The state of cancer
An analysis of public attitudes towards NHS cancer services in England
August 2018
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Cancer affects everyone in some way. Half of us will receive a cancer diagnosis at some point in our lives and the number of new diagnoses is projected to rise still further.\(^1\) It is also a major killer, causing around 130,000 deaths each year.\(^2\)

Yet there is good news. Thanks to earlier diagnosis and better treatments, more than half of people receiving a cancer diagnosis will now live for a decade or more.\(^3\) Cancer survival continues to improve and death rates are falling. Increasing numbers of people with incurable cancer are now able to lead relatively healthy lives for many years whilst receiving ongoing treatment.

There is, however, much to be done. Despite progress, cancer outcomes in England are considerably poorer than in other comparable countries.\(^4\) Too many people are only diagnosed after their cancer has spread. Treatment and care is becoming increasingly complex and costly. Cancer services are under increasing pressure, with too many people waiting for too long and too few staff to support them.

Cancer has long been a public and political priority, but how has this changed as the opportunities to improve outcomes and challenges facing cancer services have evolved?

As the NHS develops a new long-term plan, it is timely to assess how the public views NHS cancer services and its priorities for improvement. This report showcases the findings of in-depth polling undertaken by Populus for Incisive Health on public attitudes towards NHS cancer services. It examines views on:

- The prioritisation of action on cancer within wider plans to improve NHS services
- Satisfaction with NHS cancer services
- Funding of NHS cancer services
- The future of NHS cancer services
- Priorities for improving NHS cancer services
- Further action on prevention
- Early diagnosis and the personal views that might discourage people from seeking help
- The quality of cancer treatment
- The role of the NHS in helping people after cancer treatment
- Workforce issues
- Access to cancer research
- How Brexit might affect NHS cancer services

The report also investigates the influence that a personal experience of cancer may have on wider perceptions of NHS cancer services.

We hope it is helpful to all those working to improve cancer outcomes in England.
Key findings

Cancer is the most feared illness, although Alzheimer’s is more feared by older people.

Cancer is the top disease priority for extra NHS investment, ahead of Alzheimer’s disease / dementia, heart disease and depression.

Opinions are divided on how NHS cancer services compare to those in other countries.

The public believes that NHS cancer services do not have the resources they need to deliver the best cancer care in the world.

Overall, there is optimism that NHS cancer services will improve in the next three years.

When it comes to improving cancer services, the public wants to prioritise increasing the number of tests for suspected cancer and ensuring the latest cancer treatments are available.

Younger people tend to be more supportive of prioritising restrictions on tobacco, alcohol and sugary foods to help prevent cancer.

Fear of what a doctor might find is a barrier to one in four people seeking help for a potential symptom of cancer.

One in five men and one in four women would be concerned about wasting the doctor’s time if they had a potential symptom of cancer.

Just over half of respondents were confident that their GP would spot a sign of cancer. This falls to one in three for practice nurses and one in six for pharmacists.

Confidence in GPs’ ability to spot cancer signs and symptoms is highest in the North East and lowest in London.

Awareness of how the NHS is performing on cancer waiting times is low.
Key findings

The public are overwhelmingly willing to travel further to get the best cancer treatment

Only one in four people agree that NHS cancer patients are able to access the latest drugs

Close to one in three people believe that access to cancer treatments on the NHS has improved in the last three years

Eight in ten people believe that cancer tests and treatments which are discovered in England should be made available on the NHS

There are high levels of concern about staff shortages limiting the effectiveness of NHS cancer services

People who have been diagnosed with cancer, or who know someone who has been diagnosed, tend to be more concerned that the NHS lacks the money it needs to deliver world class cancer compared to people with no direct experience of cancer

Opinions are divided about the impact of Brexit on cancer services. While four in ten believe it will make staff shortages worse, three in ten believe it will reduce the number of people seeking treatment on the NHS

People who have been diagnosed with cancer tend to be more positive about access to treatments on the NHS than those who have not been diagnosed but know someone who has
Background

Cancer affects most of us in some way – either through direct experience or caring for a loved one. It remains the leading cause of death in the UK for every age group. Half of people born since 1960 will be diagnosed with cancer in their lifetime.\(^1\) Although there has been significant progress in improving cancer survival, outcomes in England are still poorer than in comparable countries.\(^4\)

Cancer has long been a political priority in England. Since the foundation of the NHS in 1948, cancer has been mentioned 70 times in the election manifestos of the major political parties of the day.\(^5\) In the last three decades the political interest in cancer and commitment to introducing policies to improve services has increased dramatically, peaking in 2010 with 20 mentions across the Conservative, Labour and Liberal Democrat manifestos (Figure 1).

![Figure 1: Total mentions of cancer per 1,000 words in Labour, Conservative and Liberal Democrat general election manifestos](image)

This political interest is no accident. The priorities of politicians usually reflect the interests of the public and cancer is no exception. Figure 2 shows that Google searches for cancer are far in excess of those for Alzheimer’s disease / dementia, depression and cardiovascular disease.
Public interest in cancer has also translated into public concern. The then Government’s Cancer Reform Strategy reported that cancer was the issue which the public most feared, ahead of Alzheimer’s disease, a heart attack and terrorism.\textsuperscript{6}

However, there are some signs that political and public attention has shifted. As Figure 1, shows references to cancer declined in prominence in the 2017 election manifestos.\textsuperscript{5} Indeed, mental health – which has seen an increase in prominence in the last two elections – overtook cancer.\textsuperscript{5} This may in part be due to the consensus in support of the Cancer Taskforce report, published in 2015.\textsuperscript{7} After all, the political focus during elections tends to be on areas of disagreement, not consensus, and cancer has once again been featured in announcements about future investment in the NHS.
Methodology

We wanted to test public attitudes to different aspects of NHS cancer services. We therefore designed a series of questions to explore views on:

- Perceptions of cancer, including whether these changed if respondents had a personal experience of the condition
- Prioritisation of cancer compared to other medical conditions
- The quality of cancer services in general and on key indicators of cancer service performance
- Priorities for improving cancer services
- Why people might delay in seeking help if they had symptoms they were concerned about
- The potential impact of Brexit on cancer services
- The extent to which cancer services can be expected to improve in the coming years

We commissioned Populus to conduct this research. Populus interviewed 1,724 adults in England online between 15 and 17 June 2018. Data were weighted to be representative of all adults in England aged 18+. It should be noted that this was the weekend on which the Prime Minister committed additional funding to the NHS. It is unclear whether this will have influenced public responses.

Populus is a member of the British polling council and abides by its rules. Full data tables and questions asked are available on Populus’s website.
Public prioritisation of cancer

Despite the significant and welcome increases in the profile of conditions such as Alzheimer’s disease / dementia and mental ill-health in recent years, cancer remains the illness which the public fears the most (Figure 3). One in three (31%) respondents identify it as their top fear, followed closely by Alzheimer’s disease / dementia (30%). The third most feared illness was motor neurone disease (7%).

Figure 3: Responses to the question “Which of the following illnesses do you fear the most?”

Figure 4, however, shows that older people fear Alzheimer’s disease / dementia more, with half (49%) of over 65s citing it as their top fear, compared to one in five (19%) who cited cancer.

Figure 4: Analysis of fear of cancer and Alzheimer’s disease / dementia by age
Fear of cancer translates into a desire to see cancer services prioritised for additional funding. When asked how they might allocate an additional notional amount (in this case £100 million) of resources to the NHS, three in five (60%) respondents selected cancer as one of their two choices. Nearly half (49%) selected Alzheimer’s disease / dementia, followed by heart disease (18%) and depression (16%) (Figure 5).

**Figure 5: Responses to the question “If the NHS had £100m extra to spend a year, which two, if any, of the following health conditions should it prioritise giving funding to?”**

When we compare priorities for investment with age as set out in Figure 6 we can see that older people aged over 75 would prioritise investment in Alzheimer’s disease / dementia whereas all other age groups would prioritise additional funding for cancer.
Figure 6: Responses to the question “If the NHS had £100m extra to spend a year, which two, if any, of the following health conditions should it prioritise giving funding to?” by age

Figure 7 shows that voters for all parties wish to see cancer prioritised for additional spending. Interestingly, although Conservative voters are more likely to fear Alzheimer’s disease / dementia the most (36% compared to 27% for cancer), they are more likely to prioritise cancer for additional expenditure (61% for cancer, compared to 54% for Alzheimer’s disease / dementia).

Figure 7: Responses to the question “If the NHS had £100m extra to spend a year, which two, if any, of the following health conditions should it prioritise giving funding to?” by votes at 2017 General Election
In its 70th year it is clear that the NHS remains a significant and treasured national institution. The public consistently prioritise investing in the NHS above other public services such as education and welfare. However, satisfaction with the NHS is falling; public dissatisfaction with the NHS grew to 29% in 2017, a 7% increase from the previous year.

When it comes to cancer, attitudes are divided, as set out in Figure 8. Although one in four (27%) respondents agreed that the NHS offers the best cancer care in the world, slightly more (29%) disagreed with the statement. Similarly, there is no consensus about how cancer services have fared since 2015, with one fifth of the public (19%) agreeing that cancer services have worsened and the same proportion of people (19%) disagreeing with this assessment.

There is, however, little confidence that the NHS delivers world-leading cancer outcomes. Only 14% of respondents agreed that cancer outcomes in England are the best in the world, with 25% disagreeing.
Attitudes towards the funding of NHS cancer services

That the public would prioritise cancer for extra investment is perhaps partly explained by perceptions of current funding. Half (50%) of respondents disagree with the statement “I am confident that NHS cancer services have the money they need to offer the best cancer care in the world” whereas only 18% agree (Figure 9).

Figure 9: Responses to the statement “I am confident that NHS cancer services have the money they need to offer the best cancer care in the world”

Public perceptions appear to reflect the reality. Although comparing expenditure in cancer services is complex, data suggest that the NHS in England spends less on cancer than other European countries. Expenditure per newly diagnosed patient fell by almost 10% in real terms between 2009/10 and 2012/13, the latest period for which analysis is available.
Optimism for the future

Although the public expresses a clear concern that NHS cancer services are underfunded, with few believing that services or outcomes are amongst the best in the world, it is striking that there is greater optimism for the future. Figure 10 shows that over one third (36%) of respondents said that they were confident that NHS cancer services will improve in the next three years, whereas one in five (20%) disagreed with this statement. Just over four in ten (44%) said they either don’t know or neither agreed nor disagreed.

Figure 10: Responses to the statement “I am confident that NHS cancer services will improve in the next three years”

As set out above, this finding may have been influenced by the fact that fieldwork was undertaken over the weekend on which the Prime Minister announced a significant funding boost for the NHS, with cancer used as one of the examples of where investment would be directed.
Priorities for improving cancer services

Our research shows that, as well as having a strong preference for the prioritisation of cancer within wider improvement plans for the NHS, the public also has clear views about which actions should be prioritised in improving cancer services. Figure 11 shows that the public would prioritise two key actions:

- “Increasing the number of tests for suspected cancer so as to diagnose more people with cancer before it has spread” (66%)
- “Making available the latest cancer treatments to help either cure or enable people to live longer with cancer” (65%)

Investment in new equipment (39%), training more specialist doctors and nurses (38%) and conducting more cancer research (35%) were the next most popular choices.

Figure 11: Responses to the statement “Thinking about actions that can be taken to improve cancer services, which of the following, if any, would you prioritise? Please select up to 3 options”
Figure 12 shows that these priorities are broadly shared by the public, irrespective of voting behaviour.

**Figure 12: Responses to the statement “Thinking about actions that can be taken to improve cancer services, which of the following, if any, would you prioritise? Please select up to 3 options” by voting behaviour**
Prevention

With more than four in ten cases of cancer caused by aspects of our lifestyles that we can change, prevention has an important role to play in improving cancer outcomes in England. Recent years have seen important action taken to discourage cancer-causing behaviours, including restrictions on smoking, the introduction of a levy on soft drinks which are high in sugar and efforts to promote physical activity.

Although only 14% of respondents identified “reducing the availability of tobacco, alcohol and sugary foods to help prevent cancer” as a priority action, there is some variation in attitudes by age. Figure 13 shows that one in four (24%) of those aged between 18-24 identified this as a priority but only one in ten of those aged between 55 and 75 (10% for 55-64s, 11% for 65-70s and 10% for those aged 71 and older) did so.

Figure 13: Percentage of respondents who chose “reducing the availability of tobacco, alcohol and sugary foods to help prevent cancer” as a priority to improve cancer services by age

That the public do not view reducing the availability of tobacco, alcohol and sugary foods as a priority for improving cancer services does not mean that they do not support further action on prevention. For example:

- Action on Smoking and Health (ASH) has found increasing public support for further measures to reduce smoking such as a licensing scheme for tobacco retailers and a levy on the tobacco industry to pay for measures to reduce smoking prevalence
- Cancer Research UK has found that 65% of adults support banning junk food advertisements before a 9pm watershed, with only 20% opposed, and 74% backing restrictions on advertising on YouTube and social media
- Ipsos Mori have found that 54% of adults support a minimum price for alcohol
Early diagnosis

Diagnosing cancer earlier can save lives, reduce the impact of treatment on people’s health and avert costs for the NHS.\textsuperscript{16}

Key findings from Incisive Health research undertaken for Cancer Research UK\textsuperscript{16}

- Earlier diagnosis of cancer is associated with better outcomes. Yet, within England, there are marked variations in the proportion of patients who are diagnosed with cancer at an early stage. For lung cancer, there is nearly a fourfold variation between the highest and lowest performing clinical commissioning groups (CCGs).

- Early stage cancer treatment is significantly less expensive than treatment for advanced disease. For example, for ovarian cancer, stage 1 treatment costs £5,328, whereas stage 4 treatment costs £15,081.

- Significant savings could be realised if all CCGs were able to achieve the level of early diagnosis of the best. For example, for bowel cancer (colon and rectal cancer combined) savings of over £34 million could be realised, benefitting over 6,200 patients.

- Earlier diagnosis of cancer will deliver both an outcomes premium for patients and a financial dividend for the NHS.

As set out earlier in this report, achieving earlier diagnosis is the top priority for the public, alongside making available the latest treatments. This suggests that activity to raise awareness of the importance of early diagnosis has cut through with the public.

Achieving earlier diagnosis has been identified as a priority in successive cancer strategies and there is some evidence that progress is being made. For example, across England the proportion of people diagnosed with cancer who first presented as an emergency – which is associated with more advanced disease – has gradually fallen over the last five years reported, from 20.5\% in 2012/13 to 19.2\% in 2016/17.\textsuperscript{17}

Clearly public attitudes towards cancer can have a major impact on the NHS’ ability to diagnose people earlier. Figure 14 shows that around half of respondents (52\% of men, 47\% of women) say that they would always seek help immediately if they were concerned about a symptom that might be cancer. However, there are some perceptions that might discourage people from seeking help that need to be overcome. Figure 14 also shows that when asked what might prevent them from seeking help immediately if they were concerned about a symptom that might be cancer:

- One in four (24\% of men, 26\% of women) state that “I would be worried about what the doctor might find”
- One in five men (18\%) and one in four women (25\%) state “I would be worried about wasting the doctor’s time”
- One in seven (13\% of men, 14\% of women) state “the doctor would not be available at a time which is convenient to me”
There are also some regional variations, which may be helpful to cancer alliances as they develop plans to encourage earlier diagnosis, as set out in Figure 15:

- More people in the North East, North West and West Midlands said “I would be worried about what the doctor might find”
- More people in the West Midlands said that “the doctor would not be available at a time which is convenient to me”

Confidence in primary care professionals spotting the signs and symptoms of cancer will also play an important role in when people are diagnosed. Figure 16 shows, however, that the public does not have a high level of confidence that primary care professionals (GPs, nurses and pharmacists) will spot the signs and symptoms of cancer.
While the majority of respondents (53%) agree that GPs will identify signs of cancer this number falls to only 16% for pharmacists and 37% for practice nurses. Even for GPs, it is striking that one in five (20%) respondents disagree with the statement that they are confident that their GP would identify the signs and symptoms of cancer.

Figure 16: Confidence in primary care professionals spotting the signs and symptoms of cancer

As Figure 17 shows, confidence in primary care professionals also varies by region with people in London expressing the lowest confidence (46%) in their GPs. This compares to 64% in the North East, which has the highest level of confidence.

Figure 17: Responses to the statement “I am confident that GPs will identify signs and symptoms of cancer” by geography
Age also influences confidence in primary care professionals. For example, as shown in Figure 18, all age groups have a high degree of confidence in GPs detecting cancer, however respondents aged over 70 are very confident (75%) that GPs will detect warning signs and symptoms. On the other hand, as shown in Figure 18 younger people have more confidence in practice nurses than older people.

**Figure 18:** Responses to the statement “I am confident that GPs will identify signs and symptoms of cancer” by age

![Figure 18](chart18.png)

Confidence in primary care professionals also varies based on experience of cancer, with those people diagnosed with cancer and receiving treatment more confident that pharmacists will identify cancer warning signs, as set out in Figure 20.

**Figure 19:** Responses to the statement “I am confident that practice nurses will identify signs and symptoms of cancer” by age

![Figure 19](chart19.png)
Figure 20: Responses to the statement “I am confident that pharmacists will identify signs and symptoms of cancer” by relationship with cancer.
Cancer treatment

Alongside earlier diagnosis, ensuring access to high quality cancer treatment is identified by the public as a top priority. There are a number of different dimensions to the quality of treatment including:

- Providing rapid access to appropriate specialist advice, support and treatment
- Ensuring that health services have the appropriate level of specialisation to deliver high quality treatment
- Enabling access to the latest cancer treatments, including surgical techniques, radiotherapy and medicines

This chapter examines the public’s attitudes to each of these issues.

Providing rapid access to appropriate specialist advice, support and treatment

A series of waiting time standards have been established to ensure that people with suspected cancer do not have to wait long periods for a diagnosis and that those who have been diagnosed receive prompt treatment. These are:

- No more than a two week wait (14 days) between an urgent GP referral for suspected cancer and a patient being seen by a specialist
- No more than a two month (62 days) wait between the date the hospital receives an urgent referral for suspected cancer and the start of treatment
- No more than 31 days wait between the meeting at which you and your doctor agree the treatment plan and the start of treatment

The standard which has received the highest level of attention in recent years requires at least 85% of people with cancer to begin treatment within 62 days of an urgent referral from their GP. From its introduction in 2009/10, this standard was met every year until 2013/14. Since then it has been missed, as set out in Figure 21.
However, these challenges with cancer waiting times appear to have had limited cut-through with the public, as set out in Figure 22:

- Although one third (30%) of respondents agree that “cancer waiting times have got significantly longer in the past three years,” 42% answered “don’t know”

- Although just over one quarter (28%) of respondents agree that “the majority of cancer patients receive treatment within 62 days of referral,” 45% answered “don’t know”
Ensuring that health services have the appropriate level of specialisation

Many cancer treatments are complex and require a high degree of specialisation to be delivered safely and effectively. Over the past 20 years, efforts have been made to ensure that all cancer patients have their treatment overseen by skilled multi-disciplinary teams who undertake an appropriate volume of treatments to develop and maintain their skills. This has resulted in the reconfiguration and centralisation of some cancer services. These changes have been controversial in some instances, with campaigners arguing that patients should not be forced to travel further for specialist cancer treatment.

Figure 23, however, demonstrates high levels of willingness by the public to travel further for different forms of cancer treatment:

- Nearly nine in ten (86%) respondents said they would be willing to travel further for one-off treatment, such as cancer surgery, if it improved their chances of survival
- Four in five (80%) respondents said they would be willing to travel further for ongoing cancer treatment, such as radiotherapy or chemotherapy

This suggests that the public has – at least in the abstract – accepted the case for specialisation of cancer treatment, which may have implications for the future configuration of cancer services.
Enabling access to the latest cancer treatments

Debates over access to cancer treatments have assumed a high public profile and a range of measures have been introduced to improve the quality and consistency of access to the latest forms of treatment, including:

- Designating some forms of cancer surgery, as well as radiotherapy and chemotherapy as specialised services, commissioned nationally by NHS England so as to reduce variation in provision

- Allocating funding to kickstart the upgrade of radiotherapy equipment, helping hospitals invest in newer, more targeted forms of treatment

- Introducing mechanisms to enable earlier access to a wider range of cancer medicines, through initiatives such as the Early Access to Medicines Scheme and the Cancer Drugs Fund

Figure 24 shows that, overall, the public is unsure about the extent to which access to cancer treatments on the NHS has improved in recent years, with 29% agreeing, 10% disagreeing and 60% saying they neither agree nor disagree, or that they don’t know.

Figure 24: Responses to the statement “Access to cancer treatments on the NHS has improved in the last three years”
Figure 25: Perceptions of access to treatment types

Opinions vary according to type of treatment:

- For surgery, 29% agree that NHS cancer patients are able to access the latest techniques whereas 18% disagree (53% say they either don’t know or neither agree nor disagree)

- For radiotherapy, 34% agree that NHS cancer patients are able to access the latest techniques whereas only 12% disagree (54% say they either don’t know or neither agree nor disagree)

- For cancer drugs, 24% agree that NHS cancer patients are able to access the latest drugs whereas 33% disagree (44% say they either don’t know or neither agree nor disagree)

There is an overwhelming belief that cancer tests and treatments which are discovered or developed in England should be made available to NHS patients, as set out in Figure 26, with four in five (80%) respondents agreeing with the statement and only 3% disagreeing. However, there is concern about the pace at which new cancer tests and treatments are made available, with 45% agreeing that the NHS is too slow and only 9% disagreeing (46% say they either don’t know or neither agree nor disagree).
The NHS leads the world in helping patients take part in cancer research, such as trials of new treatments.

Cancer tests or treatments which have been discovered or developed in England should be made available to NHS patients once they are proven to be effective.

The NHS is too slow at making new cancer tests and treatments available.

Net agreement with statement  Neither agree nor disagree  Net disagree  Don’t know
Living with and beyond cancer

More people are living for longer with cancer, either having been effectively treated and ‘cured’ of their cancer or on active treatment. It is therefore important to consider how best to support people who are either living with or beyond cancer, helping to improve their quality of life and reducing the risk or impact of further ill health.

One in four people who have been treated with cancer live with ill health or a disability as a result of their treatment. As might be expected therefore, there appears to be relatively high levels of awareness of the potential side effects of cancer treatment. Figure 27 shows that nearly three in five (57%) of respondents agree that likely long-term side effects would affect their decision about what treatments to receive, with less than one in five (17%) disagreeing (26% say they either don’t know or neither agree nor disagree).

When it comes to attitudes towards the role of the NHS in encouraging the ‘survivorship’ agenda, opinions are more divided. Less than half of respondents (46%) agree that “it is the job of the NHS to help people get back to their lives once cancer treatment has finished,” with one in five (20%) disagreeing (25% say they either don’t know or neither agree nor disagree). Unfortunately resources prevented more detailed exploration of this issue. Further research is required to understand what support the public believes should be available to people recovering from cancer, as well as who should provide it.
Workforce

As the number of people being diagnosed or living with cancer continues to grow, so the demands on NHS cancer services will increase. Although improvements in care pathways and the introduction of new technologies can reduce the pressure on some aspects of services (such as inpatient care), there will still be a need to train and recruit more health professionals focused on cancer, including:

- Surgeons
- Oncologists
- Pathologists
- Clinical radiologists
- Diagnostic and therapeutic radiographers
- Oncology pharmacists
- Clinical nurse specialists
- Endoscopists
- Clinical scientists
- Occupational therapists

Health Education England has now published phase 1 of its draft Cancer Workforce Plan. However, the cancer community has expressed concerns about workforce shortages, with the All-Party Parliamentary Group on Cancer describing the issue as the biggest barrier to success of the Cancer Strategy.

Figure 28 shows that the issue appears to be resonating with the public, with a majority (55%) of respondents agreeing that staff shortages are limiting the effectiveness of cancer services and only 7% disagreeing (38% say they either don’t know or neither agree nor disagree).

Figure 28: Responses to the statement “Shortages in skilled staff are limiting the effectiveness of NHS cancer services”
Access to cancer research

The public’s support for medical research is well-established. The Association of Medical Research Charities, for example, has 140 member charities who spend over £16 billion on research in the UK. Over a third (38%) of this expenditure is devoted to cancer research. However, Figure 29 shows that public recognition of the impact UK cancer research on patients is muted. Just under a third (29%) of respondents agree that “the NHS leads the world in helping patients take part in cancer research, such as trials of new treatments” and only one in ten (12%) disagree, with 58% saying they either don’t know or neither agree nor disagree.

There is also concern about variations in access to cancer research, with nearly two thirds (65%) of respondents agreeing that “access to cancer research, such as trials of new treatments, depends to a large extent on which hospital you were treated at.” Only 3% disagreed with this statement (32% say they either don’t know or neither agree nor disagree). The public’s perception is supported by the experience of cancer patients, with the Cancer Patient Experience Survey showing that only 29% of respondents said that, since their diagnosis, someone had talked to them about whether they would like to take part in cancer research.

Impact of Brexit on cancer services

The impact that leaving the European Union (EU) might have on health services was a prominent feature of the referendum campaign and has been a significant part of the debate on Brexit since withdrawal negotiations began.

Proponents of Brexit have argued that leaving the EU would help the NHS, by:

- Freeing up resources to spend on health services\(^3\)\(^1\)
- Easing the pressure on services by enabling greater control of immigration\(^3\)\(^1\)

Conversely, opponents of Brexit have argued that Brexit would be detrimental to the NHS, by:

- Worsening staff shortages, as EU nationals may be unable to work in the UK or may choose not to do so\(^3\)\(^2\)
- Delaying the approval of new treatments\(^3\)\(^3\)
- Creating shortages of important treatments, diagnostics and other medical supplies\(^3\)\(^4\)

We tested the impact of these arguments in relation to cancer, as set out in Figure 25. The results show that the public is as divided on the impact on cancer services as it is on other Brexit issues:

- More people (35%) are concerned that Brexit will slow down access to the latest cancer treatments than are not (27%), although 38% say they either don’t know or neither agree nor disagree
- More people (34%) are concerned that Brexit could result in shortages of existing cancer treatments than are not (27%), although 40% say they either don’t know or neither agree nor disagree
- More people (31%) agree that Brexit will ease the pressure on NHS cancer services by reducing the number of people from overseas seeking treatment than do not (27%), although 42% say they either don’t know or neither agree nor disagree
- More people (39%) agree that Brexit will increase the pressure on NHS cancer services by making staff shortages worse than do not (22%), although 39% say they either don’t know or neither agree nor disagree
These findings do, however, reiterate the importance of developing a robust and credible workforce plan for cancer care, given the concerns that clearly exist about pressures on cancer services, as well as the impact that changes to the availability of overseas health professionals may have.
As more people are affected by cancer the number of people who are able to share their reflections on their experience of NHS cancer services continues to grow. To better understand how experience of cancer may influence people’s attitudes to cancer services we asked people to say how they had been affected by cancer (Figure 31). Four out of five respondents (84%) had been touched by cancer in some way.

Unsurprisingly, people’s personal experience of cancer can affect their views of cancer services. For example, Figure 32 shows that people who have either been diagnosed with cancer or know someone who has been diagnosed, which amounts to 84% of respondents to our survey, are concerned that NHS cancer services lack the money they need to offer the best cancer care in the world when compared with people with no stated experience of cancer.

**Figure 31: Summary of respondents who had been affected by cancer**

Unsurprisingly, people’s personal experience of cancer can affect their views of cancer services. For example, Figure 32 shows that people who have either been diagnosed with cancer or know someone who has been diagnosed, which amounts to 84% of respondents to our survey, are concerned that NHS cancer services lack the money they need to offer the best cancer care in the world when compared with people with no stated experience of cancer.

**Figure 32: Responses of those affected by cancer to the statement “I am confident that NHS cancer services have the money they need to offer the best cancer care in the world”**
Figure 33 shows that people who know someone who has been diagnosed with cancer have more negative perceptions of access to cancer medicines on the NHS than people who have been diagnosed themselves and are receiving treatment.

Figure 33: Responses of those affected by cancer to the statement “Cancer patients are able to access the latest cancer drugs on the NHS”
Conclusion

How the NHS cares for and treats people with cancer matters to everyone. As our survey makes clear, cancer remains the most feared illness in England and is the top priority for additional NHS investment, ahead of dementia, heart disease and depression. While the public are concerned that the NHS does not have the resources that it needs to deliver the best cancer care in the world, they are nevertheless optimistic that services will improve over the next three years.

If this optimism is not to be disappointed then it is vital that Government and the NHS continue to prioritise tackling cancer as they develop a new long-term plan for the health service. The public are clear that this means investing in better testing for people with suspected cancers and ensuring access to the latest cancer treatments and care on the NHS. The workforce is also a priority with the public concerned that staffing shortages are making it harder for the NHS to meet the needs of people touched by the disease.

As demands on cancer services rise, our survey revealed troubling findings about the public’s confidence in the people who care for them. Just over half of respondents are confident that their GP would spot the signs of cancer and this number falls to one in three for practice nurses and one in six for pharmacists. While one in five men and one in four women fear that they might waste a doctor’s time if they sought help for a symptom that might be cancer.

Three years on from the publication of the England Cancer Strategy our survey reiterates the need for concerted action to build world class cancer services in England. We hope that this report can play a part in informing policymakers as they reflect on the progress that has been made and the opportunities that must be grasped now.

We all have a part to play in improving cancer outcomes. From preventing the disease to ensuring that anyone diagnosed with cancer can live for as long and as well as possible. We look forward to playing our part alongside the NHS in delivering the very best outcomes for people touched by cancer.

About Incisive Health

Incisive Health is a multi-award-winning consultancy based in London and Brussels specialising in health policy and communications. Our job is to help you create the best case and deliver it in the most compelling way. We know how to cut through the noise and competing priorities to deliver results that enhance our clients’ businesses and reputations and – ultimately – improve healthcare for patients.

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