The importance of screening and early diagnosis in improving cancer survival in England

The King’s Fund & Macmillan Cancer Support
Professor Sir Mike Richards
March 2019
Screening and early diagnosis: Overview

• Where have we come from?
  • Lessons from the past 20-40 years

• Looking forwards
  • The NHS Long Term Plan
  • My review of cancer screening and diagnostic capacity

• The Faster Diagnosis Standard

• The Importance of early diagnosis for long term quality of life
Unfinished business


Mike Richards, Ruth Thorlby, Rebecca Fisher, Cat Turton

With thanks to Jon Shelton and the CRUK Intelligence Team for much of the data
A brief history

• 1970s-1990s: Emerging from the ‘dark ages’ of cancer
  • Patients not told their diagnosis
  • Fatalism / nihilism about cancer amongst doctors
  • ‘Dabblers’
  • No strategy or guidelines


• 1999: Cancer ‘A top priority’

• 2000: NHS Cancer Plan

• 2007: Cancer Reform Strategy

• 2011: Improving Outcomes: A strategy for cancer

• 2015: Achieving World Class Cancer Outcomes
What progress have we made?

• Incidence
  • Increasing

• Outcomes
  • Cancer mortality is falling.
  • Cancer survival is improving for almost all cancers (but ...).
  • Patient experience has improved significantly.
  • Experts agree that long term quality of life has almost certainly improved over the past 20 years, but it is difficult to measure.

• Processes
  • Multidisciplinary team working is now fully embedded.
  • Complex surgery has (largely) been reconfigured.
  • We built a strong 2°/3° community for change (though cancer networks).

• Treatment
  • Major improvements in surgery, radiotherapy and systemic therapies.
Incidence

Number of cases (thousands)

Year of diagnosis

Female

Male
Cancer survival

Net survival (%)

Calendar year of diagnosis

1-year

5-year
But ...

• The gap in cancer survival between England/UK and other developed countries has not been narrowed (except for breast cancer).

• The 62 day standard, which was achieved between 2006 and 2013 is now not being achieved.

• The experts I interviewed all commented that progress had stalled around 2012 with the loss of cancer networks and the health service reforms.
International comparisons
Why is cancer survival in England/UK still poor?

• Strong consensus now that late diagnosis plays a major part in poor survival

• This was strongly disputed 20 years ago

• Concerns were expressed about validity of cancer registration

• There was very little research evidence about cancer from a primary care perspective
Why is late diagnosis a particular problem in the UK?

- We have a very tight gatekeeping model.
- The public are worried about wasting their GP’s time (ICBP).
- GPs are overstretched.
- GPs in the UK are less likely to investigate or refer than those elsewhere (ICBP).
- GP practices with low referral rates have worse cancer outcomes (unpublished).
- We have very poor access to diagnostics including CT, MRI, Endoscopy (OECD).
- Commissioners sometimes try to restrict referrals.
- Hospital consultants sometimes berate GPs for ‘inappropriate referrals’.
Cancer: Looking Forwards

• The NHS Long Term Plan sets a clear direction of travel.

“By 2028 the proportion of cancers diagnosed at stages 1 and 2 will rise from around half now to three quarters of cancer patients.”
Long Term Plan commitments on early diagnosis

• Greater awareness of symptoms of cancer
• Lower the threshold for referral by GPs
• Accelerated access to diagnosis and treatment
• Maximise the numbers of cancers that we identify through screening
• Beginning to test family members of cancer patients where they are at increased risk of cancer
• Modernise the bowel screening programme
• Implement HPV primary screening for cervical cancer
• Extend lung health checks
• Introduce a new faster diagnosis standard from 2020
• Roll out rapid diagnostic centres
• Spending review 2019: Invest in new CT and MRI scanners
• (+ More on treatments, molecular diagnostics, care plans and follow up)
Faster Diagnosis Standard

• All ‘urgent’ suspected cancer referrals, breast symptomatic referrals and screening referrals.

• Need to diagnose or exclude cancer by Day 28.

• Need to have first assessment by around Day 7.

• Will reduce duration of anxiety for the large majority of patients who do not have cancer.

• Will help achievement of 62 day standard.
What will be needed to make this happen?

• Investment
• Workforce – especially primary care and diagnostics
• Equipment
• A major programme of engagement involving public health, primary care and diagnostic services – as well as cancer treatment services
• New models of care (e.g. rapid diagnostic services)
• Integrated care systems working with cancer alliances to take responsibility for improving cancer survival
Summary

• We have come a long way – but there are huge and exciting challenges ahead. The Long Term Plan sets the direction. Now we need to implement it!