

NHS England Board meeting

Paper Title: Earlier Diagnosis of Cancer - Progress Report

Agenda item: 6 (Public session)

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Paper type: For information

Organisation Objective:

NHS Mandate from Government	<input type="checkbox"/>	Statutory item	<input type="checkbox"/>
NHS Long Term Plan	<input checked="" type="checkbox"/>	Governance	<input type="checkbox"/>
NHS People Plan	<input type="checkbox"/>		

Executive summary:

This paper provides a progress report to the Board on the work of the NHS Cancer Programme to deliver the NHS Long Term Plan ambitions for cancer. It sets out our strategy for earlier diagnosis to ensure that more cancers are diagnosed at an early stage. This paper describes the impact of the pandemic on this ambition and gives programme updates for each of the six strands of the earlier diagnosis strategy.

Action required:

The Board is asked to note and comment on the information provided in the report.

Background

1. While advances in cancer treatment have supported a long-term upward trend in cancer survival, the proportion of patients diagnosed with cancer at stage I or II has flatlined at around 55% since 2013. People living in more deprived areas are more likely to be diagnosed at a later stage compared to people from the most affluent areas – an estimated 8.3 percentage point gap.
2. Diagnosing cancer early, when often there are more curative treatment options, improves survival. The NHS Long Term Plan set an ambition to diagnose 75% of cancers at an early stage by 2028, up from 55% in 2018. This will help to ensure that, from 2028, 55,000 more people each year survive their cancer for at least five years after diagnosis. These ambitions were designed to be stretching, to drive transformation, and match the best international performance across cancer types.
3. The NHS has adopted a comprehensive strategy to improve early diagnosis, and this is a different focus from previous NHS cancer strategies. It aims to:
 - a) Promote public awareness so that people understand the symptoms of cancer and are encouraged to act promptly on them.

- b) Identify people who may be at higher risk of cancer for genetic or lifestyle factors and checking them proactively for cancer.
- c) Improve how we identify and refer people with potential cancer in primary care.
- d) Streamline and improve diagnostic pathways so people get a definitive diagnosis – yes or no - within 28 days.
- e) Harness innovation to transform how we diagnose cancer.,
- f) Modernise and expanding the NHS cancer screening programmes.

Early diagnosis rates have started to rise for the first time in a decade

4. As **Figure 1** shows, early diagnosis rates had been broadly flat since records began in 2013. They then fell during the first wave of the pandemic, due to the combination of late/delayed presentation and the inevitable impact on cancer screening services of Covid-19 and associated Infection Prevention and Control measures.
5. The data suggests that we recovered quickly from this dip in early diagnosis rates. We had returned to the pre-pandemic level of early diagnosis by as early as July 2021, and we are now around one percentage point above where we were in 2019. While we still have a long way to go to meet our ambitions, for that broadly flat line to begin to shift is a promising start.
6. Two primary factors lie behind this success: first, thanks in part to our ‘Help Us Help You’ campaigns and support from the wider cancer community, urgent cancer referrals have been at record levels since March 2021. In September 2022 referrals were at 129% of pre-pandemic levels. One in every four GP referrals is currently for suspected cancer, and in September alone, a quarter of a million people (251,977) were checked following an urgent GP referral. This is an additional 56,781 patients compared with September 2019.
7. Second, despite all the ongoing pressures of the pandemic, the NHS has continued to put in place the foundations for its early diagnosis strategy through to 2028. The next section describes the progress made so far under each element of our strategy.

Progress in implementing a comprehensive early diagnosis strategy

A) Promoting public awareness

8. The NHS is delivering a rolling programme of national campaigns to raise awareness of cancer symptoms and take the fear out of coming forward to get checked. These campaigns are particularly targeted at people in areas of higher deprivation, and the NHS is partnering with charities to deliver outreach events to strengthen the reach of our campaign messages into these communities. We are on track to run three national campaigns in 2022/23 and are working with four cancer charities including Prostate Cancer UK to deliver targeted messaging to higher risk groups.

B) Proactively identifying and checking people at higher risk

9. Targeted Lung Health Checks are being rolled out starting in areas with higher rates of mortality from lung cancer, which are often also areas of high deprivation. The programme offers low dose CT scans to people who are at increased risk of developing lung cancer. It is now live in 33 locations and to date more than 500,000 people have been invited for a check. The programme has already diagnosed more than 1,100 cancers, 76% at an early stage, compared to a historical average of less than 30%. The UK National Screening Committee has updated its advice to Ministers to recommend a national targeted lung screening programme.
10. In 2022/23, the NHS launched Community Liver Health Check (CLHCs) pilots to support earlier detection in people with cirrhosis or advanced fibrosis who are at a higher risk of developing liver cancer. In January, we will launch a project to offer outreach testing to Jewish people for BRCA mutations which increase the risk of certain types of cancer. People of Jewish heritage are ten times more likely to have a BRCA mutation than the general population.

C) Ensuring effective and timely primary care pathways

11. On 16 November 2022, the NHS announced plans to give GPs greater direct access to diagnostic tests for cancer. This will enable GPs in England to directly order CT scan, ultrasound, or brain MRI tests for patients with certain concerning symptoms, but who fall outside the NICE guideline threshold for an urgent suspected cancer referral. This will allow more people to access diagnostic tests more quickly, supporting the faster and earlier detection of cancer. The NHS is also creating more routes into the system to increase patient choice and reduce pressure on GP services. Later this year the NHS will launch a pilot to test direct referrals from community pharmacy for patients with red flag symptoms of cancer. Self-referral routes are also being tested which allow people to be assessed over the phone.

D) Streamlining diagnostic pathways

12. The NHS has created a new urgent cancer pathway to enable faster referral routes for people with vague symptoms. These Non-Specific Symptoms (NSS) pathways allow GPs to make referrals for cancer without needing to specify which type of cancer they suspect. 98 NSS pathways are now live with over 58,744 patients seen by September 2022. Best practice timed pathways are also being implemented to ensure more people get a definitive diagnosis – whether it is cancer or not - within the new 28-day Faster Diagnosis Standard.

E) Harnessing innovation to transform cancer diagnostics

13. NHS England and a company called GRAIL have entered a strategic partnership to trial its Galleri test which has the potential to identify up to 50 cancers at an early stage through a simple blood test. A large-scale trial involving over 140,000 volunteers who do not have cancer symptoms is underway. The NHS Cancer Programme is developing plans to roll out the test to 1m people in 2024 and 2025 if the trial is successful. Alongside this, the NHS Cancer Programme is accelerating the take up in clinical settings of 16 new ideas to improve cancer diagnosis.

F) Modernising and expanding NHS cancer screening programmes

14. The NHS is expanding eligibility for bowel cancer screening from the age of 60, down to 50. FIT, a more user-friendly test, has now been fully implemented into the NHS bowel cancer screening programme and has already helped to increase uptake by just over 10% points. Research is underway to identify opportunities to increase uptake across NHS breast and cervical cancer screening services. This includes studies to test self-sampling devices within the screening programme for cervical cancer.

Conclusion and next steps

15. There remains significant variation in the early diagnosis rates for different tumour types ranging from over 90% of testicular cancers being diagnosed early to fewer than 25% for oesophageal and pancreatic cancers. To meet our ambitions, we will need to increase earlier diagnosis rates across a wide range of rare and less common cancers. We are working systematically through these tumour types to identify new interventions to find more of these cancers earlier.

16. While our work to encourage people with symptoms which could be cancer to come forward has been successful, diagnostic capacity has not been able to expand at the rate required to match the record levels of people being referred urgently. This has resulted in longer waiting times on average for patients. Treatment rates for cancer have also increased - in September 2020 they stood at 107% of pre-pandemic levels - but not to the same level as referrals. Continued investment to expand diagnostics and the cancer workforce is essential to keep pace with demand.

17. The NHS is establishing Community Diagnostic Centres (CDCs) with an initial investment of £350 million to help meet this increased demand. 91 'one stop shops' have already been introduced in hospitals and town centres, and are on track to provide at least three million tests this year. The NHS plans to open up to 160 CDCs, which will provide up to nine million tests per year by the end of 2025.

18. New and innovative technologies which allow us to detect more cancers through less invasive tests are also showing potential to help meet the challenge of growing demand and improving patient experience. For example, increased genomic testing through our new genomics strategy will allow us to identify and offer more support to people with an increased risk of developing cancer. This includes options to help prevent cancers from developing and offering surveillance services to ensure we catch it early if they do.

19. The change in early diagnosis achieved so far is an encouraging start, in line with our planning trajectory, and provides a platform from which to build. More work is already in hand to drive further towards our ambitions.

ANNEX A: FIGURES

Figure 1. Graph showing earlier diagnosis rates from Jan 2018 – May 2022

All-cancer Early Diagnosis Rate, Rapid Registration Data

