Primary care and earlier cancer diagnosis: evidence into action over the next decade

Cancer Research UK Early Diagnosis Event Series

Monday 15 June 2026

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Acknowledgements

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Executive Summary

In the UK, most cancers are still diagnosed following symptomatic presentation in primary care, meaning improvements to symptom recognition, risk assessment and referral pathways remain essential to achieving earlier diagnosis and improved outcomes. Cancer Research UK (CRUK) hosted an event in London, on Monday 15 June 2026, that brought together leading experts from across research, policy and clinical practice to explore the critical role of symptomatic recognition and management in primary care, and its contribution to improving earlier diagnosis.

This report summarises the key discussion points from the event. The report also includes insights from patients and the public gathered through engagement with people affected by cancer through CRUK Cancer Insight Panels, focusing on their experience of going to the GP with a sign or symptom of suspected cancer, and what, if any, improvements could have made their experience better.

Throughout the event, discussions emphasised that significant gains could be achieved by more consistently implementing proven interventions already supported by evidence. Priorities included:

- Improving referral guidelines, particularly for patients with non-specific symptoms.
- Strengthening safety netting processes.
- Increasing access to diagnostics.
- Reducing unwarranted variation in care.
- Using audit and feedback mechanisms to support clinical decision-making.

Looking ahead, speakers highlighted the potential of integrated risk stratification, enhanced interpretation of diagnostic tests and multi-cancer tests. However, there was strong consensus that innovation alone will not deliver impact unless interventions are rigorously evaluated, integrated into existing pathways and designed around the realities of clinical practice.

The event also explored the growing role of genomics in primary care. Advances in risk prediction models and tools such as CanRisk demonstrate opportunities for more personalised approaches to cancer risk assessment. Successful implementation will require clear guidance, effective risk communication and user-friendly integration into routine workflows.

A recurring message throughout the day was that implementation is often a greater challenge than evidence generation. Successful adoption of innovation requires a whole-pathway approach, supported by sustainable funding, strong leadership and engagement with health professionals and patients from the outset.

Finally, reducing unwarranted variation, addressing inequalities, improving collaboration between primary and secondary care, and ensuring innovations benefit all populations were identified as critical enablers of progress.

Patient and public insights underscored the need for more equitable pathways to earlier diagnosis. Experiences of having to self-advocate for investigations and referrals highlighted potential barriers for some groups (e.g. those with lower health literacy), while accessible primary care, continuity of care, and timely investigation of persistent symptoms were identified as key priorities for improvement.

View our summary of the key takeaways **here**. CRUK will be considering how best to progress action across these areas. Those who are keen to work with us on these topics, please do get in touch with us via **SEinbox@cancer.org.uk**

Introduction

Purpose of event

Whilst screening programmes are an important cornerstone of earlier diagnosis strategies, there remains a critical need to improve the timely recognition of symptoms and onward referral pathways, as we know most cancers still present symptomatically in primary care.

Primary care operates in an exceptionally busy and varied environment, which makes implementation of system-wide change challenging. Significant translation and implementation challenges persist, with many promising initiatives struggling to progress beyond pilot stages. To deliver ambitions for earlier diagnosis, there is a need for greater strategic alignment to enable strengthening of primary care's role in cancer detection.

The aim of this event was to demonstrate the importance of addressing the challenges to the timely and accurate recognition and referral of suspected cancers, identify solutions that work in real world practice and align key stakeholders who can influence for action in this space.

The specific objectives of the event were to:

- Highlight evidence that supports the importance of symptomatic presentation as an early indicator of cancer.
- Discuss evidence-based interventions currently not in the system, or implemented variably across the UK, and how to embed them in the system in a timely and equitable way.
- Explore the role of primary care in use of genomics for asymptomatic, high risk populations.
- Outline the vision and opportunity for risk assessing cancers in primary care across the next 10 years, showcasing promising interventions across core buckets of activity in the short, medium and long term and how to ready the system for these.

Recognising the importance of incorporating lived experience alongside clinical, research and policy perspectives, we also gathered insights from people affected by cancer through CRUK Cancer Insights Panels, focusing on their experience of going to the GP with a sign or symptom of suspected cancer, and what, if any, improvements could have made their experience better. Insights from these panels have been integrated into the report.

The key themes and takeaways identified on the day are summarised below. For a full summary on each session, **please go to page 11.**

Summary of key themes

Considering cancer pathways as a whole

Discussions throughout the day reinforced the importance of maintaining a multi-pronged approach to improving cancer outcomes and avoiding an overreliance on any single type of intervention. In response to questions about the increasing policy focus on prevention and screening, speakers emphasised that while screening programmes deliver substantial benefits, there are limits to what current screening approaches can achieve.

Participants noted that symptomatic diagnosis will continue to play a central role in cancer detection and that efforts to improve earlier diagnosis must consider prevention, screening and symptomatic pathways as crucial areas rather than competing priorities. Patient and public insights highlighted the importance of addressing barriers that arise before people enter the diagnostic pathway, with factors such as low health literacy, fear, embarrassment or low awareness of symptoms leading to uncertainty about when to seek help.

Developments in pathway configuration

Efforts to detect cancer earlier are pushing forward new and innovative ways to design pathways. The need for proactive interventions, particularly focusing on taking care of the communities that need it most, was raised during the CRUK Cancer Insight Panels. Clarity around how to define and manage symptomatic and screening pathways is increasingly required, particularly when considering emerging proactive population health management approaches. As an illustration of this point, one attendee raised the complex issue about those presenting with symptoms which are suspected to be linked to their cancer diagnosis, but may not always be the case. These developments in approaches and our understanding do increase complexity when designing pathways, but also highlight the importance of risk assessment and holistic examination in primary care.

Improving current pathways

Participants highlighted the importance of effective safety netting and raised concerns that a focus on performance in systems and wider service pressures may unintentionally discourage patients from re-presenting when symptoms persist.

Similar themes emerged across the CRUK Cancer Insight Panels. Participants described experiences of persistent or unusual symptoms, which sometimes resulted in delays for further investigations and referrals, particularly if you are deemed lower risk e.g. due to age. Participants also described the need to re-present more than once with symptoms before further investigations, which further highlights the importance of effective safety netting and ensuring clear communication is provided after that initial contact with primary care services on when to seek further help.

Discussions also explored how family history, genomics and inherited cancer risk could be incorporated more effectively into referral pathways and follow-up processes. While recognising the need to avoid increasing health anxiety, attendees stressed the importance of ensuring patients feel able to return for further assessment when appropriate. Examples were also given of relatively simple interventions, such as aspirin prescribing for people with Lynch syndrome, where known evidence-based approaches are still not being consistently implemented.

Participants questioned the phrase "inappropriate" referrals and how they are defined and noted that evidence in this area is often anecdotal. The tension between standardised referral templates and clinical judgement was highlighted, with primary and secondary care sometimes having different expectations.

Attendees also observed that pressure elsewhere in the healthcare system can affect cancer pathways. When routine or urgent referral routes become congested, clinicians may increasingly use urgent suspected cancer pathways, which can contribute to rising demand and longer waits. This reinforced the message that cancer pathways cannot be improved in isolation from the wider healthcare system.

Innovation, implementation and evaluation

A major theme throughout the event was the challenge of implementing innovation at scale. Participants argued that a systems-based approach is needed to embed new tools and practices into routine care. This included support for continuing professional development (CPD) and ensuring primary care clinicians have the same opportunities as secondary care colleagues to adopt and use emerging diagnostic technologies.

Questions were raised about how guideline implementation should be managed once evidence-based recommendations have been established. Some participants argued for clearer expectations and better co-ordination regarding approvals, licensing and commissioning decisions to reduce unnecessary variation between regions.

The conversation also highlighted significant barriers facing innovation developers e.g. requiring regulatory approval that can be costly and difficult for academic teams to navigate. Participants suggested that alternative funding mechanisms may be needed to support licensing and evaluation so that evidence-based innovations can move more rapidly into practice.

The practical challenges of implementing risk stratification tools were also explored. Variability in diagnostic equipment, laboratory systems and data collection methods creates difficulties when attempting to produce consistent outputs across different settings. Participants noted that these challenges are likely to increase as healthcare systems incorporate artificial intelligence, automated documentation tools and increasingly complex data sources. As a result, there were calls for agreed minimum standards, greater interoperability and more coordinated evaluation approaches.

Discussions on risk prediction tools illustrated the broader challenge of how healthcare systems can keep pace with evolving evidence. Using QRisk as an example, participants noted that different versions of the tool are used simultaneously across healthcare settings. Similar concerns were expressed regarding rapid roll-out of new pathways and services, with participants noting that premature implementation can undermine careful evaluation and refinement, even where there is a clear clinical need.

Given the growing complexity of innovations in areas such as genomics, risk stratification and diagnostic technologies, panellists questioned whether primary care clinicians can reasonably be expected to maintain expertise. A possible solution considered was the introduction of specialist intermediary roles or services to support decision-making and bridge the gap between primary and secondary care.

Partcipants at the CRUK Cancer Insights Panels were broadly supportive of innovations that could support earlier and timelier diagnosis. However, some participants expressed concerns around trust and data privacy, particularly for digital innovations, highlighting the importance of ensuring innovations are implemented and communicated in a way that is transparent, inclusive and reassuring.

Finally, discussions highlighted the importance of considering factors beyond the performance of an innovation or intervention, such as how patients engage with it, and how the health system embeds it into routine practice.

Key takeaways

Though the focus of the event was driving improvements in symptomatic pathways, discussions unearthed a range of useful reflections and suggestions which are relevant for wider thinking. Below, we have summarised key reflections and potential actions that the community can take forward. CRUK will be considering how best to progress action across these areas. **Those who are keen to work with us on these topics, please do get in touch with us via SEinbox@cancer.org.uk**

- Policymakers, health system leaders and influencers need to establish clear priorities at both research and policy levels, including effective demand signalling, to ensure a more co-ordinated approach to driving improvements in cancer detection in primary care.
- Funding bodies should increase support for researchers and industry developing innovations, including consideration of regulatory and compliance costs when designing and funding research, and/or adoption and implementation grants.
- Funding and regulatory bodies need to provide greater support, and better signposting to resources that already exists, for innovators in navigating the complexities of the healthcare ecosystem and its associated processes.
- Health system influencers need to continue to emphasise the importance of the role of referral guidelines for primary care, and support health professionals to implement in an effective way. Improved co-ordination between academics, third sector, policy makers and those developing guidelines could support evidence-based prioritisation of guideline updates. Guideline developers must work directly with primary care to ensure guidelines are fit for purpose and practical for routine use in primary care settings, particularly for patients presenting with non-specific symptoms.
- Policymakers and health system leaders must enhance access within primary care to diagnostic investigations, audit data, and feedback mechanisms to support informed clinical decision-making and appropriate referral practices.
- Health system leaders and influencers should ensure the implementation of genomic interventions in primary care is supported by clear guidance, effective risk communication strategies, and integration within existing clinical pathways.
- Health system leaders and health professionals need to champion evaluation, working with those specialising in intervention evaluation to promote a more systematic and sustainable approach to assessing interventions and innovations.
- Policymakers need to improve access to sustainable funding mechanisms, and capacity within primary care to support the piloting and evaluation of evidence-based interventions.
- Ahead of introducing change to cancer pathways, policymakers and health system leaders must carefully consider the wider healthcare system, recognising how different specialties and care pathways may interact to either support or impede progress. This will identify opportunities for greater integration and mutually beneficial collaboration across services.
- All relevant stakeholders must act to strengthen stakeholder engagement, communication, and alignment across organisations to reduce siloed working and promote collaborative approaches.

Key takeaways from the public and patient perspective

- Primary care pathways should support timely investigation and effective safety netting, to reduce reliance on patient self-advocacy, particularly for people who may face additional barriers navigating the healthcare system.
- Improving access to primary care and reducing administrative and logistical burdens may help people access investigations more quickly when symptoms arise and address some of the practical barriers to diagnosis.
- Efforts to improve earlier diagnosis should reflect the priorities of people affected by cancer, including better data and IT systems, greater continuity of care, enhanced support in primary care, action to reduce inequalities, and improved diagnostic tests.

Summary of presentations and reflections from speakers

Session 1: Mining the data: an overview of current symptomatic pathways

Professor Georgios Lyratzopoulos outlined the case for maintaining a continued focus on improving symptomatic pathways.

The presentation highlighted that there is no single silver bullet for cancer control and that meaningful improvements in outcomes require a balanced approach across the entire cancer pathway. While prevention remains important, the proportion of cancers that are preventable is lower than for other conditions e.g. diabetes and cardiovascular disease. Most cancers continue to be diagnosed through symptomatic routes, underlining the importance of recognising and acting on symptoms promptly and reducing proportions of emergency presentations. Additionally, screening programmes make a valuable contribution, but they account for only a minority of cancer diagnoses even in health systems with a relatively greater number of screening programmes and screen-detected cancers compared to other nations.

Georgios presented evidence showing that a substantial proportion of cancers diagnosed following symptomatic presentation are identified before stage four disease. This highlights the value of timely symptomatic diagnosis in improving outcomes. It was also noted that efforts to improve timely diagnosis have benefits that extend far beyond cancer, supporting earlier detection and better outcomes for a range of serious conditions. A key action identified was the need for greater clarity around how non-specific symptoms are defined and categorised. As more research and evaluation around non-specific symptoms has been published over the years, we need to harness that learning to support more effective management of this patient group.

There was emphasis on the need to balance increasing cancer incidence and inevitable demand increases, with the capacity of the health system. The system needs to harness opportunities to manage capacity and ensure timely investigation, whilst there is a lack of implementation-ready innovations that will improve this issue.

Finally, both patient-related delays and health system delays were identified as important factors influencing stage at diagnosis. Georgios stressed the importance of improving both clinician and patient capability in recognising symptoms and navigating pathways. This can be achieved in part for clinicians by improving the approach to referral guideline updates.

Key takeaway

Symptomatic diagnosis remains a critical component of cancer control globally. Continued prioritisation of activity to support these routes is supported by evidence, as we know that cancers diagnosed after presenting with symptoms can be diagnosed at early stages. Future improvements are likely to depend on more precise referral decision-making, alongside the continued development, timely updating and effective implementation of clinical guidelines to support earlier diagnosis.

Session 2: Basics before breakthroughs: improving symptomatic pathways with proven interventions

This session focused on the practical actions that can be taken now to improve symptomatic cancer diagnosis, emphasising that many delays arise from multiple small failures occurring throughout the diagnostic pathway. **Dr Susanne Maxwell**, building on **Professor Lyratzopoulos'** presentation, highlighted the importance of strengthening referral guidelines, particularly for patients presenting with vague or non-specific symptoms, and ensuring that guidelines are evidence-based, regularly updated and easily accessible to clinicians. The discussion explored the challenges faced by GPs in identifying cancer among common and often benign symptoms, particularly in complex consultations and in populations experiencing higher levels of deprivation.

Susanne also reflected on the growing role of non-specific symptom pathways in supporting the investigation of this patient group, and the variation in access across the UK. A further area of focus was safety-netting, with evidence presented on the substantial variation in practice across the healthcare system. The session underscored the need for consistent and integrated approaches to safety-netting across the diagnostic pathway, greater use of digital tools, and clearer communication with patients about both normal and abnormal test results. Inequalities were recognised as a persistent challenge throughout the pathway, requiring targeted action and greater sharing of best practice between specialties.

Dr Stephen Bradley focused on the importance of ensuring primary care teams have access to the investigations, data and feedback needed to support effective risk management and decision-making. Evidence was presented demonstrating the association between higher rates of chest X-ray use in primary care, earlier stage at diagnosis and reduced mortality.

The value of audit, quality improvement activity and routine feedback to GPs on referral outcomes was also discussed.

The session explored emerging approaches, including self-referral pathways for chest X-rays, the use of artificial intelligence in radiology, and the potential to harness routinely collected data and cancer audit programmes to improve diagnostic pathways. Throughout the discussion, speakers stressed that innovation should complement rather than replace interventions that are already known to be effective.

Key takeaway

Achieving earlier diagnosis requires getting the basics right, through regularly updated, evidence-based guidelines, effective safety netting and access to investigations in primary care. Alongside this, emerging innovations must be rigorously evaluated to ensure they add value, and should be implemented in ways that support clinical practice and improve patient outcomes.

Session 3: Shaping the future of symptomatic diagnosis: promising interventions that could move the dial on earlier diagnosis

Dr Brian Nicholson focused on how to accelerate the translation of research into practice, highlighting three areas with the greatest potential to improve symptomatic diagnosis: integrated risk stratification to support patient selection, intelligent interpretation of diagnostic tests, and the development of novel triage tests capable of identifying multiple cancers. He emphasised that while a growing evidence base exists to support these approaches, the challenge lies in translating this evidence into routine clinical practice and embedding it within existing healthcare pathways.

Discussions explored the variable progress that has been made in implementing integrated risk stratification approaches and raised questions about accountability for the delivery and monitoring of clinical guidelines. **COLOFIT** was used as an exemplar as a promising risk stratification approach that can reduce unnecessary referrals without compromising cancer detection rates. However, implementation remains challenging because of variation in local diagnostic pathways and service configurations.

It was noted that adapting and optimising the use of existing tests often presents fewer barriers than introducing entirely new technologies, particularly given the significant investment and evaluation required for novel diagnostics in primary care settings.

Brian highlighted the potential value of embedding evaluation within existing diagnostic pathways, allowing new tests to be assessed systematically as part of routine care. The discussion recognised that many novel diagnostic technologies e.g. multi-cancer tests (MCTs) are currently evaluated within screening populations, where implementation and study design can be more straightforward.

Translating findings into symptomatic pathways requires careful consideration of differences in patient populations, pre-test probabilities and existing testing strategies.

A recurring theme was the importance of improving the efficiency and accuracy of diagnostic pathways. Cancer remains a relatively rare outcome among the large number of patients presenting with symptoms in primary care. Therefore, there is a need for smarter approaches to risk assessment and sequential testing that can better identify those most likely to benefit from further investigation.

Key takeaway

Maximising the impact of diagnostic innovation will depend not only on developing new technologies, but also on creating effective mechanisms to evaluate, implement and scale evidence-based interventions within real-world clinical pathways. Greater use of integrated risk stratification, intelligent testing strategies and systematic evaluation processes could help improve referral accuracy while encouraging more efficient use of healthcare resources.

Session 4: Embedding genomics in primary care

Dr Steph Archer highlighted the increasingly important role of primary care in identifying and managing individuals at elevated genetic risk of cancer. Primary care is central to the identification of patients with cancer predisposition syndromes and a key point of entry to specialist services. However, the role of genomics in cancer risk prediction is evolving rapidly, moving beyond the traditional focus on family history and inherited cancer syndromes. More comprehensive approaches that combine genetic, clinical and lifestyle risk factors are enabling proactive approaches to prevention and early detection. The session provided an overview of developments in breast cancer risk prediction, including work building on the BOADICEA risk model to develop the CanRisk tool. This tool enables healthcare professionals to assess and understand cancer risk using a range of different formats and visualisations, supporting more personalised risk assessment and management.

Attendees also heard from **Professor Jon Emery** and **Dr Sibel Saya** through a pre-recorded presentation outlining activity in Australia, where several trials have made progress in developing the evidence base to support embedding genomics in primary care. Their work, spanning over a decade, explored the development of risk prediction models incorporating genomic information, approaches to communicating risk effectively to both healthcare professionals and patients, and the acceptability of genomic risk assessment tools in routine practice. They also highlighted the development of a multi-cancer polygenic risk score (PRS) designed to support risk-stratified approaches to screening for some of the most common cancers in Australia, including breast, colorectal, melanoma and prostate cancer.

The session concluded with reflections on the practical implementation of genomic risk tools in primary care. Findings from research on the acceptability of CanRisk suggested that, for successful adoption, tools must be designed around the needs of healthcare professionals e.g. simplifying data entry, improving the clarity and interpretation of results, and providing clear guidance on how and when risk tools should be used within clinical pathways.

Key takeaway

Genomics is poised to play an increasingly important role in primary care. Realising its potential will require risk prediction tools that are both clinically robust and practical for routine use. In addition, they need to be supported by clear guidance, effective risk communication and integration into existing care pathways.

Session 5: Making it work in the real world: system enablers for adoption

Professor Georgia Black and **Dr Afsana Bhuiya** explored the challenges of translating innovation into routine practice within the NHS. By building on themes noted earlier in the day, they emphasised that successful innovation depends not only on the quality of the technology itself, but also on the system into which it is introduced. Georgia and Afsana highlighted that innovators come from a wide range of backgrounds, and due to this might need varying degrees of support to navigate the complex healthcare ecosystem. While many of the barriers and enablers to implementation are already well understood, there is often insufficient action to address them. A key theme was that implementation of innovation should be viewed as part of a pathway change rather than adoption of a standalone product. Innovations are most likely to succeed when they are carefully considered within existing care pathways, align with local priorities, make efforts to ensure accessibility and usability, and are supported by evidence which makes the case for both clinical value and cost-effectiveness.

The session examined the reasons why promising innovations frequently fail to achieve widespread adoption. Barriers can arise from the innovation itself, including complexity, insufficient evidence, poor design or a lack of alignment with clinical needs. Additional challenges stem from lack of engagement, relevant expertise and strong leadership within different groups, as well as organisational factors such as infrastructure limitations, IT readiness, workflow compatibility and organisational culture. External pressures, including policy, governance and regulatory requirements, can also slow implementation. Speakers stressed the importance of a structured implementation process, including early planning, engagement of health professionals and patients, robust evaluation and adaptation to different local contexts. They also reflected on the human aspects of implementation, noting that health systems often repeat previous mistakes, reinvent existing solutions and underestimate the challenges of introducing change within already stretched services. Furthermore, innovations are frequently added to existing systems without removing outdated processes, increasing complexity rather than improving efficiency.

Two case studies illustrated these challenges in practice. The first focused on non-specific symptom pathways. While these pathways have shown value for patients and clinicians, challenges relating to evaluation, sustainability, funding and policy support continue to limit long-term implementation.

The second case study considered clinical decision support (CDS) tools designed to aid health professional decision-making, including tools such as QCancer and cancer risk assesment tools (RATs). Adoption of evidence-based tools remains low where they disrupt workflows, add to consultation time or fail to align with the way clinicians make decisions in practice. The discussion reinforced that technology alone is unlikely to change behaviour and that successful implementation requires careful consideration of workflow design and the wider diagnostic pathway.

Key takeaway

Successful innovation is not simply about developing new technologies; it is about designing, evaluating and implementing solutions that fit within real-world clinical pathways. Innovations must be usable, evidence-based and aligned with the needs of both healthcare professionals and health systems, with equal attention paid to implementation, evaluation and long-term sustainability.

Session 6: What is needed to achieve optimal symptomatic management in the UK?

Dr Sam Merriel chaired the closing panel, which brought together representatives from across the four UK nations to reflect on the challenges and opportunities associated with improving symptomatic diagnosis and cancer pathways.

Representing England, **Dr Jodie Moffat** began by referencing England's National Cancer Plan, published in February 2026, and examples of interventions included in the plan to improve symptomatic cancer diagnosis, such as an electronic safety netting pilot. She highlighted the importance of clarity and prioritisation from health system influencers, and called for greater transparency and collaboration across organisations to arrive at a clear set of asks, noting that conversations often occur in silos. Jodie spoke about the opportunity of the recent NICE NG12 guideline updates, to further understand what can support the adoption of guidelines into practice. Later in the discussion, Jodie emphasised that proposals for change must clearly articulate both the intended impact and how they fit within, and if possible, complement the priorities of, the wider health system, recognising that cancer services compete with many other priorities for attention and resources.

Representing Northern Ireland (NI), **Dr Ursula Mason** reflected on the opportunities and challenges of implementing NI's cancer strategy, which runs to 2032. While welcoming the existence of a long term strategy, she noted that it has already been scaled back, reflecting the difficult financial and operational context facing the health system. Ursula emphasised the importance of considering the ripple effects of any intervention. Improvements in one part of the pathway can create pressures elsewhere if capacity is not increased across the system. She pointed to access to diagnostics as a major constraint and noted that, despite improvements in diagnostic timeliness,

performance against the 62-day treatment target remains extremely challenging. This, she argued, demonstrates the need to look beyond screening and primary care access alone and instead focus on the whole patient journey from presentation through to treatment. She concluded by stressing that increasing capacity across the entire pathway should be a key priority.

Dr Gemma Eccles described the Welsh context, highlighting the challenges created by political change, shifting priorities and the devolved nature of health services. While Wales has previously operated under a three-year cancer strategy, many targets were not achieved, and there is now a strong desire for a longer-term cancer plan. Performance against the 62-day target remains a significant challenge, and she noted the important role of Health Boards in commissioning and funding primary care services. Gemma also observed that, despite widespread recognition of the impact of earlier diagnosis, there can sometimes be limited momentum for change. She welcomed commitments to increase investment in primary care and emphasised the importance of designing services that reflect the needs of local populations.

Professor Peter Murchie discussed the Scottish experience, where the current cancer strategy extends to 2033 and identifies primary care as a pivotal part of improving cancer outcomes. He highlighted ongoing challenges in meeting waiting time standards and drew attention to variation between Health Boards in both performance and service provision. Examples included differences in access to Rapid Cancer Diagnostic Services and direct-access CT pathways. Peter also described ongoing efforts to evaluate Community Diagnostic Centres and improve understanding of how diagnostic services are being used, while noting that variation in commissioning and implementation remains a significant issue. His summary message focused on the importance of addressing unwarranted variation to ensure more equitable access to high-quality care.

Across all four nations, panellists consistently highlighted the need for a whole-system approach to cancer diagnosis and care. They emphasised that improvements in one part of the pathway will have limited impact unless capacity and performance are addressed throughout the patient journey.

The panel also highlighted the importance of tackling socioeconomic and geographical inequalities. Participants stressed that innovations must be implemented in ways that improve, rather than widen, inequalities. Therefore, there is a need for strategic commissioning and targeted implementation approaches that actively address inequalities.

Key takeaway

Achieving optimal symptomatic management requires coordinated action across the entire healthcare system, with clear priorities, sustained investment in diagnostic capacity, greater transparency and collaboration, and a focus on ensuring that innovation and service redesign benefit all patients equitably.

This report was written by the Strategic Evidence team at Cancer Research UK. Please contact the team if you have any queries regarding the report: **SEinbox@cancer.org.uk**

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