



The Rt Hon Jeremy Hunt MP
Secretary of State for Health and Social Care
Department of Health and Social Care
Richmond House
79 Whitehall
London, SW1A 2NS

27th March 2018

Cc: Steve Brine MP Parliamentary under Secretary of State for Public Health and Primary Care

Dear Secretary of State,

Re: Cancer transformation programme funding allocation

We are writing to you as we are aware that NHS England have recently communicated with Cancer Alliances about transformation funding linked to the *Achieving World-Class Cancer Outcomes: A Strategy for England 2015 – 2020*. We have not seen this communication but wanted an assurance that this money will be spent to improve outcomes for people affected by our group of cancers which have poor and intransigent survival outcomes. We are concerned that we risk being left behind in this Cancer Strategy and within the transformation activities undertaken by Cancer Alliances.

The Less Survivable Cancers Taskforce is a collection of 6 charities (Pancreatic Cancer UK, The Brain Tumour Charity, Action Against Heartburn, CORE, British Liver Trust and Roy Castle Lung Cancer Foundation) which represents six cancers which have the lowest survival (one-year survival less than 50% and five-year survival less than 30%) of the 20

most common cancers. Through the Taskforce we speak with one unified voice and represent cancers which cause almost 50% of cancer deaths in the UK.

The Less Survivable Cancers Taskforce (LSCT; www.less survivable cancers.org.uk) was launched in 2017 and Steve Brine MP, Parliamentary under Secretary of State for Public Health and Primary Care, was at our launch. Since then the Minister has met with us and also talked about the importance of the Taskforce in parliament. We are now looking to the Government and NHS England to follow through on this support with concrete action to improve the future for people with less survivable cancers (LSCs)¹ through investment in earlier diagnosis which will lead to much needed improvement in survival outcomes as well as better patient experience

Earlier diagnosis is a critical issue for the LSCT to improve survival of LSCs. Data on routes to diagnosis (England, 2015) shows that twice as many patients with LSCs are diagnosed through emergency routes (36.4%) compared to patients with more survivable cancers (MSCs)² (15.3%). When diagnosed through emergency routes, it is far less likely that people will receive active treatment including life-saving surgery. 8 in 10 of LSCs patients diagnosed through emergency will die within a year and less than 9% will survive for more than three years; this impacts on overall LSCs survival³.

We are particularly keen to see funding spent to roll out improvements in the diagnostic pathway for people with LSCs. This includes the Multidisciplinary Diagnostic Centres (MDCs) of the Accelerate, Coordinate, Evaluate (ACE) programme and for people with vague symptoms that include people with LSCs such as pancreatic, oesophageal and stomach cancers who may have vague abdominal symptoms. Critically MDCs can also help meet the NHS England target of 28 day faster diagnostic standard by 2020.

We appreciate that this transformation funding is critical to drive early diagnosis and achieve the Cancer Strategy for England targets, which is very welcome. However the allocation of these funds remains an issue of significant concern for the LSCT, as they have the capacity to make a larger impact on outcomes if the LSCs are prioritised. As such, we hope that you will be able to provide us with your reassurances that LSCs will be prioritised and benefit from the allocation of transformation funds to Cancer Alliances. We believe that specific

¹ Less survivable Cancers include: pancreas, oesophageal, lung, liver, brain and stomach

² More Survivable cancers include: the top 20 common cancers not including LSCs; breast, prostate bowel, cervix, uterus, bladder, Hodgkin's lymphoma, non-Hodgkin's lymphoma, leukaemia, melanoma, myeloma, ovary, kidney and thyroid.

³ Analysis compiled from data in 'Routes to Diagnosis 2006-2015 workbook-NCRAS- Public Health England'.

guidance on this issue to Alliances would be useful and we would be very pleased to meet with you and NHS England to discuss this further.

We look forward to hearing from you shortly and, if we can be of any assistance, please do not hesitate to get in touch: you can contact the LSCT by emailing: preth@pancreaticcancer.org.uk

Yours sincerely,

Ms Diana Jupp
Chief Executive
Pancreatic Cancer UK



Ms Judi Ryhs
Chief Executive
British Liver Trust



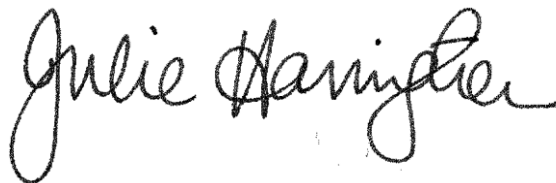
Ms Sarah Lindsell
Chief Executive
Brain Tumour Charity



Mr Alan Moss
Chairman
Action Against Heartburn



Ms Julie Harrington
Chief Executive
CORE



Ms Paula Chadwick
Chief Executive
Roy Castle Lung Cancer Foundation



The Less Survivable Cancers Taskforce

