% of the difference in life expectancy between richest and poorest groups (Department of Health (2017). Towards a smokefree generation: a tobacco control plan for England. London: Department of Health). A lot of this is as a result of developing cancer at a relatively early age. Although prevalence has dropped significantly over the past 12 years, smoking prevalence is still 17% in the most deprived decile. All patient facing clinicians should be regularly trained in “Very Brief Advice on smoking (VBA)” and smoking cessation services should be fully funded. Additionally, strengthening tobacco control measures, including taxation, public smoking bans, and cessation support, is crucial.​

Obesity is a “time-bomb” linked to several cancers, with the long-term consequences of childhood obesity unknown. However, it seems likely that there will be an increased cancer incidence at an earlier age. Addressing obesity in general and childhood obesity in particular is essential to prevent a generation pre-deceasing its parents. There is much to learn from the success of reducing smoking prevalence – a successful approach will require taxation legislation and “buy-in” by the food industry to change their current corporate behaviours, amongst other interventions including the promotion of healthy eating and physical activity to mitigate this risk.​

Alcohol consumption causes nearly 12,000 cases of cancer a year in the UK. In terms of cancer cases attributed to alcohol, breast cancer has the most (over 4,500 cases a year) with bowel cancer coming second (over 2,600 cases a year). Minimum unit pricing ion Scotland has been effective at reducing total alcohol consumption, with the biggest drops seen in less affluent groups. (<https://publichealthscotland.scot/media/20366/evaluating-the-impact-of-minimum-unit-pricing-for-alcohol-in-scotland-final-report.pdf>). There is a need for public health campaigns and policies to reduce alcohol intake.

These three areas of engagement will also benefit most for other long-term conditions.

**Early diagnosis**

What actions should the government and the NHS take to help diagnose cancer at an earlier stage?   (optional)

Select the 3 actions that would have the most impact

* Improve symptom awareness, address barriers to seeking help and encourage a timely response to symptoms
* Support timely and effective referrals from primary care (for example, GPs)
* Make improvements to existing cancer screening programmes, including increasing uptake
* Increase diagnostic test access and capacity
* Develop and expand interventions targeted at people most at risk of developing certain cancers
* Increase support for research and innovation
* I don’t know
* Other

Choose no more than 3.

Please explain your answer. (Optional)

Do not include any personal information in your response. Maximum 500 words.

To have best effect it is important to address patient, clinician and system factors at the same time. The three areas to focus on for the most impact are:

* Improve symptom awareness, address barriers to seeking help and encourage a timely response to symptoms – particularly addressing current the inequities seen. (including deprivation and ethnicity). It is important to educate the public about cancer symptoms and encourage prompt medical consultation. Additionally, improvement to accessibility of pathways of care is important and we need to consider making the right reasonable adjustments to support people with additional needs to access screening, investigation, intervention and support translated or translatable information should be developed e.g a programme like [recite me](https://reciteme.com/) added to ensure accessibility to a wider audience eg sight loss, learning disability, people who use other languages. This should be standard. Some resources here:
* [Be Cancer Aware « Learning Disability Network](https://necldnetwork.co.uk/work-programmes/health-inequalities/cancer/be-cancer-aware/)
* [Be Screening Aware « Learning Disability Network](https://necldnetwork.co.uk/work-programmes/health-inequalities/be-screening-aware/)
* [Prevention of Adult Not Brought Strategy « Learning Disability Network](https://necldnetwork.co.uk/work-programmes/reasonableadjustments/panb/)
* Support timely and effective referrals from primary care. General practice requires sufficient funding and an adequate workforce, with more GPs – this will require further recruitment and further measured to enable a higher retention of older clinicians. Additionally, all first line clinicians should have access to appropriate education and support tools at all stages of their training and career. Moreover, it is important that GPs have direct access to diagnostics facilitates.
* Develop and expand interventions targeted at people most at risk of developing certain cancers.

Within the current financial constraints, it is important to leverage existing resources. Expanding interventions and increasing support of research and innovation are important, but, for now, we need to do better with what we already know. This will cost little to enable and will save money later in the patient pathway.

**Treatment**

What actions should the government and the NHS take to improve access to cancer services

and the quality of cancer treatment that patients receive?  (optional)

Select the 3 actions that would have the most impact

* Increase treatment capacity (including workforce)
* Review and update treatment and management guidelines to improve pathways (process of care) and efficiency
* Improve the flow and use of data to identify and address inconsistencies in care
* Improve treatment spaces and wards, including facilities available to carers
* Improve communication with patients, ensuring they have all the information they need
* Increase the availability of physical and mental health interventions before and during cancer treatment
* Increase the use of genomic (genetic) testing and other ways of supporting personalised treatment
* I don’t know
* Other

Choose no more than 3.

Please explain your answer. (Optional)

Do not include any personal information in your response. Maximum 500 words.

With a limit to resources, we need to enable the same access to the best treatment options. This requires:

* Increase treatment capacity (especially the workforce). The demographic is such that there will be a 35% increase in cancer incidence by 2050 ([http://gco.iarc.fr/tomorrow/graphic-line?type=0&population=900&mode=population&sex=0&cancer=39&age\_group=value&apc\_male=0&apc\_female=0#collapse-by\_country](http://gco.iarc.fr/tomorrow/graphic-line?type=0&population=900&mode=population&sex=0&cancer=39&age_group=value&apc_male=0&apc_female=0)). It is important to expand the oncology workforce and facilities in order to addresses the service demand.
* Review and update treatment and management guidelines to improve pathways (process of care) and efficiency – Regularly revising clinical guidelines ensures the adoption of best practices and will lead to better outcomes, for minimal investment.
* Improve the flow and use of data to identify and address inconsistencies in care. This will allow best practice to be identified and then rolled out across all health regions.

**Living with and beyond cancer**

What can the government and the NHS do to improve the support that people diagnosed with cancer, treated for cancer, and living with and beyond cancer receive?  (optional)

Select the 3 actions that would have the most impact

* Provide more comprehensive, integrated and personalised support after an individual received a cancer diagnosis and (if applicable) after treatment
* Improve the emotional, mental health and practical support for patients, as well as their partners, family members, children and carers
* Offer targeted support for specific groups, such as ethnic minority cancer patients, children and bereaved relatives
* Increase the number and availability of cancer co-ordinators, clinical nurse specialists and other staff who support patients
* Increase the support to hospice services and charities who provide care and support for patients
* Improve access to high-quality, supportive palliative and end-of-life care for patients with incurable cancer
* I don’t know
* Other

Choose no more than 3.

Please explain your answer. (Optional)

Do not include any personal information in your response. Maximum 500 words.

With advances in cancer treatment, more individuals are living with and beyond cancer. We are also seeing long term effects of the cancer and the treatment for it. The best support will be enabled by:

* Provide more comprehensive, integrated and personalised support after an individual received a cancer diagnosis and (if applicable) after treatment. Coordinated care plans tailored to individual needs will improve patient experiences and this should take into account of and overcome some of the inequalities of the support currently given.
* Increase the number and availability of cancer co-ordinators, clinical nurse specialists and other staff who support patients. This should also include staff working in the community. There is a case to replicate the community heart failure and Parkinson’s community nursing roles for cancer support. This could be in the form of every PCN having a Cancer Nurse (cf the current provision of a Respiratory Nurse in most practices). Additionally, extending mental health services to patients and their support networks is required to address the psychological impact of cancer. Cancer is already a “Long Term Condition” and needs to be resourced accordingly).
* Improve access to high-quality, supportive palliative and end-of-life care for patients with incurable cancer. Ensuring access to quality palliative care maintains dignity and comfort for patients with terminal diagnoses.​The current resourcing of Hospices and “Hospice at home” is very variable – with some supported by charitable donation, and others by the NHS. There should be a standardisation of end-of-life care, so wherever the patient is, and whoever they are, they should have access to this service.

**Research and innovation**

How can the government and the NHS maximise the impact of data, research and innovation regarding cancer and cancer services?  (optional)

Select the 3 actions that would have the most impact

* Improve the data available to conduct research
* Improve patient access to clinical trials
* Increase research into early diagnosis
* Increase research into innovative treatments
* Increase research on rarer and less common cancers
* Speed up the adoption of innovative diagnostics and treatments into the NHS
* I don’t know
* Other

Choose no more than 3.

Please explain your answer. (Optional)

Do not include any personal information in your response. Maximum 500 words.

Research needs to be adequately funded – both in social science and in innovation in treatments. This will be enabled by:

* Improve the data available to conduct research - Enhancing data quality and accessibility supports robust research.
* Increase research into early diagnosis - Focusing research on early detection methods leads to better survival rates.
* Increase research into innovative treatments

Although it is important to research into rarer cancers, in a resource limited health system, investment should be made to deliver the greatest improvement for as many as possible – using the unit of “added healthy life years”.

**Inequalities**

In which of these areas could the government have the most impact in reducing inequalities in incidence (cases of cancer diagnosed in a specific population) and outcomes of cancer across England?  (optional)

Select the 3 actions that would have the most impact

* Improving prevention and reducing the risk of caner
* Raising awareness of signs and symptoms of cancer, reducing barriers and supporting timely response to symptoms
* Reducing inequalities in cancer screening uptake
* Improving earlier diagnosis of cancers across all groups
* Improving the access to and quality of cancer treatment
* Improving and achieving a more consistent experience across cancer referral, diagnosis, treatment and beyond
* Improving the aftercare support for cancer patients
* I don’t know
* Other

Choose no more than 3.

Please explain your answer. (Optional)

Do not include any personal information in your response. Maximum 500 words.

As discussed above, we need to be better at what we already know, and in particular addressing inequalities across the patient pathway. The following are the actions that would have the most impact.

* Improving prevention and reducing the risk of cancer – addressing smoking, weight and alcohol consumption. Our College has nominated preventive medicine as our clinical policy priority area and are working with key stakeholder to progress the preventive medicine agenda within general practice. Targeting high-risk populations with prevention strategies will reduce incidence disparities.
* Reducing inequalities in cancer screening uptake – this is “low hanging fruit” and will see almost immediate benefits to outcomes and reducing health outcome inequalities.
* Raising awareness of signs and symptoms of cancer, reducing barriers and supporting timely response to symptoms – levelling up the access to early diagnosis and treatment and with them better outcomes.

**Priorities for the national cancer plan**

What are the most important priorities that the national cancer plan should address?  (optional)

Select the 3 most important priorities

* Prevention and reducing the risk of cancer
* Raising awareness of the signs and symptoms of cancer
* Earlier diagnosis of cancer
* Improving the access to and quality of cancer treatment, including meeting the cancer waiting time standards
* Improving the access to and quality of cancer treatment, including meeting the cancer waiting time standards
* Improving patient experience across cancer referral, diagnosis, treatment and beyond
* Improving the aftercare support for cancer patients
* Reducing inequalities in cancer incidence, diagnosis and treatment
* Other

Choose no more than 3.

Please explain your answer. (Optional)

Do not include any personal information in your response. Maximum 500 words.

* Prevention and reducing the risk of cancer - Addressing prevention will reduce the numbers developing cancer and free up resources to treat cancers that cannot be prevented.
* Raising awareness of the signs and symptoms of cancer – early diagnosis leads to better prognosis and survival rates. Early diagnosis ultimately costs the health system, and wider economy less, again freeing up resources for treatment.
* Improving the access to and quality of cancer treatment, including meeting the cancer waiting time standards. Across all cancers, delay to starting treatment adversely affects outcomes and patient satisfaction. We need to do what we already know better and consistently

**End of consultation**