

## Macmillan briefing on improving cancer outcomes

**Briefing for:** MPs and peers  
**Purpose:** To provide a briefing on improving cancer outcomes and how this can be achieved  
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### 1. Introduction

By the end of the next Parliament almost 1 in 2 people will receive a cancer diagnosis in their lifetime. A recent major study of more than 29 European countries found survival rates for almost all common cancers are worse for Britain than the European average.<sup>1</sup> The next Government can and must change this.

**Ahead of the General Election, Macmillan is calling on all parties to commit to delivering cancer outcomes that match the best in Europe by the end of the next Parliament. To achieve this they should also commit to:**

- **dramatically decrease the number of people diagnosed with cancer via an emergency route**
- **reducing variation and inequalities in access to treatment.** This includes publishing an action plan to tackle older people having some of the worst survival rates in Europe and ensuring that every cancer care team uses a comprehensive assessment of the needs of older people to inform the best possible treatment for them.
- **ensuring people with cancer are better supported after treatment has ended.** This includes ensuring everyone diagnosed with cancer receives a cancer Recovery Package

To ensure that people with cancer in the UK receive treatment and care that matches the very best in Europe it is crucial that they are diagnosed at the earliest opportunity, able to access the best treatment that is right for them, irrespective of their age or where they live, and that they are properly supported once their treatment has finished. This briefing sets out how this can be achieved.

### 2. Improve early diagnosis

*'I was experiencing weight loss and serious stomach problems but every time I went to see my GP they put it down to irritable bowel syndrome or depression because I'd lost my mum.*

*It wasn't until I collapsed and went back to the doctor again, this time to a locum, that I was referred immediately for hospital tests. A few days later I was given the devastating news that I had stage 3 bowel cancer.*

*Because I was diagnosed so late I had to have very aggressive chemotherapy. I'm now in remission but I've been left with ongoing muscle pain and 'chemo brain'.*

Sonia, 38, from Manchester

People have a better chance of surviving cancer and having fewer long-term complications if the disease is caught early. The UK, however, performs poorly on early diagnosis compared with many other developed countries. One study comparing the UK to five other countries with similar health systems and levels of wealth found the UK has the lowest one-year survival rates for colorectal, lung, breast and ovarian cancer.<sup>ii</sup>

We know that one in four people with cancer are diagnosed via an emergency admission, and those diagnosed this way are on average around twice as likely to die within a year of diagnosis as those diagnosed via an urgent GP referral.<sup>iii</sup> We also know that the older you are the more likely you are to be diagnosed via an emergency admission.

There are three main factors that affect early diagnosis: first, people's level of awareness of signs and symptoms and how quickly they report them to a health professional, or how many people take up available screening; second how quickly and accurately GPs refer people for further investigation; and third, how quickly people are able to access diagnostic tests. We also need better data on how far someone's cancer has advanced at the time they are diagnosed.

**Macmillan is calling on all parties to ensure that more is done to:**

- **dramatically decrease the number of people diagnosed with cancer via an emergency route**

### **3. Access to treatment, in particular for older people**

We are concerned that too many people with cancer in the UK are not receiving the best possible treatment and care. Treatment rates vary depending on where you live in the country and on age. For example, for people with early-stage non-small cell lung cancer, surgery offers the best chance of a cure. But, in the UK we carry out less surgery for lung cancer than in other European countries and the proportion of people who receive surgery varies widely across the UK.<sup>iv</sup>

We also know that UK survival rates for older people are some of the worst in Europe, and that rates of surgery decline sharply with age. Over 1.3 million older people (aged 65 and over) are living with cancer in the UK<sup>v</sup> and that number is set to treble by 2040.<sup>vi</sup> The reasons for poorer outcomes in older people are complex. They could include delays in diagnosis and treatment, more advanced stages of diagnosis and being more likely to have other health considerations in addition to cancer. But, there is also a growing body of evidence to suggest under-treatment is a contributing factor.<sup>vii</sup> However, much of the data on cancer treatment rates does not take into account other factors such as patient choice and co-existing conditions.

The NHS Outcomes Framework and the Clinical Commissioning Group (CCG) Outcomes Indicator Set include an indicator on cancer mortality for people aged under 75, in order to identify premature death from cancer. This means that data is not being collected to identify premature death from cancer for people over 75. This sends out an unhelpful message about the importance of older people with cancer and may not provide right incentives for the NHS to improve outcomes for older people.

There are also worrying signs about how quickly people with cancer are accessing treatment. For example, we have recently seen the first breach of any cancer waiting time in England since

2009. Around one in four of the trusts that were hitting the 62 day wait operational standard at the start of 2013/14 are now missing the government target.<sup>viii</sup>

**Macmillan believes that every cancer patient should have access to the most appropriate cancer treatment, regardless of their age. We are calling on all parties to:**

- **reduce variation and inequalities in access to treatment.** This includes publishing an action plan to tackle older people having some of the worst survival rates in Europe and ensuring that every cancer care team uses a comprehensive assessment of the needs of older people to inform the best possible treatment for them.

#### **4. Investing in care after treatment for cancer survivors**

There are currently 2 million people in the UK living with and beyond cancer, and at least one in four of those face poor health or disability after treatment.<sup>ix</sup> The physical consequences of treatment range from general fatigue to much more severe issues including reduced functional capability, osteoporosis and chronic pain. There are also emotional consequences of cancer and treatment, including anxiety and depression.

Macmillan believes that more emphasis should be put on promoting physical activity as part of the aftercare package. A trial in Glasgow offered a supervised group exercise session, which ran over 12 weeks, for women with early stage breast cancer as an addition to standard care. The study found significant improvements in physical functioning, active daily living, shoulder range of movement, cardio-vascular fitness, positive mood, and breast cancer-specific quality of life.<sup>x</sup> There were no adverse events reported.

Macmillan has developed the 'Recovery Package' as a standard part of the aftercare of people with cancer. The components of the package include:

- a holistic assessment of the patients' needs, and a tailored plan to meet these;
- a treatment summary explaining treatment received and next steps to both the patient and their GP;
- a cancer care review with their GP at 3 and 6 months to monitor progress; and
- a health and wellbeing event, which helps educate and empower the patient to manage their condition and keep themselves fit and healthy

Cancer survivors must be properly supported once their treatment stops to help their recovery and minimise the impact of their illness on their overall health. Formulaic approaches to treatment are not meeting the needs of cancer patients and the current hospital based follow-up service simply won't cope with the growing cancer population.

**Macmillan calls on all parties to ensure that:**

- **people with cancer are better supported after treatment has ended.** This includes ensuring everyone diagnosed with cancer receives a cancer Recovery Package

#### **5. Fragmentation of commissioning responsibilities**

Macmillan is continuing to monitor the impact of the NHS reforms on cancer services and people affected by cancer. At the moment NHS England commissions specialised services such as radiotherapy, chemotherapy and services for rarer cancers, while CCGs commission all other NHS services (particularly early stages of the pathway). In addition, commissioning for public

health services (including prevention and awareness raising) falling to local authorities. We are concerned that this split in commissioning may result in fragmented care across the cancer pathway, and that cancer patients may fall through the cracks as a result. There needs to be more clarity about cancer commissioning responsibilities and who is responsible for ensuring joined up care. There also needs to be enough flexibility within national decisions on specialised services to enable local innovation.

## 6. How can MPs and peers support improvements to cancer outcomes?

Macmillan's call to improve cancer outcomes is one of three areas we are prioritising ahead of the General Election. We are also calling on all parties to commit to:

- Ensure all cancer patients are treated with the highest levels of dignity and respect and that staff are supported to do this; and
- Ensure everyone at the end of life is given free social care to support them to spend their final weeks and days in the place of their choosing.

To support all of our General Election calls we would be extremely grateful if you could:

- Write to the people in your party responsible for policy development and manifesto writing raising them.
- Ask Parliamentary questions on the issues mentioned in this briefing. Please contact us using the details below if you would like suggested wording.

**For more information:** Fiona Howie, Senior Public Affairs Officer, at 0207 091 2322 or [fhowie@macmillan.org.uk](mailto:fhowie@macmillan.org.uk)

<sup>i</sup> De Angelis et al. Cancer survival in Europe 1999—2007 by country and age: results of EURO CARE-5—a population-based study. *Lancet Oncology* 2014; 15: 23-34

<sup>ii</sup> Coleman MP et al. Cancer Survival in Australia, Canada, Denmark, Norway, Sweden and the UK, 1995-2007 (the International Cancer Benchmarking Partnership): an analysis of population-based cancer registry data. *Lancet* 2011; 377: 127-138

<sup>iii</sup> Elliss-Brookes L et al. Routes to diagnosis for cancer – determining the patient journey using multiple routine data sets. *Br J Cancer* 2012; 107: 1220-1226

<sup>iv</sup> Health and Social Care Information Centre. *National Lung Cancer Audit* 2013. Variations persist after adjusting for age, sex, socioeconomic status, stage of disease and general health

<sup>v</sup> Macmillan Cancer Support. *The rich picture on older people with cancer*. 2013

<http://be.macmillan.org.uk/Downloads/CancerInformation/RichPicture/OlderPeopleRichPicture2013MAC136681113-FINAL.pdf>

<sup>vi</sup> Maddams J, Utley M, Møller H. Projections of cancer prevalence in the United Kingdom, 2010-2040. *Br J Cancer* 2012; 107: 1195-1202

<sup>vii</sup> Age UK, Department for Health and Macmillan Cancer Support. *Cancer Services Coming of Age: Learning from the Improving Cancer Treatment Assessment and Support for Older People Project*. 2012

[http://www.macmillan.org.uk/Documents/AboutUs/Health\\_professionals/OlderPeoplesProject/CancerServicesComingofAge.pdf](http://www.macmillan.org.uk/Documents/AboutUs/Health_professionals/OlderPeoplesProject/CancerServicesComingofAge.pdf)

<sup>viii</sup> Comparison of 62-Day Wait for first treatment – All Cancers (Provider Data) for admitted and non admitted care from Quarter 4 2013-14 (January to March 2014) to Quarter 1 2013-14 (April to June 2013). Available at <http://www.england.nhs.uk/statistics/category/statistics/provider-waiting-cancer/> accessed 30 May 2014

<sup>ix</sup> Macmillan Cancer Support. *Throwing light on the consequences of cancer and its treatment*. 2013

<sup>x</sup> Mutrie, Campbell et al. Benefits of supervised group exercise programmes for women being treated for early stage breast cancer: pragmatic randomised controlled trial. *BMJ* 2007; 334: 517