

# Scrapping England's cancer plan is 'a catastrophic decision that will cost lives' warn experts

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The UK government's proposal to roll England's long term plan for cancer into one strategy covering all major conditions, such as

cardiovascular disease, chronic respiratory disease, dementia, mental health conditions, and musculoskeletal disorders is "a catastrophic decision that will cost lives," warn experts in *The BMJ*.

Professor Richard Sullivan at the Institute of Cancer Policy, King's College London and Dr. Ajay Aggarwal at the London School of Hygiene & Tropical Medicine say the decision "jettisons decades of global consensus that, to deliver affordable, equitable and high quality [cancer](#) care, dedicated cancer plans are required."

Cancer is the single largest cause of death in the UK and one of the most serious health care burdens for societies. Delivering effective and equitable care requires the coordination of an extensive array of interlocking cancer specific pathways, they write.

The English NHS, for example, has 60 radiation therapy centers, 50 prostate cancer surgery centers, 163 bowel cancer centers, and 176 chemotherapy units, not including the specialized diagnostics that are only available at selected hospitals.

The strategic direction and coordination of all these services requires both a cancer specific plan and an array of operational tools to deal with issues of centralization and variation in practice to avoid inequalities in access and outcomes, they explain. Cancer is also extremely costly for health systems, patients, and wider society.

They argue that the current plan to subsume England's long term plan for cancer into a generic chronic disease strategy "is totally inconsistent with internationally accepted benchmarks set by the World Health Organization and followed by all other member states."

They acknowledge the need to strengthen primary and [social care](#), along with ensuring parity of attention to other [chronic diseases](#), but say

subsuming cancer into an overall non-communicable disease agenda "simply signals that cancer is no longer a political priority or reflects a government not willing to deal with its complexity and escalating costs."

A long term plan for cancer is more critical than ever after over a decade of declining funding for cancer services compounded by the COVID-19 pandemic, they add. Such a plan needs to deal with the post-pandemic realities of backlogs for care: sicker patients with more advanced cancers and huge deficits in cancer specific workforce.

They note that national cancer audits in England and Wales report wide variations in access to the most effective cancer treatments and in quality of care.

These quality gaps "reflect systemic and [structural problems](#) across multiple and complex cancer pathways that can only be tackled by an evidence driven dedicated cancer control plan that considers the key determinants of cancer outcomes—in particular, workforce, infrastructure, [quality assurance](#), and health service delivery," they conclude.

**More information:** Richard Sullivan et al, Proposal to scrap England's long term plan for cancer, *The BMJ* (2023). [DOI: 10.1136/bmj.p326](https://doi.org/10.1136/bmj.p326)

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