Written evidence submitted by Cancer Research UK (CSR0077)

Summary

We welcome the opportunity to respond to the Health Committee’s inquiry into the impact the Comprehensive Spending Review will have on distribution of funding and access to services throughout the review period.

The new Cancer Strategy sets out a number of measures which will help to ensure England is delivering world-class cancer services. Cancer Research UK (CR-UK) is under no illusions as to the scale of the financial challenge facing the Government and the NHS. However, our cancer survival currently lags behind comparable countries and world-class cancer outcomes cannot be achieved without funding to match. While cancer incidence is increasing, funding has flat-lined. Failure to commit to increased funding now risks England falling even further behind, the financial burden of cancer rising uncontrollably in the future and, most importantly, will mean our cancer patients are being let down.

We believe that the decision to make significant cuts to local authority public health allocations is both short-sighted and representative of a false economy in the long-term as investments in the prevention of disease has the potential not only to save lives, but to result in significant cost savings. In-year cuts of £200 million, plus a further 3.9% cut per year over five years, will limit opportunities to reduce the prevalence and associated cost of the UK’s leading preventable causes of ill health which seriously undermine the future sustainability of the NHS.

CR-UK welcomes the Government’s commitment to funding early diagnosis and treatments. It is now essential to develop an implementation plan for investments in early diagnosis, and ensure that budgets for screening programs and awareness campaigns are protected from public health cuts. We would also like clarity regarding the replacement and upgrade of radiotherapy equipment and cancer research.

Investment in science and research is essential if the Government plans to achieve the goal outlined in the Cancer Strategy of 3 in 4 cancer survivors by 2034. We are pleased with the Government’s decision to protect the science research budget, and believe it is now imperative to determine how these funds will be allocated.

Cancer Prevention

Tobacco Control

Cancer Research UK is concerned about the cuts to the public health budget as it undermines investment in crucial tobacco control initiatives. We believe it is imperative for the Government to find a sustainable funding solution for tobacco control.

Tobacco use remains the UK’s single greatest cause of preventable illness and avoidable death, with 100,000 people dying each year from smoking-related diseases, including cancer\(^1\). It also presents a huge financial burden, with research from Action on Smoking & Health (ASH) showing that the total cost of tobacco use to society in England is £13.8 billion a year\(^2\). By comparison, tobacco duty

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receipts in England in 2013/14 were only £7.6 billion\(^3\), meaning the net societal costs of tobacco use in England alone is more than £6 billion.

Cancer Research UK believes it is imperative for the Government to find a sustainable funding solution for tobacco control services. These include Stop Smoking Services, mass media campaigns, and action to tackle the illicit trade in tobacco. Investment must be in place to ensure that local authorities are sufficiently resourced to guarantee delivery of standards consistent with NICE guidance.

The cuts to public health budgets seriously undermine these initiatives, and the negative consequences of this are beginning to become apparent. Councils are being forced to reduce investment in Stop Smoking Services – in a recent report by ASH and CR-UK, results showed around 40% of local authorities had cut their funding for Stop Smoking Services\(^4\). For example, local smoking cessation budgets have been cut by 50% in Lincolnshire\(^5\), Harrow Council has put forward a 93% reduction to its £0.3m Stop Smoking Service\(^6\), and Manchester City Council has decommissioned its Stop Smoking Services entirely\(^7\).

The national budget for mass media campaigns has also been reduced and is now far lower than best practice evidence suggests it should be. The evidence base for tobacco cessation campaigns is very strong and a key driver in encouraging smokers to quit and discouraging young people from taking up smoking\(^8\). Public Health England (PHE) has had their funding for mass media campaigns reduced by central government, and while the quality has remained consistent, the volume of tobacco media campaigns is currently below an acceptable level. The funding is only about a quarter of what it was in 2010 – this is approximately eight times less than the amount recommended by the US Center for Disease Control\(^9\).

In some parts of England, PHE mass media campaigns are complemented by regional organisations using pooled budgets from local authorities. Smoke Free South West is one of the three remaining organisations, and besides running evidence-based and cost-effective mass media campaigns, also conducts valuable work on tackling the illicit trade in tobacco. Early this year they received a letter from their 11 funding local authorities that, despite providing an excellent quality of service, they will be wound up by June 2016 due to the impact of the Spending Review 2015. It will simply not be possible for individual councils to fund regional mass media campaigns by working alone – it is much more cost-effective to pool funds through regional organisations.

The reduction in the public health budget and subsequent disinvestment to Stop Smoking Services, mass media campaigns and illicit tobacco control raise serious concerns about the sustainability of current progress to reduce smoking rates. Recent evidence from Professor Robert West for the Smoking Toolkit Study indicates smoking prevalence in England in 2015 has not decreased for the first time in years, and could even be increasing\(^10\).

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\(^3\) HMRC. A disaggregation of HMRC tax receipts between England, Wales, Scotland and Northern Ireland. Methodology note. October 2014
\(^7\) http://psnc.org.uk/manchester-lpc/our-news/decommissioning-information-for-the-stop-smoking-service-in-manchester/
\(^10\) Smoking Toolkit Study findings, December 2015: Professor Robert West, University College London
The Spending Review proposed a future funding solution for public health in the form of returning more of business rates to local authorities, but we have concerns with this proposal. The income councils receive from business rates is widely variable, with areas of high deprivation and higher rates of lifestyle associated diseases tending to raise less through business rates. Given that local authorities with higher deprivation generally have higher smoking rates than those with lower deprivation, this form of funding would exaggerate health inequalities even further. Furthermore, it would place the financial burden for smoking reduction on local businesses rather than the businesses that benefit most from the sale of tobacco – the tobacco companies themselves.

We support the recommendations made in the report *Smoking Still Kills*\(^{11}\), published by ASH, which set out the case for a £500 million levy on the tobacco industry to fund tobacco control. The Treasury’s recent response to a consultation on the levy ruled out this policy, a decision widely opposed by the public health community\(^ {12}\). We will continue to work with Government to ensure that tobacco control services - at every level - have the funding they need to reduce the burden of tobacco use in the UK, as part of a comprehensive tobacco control strategy.

**Obesity**

*Cancer Research UK believes that cuts to the public health budget will undermine efforts to reduce obesity, and believe it is vital that the Government find sustainable funding and a comprehensive strategy to reduce obesity.*

Obesity represents a serious and growing threat to the NHS, causing 18,100 cases of cancer each year\(^ {13}\) as well as a range of serious health conditions. It is estimated that the economic loss from obesity is approximately £49 billion\(^ {14}\).

A recent study from CR-UK and the UK Health Forum suggests that obesity rates will continue to rise. The proportion of people who are obese will increase from 3 in 10 currently to 4 in 10 by 2035.\(^ {15}\) Cutting overweight and obesity by 1% every year below this trend could prevent 64,000 cancers by 2035 as well as thousands of cases of diabetes, heart disease and stroke. In this context reductions in the public health grants to local authorities could undermine efforts to reduce obesity. In particular it could harm provision of weight management services for overweight and obese adults and children and local authority efforts to increase physical activity. Therefore, particularly under the current circumstances, it is vital that we have a comprehensive strategy to reduce obesity which includes population level interventions.

**Early Diagnosis**

**Diagnostic capacity**

*Cancer Research UK welcomes the commitment in the Spending Review to improve diagnostic capacity, but we would like to see a clear and detailed plan for the implementation of these changes, including the allocation and distribution of funds, and timetable over the next five years.*

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\(^{11}\) ASH, *Smoking Still Kills*, June 2015  
\(^{12}\) Smokefree Action Coalition, *Letter to the Chancellor*, November 2015  
\(^{13}\) Parkin DM, Boyd L. *Cancers attributable to overweight and obesity in the UK in 2010*. Br J Cancer 2011;105(S2):S34-S37.  
\(^{15}\) UK Health Forum / Cancer Research UK (2016) Tipping the scales: Why preventing obesity makes economic sense.  
Issues around diagnostic capacity and workforce are highlighted in the new Cancer Strategy for England and it is crucial that all stakeholders take action to ensure patients are diagnosed earlier for cancer. The Spending Review outlined a commitment to implementing the Cancer Strategy by investing up to £300 million a year by 2020 for diagnostics. These proposed commitments are very welcome, but we would like to see a detailed plan from NHS England specifying what actions are to be taken to improve diagnostic capacity and how and when these actions will be implemented.

### Screening programmes

*Cancer Research UK would like to see continued investment in the national screening programmes, including commitment to introducing two new primary screens – FIT for bowel cancer screening and HPV for cervical cancer screening.*

Cancer screening programmes are a crucial part of reducing deaths and continued investment in the rollout and improvements of these programmes must be protected. The UK National Screening Committee has now recommended FIT for bowel cancer screening and HPV for cervical cancer screening and CR-UK urges the Government to commit to the implementation of these changes. Although the spending review ringfenced the public health spending for 2016-17 and 2017-18, it did not commit to protecting the budget for these screening programmes. The cuts to the public health budget cause concern for programmes that currently need increased funding to implement changes.

### Awareness campaigns

*Cancer Research UK would like to see continued commitment to health marketing, including cancer awareness campaigns, ensuring that the public health spending cuts do not affect these and other vital campaigns.*

The commitment to making reductions and savings within the public health budgets may impact on health marketing. The Cancer Strategy recommended the continued investment in ‘Be Clear on Cancer’ campaigns to raise awareness of possible symptoms of cancer and encourage earlier presentation to health services. The Government must commit to protecting the budgets for these campaigns, and ensure it does not undermine other essential health marketing campaigns (including those encouraging healthier behaviours such as smoking cessation).

### Treatments

#### Radiotherapy equipment

*Cancer Research UK urges the committee to seek clarity from the Department of Health and NHS England on the provision of national capital funding of up to £275 million to replace and upgrade radiotherapy equipment in England.*

The Cancer Strategy for England outlined the importance of investment in radiotherapy equipment and highlighted the urgent demand for replacements and upgrades of linear accelerators (LINACs). There are currently 126 old LINACs needing replacements and 58 existing machines in need of upgrades. It is estimated that these improvements would cost £275 million. As part of this funding, the NHS should also support the provision of dedicated magnetic resonance (MR) and positron emission tomography (PET) imaging facilities for radiotherapy planning in major treatment centres.

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Lack of investment in this area will have a detrimental effect on treatment of cancer patients and will ultimately affect NHS cancer services.

**Molecular Diagnostics**

*Cancer Research UK welcomes the Government’s commitment to improve molecular diagnostic tests, and believes it is now essential to implement this at pace to ensure all eligible patients receive these tests and therefore the most appropriate treatment for their cancer.*

The provision of adequate molecular diagnostic tests and timely access to these tests for all eligible patients has been highlighted in the Cancer Strategy. The Spending Review highlighted the commitment to increased diagnostic capacity, including molecular diagnostic tests, and we would like to see the implementation plan for these changes.

**Research**

*Cancer Research UK welcomes the Government’s protection of the BIS science budget in real terms, and believes it is now essential to determine how the budget will be allocated.*

Investment into research is essential if we are to realise the goal outlined in the Cancer Strategy of improving cancer survival rates from 2 in 4 patients to 3 in 4 patients by 2034. In 2014, charities invested over £1.28 billion in health research in the UK, over a third of all publically funded medical research. CR-UK alone spent £434 million on research in institutes, hospitals and universities across the UK in 2014/15. As the Nurse review fully acknowledges, the interplay of charitable, public and industry funding as equal players in the UK biomedical research ecosystem is one of the fundamental reasons for our outstanding contribution on the world stage.

We welcome the Government’s protection of the BIS science budget in real terms over the course of the Spending Review. It is now essential to understand how the budget will be allocated, and to determine the amount that is focused on medical research compared to other scientific disciplines.

In particular, we are eager to understand which research will fall under the new £1.5 billion Global Challenges research fund and how this fund will be allocated. Government should ensure that the Global Challenges fund supports UK research into cancer to yield benefits for patients across the world. Cancers are now as much a disease of emerging and developing countries as they are of developed countries. The growing burden of cancer in the coming years will be felt disproportionately in low and middle income countries. Continued investment in and support for UK cancer science will yield benefits for patients globally.

CR-UK has a history of establishing successful partnerships with Research Councils. At the Spending Review, the Government committed to implementing recommendations made in the Paul Nurse’s review of the Research Councils. Along with the current BIS green paper, the Nurse review explores how the CSR settlement can be used effectively and how Research Councils can deliver efficiencies and value for money. We believe that the Research Councils could be more effective in forming partnerships through sharing of best practice models of collaboration and establishing clear principles by which they engage with partners such as charities. The formation of Research UK as an umbrella body could help to support the co-ordination of research and could play a role in establishing a consistent approach to partnerships. However, it is crucial that each Research Council retains its independence, flexibility and agility, such that it can work in a range of partnerships with other parts of the ecosystem, as is currently the case. It is also vital that each Research Council retains its Royal Charter.
Department of Health Investment in Research

Cancer Research UK welcomes the commitment to protect the Department of Health R&D budget, and would like to see how the National Institute for Health Research (NIHR) budget will be allocated.

Maintenance of the NIHR budget has been crucial to continuing support of the clinical research infrastructure and grant funding across the UK. While the Department of Health R&D budget has been protected, we have yet to see a detailed breakdown of the NIHR budget or how it will be allocated. This information will be crucial to determine the likely impact of the settlement on the long term stability of clinical research in the UK.

We need continued investment in research in order to deliver the treatments of the future in cancer and across all disease areas. It is imperative that NHS England continue to support commissioners to cover the costs necessary for academic clinical trials.

There have been recent concerns about the capacity within the Health and Social Care Information (HSCIC) and Public Health England (PHE) to collect and analysis patient data. Researchers’ access to patient data is crucial to improving our understanding of disease and treatments at a population level. A lack of sufficient analytic capacity in the major data holding bodies could hamper efforts to understand the health system and improve it.

25 January 2016