

A statement from One Cancer Voice: Plotting a route out of the pandemic and towards world-leading cancer services



Governments across the UK have bold ambitions to improve cancer survival and transform patients' quality of life for the 1 in 2 of us who will be diagnosed with the disease. Decades of hard work have resulted in cancer survival doubling over the last half a century – now half of people diagnosed with cancer live for 10 years or more. Progress has been made in recognising and addressing the wider support needs of people with cancer. Despite this, tragically, 165,000 people still die of cancer every year in this country and millions have their lives turned upside down by this unforgiving disease. With the number of people in the UK diagnosed with cancer expected to grow to over 500,000 per year by 2035, it's critical that ambitions to transform cancer survival and patient experience turn into reality, quickly.

Undoubtedly the COVID-19 pandemic has made the challenge much harder. At the height of COVID-19 surges, thousands of people went undiagnosed, tests and treatments were disrupted, and cancer clinical trials were paused or slowed down. In some cases, this was because people did not access help for possible cancer symptoms. In other cases, changes to cancer services were made. Whatever the reason, the disruption is real, and thousands of people have been impacted.

The NHS has put in enormous effort to protect cancer services and return care close to pre-pandemic levels. But we now know that there are around 40,000 people across the UK who should have started cancer treatment in 2020, but did not – most of whom are in the community, living with cancer without knowing it. It will take months if not years to clear the cancer 'backlog' – all the cancer activity that didn't take place, such as people receiving invites to screening, presenting with symptoms or receiving treatment. As a result, sadly, we're likely to see more patients diagnosed at a later stage when chances of survival are lower, likely stalling or even reversing improvements in cancer survival. This has also impacted on the wider needs of people with cancer – resulting in a perfect storm of distress in isolation, with new anxieties adding to someone's experience of cancer.

NHS staff have been the shining light throughout the pandemic. Their commitment, dedication and innovation at a time of huge pressure has been astounding. Staff have collaborated with neighbouring hospitals, made use of the private sector in novel ways and adopted new technologies to ensure as many patients as possible could get the care they need. This willingness to do things differently and adopt innovative practice is the key to driving more productivity, achieving better cancer outcomes, and getting us on track to reaching our cancer ambitions.

We must return, as soon as possible, to driving efforts to prevent cancers, diagnose more patients at an early stage when chances of survival are greatest, and get all care and clinical trials back up and running. It's critical that Governments in all four UK nations direct resources towards clearing the cancer backlog quickly, adopting innovative practices to accelerate recovery whilst ensuring personalised care for all patients. It is also vital – and only right – that Governments support NHS staff in recovering from the burnout, stress and wider impact that the pandemic has had on their health.

But just getting cancer services back to pre-pandemic levels is simply not enough. We must go further and faster than ever before – so that the NHS can meet the rising demand of cancer incidence, adapt to the added pressure that COVID-19 will likely bring for years to come, and accelerate progress towards the UK's cancer ambitions. This means rectifying the substantial workforce and equipment shortages that held the NHS back even before the pandemic. It means offering every person holistic care, recognising and supporting them with the wider needs sparked by their cancer diagnosis. It means investing in the power of research and innovation to drive us more quickly towards our ambitions. It means resourcing high quality end of life care for those who sadly need it. It means keeping the needs of a cancer patient woven into how health services are structured. And it means being bolder with measures to prevent ill health, so we can build a more resilient society, take pressure off the health system and prevent more cancers altogether.

Inequalities in cancer outcomes exist in every part of the cancer pathway – there are around 20,000 more cancer cases each year in more deprived areas of the UK – so it is critical to ensure that these actions serve all parts of society.

The case for investment, innovation and change is a social one, an economic one and a moral one. We urgently need bold political will and leadership. Decisions made now will determine whether we live up to the existing cancer ambitions set by the UK Governments, and drastically improve the lives of people affected by cancer. The cancer community stands ready to work with Governments across the UK to turn ambition into reality for all cancer patients.

We are urging Governments and NHS leaders across the UK to:

1. **Direct resources to clear the cancer backlog as quickly as possible:** by ensuring cancer services receive adequate funding to enable recovery of care and clinical trials. The NHS – with additional funding provided by Governments as required – should take steps to increase diagnostic capacity, including through continued use of the independent sector. The NHS should evaluate innovations that emerged during the pandemic, which have potential to support recovery – such as delivering more care at home, tools to inform clinical triage and telemedicine – to inform further roll out and adoption. Governments and the NHS should strengthen measures to support staff retention and wellbeing in the existing workforce.
2. **Continue to encourage people with signs and symptoms of cancer to seek help from their GP:** by funding evidence-based public campaigns that raise awareness of signs and symptoms of cancer, encourage people to seek help from their GP, and build confidence that NHS services are open – especially in communities and for cancer types of unmet need.
3. **Expand the number of staff in key cancer professions:** by investing year-on-year in training and employing more cancer staff to fill current vacancies and ensure that the workforce has the capacity to meet increasing demand as well as time to innovate and transform services.
4. **Drive earlier and faster diagnosis:** by substantially investing to refresh and expand diagnostic equipment, radically reform how diagnostic services are delivered and optimise national screening programmes. Not only will this support ambitions to diagnose cancers at an earlier stage but also create a stronger platform for research and innovation into early detection of disease.
5. **Ensure personalised care and support for all:** by meeting every cancer patient's holistic needs, including appropriate mental health, wellbeing and practical interventions that improve people's quality of life. This

should include a holistic needs assessment, recognition of the unique needs of children and young people, personalised care and support plans, and signposting to wider information and support.

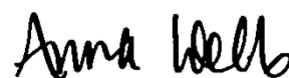
6. **Strengthen the UK's medical R&D base to accelerate improvements in cancer outcomes:** by committing to multi-year funding for medical research (including support for medical research charities), improving the commercialisation and adoption of technology, and better embedding research activity in the healthcare setting. Cancer research should be a pioneering part of the Government's ambition for the UK to be a global science superpower.
7. **Resource high quality end of life care:** by taking steps to improve capacity and provide high quality end of life care for all those who need it, an important component of comprehensive next steps to meet the needs of some people with cancer.
8. **Be bolder in measures to prevent cancer:** by introducing measures quickly to restrict junk-food marketing on TV and online to reduce childhood obesity rates, implementing a Smoke-Free 2030 Fund to pay for measures to create a smoke-free UK, and increasing funding for local public health services.
9. **Reduce inequalities in cancer outcomes:** by ensuring cancer care serves all parts of society, through robust data collection and evaluation, and introducing and reinforcing targeted interventions to reach those groups that need them most.



Jeannie Rigby
Director
Action Bladder Cancer UK



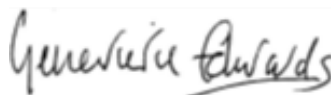
Henny Braund
Chief Executive
Anthony Nolan



Dr Anna Webb
Director
BHD Foundation



Gemma Peters
Chief Executive
Blood Cancer UK



Genevieve Edwards
Chief Executive
Bowel Cancer UK



Will Jones
Chief Executive
Brainstrust



Sue Farrington Smith MBE
Chief Executive
Brain Tumour Research



Baroness Delyth Morgan
Chief Executive
Breast Cancer Now



Pamela Healy OBE
Chief Executive
British Liver Trust



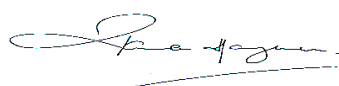
Jane Lyons
Chief Executive
Cancer 52



Professor Frank Chinegwundoh
MBE
Chairperson
Cancer Black Care



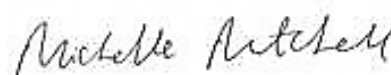
Robin Pritchard
Co-Director
Cancer Care Map



Paula Hargadon
Co-Director
Cancer Care Map



John Symons
Director
**Cancer of Unknown Primary
Foundation - Jo's friends**



Michelle Mitchell OBE
Chief Executive
Cancer Research UK

Cliff O'Gorman
Chief Executive Officer
Children with Cancer UK

Ashley Gamble
Chief Executive
**Children's Cancer and
Leukaemia Group**

Rachel Kirby-Rider
Chief Executive
CLIC Sargent

Marc Auckland
CLLSA Chair of Trustees
CLL Support Association

Sophie Dopierala
Education & Health Comms
Director
CoppaFeel!

Tina Seymour
Chief Executive
Hope for Tomorrow

Rebecca Shoosmith
Acting Chief Executive
Jo's Cervical Cancer Trust

Rose Woodward
Founder and Patient Advocate
Kidney Cancer Support Network

Nick Turkentine
Chief Operating Officer
Kidney Cancer UK

Anna Jewell
Chair
**Less Survivable Cancers
Taskforce**

Zack Pemberton-Whiteley
Chief Executive
Leukaemia Care

Sarahjane Robertson
Chief Executive
Look Good Feel Better

Ropinder Gill
Chief Executive
Lymphoma Action

Lynda Thomas
Chief Executive
Macmillan Cancer Support

Matthew Reed
Chief Executive
Marie Curie

Gillian Nuttall
Chief Executive
Melanoma UK

Liz Darlison MBE
Chief Executive Officer
Mesothelioma UK

Sarah McDonald
Director of Research
Myeloma UK

Dr Anna Webb
Director
Myrovlytis Trust

Victoria Clare
CEO
Ovacom

Cary Wakefield
Chief Executive Officer
Ovarian Cancer Action



Diana Jupp
Chief Executive
Pancreatic Cancer UK



Angela Culhane
Chief Executive
Prostate Cancer UK



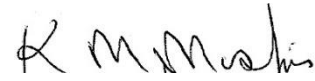
Mike Grundy
Deputy Chief Executive
**Roy Castle Lung Cancer
Foundation**



Richard Davidson
Chief Executive
Sarcoma UK



Gail Jackson
Chief Executive
Solving Children's Cancer



Ken Mastris
Chairman
Tackle Prostate Cancer



Annwen Jones OBE
Chief Executive
Target Ovarian Cancer



Kate Collins
Chief Executive
Teenage Cancer Trust



Sarah Lindsell
Chief Executive
The Brain Tumour Charity



Athena Lamnison
Chief Executive
The Eve Appeal



Nina Barough CBE
Chief Executive
Walk the Walk Worldwide



Kathryn Scott
Chief Executive
Yorkshire Cancer Research