Autumn Statement Submission 2016

Cancer Research UK is the world's leading cancer charity dedicated to saving lives through research into preventing, diagnosing and treating cancer. One in two people will be diagnosed with cancer at some point in their lives. Currently, half of those people will survive. Our ambition is to accelerate progress and see 3 in 4 people with cancer surviving the disease by 2034. In 2015/16, we spent £432 million on research across the UK, including our contribution to the Francis Crick Institute. We receive no funding from the Government for our research and we are dependent on fundraising with the public.

The UK is a world-class centre for scientific research and this reputation and ability must be maintained. Medical research not only leads to improvements in the UK's health but also generates significant returns to the economy. Every pound invested in cancer-related research by the taxpayer and charities returns around 27 pence to the UK each year.[1] **A strong, long-term science funding commitment from Government is needed to provide reassurance and certainty to the research community.**

Health and science are global. Collaboration between the UK, Europe and beyond enables discoveries that benefit patients everywhere. In leaving the EU, the UK must explore opportunities to strengthen its world-class science base, building on and developing new global collaborations. By realising the research potential of our NHS, the UK has an opportunity to set itself apart as the top global destination for industry to conduct clinical trials, securing crucial investment. **It is vital that Government seizes the chance to create an industrial strategy that enables the UK to grow its investment in science; strengthening the global standing of our research base.**

NHS England's Five Year Forward View (FYFV) presented a vision for improving health, including for all those diagnosed with cancer. It argued the future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all now depend on a radical upgrade in prevention and public health.[2] It was also a strategic priority identified within the cancer strategy for England; a strategy Cancer Research UK played a leading role in developing.[3] **The Government must support meaningful action on prevention.**

The strategy, to which the Government and the NHS has committed to, will see 30,000 patients a year surviving cancer for ten years or more by 2020 if implemented in full. **We want to see sustained action on implementation of the cancer strategy.**

Supporting the UK's world-class research base

1. Overall levels of investment in UK science and the diversity of funding need to be protected and grown in the longer term. A strong, long-term commitment from Government is needed to provide reassurance and certainty to the research community. The life sciences ecosystem is supported by a diverse and unique funding model. The activities and funding of the charity, public and private sectors are complimentary and mutually reinforcing, delivering returns that

[1] Health Economics Research Group (Brunel University), RAND Europe, and King's Policy Institute, medical Research: What's it Worth? Estimating the economic benefits of cancer-related research in the UK, 2014 (http://www.kcl.ac.uk/sspp/policy-institute/publications/SpilloversFINAL.pdf)

[2] The NHS Five Year Forward View. https://www.england.nhs.uk/ourwork/futurenhs/nhs-five-year-forward-view-web-version/5yfv-exec-sum/

[3] Achieving world-class cancer outcomes: a strategy for England 2015-2020 (http://www.cancerresearchuk.org/sites/default/files/achieving_world-class_cancer_outcomes_-_a_strategy_for_england_2015-2020.pdf)

are greater than the sum of their parts. National policies that support a diverse range of research funders enable local solutions that optimise the input of different partners.

2. By investing in science through the dual support system, Government leverages additional investment from charities and industry, generating further scientific and economic growth. Indeed, for every £1 spent by the Government on research and development (R&D), private sector R&D output rises by 20p per year in perpetuity, by raising the level of the UK knowledge base.[4]

3. To encourage universities to seek charity investment, Government needs to provide long-term confidence in its support for charity research. It should do so by committing to increase the charity research support element of quality-related research funding (known as the Charity Research Support Fund) in line with charity investment.

4. The Industrial Strategy should include new measures that enable the UK to grow its investment in science. These measures should include tax-breaks, public-private incentives and investment campaigns to grow inward investment. To further build academic-industry collaborations and attract further investment in UK science, Government should look to amend VAT rules on sharing of facilities for research.

5. In its FYFV, NHS England stated an intention to improve its ability to undertake research and apply innovation. In order to achieve this, Government must continue to invest in clinical research infrastructure through the National Institute of Health Research and maintain this budget in real terms. The UK excels in recruiting cancer patients to clinical trials because of this infrastructure, which provides the foundations on which academia and industry can invest.

Preventing more cancers

6. Last year the Government announced in-year cuts of £200 million to public health budgets, plus a further 3.9% cut per year over five years. This equates to a reduction in cash terms of 9.6% over the same period. We are concerned that that the shift in resources, especially from public health, health education, transformation and capital budgets, will make it far more difficult to achieve the ambitions set out in the FYFV.

7. 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.[5] 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 £13.9 billion a year.[6] By comparison, tobacco duty receipts in England in 2014/15 were £7.5 billion[7], meaning the net societal cost of tobacco use in England alone is more than £6 billion.

8. Cancer Research UK believes it is imperative for the Government to find a sustainable funding solution for tobacco control. This includes stop smoking services, mass media campaigns, and

[4] 1. Hughes & Haskel, The Economic Significance of the UK Science Base, 2014
[5] Peto, R et al (2012). Mortality from smoking in developed countries 1950-2010. University of Oxford. UK: pp.512-523. Available at (pdf)
[6] Action on Smoking & Health (ASH) Ready Reckoner. ASH and LeLan Solutions, May 2015.
[7] HMRC. A disaggregation of HMRC tax receipts between England, Wales, Scotland and Northern Ireland. Methodology note. October 2015

action to tackle the illicit trade of tobacco. The Government must ensure investment is in place for local authorities to guarantee delivery of standards consistent with NICE guidance. The 2015 Spending Review proposed a future funding solution for public health in the form of returning more business rates to local authorities. However, the income councils receive from business rates is widely variable. Local authorities with higher deprivation generally have lower business rates receipts, exaggerating health inequalities even further.

9. The national budget for mass media campaigns has also been reduced and is now far lower than best practice evidence suggests it should be. Effective smoking cessation campaigns are a key driver in encouraging smokers to quit and discouraging young people from taking up smoking, while also offering good value for money.[8,9] Public Health England (PHE) has had their funding for mass media campaigns reduced by central government, and the volume of tobacco media campaigns is currently below an acceptable level.

10. We support an increase on the annual tobacco duty escalator on cigarettes from 2% to 5% above inflation and a duty escalator on hand rolled tobacco (HRT) at 10% above inflation. 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.

11. Obesity represents a significant and growing threat to the NHS, causing 18,100 cases of cancer each year[10] as well as a range of serious health conditions. According to a report by McKinsey, obesity has the second-largest economic impact after smoking in the UK, generating an estimated annual economic loss of approximately £47 billion, or 3.0 percent of GDP in 2012.[11]

12. We strongly support the Government's plans to introduce a soft drinks industry levy to help reduce children's obesity. We believe that the levy should be designed in such a way to maximise the public health gains. We will provide further comments on its design in our response to the HM Treasury's consultation.

Realising the ambition of the Cancer Strategy

13. We are all acutely aware of the scale of the financial challenge facing the NHS. However, our cancer survival currently lags behind comparable countries and world-class cancer outcomes cannot be achieved without investment. Measures in the cancer strategy, if fully implemented, will help to ensure England can deliver world-class cancer services and radically improve outcomes for cancer patients. There has been significant progress made in implementation of the strategy since publication. However, there remain several areas where we urgently need to take action in the next year if we are to deliver meaningful change for cancer patients.

[8] Langley, T., Lewis, S., McNeill, A., Gilmore, A., Salway, R., Szatkowski, L., Sims, M. The freeze on mass media campaigns in England: a natural experiment of the impact of tobacco control campaigns on quitting behaviour 2014 Jun;109(6):995-1002

[9] Atusingwize, E., Lewis, S., and Langley, T. (2015). Economic evaluations of tobacco control mass media campaigns: a systematic review. Tobacco Control. 24(4):320-27.

[10] Parkin DM, Boyd L. Cancers attributable to overweight and obesity in the UK in 2010. Br J Cancer 2011;105(S2):S34-S37.

[11] Converted from dollars at current rates from: McKinsey Global Institute (2014) Overcoming obesity: An initial economic analysis. A discussion paper. November 2014

14. While we welcome initial financial investment committed so far, the Government should set out the full details of funding expected for the lifespan of the strategy.

15. Radiotherapy plays a major role in curing cancer, but the service needs more support. As recommended in the cancer strategy, it is crucial that Government and the NHS provides funding to ensure centres can replace out-of-date equipment and upgrade existing machines. The strategy highlighted that many linear accelerators (LINACs) are nearing the end of their ten year lifespan and we want to see dedicated capital investment in order for these to be replaced.

16. The Government must be clear about the level of ongoing commitment for diagnostics and other early diagnosis activities so that they can deliver sustainable changes and improve cancer survival.

17. In September 2015 Government announced that by 2020 it would spend up to £300 million more on diagnostics every year. We know that £15 million has been committed to fulfill NHS England early diagnosis activities this financial year, including funding to support the Accelerate, Coordinate, Evaluate (ACE) programme, the Diagnostics Capacity Fund, and the Faster Diagnosis pilot sites. However this funding has only been committed for 2016/17, and therefore longer term changes cannot be planned or delivered – for example, some bids in the Diagnostic Capacity Fund have been rejected because they would have required ongoing investment, rather than just in-year funding. Tracking and transparency of this additional investment is essential.

18. Health Education England, as part of implementing the cancer strategy, are conducting a review of the cancer and related workforce. This review is likely to confirm what we have already identified; that there are a number of understaffed medical specialties and non-medical health professions.[12] We know that services delivering cancer prevention, diagnosis and treatment are experiencing difficulties in meeting demand and this is only going to continue as the population grows and ages.

19. We want to ensure that solutions to these workforce problems can include training and recruiting more health professionals to deliver cancer services. Solutions should not be constrained by limited funding.

20. Patient data plays a vital role in improving outcomes for people affected by cancer and is at the heart of the cancer strategy. Access to this data has historically been problematic and has led to significant delays in the progress of research, although this has been improving recently. In order to ensure that this improvement continues, and that NHS Digital can achieve its ambition of a truly digital NHS[13,14] it must be adequately resourced. Developments in data and digital health are also crucial for the future sustainability of the NHS and investment is required in order to ensure the success of new Government initiatives.

---

[12] Horizon Scanning: an evaluation of imaging capacity across the NHS in England (http://www.cancerresearchuk.org/sites/default/files/horizon_scanning_-_final.pdf), Scoping the Future: an evaluation of endoscopy capacity across the NHS in England (http://www.cancerresearchuk.org/sites/default/files/scoping_the_future_-_final.pdf)

[13] National Data Guardian for Health and Care (2016) *Review of Data Security, Consent and Opt-Outs,* available at: https://www.gov.uk/government/publications/review-of-data-security-consent-and-opt-outs

[14] Wachter R.M. (2016), 'Making IT Work: Harnessing the Power of Health Information Technology to Improve Care in England', The National Advisory Group on Health Information Technology in England.