



DEBATE PACK

Number CDP-2018-0037, 19 February 2018

Cancer strategy

Summary

On Thursday 22 February 2018, there will be a General Debate on the NHS Cancer Strategy in the main Chamber.

The independent cancer taskforce's five-year strategy for cancer, [*Achieving World-Class Cancer Outcomes: A Strategy for England 2015- 2020*](#) was published in July 2015.

This debate pack outlines the progress so far in implementing this cancer strategy and provides statistics on survival rates and the NHS cancer workforce. Finally, this paper pulls together commentary and analysis from official, parliamentary and third sector organisations.

The House of Commons Library prepares a briefing in hard copy and/or online for most non-legislative debates in the Chamber and Westminster Hall other than half-hour debates. Debate Packs are produced quickly after the announcement of parliamentary business. They are intended to provide a summary or overview of the issue being debated and identify relevant briefings and useful documents, including press and parliamentary material. More detailed briefing can be prepared for Members on request to the Library.

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1. Background

1.1 Cancer Strategy for England

Following on from the Coalition Government's 2011 cancer strategy, [Improving Outcomes: A Strategy for Cancer](#), in January 2015 NHS England announced a new independent cancer taskforce to develop a five-year action plan for cancer services, led by Sir Harpal Kumar, Chief Executive of Cancer Research UK. The plan would build on NHS England's vision for improving cancer outcomes as set out in the [NHS Five Year Forward View](#).

The independent cancer taskforce's five-year strategy for cancer, [Achieving World-Class Cancer Outcomes: A Strategy for England 2015-2020](#) was published in July 2015. The strategy set out the following performance metric targets to 2020:

- A decrease in the age standardised incidence of cancer and a reduction in the number of cases linked to deprivation;
- Reduction in the adult smoking rate from 18% to 13% by 2020;
- By 2020, 57% of cancer patients should be surviving for 10 years or more after diagnosis;
- A reduction in variability by Clinical Commissioning Groups (CCGs) on one-year survival and a target of increasing one year survival from 69% to 75% by 2020;
- Non-numerical ambitions of a reduction in the survival deficit for older people, an improvement in patient experience and an improvement in long-term quality of life were also set out.

The strategy included 96 recommendations for improvements across cancer treatment, support and research, with the aim of improving survival rates, awareness and the quality of care people receive. The main priorities set out by the Taskforce were:

- **Improvements to public health**
 - This included plans to reduce smoking rates, and implement national strategies on obesity and tobacco control.
- **Earlier diagnosis**
 - A shift towards faster testing and responding more quickly to patients who present with symptoms. A target that by 2020, 95% of patients referred by a GP will be definitively diagnosed and receive test results within four weeks.
- **Greater emphasis on patient experience**
 - Increasing the use of patient experience metrics, including through the annual Cancer Patient Experience Survey. A target that all patients should have online access to test results and communications by 2020.
- **Improved support for people living with and beyond cancer**

- All patients should have access to the ‘Recovery Package’ of support by 2020, as well as improved provision of end of life care.
- **Investments in a high-quality service**
 - Improving access to new cancer treatments through the Cancer Drugs Fund, replacing linear accelerators at the end of their life cycle, supporting cancer research, dealing with workforce pressures, and rolling-out a national molecular diagnostics service.
- **New commissioning processes**
 - Setting of clearer expectations of how cancer services should be commissioned, and the establishment of regional Cancer Alliances.

The strategy estimated that if the NHS fully implemented the measures recommended, an additional 30,000 patients per year may survive cancer for ten years or more by 2020, of which almost 11,000 would be through earlier diagnosis.

The Government accepted all 96 of the report’s recommendations. Implementation is being led by NHS England’s National Cancer Transformation Board.

A September 2015 Department of Health [press release](#) gave details on how some of the measures in the strategy would be taken forward. This set out a number of new measures to help personalise people’s treatment and care:

- around 20,000 additional people a year having their cancers genetically tested to identify the most effective treatments, reducing unnecessary chemotherapy sessions
- by 2020, patients will be able to access online information about their treatment and tests results
- access to physical activity programmes, psychological support and practical advice about returning to work
- help for those suffering with depression to make sure they have the right care at the right time
- by 2017, there will be a new national quality of life measure to help monitor how well people live after their treatment has ended, so priorities for improvements can be identified
- The government has made a commitment that, by 2020, it will spend up to £300 million more on diagnostics every year to help meet the new 28 day target.

Health Education England will start a new national training programme that will provide 200 additional staff with the skills and expertise to carry out endoscopies by 2018. This is in addition to the extra 250 gastroenterologists the NHS has already committed to train by 2020. Endoscopies are tests where the inside of your body can be examined for cancer.

The newly trained staff will be able to carry out almost a half a million more endoscopy tests on the NHS by 2020.¹

In May 2016 NHS England published an implementation plan for the cancer strategy, [Achieving World-Class Cancer Outcomes: Taking the strategy forward](#). This set out the support that local leaders in cancer will have from national initiatives and transformation programmes, to turn the cancer taskforce ambitions into reality. In particular it noted that “Cancer Alliances”, bringing together clinical and other leaders from across different health and care settings in a local community, will look at whole pathway data and information in the new Cancer Dashboard. The new integrated Dashboards will include survival, early diagnosis rates, and data on treatment outcomes, patient experience and quality of life.

The implementation plan stated that Cancer Alliances would be rolled out across England from September 2016. It also said that Sustainability and Transformation Plan (STP) footprints would offer an opportunity for local health communities to ensure that a focus on improving outcomes for people with cancer is embedded firmly in the wider context of improving outcomes for a whole population.

Progress reports

NHS England have so far published two progress reports on the implementation of the strategy:

- [Achieving World-Class Cancer Outcomes: A Strategy for England 2015-2020 – One Year On 2015-16](#)
- [Achieving World-Class Cancer Outcomes: A Strategy for England 2015-2020 – Progress Report 2016-17](#)

Some of the major achievements listed on **public health improvements** included:

- The publication of the Government’s [tobacco control plan](#)
- Public Health England’s (PHE) [Alcohol Evidence Review](#), including links between alcohol and cancer
- The Government’s [childhood obesity plan of action](#)
- The development of a new HPV testing programme for cervical cancer, to be introduced from April 2019

In terms of **early diagnosis**, the reports focused on £200 million made available to Cancer Alliances in 2016 to develop new models of care to speed up diagnosis. These include early access interventions, whole pathway redesigns, rapid diagnostic and assessment centres, and secondary care networks.

It also referred to PHE’s [Be Clear on Cancer](#) campaign, launched February 2017, to encourage patients to have symptoms checked out, as well as the development of five pilot sites² to test the delivery of the four week GP referral to results target for 2020. By April 2018, the new

¹ [‘From 2020, people with suspected cancer will be diagnosed faster’](#), *Department of Health and Social Care press release*, 13 September 2015

² Bournemouth, East Lancashire, Ipswich, Kingston and Leeds

Cancer Waiting Times system should be in place to measure against the target.

On **patient experience**, a new quality of life metric has been developed, which is being piloted by five Cancer Alliances (the pilots will run between 2017 and 2019).³ Online access to test results is mentioned in the “next phase” section of the progress report.

In terms of **support for people living with and beyond cancer**, the report reiterated the target that all patients should have access to the Recovery Package⁴ by 2020. In an October 2017 PQ, Health Minister Steve Brine confirmed that the £200 million of Cancer Alliance funding was also intended to help roll-out the Recovery Package.⁵

A number of measures related to **investment in a high-quality service** are set out in the progress report, including the reform of the Cancer Drugs Fund (CDF) in 2016 (more information can be found in section 4 of the Commons Library briefing paper, [NHS Commissioning of Specialised Services](#)). According to the report, 17 new drugs are being funded under new interim CDF funding arrangements, which have been used to treat around 2,300 additional patients.

The first tranche of linear accelerator funding, £130 million, funded new or upgraded machines in 23 hospitals. In addition, six molecular diagnostic tests have been made available on the NHS as of 2015/16.

In terms of workforce, the report states that the NHS is on course to meet its target of 200 new trainee endoscopists by the end of 2018. It also points to the HEE cancer workforce plan (published December 2017).

There is less in the way of tangible achievements listed in the report on cancer research, with “focus on research priorities” listed in the next phase section. In terms of potential challenges for cancer research, organisations such as Cancer Research UK have raised concerns about the potential impact of Brexit on future access to research funding and researchers.⁶

As set out above, in terms of **new commissioning processes**, £200 million has been invested in the 19 new Cancer Alliances. Three Cancer Alliances also joined together to form the cancer vanguard, to test ways of working that could be rolled out by other alliances. The alliances and vanguards are organised geographically as follows:

³ NHS England, [New quality of life measure for recovering cancer patients](#), September 2017

⁴ For more information see NHS England’s guidance to CCGs, [Implementing the Cancer Taskforce Recommendations: Commissioning Person Centred Care for People Affected by Cancer](#), April 2016

⁵ [PQ 109177, 31 October 2017](#)

⁶ Cancer Research UK, [Brexit – what does it mean for Cancer Research UK?](#), 26 July 2016



HEE Cancer Workforce Plan

In December 2017, Health Education England published phase one of its Cancer Workforce Plan, [Delivering the Cancer Strategy to 2021](#). This identified seven priority areas for national action:

- Histopathology and health care scientists
- Gastroenterology
- Clinical radiology
- Diagnostic radiography
- Medical and clinical oncology
- Therapeutic radiology
- Cancer nurse specialists

Given the significant lengths of time to train in some of these areas (12 years for clinical radiologists, oncologists and histopathologists), immediate priority action focuses upon retention, including through developing flexible working, HEE focusing its return to practice programme on the priority areas, and international recruitment. A cancer staff forum will also be established across the seven areas, to address themes such as work/life balance and continuing professional development.

Phase two of the workforce plan looks longer term, focusing on five identified drivers of change:

- Demographics
- Technology and innovation
- Social, political, economic and environmental
- Current and future service models
- Patient and staff expectations.

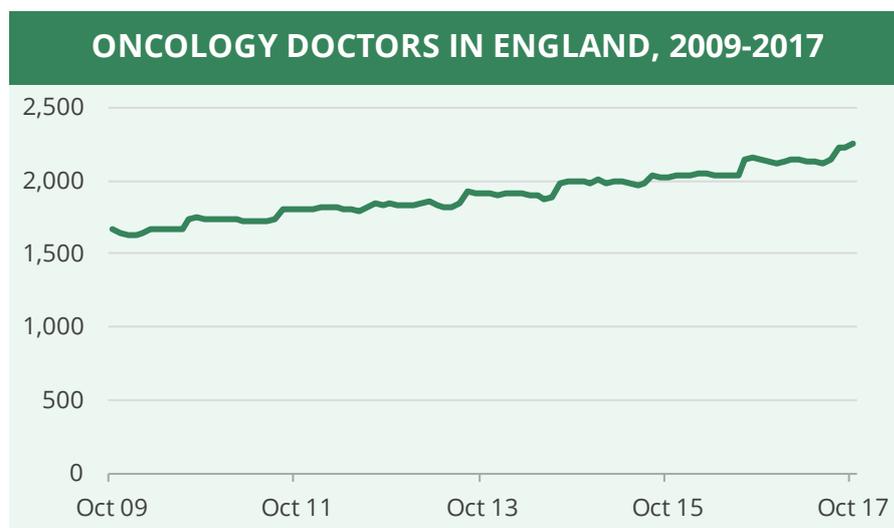
HEE has made a [call for evidence](#) for phase two of the workforce plan, which can be submitted until 26 January 2018.

A separate plan for the cancer nursing workforce is also expected in spring 2018.

1.2 Cancer workforce in England

NHS Digital workforce data records the number of hospital doctors who specialise in either clinical oncology or medical oncology.⁷

In September 2017 there were 2,229 oncology doctors working for NHS trusts and CCGs in England (measured on a full-time equivalent basis, which takes into account whether people work part-time or full-time). This is 27% higher than in 2010 (an increase of 476), and 3.4% higher than in 2016 (an increase of 3.4%).



The increase in oncology doctors has not been uniformly distributed across English regions, as the table below shows. Thames Valley has seen a 52% increase since 2010, but static numbers since 2015. East Midlands, South London, Wessex, and North Central & East London have also seen increases above 35%. Meanwhile the East of England, Yorkshire & the Humber, and North West England have seen increases below 20%. Over the past twelve months all regions except Kent, Surrey & Sussex have seen an increase in oncology doctors.

⁷ [NHS Workforce Statistics, September 2017](#)

ONCOLOGY DOCTORS IN ENGLISH REGIONS, 2010-2017							
Full Time Equivalent							
Health Education England Region	2010	2014	2015	2016	2017	Change since 2010	Change since 2016
Thames Valley	55	75	83	82	83	+52%	+1.1%
East Midlands	102	116	131	144	150	+47%	+4.3%
South London	76	107	108	110	112	+47%	+2.4%
Wessex	94	103	112	125	129	+38%	+2.9%
North Central and East London	166	186	173	209	226	+36%	+8.2%
North East	66	84	81	84	87	+30%	+3.0%
Kent, Surrey and Sussex	102	130	135	140	132	+29%	-5.8%
West Midlands	135	148	152	170	173	+29%	+2.2%
South West	161	198	191	202	205	+27%	+1.2%
North West London	179	183	191	207	225	+26%	+8.4%
East of England	203	236	220	229	235	+16%	+2.9%
Yorkshire and the Humber	190	201	204	205	216	+14%	+5.5%
North West	226	227	241	250	256	+14%	+2.5%
Total	1,753	1,994	2,023	2,157	2,229	+27%	+3.4%

1.3 Survival rates in England

The graphic on the following page shows how cancer survival rates for selected sites have changed in England over the past decade.⁸ The left-hand chart shows one-year survival rates and the right-hand chart shows five-year survival rates. In each case, age-standardised survival rates for those diagnosed between 2001 and 2005 are compared with rates for those diagnosed between 2011 and 2015.

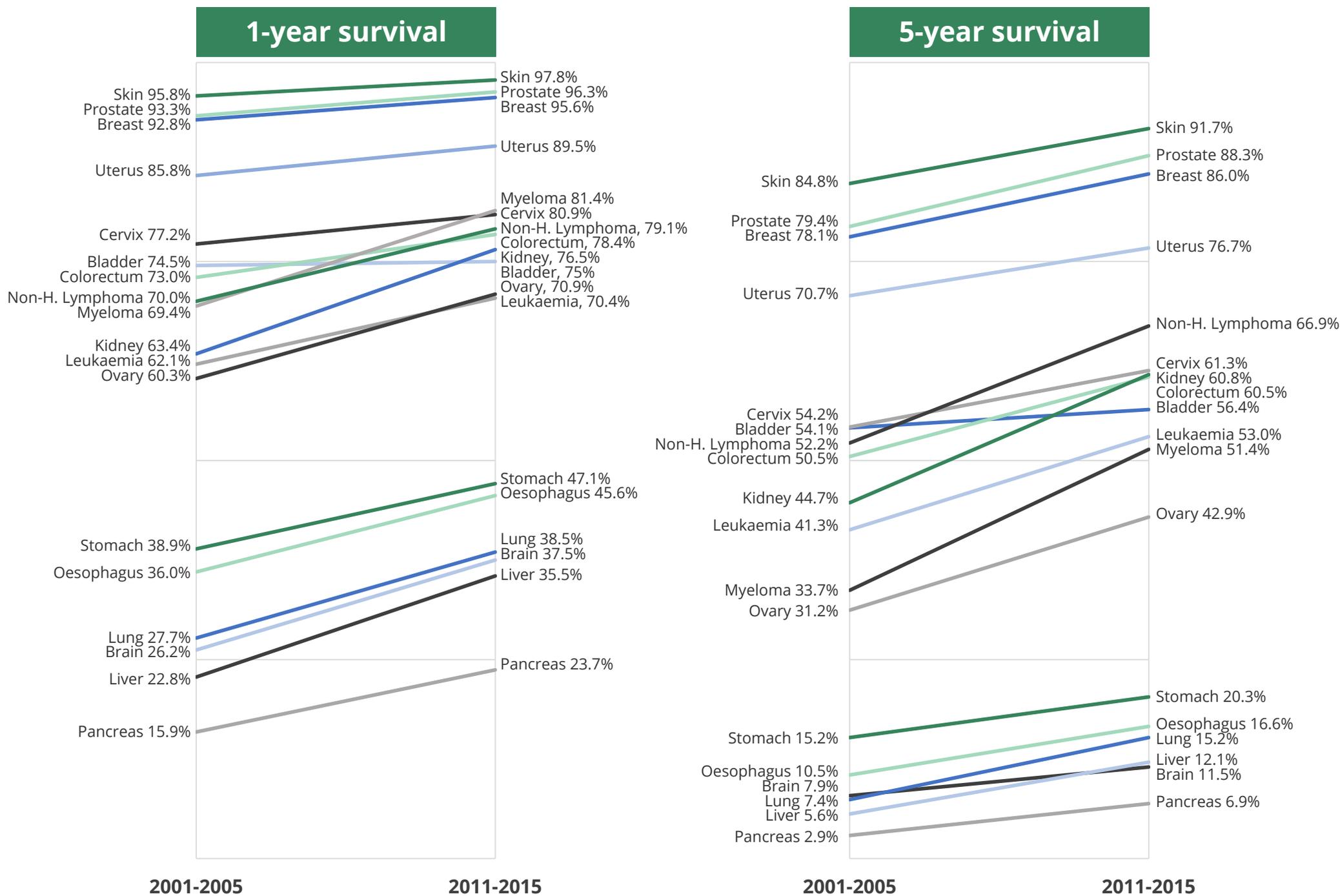
One-year survival rates for liver and kidney cancers have both increased by 13 percentage points over the past decade. One-year survival for myeloma increased by 12 percentage points, and for brain, lung and ovarian cancers has increased by 11. One-year survival for bladder cancer showed the smallest increase of the cancers shown, at 0.5 percentage points.

Five-year survival rates increased by 18 percentage points for myeloma, 16 for kidney cancers, 15 for non-Hodgkin's lymphoma, and 12 for leukaemia and ovarian cancer.

⁸ Office for National Statistics, [Cancer Survival](#)

CANCER SURVIVAL: CHANGES IN THE LAST TEN YEARS

England, Age-standardised survival rates. Comparison between those diagnosed in 2001-2005 and those diagnosed in 2011-2015. Data: Office for National Statistics



International comparisons

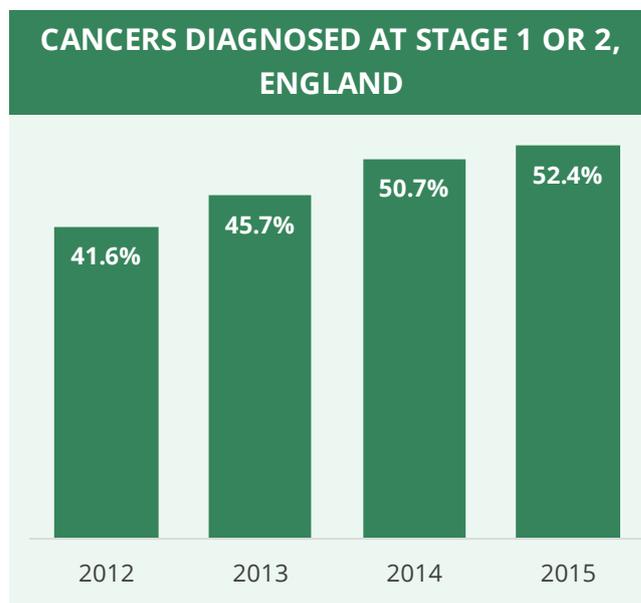
The OECD's most recent [Health at a Glance 2017](#) publication indicates that the UK's five-year survival rates for breast cancer were in line with the OECD average in 2015, although survival was below that in Canada, USA, Australia and France. However, five-year survival rates for colorectal cancer are just below the OECD average. The [2015 instance](#) of this publication also recorded lower-than-average survival rates for the UK for cervical cancer.

The article [Cancer survival rates](#) by QualityWatch collates some international comparison data for these cancer sites and selected countries in a user-friendly format.

1.4 Early diagnosis rates in England

Data shows that, in general, those diagnosed with early stage (stage 1 or 2) cancers have a higher 1-year survival than those diagnosed with late-stage (stage 4) cancers⁹

In 2015 in England, 52.4% of cancers were diagnosed at stage 1 or 2, up from 41.6% in 2012. Note that over this period, the percentage of new cases of cancer where a stage was recorded at diagnosis has also increased, from 59.4% to 79.6%.¹⁰



This dataset measures a subset of cancers: breast, prostate, colorectal, lung, bladder, kidney, ovary, uterus, non-Hodgkin lymphoma and invasive melanomas of skin.

Early diagnosis varies across England. In the areas with the highest rates of early diagnosis, around 57-63% of cancers are diagnosed at stages 1 or 2. In the areas with the lowest rates, this falls to 37-45%. It's estimated that 60 of 209 clinical commissioning group areas in England have early diagnosis rates below 50%.

⁹ ONS, [Cancer survival by stage at diagnosis](#)

¹⁰ [NHS Digital Outcomes Indicators Framework](#)

2. Further reading

2.1 Official publications

[Facing the Facts, Shaping the Future](#), Health Education England, December 2017

- This is a “draft health and care workforce strategy for England to 2027”. Cancer services are considered on pages 57-8, and also in part in the sections on Service and Workforce Quality and Productivity (p.84), Technology and innovation (p.86) and Allied health professions (p.119).
- A new workforce strategy, based on this consultation, is expected in July 2018.

[National survey shows cancer patients feel increasingly positive about their NHS care](#), NHS England, 21 July 2017

- The latest [National Cancer Patient Experience Survey](#) finds an improvement in experiences of cancer services.

2.2 All-Party Parliamentary Group reports

In September 2016 the All-Party Parliamentary Group on Cancer (APPGC) published [Progress into the implementation of the England Cancer Strategy: One year on](#). The report made recommendations concerning funding, transparency and accountability and involvement. It called on the Government to:

- publish a progress report, by the end of 2016, detailing how funding will be released for the Cancer Strategy over the next four years. This should breakdown funding allocations for each of the 6 strategic priority areas in the Cancer Strategy.
- to respond, with NHS England, to the APPGC inquiry report and set out:
 - How progress is being made on each of the 96 recommendations in the Cancer Strategy.
 - Detail of how the delivery of the Cancer Strategy is being aligned with wider changes in the NHS, including the Sustainability and Transformation Plan process being led by NHS England and NHS Improvement.
 - How the Department of Health is holding NHS England and other Arms-Length Bodies to account for delivery of the Cancer Strategy and how it will measure success by 2020.¹¹

The APPGC inquiry report also called on the Cancer Transformation Board and the Independent National Cancer Advisory Group to

¹¹ [Progress into the implementation of the England Cancer Strategy: One year on](#), APPG on Cancer, September 2016

set out how it will collaborate with organisations who have an expertise and interest in cancer. Most importantly, the Cancer Transformation Board should set out how it will ensure that patients are closely involved in the delivery of the Cancer Strategy, both at a national and local level, over the next four years.¹²

In December 2017, the APPGC published the results of another inquiry into the NHS Cancer Strategy, [Progress of the England Cancer Strategy: Delivering outcomes by 2020?](#) The authors conclude that “NHS England will struggle to achieve the objectives set out in the Cancer Strategy unless corrective action is immediately taken.” They recommended the following:

- Tackling workforce issues, such as making sure that training is available. Health Education England (HEE) should also publish the strategic review of workforce planning which was initially earmarked for publication by December 2016.
- Ensuring that local Cancer Alliances have the funding they need to deliver ‘transformational’ change. Evidence submitted to this inquiry suggested that due to missing the target of a 62-day waiting time for treatment, funding was being withheld: the APPGC suggests that funding should not be made conditional on meeting such targets and should be clearly set out up to 2020.
- The report also recommends that Cancer Alliances should be better supported so that they can share best practice between themselves and the third sector: help should particularly target less well-established Alliances.
- Improving accountability and communication via:
 - Publishing a progress update on the Cancer Strategy by the end of the 2017-8 financial year.
 - “Routinely publishing details of any future process, criteria and outcomes relating to the allocation of transformation funding”.
 - Making Cancer Alliances’ delivery plans publicly available.
 - Assessing performance not on delivery of the 62 day waiting time for treatment (which had been, according to this report, a key concern of CCGs and Cancer Alliances) but instead focussing on outcomes.
- NHS England and Public Health England should publish more ‘timely’ data, and make it available to the public. The value of the Cancer Patient Experience Survey should also be emphasised, alongside clinical outcomes.¹³

Health Education England’s workforce strategy, [Facing the Facts, Shaping the Future](#), was published in December 2017 (see section 2.1)

Cancer Alliances were the focus of recommendation 78 of the Cancer Strategy. They bring together health teams at a regional level to think strategically about cancer services.

Other All-Party Parliamentary Groups (APPGs) have published material on the subject of cancer services.

[The 'Hidden Cancer': the need to improve blood cancer care](#) (January 2018) is a report published by the APPG on Blood Cancer. It has many recommendations but identifies several priorities:

¹² [Progress into the implementation of the England Cancer Strategy: One year on](#), APPG on Cancer, September 2016

¹³ [Progress of the England Cancer Strategy: Delivering outcomes by 2020?](#) APPG on Cancer, December 2017

- Reviewing recommendations in the Cancer Strategy for early diagnosis and ensuring that GPs carry out blood tests when a symptom of blood cancer is spotted.
- Better psychological support for patients.
- Implementation of the Cancer Strategy's Recovery Package, while also 'taking into account the unique characteristics of blood cancer.'
- Greater use of Cancer Alliances, as identified in the Cancer Strategy, to bridge 'recognised gaps between oncology and haematology departments' and primary and secondary care.¹⁴

The APPG on Pancreatic Cancer, in November 2017, published [The Need for Speed](#), calling for faster diagnosis of the disease. As well as recommending public awareness campaigns and funding for research, the authors of the report also suggest:

- Better tools and guidelines for GPs to diagnose pancreatic cancer.
- Faster diagnosis pathways either via multidisciplinary centres or quicker access for GPs to CT scans.
- Fast tracking surgery.
- Successfully implementing the Cancer Strategy, especially the recommendations related to 'diagnostic capacity and workforce shortages.'¹⁵

Both the APPGs on [Ovarian cancer](#) and [Breast cancer](#) are running inquiries into cancer diagnosis and care.

2.3 Library publications

[Innovative Cancer Treatments](#), Lords Library briefing paper, 19 January 2018

[NHS Key Statistics: England, January 2018](#), Commons Library briefing paper, 17 January 2018

[NHS Commissioning of Specialised Services](#), Commons Library briefing paper, 9 June 2017

[Cancer Strategy one year on](#), Commons Library debate pack, 6 December 2016

[Cancer Statistics: In Brief](#), Commons Library briefing paper, 6 December 2016

¹⁴ [The 'Hidden Cancer': the need to improve blood cancer care](#), APPG on Blood Cancer, January 2018

¹⁵ [The Need for Speed](#), APPG on Pancreatic Cancer, November 2017

3. Sector comment

[Patients in limbo as cancer waiting time targets missed for two years running](#), Macmillan Cancer Support, 8 February 2018

- Comment on cancer waiting times in December 2017.

[NHS radiotherapy changes could see more patients having modern treatment](#), Cancer Research, 31 January 2018

- An article giving an overview of how radiotherapy provision in the NHS has changed over the years.

[Cancer survival improving globally, but UK lagging behind](#), Cancer Research, 31 January 2018

- An article about a new international study published in [the Lancet](#).

[Call for NHS staff investment as cancer cases rise](#), Cancer Research, 25 January 2018

[Proportion of cancers diagnosed in A&E falling](#), Cancer Research, 19 January 2018

- Figures from Public Health England's (PHE) latest 'Routes to Diagnosis' dataset suggest that diagnosis of cancer in the NHS is improving.

[Cancer patients shouldn't be harmed by NHS staff shortages](#), Cancer Research, 11 January 2018

- An article criticising the news story that chemotherapy treatments could be delayed for cancer patients due to staff shortages.

[Cutting cancer diagnosis delays means understanding each patient's journey](#), Cancer Research, 19 December 2017

- An article about the [National Cancer Diagnosis Audit \(NCDA\)](#).

[New data shows that men wait four times longer to be diagnosed with prostate cancer than women with breast cancer](#), Prostate Cancer UK, 19 December 2017

[Jeremy Hunt announces boost to cancer workforce as inquiry claims Cancer Strategy behind on targets](#), Prostate Cancer UK, 5 December 2017

[Macmillan Cancer Support responds to the cancer workforce plan announced on Tuesday](#), 5 December 2017

[Macmillan Cancer Support responds to the All Party Parliamentary Group on Cancer report on the cancer strategy](#), 5 December 2017

- See section 2.2 for more details on the APPG report.

[NHS cancer plan marks first step towards fixing chronic staff shortages](#), Cancer Research, 5 December 2017

- An article about Health Education England's [Cancer Workforce Plan](#).

[One-year cancer survival rates index, Macmillan Cancer Support](#), 29 November 2017

- Macmillan considers statistics revealing how cancer survival varies regionally in the UK. Macmillan also argues that increasing survival rates mean that greater consideration needs to be given for the long-term aftermath of cancer.

[Budget: Macmillan Cancer Support warns NHS underfunding may undermine cancer care improvements](#), Macmillan Cancer Support, 22 November 2017

[Government plan could see faster approvals for some promising new treatments](#), Cancer Research, 3 November 2017

- An article about the Accelerated Access Review.

[England's cancer strategy: what has changed in the last two years?](#) Cancer Research, 19 October 2017

[Macmillan Cancer Support responds to the progress report from NHS England's Cancer transformation programme](#), 18 October 2017

[Severe shortage of radiologists risks delays to cancer diagnosis, says report](#), Cancer Research, 11 October 2017

['Unrelenting pressure' on NHS staff spells trouble for cancer care](#), Macmillan Cancer Support, 7 September 2017

- A survey of over 250 GPs and nurses finds that over half are “not confident the NHS workforce is able to provide adequate care to cancer patients”.

The [Accelerated Access Review](#) is published on the Government's website. The Library debate pack on [Implications of the Accelerated Access Review for cystic fibrosis and other conditions](#) contains more background to the review and summarises its findings.

[1 in 4 women find END of treatment hardest part of breast cancer](#), Breast Cancer Care, 14 August 2017

- A survey by Breast Cancer Care finds that many patients suffer after treatment has ended and need greater support.

[Gap in provision of specialist cancer nurses across NHS Trusts in England is simply not good enough](#), Prostate Cancer UK, 28 July 2017

[UK cancer survival trails Europe](#), Cancer Research, 19 July 2017

[Thousands of cancer patients are still dying in pain](#), Macmillan Cancer Support, 3 July 2017

- Two new surveys suggest that many fear the pain associated with cancer. Macmillan believes that more can be done to alleviate such symptoms and improve quality of care.

[Three quarters of NHS Trusts and Health Boards say 'not enough' care for incurable breast cancer patients](#), Breast Cancer Care, 20 April 2017

- These trusts state that there is "not enough specialist nursing care".

3.1 Third sector publications

[The Final Injustice: Variation in end of life care in England](#), Macmillan Cancer Support, December 2017

- A summary of the report's findings can be found in Macmillan's press release, [Poorest cancer patients let down at end of life, says new report](#).

[Recovery after transplant: Who cares](#), Anthony Nolan, September 2017

- This report finds 'significant gaps' in services after a stem-cell transplant.

['Am I meant to be okay now?'](#) Macmillan Cancer Support, October 2017

- A summary of this survey of people's experiences of aftercare can be found in the press release, [Recovering cancer patients 'badly let down in their time of need', warns Macmillan](#).

[Warning Signs: Challenges to delivering the Cancer Strategy for England by 2020](#), Macmillan Cancer Support, February 2017

4. Press articles

[Nice approves life-extending drug for patients with incurable breast cancer](#), *Guardian*, 1 February 2018

- NICE permits the use of pertuzumab in England which has been found to increase the lives of those with late-stage breast cancer by 16 months.

[Breast cancer screening uptake at lowest level for a decade](#), *Independent*, 31 January 2018

[Health chiefs urged to offer all women £175 genetic test for cancer](#), *Times*, 18 January 2018

- Research has suggested that all women over 30 should be tested for genetic mutations BRCA1 and BRCA2 which are linked to a higher risk of ovarian and breast cancers.

[Care Critical: A dire shortage of specialist cancer nurses in Oxford reflects a staffing crisis across the NHS that can only be rectified with better long-term planning](#), *Times*, 10 January 2018

[Families put at risk because NHS is refusing to test for deadly 'Angelina Jolie gene', report claims](#), *Telegraph*, 6 January 2018

- Since 2015, NHS trusts have been obliged to carry out BRCA mutation tests can many do not routinely do so, according to Ovarian Cancer Action.

[NHS takes 40 days to diagnose patients with cancer, study finds](#), *Independent*, 19 December 2017

- Health officials would like to reduce this figure to 28 days by 2020.

[One in five cancer patients waits too long for diagnosis](#), *Times*, 19 December 2017

- An article about 'avoidable delays' in diagnosis

[Cheap drug could cut 10% of UK breast cancer deaths, charity says](#), *Guardian*, 29 September 2017

- An article about the campaign, led by Breast Cancer Now, to prescribe bisphosphonates to all postmenopausal women after treatment for primary breast cancer.

[Britain lagging behind Europe in diagnosing and treating cancer, report finds](#), *Independent*, 18 July 2017

['Monumental' NHS U-turn on breakthrough breast cancer drug is hailed by patient groups](#), *Telegraph*, 15 June 2017

- NICE approve the use of Kadcyła, which has been found to extend the lives of those with advanced breast cancer by 6 months.

[£1.27 billion Cancer Drugs Fund a political 'quick-fix' that harmed some patients, review finds](#), *Telegraph*, 28 April 2017

5. Parliamentary material

5.1 Parliamentary questions (PQs)

Cancer Strategy/General

[Cancer: Oxfordshire](#) (PQ 124617)

Asked by: Moran, Layla | **Party:** Liberal Democrats

To ask the Secretary of State for Health and Social Care, what progress is being made on implementing the NHS England Cancer Strategy in Oxfordshire.

Answering member: Steve Brine | **Party:** Conservative Party |
Department: Department of Health and Social Care

Oxfordshire Clinical Commissioning Group has been working hard to implement the cancer Strategy for England within Oxfordshire and are committed to improving cancer services to all of its patients. They have just secured funding for a new post (in conjunction with Macmillan Cancer Support) to develop an Oxfordshire Cancer Strategy and continue implementation of the national strategy. Work on national strategy key priority areas, including prevention, early diagnosis, improving patient experience and living with and beyond cancer has already been undertaken.

Additionally, the launch of Thames Valley Cancer Alliance provides an opportunity for a different way of working; taking a whole population, whole pathway approach to improving cancer outcomes across its geographical footprint and building on Sustainability and Transformation Plans. The Alliance brings together influential local decision makers and is responsible for directing funding to transform services and care, delivering continuous improvement and reducing inequalities of experience of care. The Alliance published its five-year delivery plan in January 2017. The plan is the Alliance's blueprint for local delivery of the national strategy.

01 Feb 2018 | Written questions | Answered | House of Commons

[Cancer: Yorkshire and the Humber](#) (PQ 123912)

Asked by: Sobel, Alex | **Party:** Labour Party · Cooperative Party

To ask the Secretary of State for Health and Social Care, what progress has been made in implementing the NHS England Cancer Strategy in Yorkshire and the Humber.

Answering member: Steve Brine | **Party:** Conservative Party |
Department: Department of Health and Social Care

Cancer is a priority programme for the Sustainability and Transformation Plan (STP). It is also a national clinical priority and a key recommendation from the independent Cancer Taskforce in the Cancer Strategy for England was to establish local Cancer Alliances as the decision-making body in relation to the planning and delivery of the Strategy locally.

Work has been undertaken with stakeholders and the former Cancer Strategy Groups to shape the local cancer ambition and

the transition to Cancer Alliances. Within Yorkshire and the Humber there are three Cancer Alliances:

- South Yorkshire, Bassetlaw and North Derbyshire;
- West Yorkshire and Harrogate; and
- Humber, Coast and Vale.

Each of the Cancer Alliances has a Board which has developed a work programme which is aligned to and therefore accountable to the STP for delivery. The delivery plans and/or progress update for each Cancer Alliance can be found here:

South Yorkshire, Bassetlaw and North Derbyshire:

https://smybndccgs.nhs.uk/download_file/view/263/359

https://smybndccgs.nhs.uk/download_file/view/264/359

West Yorkshire and Harrogate:

http://www.wypartnership.co.uk/download_file/view/208/240

Humber, Coast and Vale:

<http://humbercoastandvale.org.uk/wp-content/uploads/2017/08/Communication-180112.pdf>

30 Jan 2018 | Written questions | Answered | House of Commons

[Cancer: Health Services](#) (PQ HL2192)

Asked by: Lord Freyberg | **Party:** Crossbench

To ask Her Majesty's Government what progress they have made in implementing the recommendations of the National Cancer Taskforce in the report *Achieving world-class cancer outcomes: A strategy for England 2015–2020*, and in particular (1) whether the “patient experience on par with clinical effectiveness and safety” workstreams have been established; (2) if established, when their implementation plans will be published; and (3) when the first pilots of patient reported outcomes are due to report.

Answering member: Lord O'Shaughnessy | **Party:** Conservative Party | **Department:** Department of Health

NHS England's national cancer programme regularly publishes reports demonstrating progress on implementing the cancer strategy for England. On 18 October 2017, a two year progress report on the strategy was published.

Improving patient experience is a strategic priority of the strategy. The implementation plan for the strategy was published in May 2016 and work is underway on the patient experience ambitions set out in that plan.

Copies of *Achieving World-Class Cancer Outcomes: A Strategy for England 2015-2020 Progress Report 2015-2020* and *Achieving World-Class Cancer Outcomes: Taking the Strategy Forward* implementation plan are attached.

We have developed a long-term quality of life metric, which uses patient reported outcomes questionnaires to show how well people are living 12 to 24 months after treatment. This is now being piloted across five cancer alliances and a full evaluation will be published prior to roll out in 2019.

31 Oct 2017 | Written questions | Answered | House of Lords

[Cancer](#) (PQ 9839)

Asked by: Hendrick, Mr Mark | **Party:** Labour Party · Cooperative Party

To ask the Secretary of State for Health, what progress has been made by NHS England on implementing recommendations 10, 11 and 64 of the Cancer Strategy for England since its publication in May 2016.

Answering member: Steve Brine | **Party:** Conservative Party | **Department:** Department of Health

In January 2016, the United Kingdom National Screening Committee (UK NSC) recommended that cytological screening should be replaced with the human papilloma virus (HPV) primary screening test as the first line of screening within UK national cervical screening programmes. Six providers are piloting primary testing for HPV within the National Health Service National Cervical Screening Programme in England, and NHS England has been working in partnership with Public Health England (PHE) to determine the most clinically safe and effective way of implementing this change into the programme by the end of December 2019. The UK NSC reviews its recommendations regularly, usually on a three year cycle.

On the advice of the UK NSC, NHS England is introducing a new easier to use home testing screening kit, which supports early diagnosis of bowel cancer from April 2018. Faecal Immunochemical Test (FIT) for haemoglobin will replace Faecal Occult Blood testing (FOBT) from April 2018. FIT is likely to increase the uptake of bowel screening by 7%, as evidenced in the FIT pilot in England where the test was found to be more favourable for the public. FIT will contribute to the reduction of inequalities in screening and cancer outcomes. Upon implementation, NHS England will review the opportunities that general practitioners have to help maximise uptake of this screening programme amongst their population. Bowel Scope Screening continues to be rolled out with full roll out anticipated for 2020/21.

NHS England has worked with PHE, charities, academics, patients and carers to develop a new national metric on quality of life, based on the established Patient Reported Outcome Measures questionnaires, which will be tested in five Cancer Alliances from September 2017. Based on evaluation of the testing phase, national roll-out will begin in 2019.

09 Oct 2017 | Written questions | Answered | House of Commons

[Cancer: Health Services](#) (PQ 3313)

Asked by: Dakin, Nic | **Party:** Labour Party

To ask the Secretary of State for Health, if his Department and NHS England will publish a progress report on each recommendation made in the Cancer Strategy for England.

Answering member: Steve Brine | **Party:** Conservative Party | **Department:** Department of Health

The National Cancer Transformation Board published a report on progress of implementation in October 2016. The progress report

also detailed the key outcomes for patients we want to see achievements in by 2020/21 in prevention, survival, early diagnosis, treatment, patient experience and quality of life for patients.

11 Jul 2017 | Written questions | Answered | House of Commons

[Cancer: Health Services](#) (PQ 3311)

Asked by: Dakin, Nic | **Party:** Labour Party

To ask the Secretary of State for Health, whether the Cancer Strategy for England will be fully implemented by 2020; and if he will make a statement.

Answering member: Steve Brine | **Party:** Conservative Party |
Department: Department of Health

The independent Cancer Taskforce published its report, 'Achieving World-Class Cancer Outcomes: A strategy for England 2015-2020', in July 2015 and it represented the consensus views of the whole cancer community. The Government has accepted all 96 recommendations in the strategy, and implementation is being led by NHS England's National Cancer Transformation Board.

11 Jul 2017 | Written questions | Answered | House of Commons

[Cancer](#) (PQ 66544)

Asked by: Caulfield, Maria | **Party:** Conservative Party

To ask the Secretary of State for Health, what steps are being taken to (a) increase the uptake of screening, (b) encourage early diagnosis and (c) improve the lifestyles of people who have had treatment for primary cancer in the Irish community living in England to reduce the disproportionate incidence and mortality from cancers among that community.

Answering member: David Mowat | **Party:** Conservative Party |
Department: Department of Health

The independent Cancer Taskforce reported significant variation across England in screening uptake, patient experience and survival outcomes in the 2015 Cancer Strategy.

Public Health England and NHS England are working with general practices with the lowest levels of screening uptake to understand barriers and mechanisms for improvement.

In December 2016 NHS England announced that a £200 million fund will be available to Cancer Alliances and the national cancer vanguard over the next two years to specifically support the areas the Cancer Taskforce's strategy estimated would need additional investment, including supporting earlier diagnosis and the full roll out of the Recovery Package across all communities.

09 Mar 2017 | Written questions | Answered | House of Commons

Prevention

PQs have recently been asked about various cancer prevention strategies:

Alcohol and cancer:

- [Alcoholic Drinks: Labelling](#) (PQ 121659, 17 Jan 2018),
- [Alcoholic Drinks: Minimum Prices](#) (PQ 119707, 21 Dec 2017)
- [Alcoholic Drinks: Cancer](#) (PQ HL2499, 02 Nov 2017)
- [Cancer: Alcoholic Drinks](#) (PQ 5499, 20 Jul 2017)
- [Prostate Cancer: Alcoholic Drinks](#) (PQ 56374, 14 Dec 2016)

Breast cancer:

- [Breast Cancer: Drugs](#) (PQ 119706, 21 Dec 2017) [tamoxifen and bisphosphonates]
- [Breast Cancer: Drugs](#) (PQ 111559, 17 Nov 2017) [principally bisphosphonates]
- [Breast Cancer: Drugs](#) (PQ 59856, 20 Jan 2017) [barriers to prescribing bisphosphonates]
- [Breast Cancer: Drugs](#) (PQ 58086, 11 Jan 2017) [bisphosphonates]

Cervical cancer:

- [Human Papillomavirus: Vaccination](#) (PQ HL1339, 19 Sep 2017) [impact on cancer rates]
- [Human Papillomavirus: Vaccination](#) (PQ 71469, 26 Apr 2017) [costs]
- [Cervical Cancer](#) (PQ 61545, 30 Jan 2017)
- [Cervical Cancer: Screening](#) (PQ 60694, 24 Jan 2017)

Liver cancer:

- [Liver Cancer: Coffee](#) (PQ 5267, 20 Jul 2017)

Skin cancer:

- [Skin Cancer and Sunbeds](#) (PQ 60343, 25 Jan 2017)

Diagnosis and survival

[Prime Minister's Questions](#)

Asked by: Alec Shelbrooke (Elmet and Rothwell) (Con) | **Party:** Conservative Party

According to Library statistics, around 3,400 people in my constituency were diagnosed with cancer last year. Cancer survival rates have meant that 7,000 people are alive today who might not have been if the 2010 survival rates had stayed the same. Does my right hon. Friend see that as a testament to the NHS and the Government's investment in it, and does she welcome that news while recognising that we need to do more?

Answering member: The Prime Minister | **Party:** Conservative Party | **Department:** Prime Minister

I absolutely agree with my hon. Friend. It is very good news that there are 7,000 more cancer sufferers alive today than there would have been had we simply continued with the way we were in 2010. I am very happy to join him in welcoming that news. Cancer survival rates have increased year on year, but of course we want them to increase even further. Last year, there were 7 million more diagnostic tests than in 2010, and 290,000 patients started treatment for cancer—that is 57,000 more than in 2010. My hon. Friend is absolutely right that although we should welcome the improvements that have been made and congratulate and thank the NHS staff for all they have been doing, there is more for us to do. That is why we are backing up our plans for cancer with a further £600 million to implement the cancer strategy for England.

07 Feb 2018 | Oral answers to questions | House of Commons chamber
| 635 c1490

[Cancer: Diagnosis](#) (PQ 5484)

Asked by: Shannon, Jim | **Party:** Democratic Unionist Party

To ask the Secretary of State for Health, what steps are being taken to speed up the process of patients receiving cancer tests and diagnoses.

Answering member: Steve Brine | **Party:** Conservative Party |
Department: Department of Health

The independent Cancer Taskforce published the Cancer Strategy for England in July 2015. A major recommendation of the Strategy was a new cancer waiting times target that, by 2020, National Health Service cancer patients will be given a definitive diagnosis or the all clear within 28 days of being referred by a general practitioner. The Faster Diagnosis Standard is currently being tested in five local health economies. This project is being independently evaluated, with an interim evaluation report delivered in May 2017. A final report is due in May 2018, which will inform national roll-out.

20 Jul 2017 | Written questions | Answered | House of Commons

[Cancer](#) (PQ 64058)

Asked by: Kawczynski, Daniel | **Party:** Conservative Party

To ask the Secretary of State for Health, what steps the Government is taking to promote awareness and early diagnosis of (a) bowel cancer and (b) other cancers.

Answering member: David Mowat | **Party:** Conservative Party |
Department: Department of Health

The Be Clear on Cancer bowel cancer campaign has run twice at a national level, in January – April 2012 and August – September 2012. Public Health England (PHE) has no plans to run this specific bowel cancer campaign in 2017, instead the aim is to cover this cancer area with a new generic approach that is currently being piloted in the East and West Midlands.

This regional pilot campaign, which aims to raise awareness of a range of abdominal symptoms that can indicate a wider number of cancers, including bowel, and the need to visit the doctor

promptly with these symptoms launched on 9 February and will run until 31 March 2017. This work has been developed with the help of a number of experts, including clinicians and charities.

PHE is also working in partnership with Cancer Research UK to run a regional test of a Be Clear on Cancer branded campaign promoting uptake of bowel screening.

Both pilot campaigns will be thoroughly evaluated and, if successful, will be considered for wider rollout.

24 Feb 2017 | Written questions | Answered | House of Commons

Below is a list of some recent PQs about earlier diagnosis and improving treatments for cancer:

Increasing public awareness

[Topical Questions: Department for Health](#) [Breast Cancer] (19 Dec 2017)

[Colorectal Cancer: Health Education](#) (PQ 119662, 19 Dec 2017)

[Oral Cancer](#) (PQ HL3371, 29 Nov 2017)

[Cancer: Health Education](#) (PQ 62046, 06 Feb 2017)

[Lung Cancer, bladder cancer](#) and [cervical cancer](#) (PQ 58025, 58024 and 56798, 16 and 20 December 2016)

Earlier diagnosis

[Haematological Cancer](#) (PQ 126373, 08 Feb 2018)

[Colorectal Cancer](#) (PQ 71470, 26 Apr 2017)

Improving treatment:

[Ovarian Cancer: Drugs](#) (PQ 122855, 24 Jan 2018)

[Prostate Cancer: Medical Treatments](#) (PQ 115699, 05 Dec 2017)

[Lung Cancer: Medical Treatments](#) (PQ 111623, 17 Nov 2017)

[Cancer: Medical Treatments](#) (PQ 111560, 17 Nov 2017)

[Cancer: Medical Treatments](#) (PQ 64569, 24 Feb 2017)

[Oral questions: Breast Cancer Drugs](#) (HC deb 07 Feb 2017 621 c221)

- An exchange discussing the [accelerated access review](#) and the [cancer drugs fund](#).

Waiting times

[Cancer: Medical Treatments](#) (PQ 122318, 16 Jan 2018)

[Oral questions: Prostate Cancer](#) (HC deb 07 Feb 2017 621 cc223-4)

The [Accelerated Access Review](#) is published on the Government's website. The Library debate pack on [Implications of the Accelerated Access Review for cystic fibrosis and other conditions](#) contains more background to the review and summarises its findings.

Quality of care and aftercare

[Breast Cancer: Medical Treatments](#) (PQ 108413)

Asked by: Shannon, Jim | **Party:** Democratic Unionist Party

To ask the Secretary of State for Health, what advice is given to people prior to breast cancer treatment and operations on the implications of such treatment or operations for their broader well-being.

Answering member: Mr Philip Dunne | **Party:** Conservative Party | **Department:** Department of Health

With all medical intervention patients are advised about any course of treatment within the scope of the requirements for informed consent. Guidance for all doctors can be found in the General Medical Council Guidance booklet "Consent: patients and doctors making decisions together", which can be found here:

http://www.gmc-uk.org/guidance/ethical_guidance/consent_guidance_index.asp

26 Oct 2017 | Written questions | Answered | House of Commons

[Cancer: Palliative Care](#) (PQ 107070)

Asked by: Madders, Justin | **Party:** Labour Party

To ask the Secretary of State for Health, what plans he has to improve the management of pain, including the use of fentanyl, for cancer patients.

Answering member: Steve Brine | **Party:** Conservative Party | **Department:** Department of Health

NHS England is committed to transforming cancer services across the country and ensuring every patient has access to the care and treatment they need. The management of pain through drugs such as fentanyl is a clinical decision and should be considered on an individual basis, in line with patients' clinical needs and in line with guidance from the National Institute for Health and Care Excellence.

18 Oct 2017 | Written questions | Answered | House of Commons

[Prostate Cancer](#) (PQ 9717)

Asked by: Madders, Justin | **Party:** Labour Party

To ask the Secretary of State for Health, what progress has been made within the National Cancer Strategy to ensure all men with prostate cancer have access to a clinical nurse specialist or key worker.

Answering member: Steve Brine | **Party:** Conservative Party | **Department:** Department of Health

NHS England, along with partners Health Education England, have carried out a series of engagement and consultation exercises with a wide group of stakeholders, including Macmillan Cancer Support, to explore the best approach to improving access to clinical nurse specialists for all patients, including men with prostate cancer.

NHS England's Patient Experience Team has identified a number of alternative and sustainable models of providing access to clinical nurse specialists or key worker to support all patients through their cancer treatment and beyond. NHS England plan to identify a Cancer Alliance best suited to pilot these models with a view to evaluating the outcomes of this work and share learning in December 2018. Part of the learning will be how Cancer Alliances roll out best practice in this area including prostate cancer care.

18 Sep 2017 | Written questions | Answered | House of Commons

[Cancer: Health Services](#) (PQ 3312)

Asked by: Dakin, Nic | **Party:** Labour Party

To ask the Secretary of State for Health, what progress is being made on implementing Recommendation 65 of the Cancer Strategy for England; and whether every person with cancer will have access to the elements of the Recovery Package by 2020.

Answering member: Steve Brine | **Party:** Conservative Party |
Department: Department of Health

The elements of the Recovery Package are being delivered in many trusts and clinical commissioning groups across England. All Cancer Alliances and Vanguard sites have set out plans to accelerate roll out and reduce variation in access, so that every person with cancer can access this type of support by 2020. To support this, and so that we can monitor progress, NHS England is developing a national baseline which will be available by the end of the year.

11 Jul 2017 | Written questions | Answered | House of Commons

[Cancer: Young People](#) (PQ 63289)

Asked by: McGinn, Conor | **Party:** Labour Party

To ask the Secretary of State for Health, what mental health support is available for children and young people who have been diagnosed with cancer.

Answering member: David Mowat | **Party:** Conservative Party |
Department: Department of Health

The independent Cancer Taskforce published its report, Achieving World-Class Cancer Outcomes: A strategy for England 2015-2020, in July 2015 representing the consensus views of the whole cancer community. The report noted that many young cancer patients suffer long-term physical and psychological consequences of their treatment in to adulthood.

Care should be built around what matters to the young person and their family and carers so we are working closely with cancer charities to ensure patients get the support they need during and after their treatment. In 2015 we announced everyone diagnosed with cancer in England will benefit from an individually tailored recovery package by 2020, a key recommendation in the Cancer Strategy. The recovery package, developed by Macmillan Cancer Support, will signpost people to rehabilitation and financial support services.

The Cancer Taskforce made three specific recommendations to improve the cancer care of children, teenagers and young adults through service redesign, improved data and tissue collection, and access to clinical trials.

The Children's and Young Peoples Cancer Clinical Reference Group (CYP CRG) has begun to take forward the delivery of these recommendations. The CYP CRG is aiming to improve both clinical outcomes and the experience of care through a service review and has established a work-stream looking specifically at improving the experience of care. The workstream involves both CLIC Sargent and the Teenage Cancer Trust and will explore the best ways of building understanding of both the issues and the changes required for improvement. NHS England and the CYP CRG value the role and contribution of stakeholders and a number of engagement events and workshops are being planned. In addition to this, the CRG is exploring how to replicate the Cancer Patient Experience Survey approach for children and young people, so that experiences are shared and help to drive on-going improvement.

09 Feb 2017 | Written questions | Answered | House of Commons

Architecture of services and workforce

[Cancer: Medical Treatments](#) (PQ 122109)

Asked by: Cameron, Dr Lisa | **Party:** Scottish National Party

To ask the Secretary of State for Health and Social Care, what steps his Department is taking to maintain the quality of service of specialist diagnostic workforces in cancer treatment after the UK leaves the EU.

Answering member: Steve Brine | **Party:** Conservative Party |
Department: Department of Health and Social Care

We value the enormous contribution of all the staff working in health and social care from across the European Union and the rest of the world. We are committed to ensuring that the National Health Service and social care have the nurses, midwives, doctors, carers and other health professionals that they need to deliver the high quality service on which patients rely following the United Kingdom's exit from the EU.

The Prime Minister has been very clear that EU citizens living lawfully in the UK will be allowed to stay.

The Department has submitted evidence to the Migration Advisory Committee to ensure the position of staff in health and social care is fully understood and taken into account as part of their evidence gathering into the impact of the UK's exit from the EU on the UK labour market.

Health Education England published the cancer workforce plan in December 2017 which sets out actions as recommended in the Cancer Strategy for England, including for the diagnostic workforce up to 2020/21. The plan also considers future challenges beyond 2020/21.

It is the responsibility of the devolved governments in Northern Ireland, Scotland and Wales to ensure they have the specialist workforce to deliver cancer services.

17 Jan 2018 | Written questions | Answered | House of Commons

[Cancer](#) (PQ 115988)

Asked by: Ashworth, Jonathan | **Party:** Labour Party ·
Cooperative Party

To ask the Secretary of State for Health, how many and what proportion of NHS staff (a) deliver services for cancer patients and (b) will be covered by the new cancer workforce strategy.

Answering member: Steve Brine | **Party:** Conservative Party |
Department: Department of Health

We do not collect centrally information on the proportion of staff delivering services for cancer patients.

Health Education England (HEE) and NHS England are working with Cancer Alliances, charities and professional bodies to lead the development of a cancer workforce plan which will support delivery of the outcomes of the national cancer strategy and Five Year Forward View. In December 2017 HEE will publish the cancer workforce plan to 2021, setting out a series of actions to be taken as a system to ensure we have the workforce needed to deliver the Five Year Forward View commitments.

30 Nov 2017 | Written questions | Answered | House of Commons

[Radiography: Health Professions](#) (PQ 106964)

Asked by: Jones, Helen | **Party:** Labour Party

To ask the Secretary of State for Health, what steps he is taking to increase the number of diagnostic radiographers working in the NHS; and if he will make a statement.

Answering member: Mr Philip Dunne | **Party:** Conservative Party |
Department: Department of Health

The National Cancer Strategy, published in 2015, outlines the need to expand the diagnostic workforce, as early diagnosis of cancer is crucial to positive patient outcomes. Health Education England has committed to publishing a cancer workforce plan before the end of the calendar year, which will include diagnostic radiographers.

16 Oct 2017 | Written questions | Answered | House of Commons

[Health Professions: Recruitment](#) (PQ 9322)

Asked by: Davies, Glyn | **Party:** Conservative Party

To ask the Secretary of State for Health, what plans he has to assess future recruitment needs of the NHS diagnostic workforce to deliver adequate numbers of (a) endoscopists, (b) radiologists, (c) radiographers and (d) pathologists.

Answering member: Mr Philip Dunne | **Party:** Conservative Party |
Department: Department of Health

The National Cancer Strategy, published in 2015, outlines the need to expand the diagnostic workforce, as early diagnosis of cancer is crucial to positive patient outcomes. Health Education

England has committed to publishing a cancer workforce plan before the end of the calendar year.

14 Sep 2017 | Written questions | Answered | House of Commons |

[Endoscopy](#) (PQ 5812)

Asked by: Madders, Justin | **Party:** Labour Party

To ask the Secretary of State for Health, if he will bring forward proposals for a national endoscopy strategy.

Answering member: Mr Philip Dunne | **Party:** Conservative Party | **Department:** Department of Health

Our strategic plan for addressing increased demand for endoscopic procedures is being addressed through the delivery of NHS England's Cancer Strategy. To support delivery of endoscopic services and the Secretary of State for Health's commitment of an additional 200 clinical endoscopists by 2018, Health Education England has launched an accelerated training programme for clinical endoscopists (formally non-medical endoscopists) to carry out low risk, high volume procedures that previously were carried out by doctors.

24 Jul 2017 | Written questions | Answered | House of Commons

[NHS: Reorganisation](#) (PQ HL5005)

Asked by: Baroness Redfern | **Party:** Conservative Party

To ask Her Majesty's Government against what criteria will NHS sustainability and transformation plans be judged in relation to cancer and end of life commitments.

Answering member: Lord O'Shaughnessy | **Party:** Conservative Party | **Department:** Department of Health

One of the main focuses of every Sustainability and Transformation Plan (STP) is the delivery of the National Health Service national strategy for cancer. In line with this, all STPs are expected to set out plans to make progress in the following key areas:

- Preventing cancer by addressing cancer risk factors – especially smoking; all areas should take steps to reduce national rate by the end of the decade;
- Diagnosing more cancers early, increasing the proportion of cancers diagnosed at stage 1 and 2. STPs need to improve their cancer pathways as well as substantially increasing diagnostic capacity (especially imaging and endoscopy). These actions will result in fewer cancers diagnosed as an emergency, and an increase in one and five-year survival rates. By 2020, everyone with a suspected cancer should receive a definitive diagnosis or otherwise within 28 days; and
- Improving cancer treatment and care. By 2020, all patients should have access to high quality modern therapeutic services, such as personalised treatment informed by molecular diagnostics. They will be cared for during and after their treatment, benefiting from increased support to live well after treatment. Patients will have a better experience of their cancer care, with less variation across the country.

NHS England established an independent Cancer Taskforce chaired by Harpal Kumar, Chief Executive of Cancer Research UK, to support the development of this strategy. This included representatives from across the cancer community and engaged with hundreds of people, including clinicians, patients, charity representatives and policy-makers, over a six month period.

The National End of Life Care Programme Board is seeking to understand the end of life care (EoLC) content within the current plans; they are also considering how priorities within STPs can be achieved by delivering good EoLC and what support is available to enable this. The Programme Board has membership from across both the statutory and voluntary sector, including representation of national charities through the Ambitions Partnership for Palliative and End of Life Care.

08 Feb 2017 | Written questions | Answered | House of Lords

[Cancer](#) (PQ HL4833)

Asked by: Lord Hunt of Kings Heath | **Party:** Labour Party

To ask Her Majesty's Government what progress has been made on collecting data for metastatic cancers and how will this be used to inform future workforce planning.

Answering member: Lord O'Shaughnessy | **Party:** Conservative Party | **Department:** Department of Health

The National Cancer Registration and Analysis Service (NCRAS) is part of Public Health England and supports the direct reporting of data on all cancers by hospital trusts, as part of the Cancer Outcomes and Services Dataset (COSD). All people whose cancer is metastatic at diagnosis are recorded by NCRAS. The overall staging completeness of all cancers recorded by NCRAS exceeds 80%. Those people whose cancer progresses or recurs after treatment have historically not been recorded. However, NCRAS is developing the next version of COSD to support direct recording of these cases wherever possible. Recurrent cancer (which may or may not be metastatic) has been able to be recorded in COSD since 2013 for breast cancer and since 2015 for all cancers. NCRAS is helping trusts improve their reporting by visiting them, providing reporting guidance, and by giving rapid feedback on the number of recurrences they have submitted to NCRAS.

NCRAS is committed to publishing accurate and timely data on all cancers, allowing national and local commissioners to plan requirements for cancer care, including workforce, for the population.

01 Feb 2017 | Written questions | Answered | House of Lords |

[Cancer](#) (PQ 60764)

Asked by: Fitzpatrick, Jim | **Party:** Labour Party

To ask the Secretary of State for Health, what discussions Ministers of his Department have had with Health Education England on the strategic review of the cancer workforce in the last 12 months.

Answering member: David Mowat | **Party:** Conservative Party | **Department:** Department of Health

Ministers regularly meet with Health Education England (HEE) to discuss workforce matters, including the progress it has made on its commitment to deliver a workforce with the right skills and competences to deliver high-quality modern cancer services.

Departmental officials also regularly meet with HEE as a member of the National Cancer Transformation Board, the group which has been tasked with overseeing the implementation of the 2015 Cancer Strategy for England.

27 Jan 2017 | Written questions | Answered | House of Commons

Funding

[Prime Minister's Questions: Public Services: West Midlands](#)

Asked by: Mr John Baron (Basildon and Billericay) (Con) | **Party:** Conservative Party

Yesterday, the all-party parliamentary group on cancer held its annual Britain Against Cancer conference—the largest one-day gathering of the cancer community in the UK—to launch our report on the cancer strategy. We heard from the Government and NHS England about the many good things that are happening. But there is one issue that is causing real concern to frontline services: the delay in the release of the transformation funding to those frontline services, courtesy of an additional requirement applied to the funding after the bidding process closed. I have discussed the issue with the Secretary of State for Health, who is a jolly chap. Will the Prime Minister meet me to discuss the matter further?

Answered by: The Prime Minister | **Party:** Conservative Party | **Department:** Prime Minister

Of course this is an important issue. As my hon. Friend said, we have seen great progress in providing higher standards of cancer care for all patients. Survival rates are at a record high and about 7,000 more people are surviving cancer after successful NHS treatment compared to three years ago. Of course we want to do more on this issue. He raised a very specific point. I understand that the Department of Health is adopting a phased approach to investment, as the national cancer programme runs for a further three years. I would be happy to meet my hon. Friend to discuss the matter.

06 Dec 2017 | Prime Minister's questions - Supplementary | Answered | House of Commons | House of Commons chamber | 632 c1032

[Cancer: Finance](#) (PQ 115987)

Asked by: Ashworth, Jonathan | **Party:** Labour Party · Cooperative Party

To ask the Secretary of State for Health, which Cancer Alliances have been created in England and how much funding has been allocated to each Cancer Alliance.

Answering member: Steve Brine | **Party:** Conservative Party | **Department:** Department of Health

All Cancer Alliances have a delivery plan in place to deliver the recommendations of the independent Cancer Taskforce, and have received core funding to establish themselves in an alliance

structure. A further £200 million has been committed in transformation funding in 2017-18 and 2018-19 to support Cancer Alliances with a particular focus on finding new and innovative ways to diagnose cancer earlier, improving the care for those living with cancer and ensuring each cancer patient gets the right care for them. Cancer Alliances are receiving this transformation funding in phases over the course of 2017-18 based on the readiness of systems to take on the transformation work and the strength of their plans. The full investment in delivering the Cancer Strategy for England is set out in the two year progress report published in October 2017, which can be found at this link:

<https://www.england.nhs.uk/publication/achieving-world-class-cancer-outcomes/>

The Cancer Alliances in England are listed below.

North

Cheshire and Merseyside

Humber, Coast and Vale

Lancashire and South Cumbria

North East and Cumbria

South Yorkshire, Bassetlaw, North Derbyshire and Hardwick

West Yorkshire

Midlands and East

East of England

East Midlands

West Midlands

London

South East London

South

Kent and Medway

Peninsula

Somerset, Wiltshire, Avon and Gloucestershire

Surrey and Sussex

Thames Valley

Wessex

National Cancer Vanguard

Greater Manchester

North Central and North East London

North West and South West London

30 Nov 2017 | Written questions | Answered | House of Commons |

[Endoscopy](#) (PQ 112705)

Asked by: Drew, Dr David | **Party:** Labour Party · Cooperative Party

To ask the Secretary of State for Health, what assessment he has made of his Department's capacity to fund the Health Education England's recommendations on cancer with specific reference to (a) workforce requirements on endoscopy and (b) accelerated training requirements for clinical endoscopy.

Answering member: Steve Brine | **Party:** Conservative Party | **Department:** Department of Health

NHS England has the funds necessary to improve cancer services over the next five years as part of the £8 billion funding increase in real terms by 2020-21 compared to 2015-16. The recommendations in the Cancer Strategy for England report, produced in July 2015 by the independent Cancer Taskforce give direction as to where these funds should be targeted.

The forthcoming Health Education England (HEE) cancer workforce plan will set out actions as recommended in the Cancer Strategy for England, including for endoscopy up to 2020/21. The plan will also consider future challenges beyond 2020/21.

HEE is currently training an additional 200 clinical endoscopists through the accelerated training programme by 2018. Projections estimate that this will equate to a further 225,000 procedures annually by 2020. HEE is committed to maintaining the clinical endoscopy workforce beyond 2018.

21 Nov 2017 | Written questions | Answered | House of Commons

[Cancer](#) (PQ 111561)

Asked by: McCabe, Steve | **Party:** Labour Party

To ask the Secretary of State for Health, what progress he has made on the implementation of the Cancer Strategy; and what

resources from the public purse he has allocated for that implementation.

Answering member: Steve Brine | **Party:** Conservative Party |
Department: Department of Health

NHS England has confirmed funding of £607 million between 2017/18 and 2020/21 to support delivery of the Cancer Strategy for England. Progress on implementation and the full investment in delivering the strategy is set out in the Progress Report for 2016/17 published in October 2017 at:

<https://www.england.nhs.uk/wp-content/uploads/2017/10/national-cancer-transformation-programme-2016-17-progress.pdf>

14 Nov 2017 | Written questions | Answered | House of Commons

Cancer: Research (PQ 71996)

Asked by: Lord, Mr Jonathan | **Party:** Conservative Party

To ask the Secretary of State for Health, how much funding has been invested by (a) his Department, (b) the National Institute for Health Research and (c) the Medical Research Council in research on (i) bowel, (ii) prostate, (iii) breast, (iv) lung, (v) testicular and (vi) throat cancer in each of the last seven years.

Answering member: Nicola Blackwood | **Party:** Conservative Party | **Department:** Department of Health

During the last seven years, the Department has funded research through its Policy Research Programme (PRP) and the National Institute for Health Research (NIHR). The PRP commissions research to inform the development and implementation of policy, and the Department's investment in cancer research is mainly through the NIHR.

Spend on research funded directly by NIHR is categorised by Health Research Classification System (HRCS) health categories including 'cancer'. There are no HRCS health sub-categories such as for bowel cancer and other specific cancer sites and information on total annual NIHR spend on research on specific cancer sites is not held. A figure for total NIHR cancer research spend in 2016/17 is not yet available. Figures for the previous six years are as follows:

	£ million
2010/11	100.9
2011/12	104.1
2012/13	133.2
2013/14	129.9
2014/15	134.7
2015/16	142.4

The Medical Research Council (MRC) is an independent research funding body which receives its grant in aid from the Department for Business, Energy and Industrial Strategy. MRC expenditure on cancer research includes research into the biology, causes, prevention, diagnosis and treatment of cancer as well as research on outcomes. Figures for MRC cancer research spend are provided below (source: National Cancer Research Institute). Data on spend from 2015 is not currently available.

	£ million
2010	107.7
2011	112.1
2012	95.8
2013	79.9
2014	76.2

Information on MRC spend on research on specific cancer sites covering the seven year period requested is not held and could only be provided at disproportionate cost.

27 Apr 2017 | Written questions | Answered | House of Commons

[Cancer](#) (PQ 58012)

Asked by: Hodgson, Mrs Sharon | **Party:** Labour Party

To ask the Secretary of State for Health, whether the £200 million announced for early diagnosis in cancer by NHS England on 6 December 2016 will include funding for awareness initiatives.

Answering member: David Mowat | **Party:** Conservative Party | **Department:** Department of Health

The £200 million will be available over the next two years to support earlier diagnosis and people living with and beyond cancer. Cancer alliances will bid for funding for specific local initiatives, which could include awareness campaigns, although funding has not been specifically set aside for this purpose.

Public Health England's (PHE) Be Clear on Cancer campaigns are designed to raise the public's awareness of specific cancer symptoms, encourage people with those symptoms to go to the doctor and diagnose cancer at an earlier stage. An early general practitioner visit can make a cancer more treatable, and thereby improve cancer survival rates. These campaigns are funded by PHE and delivered in partnership with the Department and NHS England.

The independent Cancer Taskforce strategy report Achieving World-Class Cancer Outcomes: A Strategy for England 2015 to 2020 (July 2015) recommended that PHE should continue to invest in Be Clear on Cancer campaigns. PHE will continue to work with the Department, NHS England and other stakeholders to keep campaigns under review, and to see what might be done to increase awareness of other cancers ensuring that health care

professionals are also targeted with campaign information to encourage earlier diagnoses and referrals.

The decision on which cancers should be the focus of Be Clear on Cancer campaigns is informed by a steering group, whose members include primary and secondary care clinicians, and key voluntary sector organisations.

20 Dec 2016 | Written questions | Answered | House of Commons

[Cancer: Medical Treatments](#) (PQ 56852)

Asked by: Shannon, Jim | **Party:** Democratic Unionist Party

To ask the Secretary of State for Health, what assessment his Department has made of the effect of the £20 million budget cap on the number of available cancer treatments.

Answering member: Nicola Blackwood | **Party:** Conservative Party | **Department:** Department of Health

The National Institute for Health and Care Excellence (NICE) has advised that, along with NHS England, it is consulting on a proposal to apply a budget impact threshold test of £20 million per year to new NICE-appraised drugs and medical technologies (devices and diagnostics).

Subject to the outcome of consultation, this test would not be applied retrospectively and therefore would not have an impact on any cancer treatments already positively appraised by NICE.

16 Dec 2016 | Written questions | Answered | House of Commons

5.2 Debates

[NHS: Cancer Treatments](#)

Lords question for short debate on what action they are taking to evaluate innovative cancer treatments and make them available through the National Health Service, and to raise life expectancy for cancer patients.

25 Jan 2018 | Questions for short debate | House of Lords | House of Lords chamber | 788 cc1168-1194

Lead member: Jowell, Baroness | **Answering member:** O'Shaughnessy, Lord

Department: Department of Health and Social Care

The Lords Library produced a corresponding debate pack on [Innovative Cancer Treatments](#).

[NHS Blood Cancer Care](#)

Motion that this House has considered blood cancer care in the NHS.

17 Jan 2018 | Debates | House of Commons | Westminster Hall | 634 cc358-382WH

Lead member: Smith, Henry | **Answering member:** Hodgson, Sharon · Brine, Steve

The Commons Library produced a corresponding debate pack on [Blood cancer care in the NHS](#).

[Junk Food Advertising and Childhood Obesity](#)

This debate considered the link between obesity and cancer while discussing the Government's obesity strategy.

16 Jan 2018 | House of Commons | Westminster Hall | 634 cc247-8WH

Member: Maggie Throup (Erewash) (Con) | **Party:** Conservative Party

[Cancer Treatment: Patient Travel Times](#)

A debate on the motion that "this House has considered patient travel times for cancer treatment."

10 Jan 2018 | House of Commons | Westminster Hall | 634 cc138-147WH

Lead member: Farron, Tim | **Answering member:** Doyle-Price, Jackie

Department: Department of Health and Social Care

[Tobacco Control Plan](#)

A debate on the motion that "this House has considered the Government's publication of the new Tobacco control plan."

19 Oct 2017 | House of Commons | House of Commons chamber | 629 c1028

[Alcohol Abuse](#)

This debate also discusses the link between alcohol and cancer.

30 Mar 2017 | House of Lords | House of Lords Grand Committee | 782 cc110-4GC

Member: Lord Brooke of Alverthorpe (Lab) | **Party:** Labour Party

[Provision of Cervical Screening](#)

Adjournment debate

27 Jan 2017 | House of Commons | House of Commons chamber | 620 c631

Member: Paula Sherriff (Dewsbury) (Lab) | **Party:** Labour Party

[Breast Cancer Drugs](#)

26 Jan 2017 | House of Commons | House of Commons chamber | 620 cc529-532

Member: Nicola Blackwood | **Party:** Conservative Party

The Library published a corresponding debate pack on [Access to Kadcyła and other breast cancer drugs](#)

[Cancer Strategy](#)

08 Dec 2016 | Backbench debates | House of Commons | House of Commons chamber | 618 cc439-471

Lead member: Dakin, Nic | **Answering member:** Hodgson, Sharon · Mowat, David

Department: Department of Health

The Library published a debate pack for this debate on [Cancer strategy: one year on](#)

5.3 Bills

[Ovarian Cancer \(Public Awareness\) Bill 2017-19](#)

05 Sep 2017 | Presentation bills | House of Commons | Bill 93 2017-19

Member: Bone, Peter **Party:** Conservative Party

- Currently before Parliament, this is a Bill to “to make provision about public awareness measures in respect of the symptoms of and screening for ovarian cancer; and for connected purposes.”

5.4 Early day motions

[BOWEL CANCER SCREENING](#)

That this House calls on the Government to acknowledge that 50 is the internationally-recognised optimal age at which bowel cancer screening should begin; further calls for a commitment from the Government to reduce the age for bowel cancer screening from 60 to 50 in England to bring policy in line with Scotland, and for the devolved administrations in Wales and Northern Ireland to also follow suit; notes that bowel cancer is the UK's second biggest cancer killer and that around 41,000 people are diagnosed with bowel cancer each year, more than one in 10 of whom are in their 50s; further notes that being diagnosed early, stage 1, offers a 97 per cent survival rate, while being diagnosed late, stage 4, carries a survival rate of just seven per cent; notes the online petition in support of lowering the screening age to 50 on Change.org which has gathered the support of over 375,000 people, and counting; and welcomes the recommendation from the National Institute for Health and Care Excellence that the FIT test should be used to guide referral of possible bowel cancer patients, giving GPs a clear alternative to endoscopy as a first line of investigation and potentially delivering substantial cost-savings.

29 Nov 2017 | Early day motions | Open | House of Commons | 617 (session 2017-19)

Primary sponsor: Lloyd, Stephen | **Party:** Liberal Democrats

Other sponsors: Cunningham, Jim · Bottomley, Peter · Blackman, Bob · Glindon, Mary · Jardine, Christine

Number of signatures: 73

[RESEARCH INTO EXOGENOUS CAUSES OF BREAST CANCER](#)

That this House notes ongoing research into the impact of environmental pollutants, such as endocrine, or hormone, disrupting chemicals on humans; further notes that greater understanding of how these pollutants interact with other substances in the environment and within our bodies is needed to help us identify and take steps to reduce the environmental causes of breast cancer; recognises that in 2015-16 cancer research funding into the exogenous causes of the disease accounted for just 1.31 per cent of cancer research funding, significantly down from 3.4 per cent in 2005-06; and calls for an increase in research funding into the exogenous factors in the origin and causes of cancer.

23 Oct 2017 | Early day motions | Open | House of Commons | 443 (session 2017-19)

Primary sponsor: Shannon, Jim | **Party:** Democratic Unionist Party

Other sponsors: Cunningham, Jim · Campbell, Ronnie · Simpson, David · Robinson, Gavin · Girvan, Paul

Number of signatures: 19

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