

Report on cancer services in the NHS



An introduction to NHS Cancer services

Half of all people born in the UK since 1960 face the possibility of developing cancer at some point in their lifetime. In 2022, 346,217 people in England were newly diagnosed with cancer; an increase of 5% compared with 2021. This amounts to 948 new cases each day compared with 903 new cases each day during 2021.

Early diagnosis of cancer remains critical to its treatment and to patient survival rates. But NHS cancer services also need to be able to cope with a steadily increasing caseload. Zurich commissioned Professor Allan Hackshaw from the University College London Cancer Institute, to examine waiting times for cancer diagnosis and treatment using publicly available NHS performance data.

In addition, OnePoll, on behalf of Zurich, carried out a survey of 500 people who have had cancer in the past five years which also contributes to the findings of this report.

For more information, please contact pressoffice@uk.zurich.com

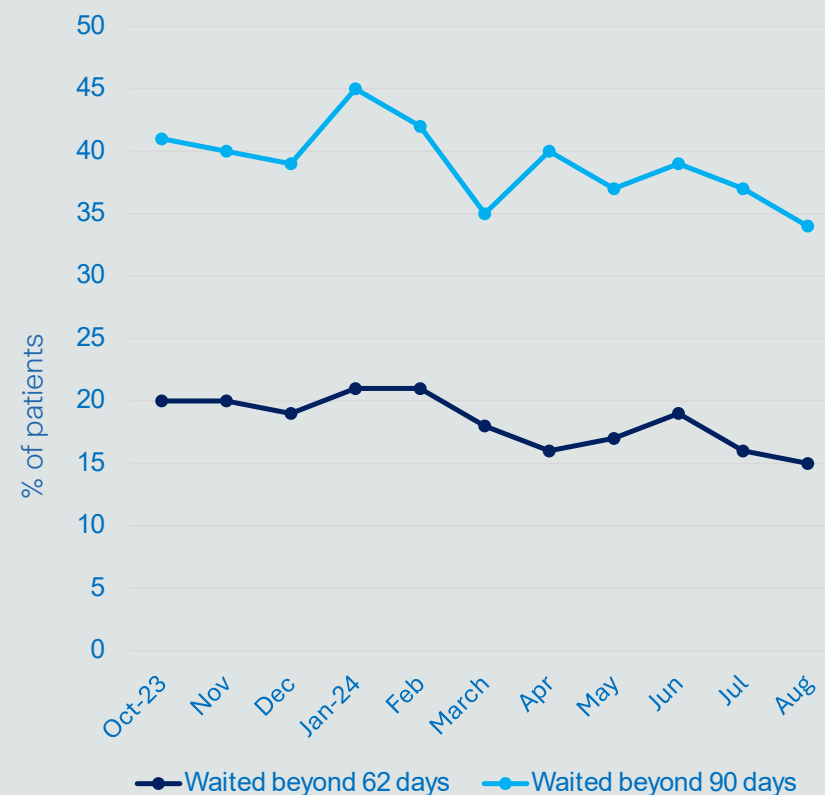


Waiting Times

Over the past year, NHS data shows the percentage of people waiting longer than 28 days between a GP referral for cancer investigations and receiving a cancer diagnosis falling towards the official target of 25%.

But a small percentage of patients (5%) waited longer than 61 days from GP referral to diagnosis. More troubling however, is that around 35% of people have waited more than 62 days before receiving treatment for cancer following a GP referral, well above the official NHS target of 15%. Moreover, 15% of cancer patients have waited longer than 90 days from a GP referral to receiving treatment.

Wait from GP urgent referral for suspected cancer until first cancer treatment:



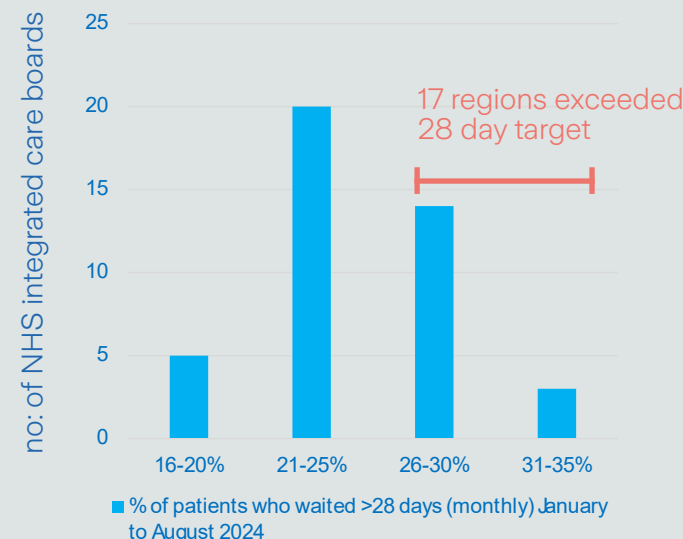
Regional Variations

Waiting times for diagnosis and treatment of cancer varies across the 42 regional NHS care boards in England.

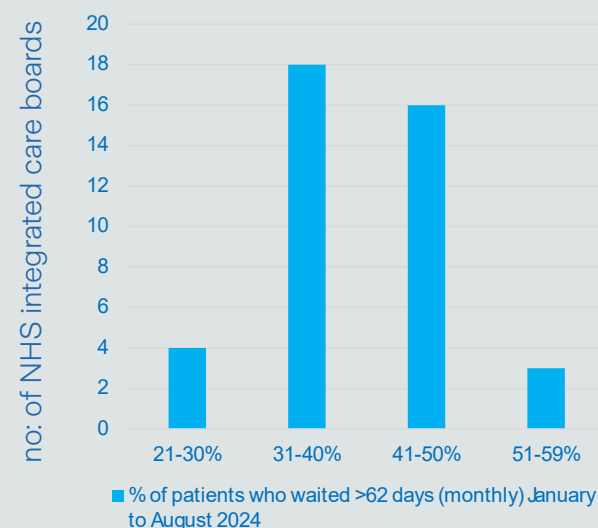
However, 17 out of 42 care boards exceeded the target that no more than 25% of people should wait more than 28 days for a cancer diagnosis after a referral from their GP. Additionally, none of the 42 NHS care boards met the target that no more than 15% of people should wait longer than 62 days from a GP referral to beginning cancer treatment. The percentage of people that waited longer than 61 days to start treatment after a cancer referral by their GP ranged across NHS care boards from 21% to as much as 59%.



Waiting more than 28 days from GP referral for urgent suspected cancer to diagnosis of cancer or no cancer:



Waiting more than 62 days from GP referral until starting cancer treatment:



Risk of death from cancer

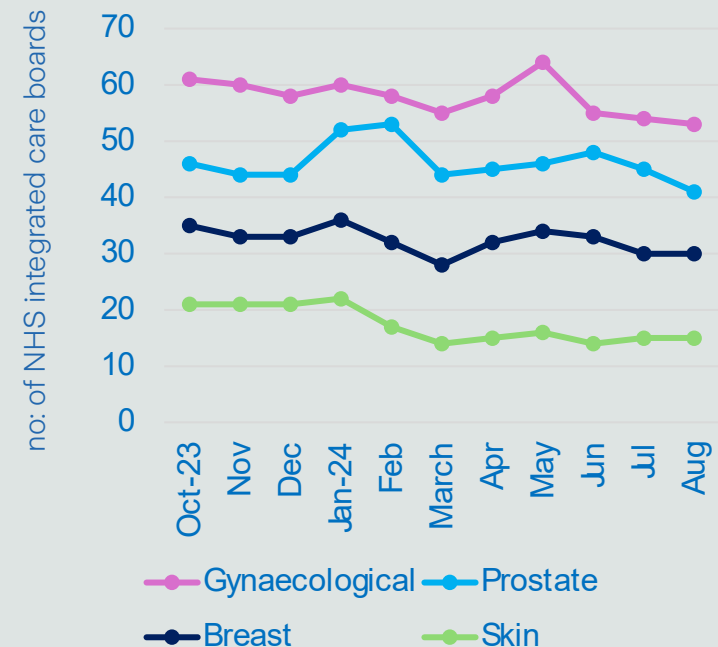
People who are diagnosed with cancer at an early stage are between three and four times more likely to survive than those diagnosed at a later stage. However, OnePoll research found more than a quarter (28%) of those who were waiting for surgery had their operation cancelled. This was because they had waited so long their cancer had progressed, with most of those whose operation was cancelled (71%) told they were no longer considered fit enough to undergo surgery.



Each four-week delay in diagnosis and treatment increases the risk of death from cancer. For cancers that can be treated by surgery such as colon, head and neck and lung cancer, each four-week delay increases the risk of death from cancer by 6%. Meanwhile, for breast cancer each four-week delay increases the risk of death by 8%.

In the case of cancers that need to be treated by anti-cancer drugs including chemotherapy, the risk of death from cancer increases by 4% for bladder cancer, 8% for breast cancer and 13% for bowel cancer for every four-week delay from diagnosis to treatment.

Waiting more than 62 days from GP referral until starting cancer treatment:



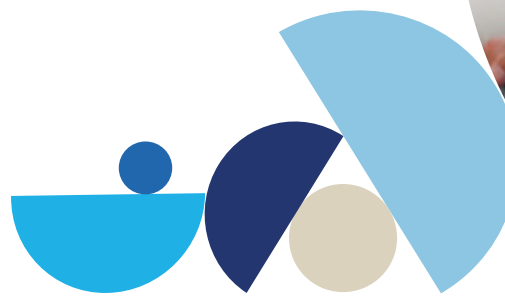
Impact on cancer patients

Among the cancer patients surveyed by OnePoll for Zurich, two-thirds (67%) of people said they felt waiting times from GP referral to starting treatment are too long. Two-thirds (67%) of people also said waiting to start cancer treatment was the hardest part of having cancer.

They cited a range of emotions while waiting to start treatment. The most common were anxiety (46%), fear (37%), sadness (31%), hope (27%), frustration (25%) and desperation (20%). The more common psychological impacts felt while waiting for treatment were depression (35%); fear the cancer might spread (35%); feeling a lack of control over the situation (33%) or feeling helpless (31%); feeling that time was moving slowly (30%); feeling there was more pressure on close family and friends (28%) and overall deterioration of health (23%). However, 24% said they became more focussed on living in the moment.

Relationships also changed in both positive and negative ways. Fifty per cent of people said they became closer to family and friends compared with 29% who said they experienced conflict or strained relationships. Meanwhile, 34% said they developed new friendships or networks compared with 26% who said they became more distant from family and friends.

Among the coping strategies cited by cancer patients, the most common were focusing on family and relationships (45%); spending time on hobbies (36%), using work or other obligations as a distraction (31%); engaging in physical exercise (31%); using mindfulness and meditation (29%) and counselling or therapy (28%). But 28% said they struggled to find effective coping mechanisms.

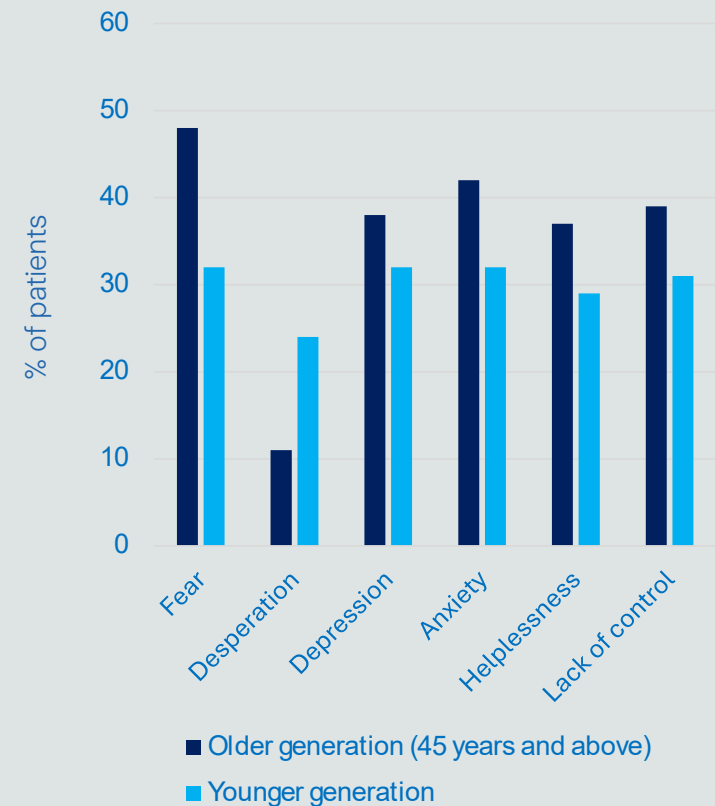


Age groups

The findings from OnePoll were broadly similar across gender and age group. However older generations, those aged 45 and above, felt a greater sense of fear compared with younger people aged 18 to 44 (48% compared with 32% of younger people), while more younger people felt desperation (24% compared with 11% of older people).

Depression was slightly higher among older generations that had cancer (38% compared with 32% of younger people), while anxiety about the disease spreading was also higher among older generations (42% compared with 32% of younger people). Among older patients, feelings of helplessness (37% compared with 29% of younger) and lack of control over the situation (39% compared with 31% of younger people) were also more likely among older people.

Cancer patients emotional wellbeing across age groups :



Reasons for delays

Delays in diagnosis and treatment of cancer can be due to several factors, including cultural barriers to seeking medical help, age, gender and the distribution of types of cancer. However, there are established issues with current NHS cancer services. An overwhelming majority (97%) of clinical directors report backlogs and delays at their trust or health board due to workforce shortages.

Insufficient resources including a lack of radiologists and pathologists, and an insufficient number of scanners are leading to delays in diagnosing cancer. In 2020 the UK ranked 25th out of 28 OECD nations for CT, MRI and PET scanners with just 17 scanners per million people.

Treatment delays are also caused by issues in administering anti-cancer drugs. Demand for these drugs increased by between 6% and 8% in 2023 which exceeded the consultant workforce increasing by only 3.5%.

Sophisticated and advanced forms of radiotherapy that are more effective and safer such as intensity modulated radiotherapy therapy (IMRT), and proton beam therapy, require modern equipment and experienced staff to deliver them. There are not enough clinical oncologists to deliver these radiotherapy treatments, and some areas have far fewer qualified staff than others. There are ten times more oncologists in London than in North and West Wales.



Cancer treatment

Significant cancer research and clinical trials have led to many new treatments, new combinations of existing treatments, and new thinking around when surgery, cancer drugs or radiotherapy can be given or combined.

Nearly two thirds (62%) of people told OnePoll they would be willing to take part in clinical trials and experimental cancer treatments, while 65% said they would consider travelling overseas for better or quicker treatment.

Despite the availability of approved targeted cancer drugs, only some are made available to patients as routine NHS practice because others are not considered cost effective.

Many patients would benefit from next-generation sequencing (NGS) which is performed on a sample of their cancer tissue (or blood sample) in a laboratory to determine if a specific mutation is

present so it can be treated accordingly. But currently, insufficient patients have access to NGS testing with such testing only offered to lung, ovarian, and colon cancer patients as standard.

Yet there is evidence that 90% of brain tumours and over 50% of colon and lung cancers show genetic changes that could guide decisions about surgery or specific treatments. NGS testing is also limited to specialist cancer centres as it is dependent on infrastructure, which requires sufficient funding.



Zurich's Accelerate proposition offers virtual consultations, private diagnostic tests, second medical opinions, precision cancer medicine, access to leading overseas global treatment and support with cancer clinical trials in the UK and abroad. Accelerate is available as an optional addition to Zurich's Life insurance, Critical Illness or Income Protection policies and is designed to provide complementary service to both public and private healthcare, offering patients greater control over their healthcare decisions.



Nicky Bray, Chief Underwriter at Zurich comments: "We are very lucky to have an NHS service in the UK, but the reality is, cancer is a waiting game, regardless of the challenges faced by the NHS. While many people are receiving a quick diagnosis and treatment, there are many factors influencing this - one of which is regionality. A cancer journey is not a linear path and there is no beginning middle or end. You wait for a diagnosis, then for treatment, then you wait to see if it has worked. Then for some, it's about waiting for five years of remission as this changing disease could of course come back. With or without NHS delays, you're always waiting for news which causes significant distress. Zurich helps people to protect the things they love, which is why we are committed to helping

customers access rapid diagnosis and opportunities to benefit from the most targeted treatments now available."

Professor Hackshaw puts the findings into context: "There is hope. We stand on the cusp of a revolution in cancer treatment, with precision oncology and access to effective targeted treatments, as well as modern immunotherapies, offering promise for millions around the world. These improvements will save lives, but access is key. It is really encouraging to see companies like Zurich helping to bring these improvements to more people with advanced cancer."

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