

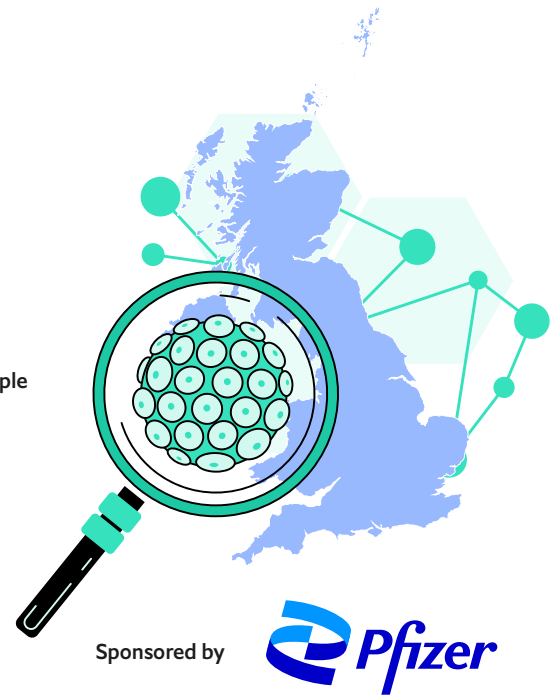
Beyond survival: the current state of cancer care in the UK

Each year, around 393,000 people in the UK are diagnosed with cancer.¹ Today, over 3.5m people across the country are living with the disease.¹

To better understand attitudes towards cancer care and gaps in treatment and patient engagement, we conducted a series of surveys with key groups, including the general population, people living with cancer and healthcare professionals (HCPs).

This infographic summarises key gaps identified in our UK survey of 564 members of the general public, 102 people with a cancer diagnosis, and 100 healthcare professionals.

With the gaps identified in mind, we developed the North Star Framework to support the holistic measurement of success in cancer care. Read more about the Framework at impact.economist.com/health/from-survival-to-survivorship-with-cancer

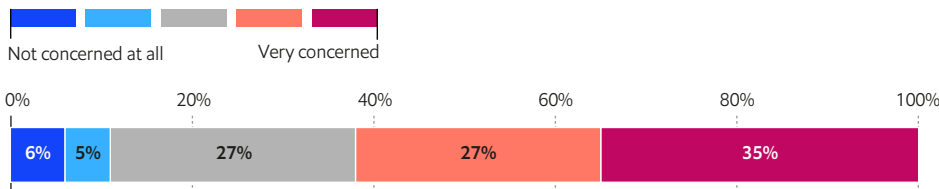


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1 Public confidence and engagement

- The general population worries about cancer, but most have not been given information about their cancer risk.

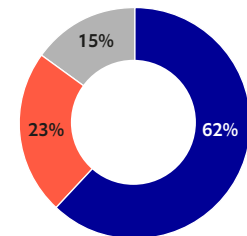
According to our survey of more than **550 people** in the UK, **62%** of respondents are concerned about themselves or a family member developing cancer:



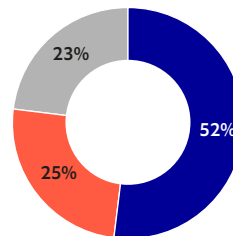
However, **76%** said they are unsure or have not been provided with information by a doctor or other health professional about cancer risks specific to their background (eg, family history).

When asked if they have access to useful and trustworthy information on the following topics:

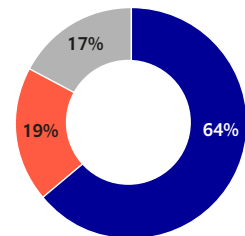
- Said they do
- Said they do not
- Said they are not sure



Screenings for cancer



Cancer care



Risk factors for cancer
(eg, lifestyle, substance use)



“More attention and more resources are needed in the surveillance aspects of cancer.”

Lisa Stevens, Director, Division of Programme of Action for Cancer Therapy, International Atomic Energy Agency

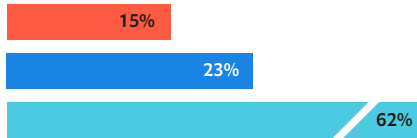
The general public are not always aware of what screening resources are available.

When asked whether various cancer screening services are available in their local communities, general public respondents said they were:

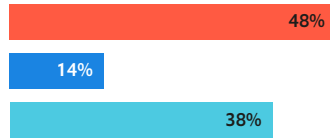
Not sure Not available Available



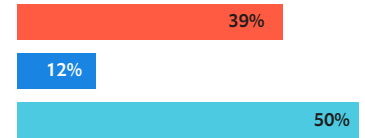
Screenings for breast and reproductive cancers (eg, cervical cancer)



Screenings for lung cancer



Screenings for colorectal cancer

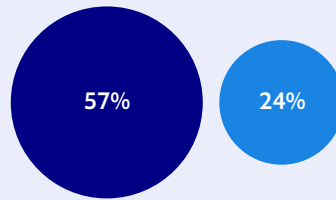


Increasing public awareness of screening resources can help to improve uptake among those who are eligible.²

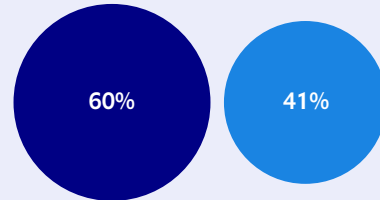
In the UK, there are also significant differences in the respondent-reported availability of some screening services in urban and rural areas.

Urban Rural

Availability of screenings for lung cancer



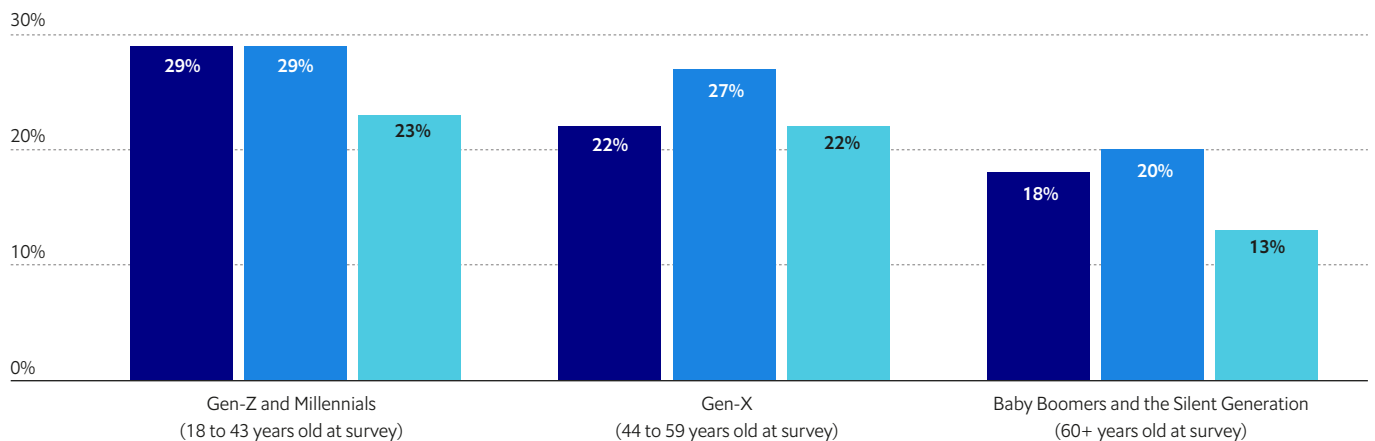
Availability of screenings for colorectal cancer



Access to valuable information varies across demographic groups.

Respondents from younger generations (Gen Z and Millennials) are more likely than those from older generations to say they do not have access to useful and trustworthy information about key cancer topics:

Without access to useful and trustworthy information about screenings
 Without access to useful and trustworthy information about cancer care
 Without access to useful and trustworthy information about risk factors for cancer (eg, lifestyle, substance use)



There is also a distinct difference in knowledge about screening availability in rural communities and urban communities.



3 in 5

(59%) respondents in rural communities were **unsure** of the availability of screenings for lung cancer in their communities, compared to 30% in urban communities.



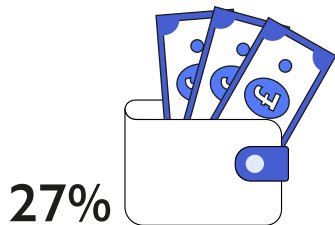
1 in 2

(49%) respondents in rural communities were **unsure** of the availability of screenings for colorectal cancer, compared to 24% in urban communities.

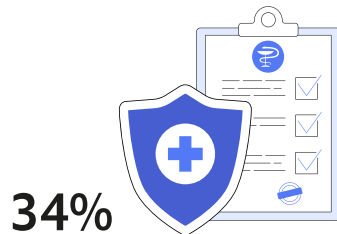
“Even within well-resourced countries there are underserved communities that are not seeing the same outcomes as the rest of the country.”

Benjamin Anderson, Former Lead, World Health Organization (WHO) Global Breast Cancer Initiative (GBCI)

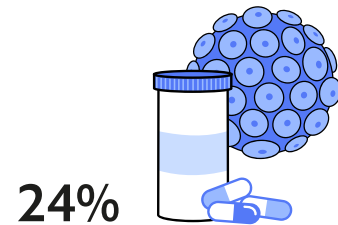
Despite the existence of the National Health Service (NHS), the cost of cancer care is still a concern.



of general population respondents thought that their existing health coverage would not be sufficient to cover their costs if they developed cancer



of general population respondents would consider purchasing supplemental private health insurance if they developed cancer



of patients reported cost as a challenge when seeking diagnosis or treatment for cancer*

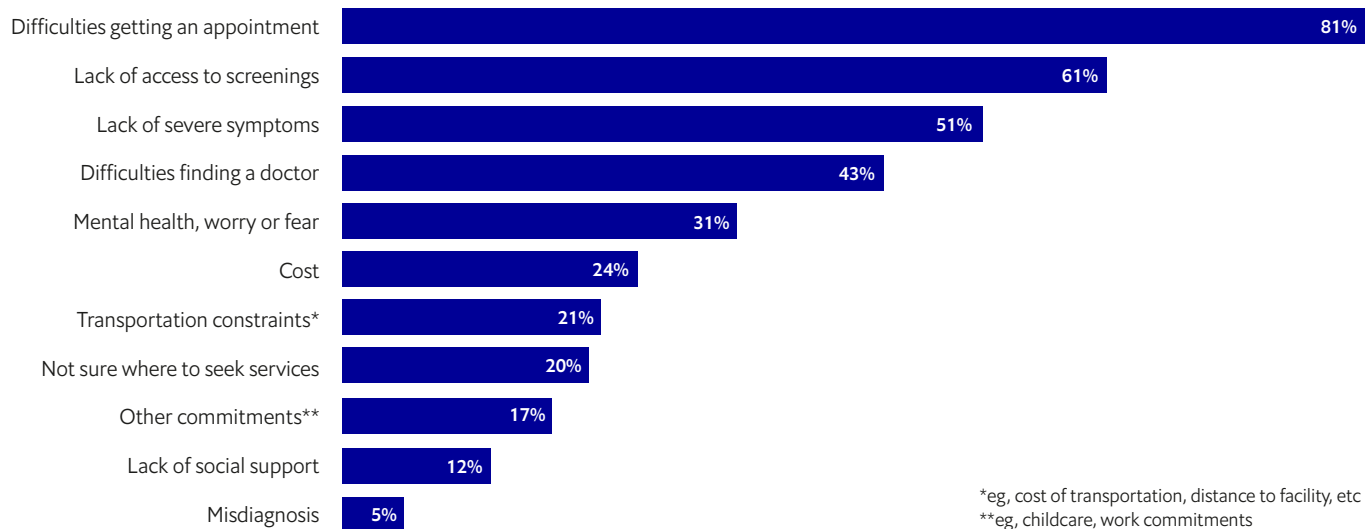
*According to our survey of over 100 patients in the UK

2 Barriers and gaps in care

Patients routinely face significant delays to accessing timely care. Delays in care can critically impact outcomes and survival.



According to our survey of over **100 patients** living with cancer, the greatest challenges when seeking a cancer diagnosis or treatment are:



*eg, cost of transportation, distance to facility, etc
**eg, childcare, work commitments

An initial absence of severe symptoms may lead to delays in care. A lack of awareness among the public of which screenings are available to them in their communities, and how to access reliable information, may also contribute to delays.

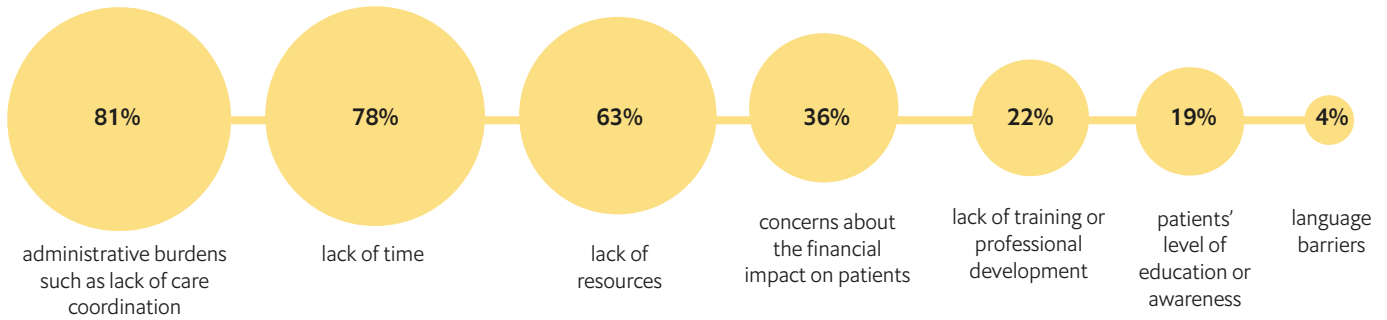


“An optimal, efficient cancer care system depends on placing patient needs and values at its core.”

Matt Hickey, CEO, The Health Value Alliance

● **Health systems face significant structural barriers to delivering optimal care.**

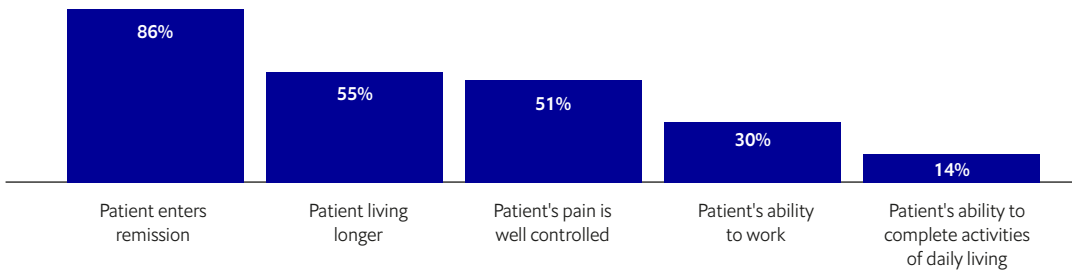
According to our survey of **100 UK-based healthcare professionals** across various specialities, who work at least 50% of the time with patients living with cancer, the greatest barriers to patient-centred care delivery include:



Opportunities for enhancing patient-centred care

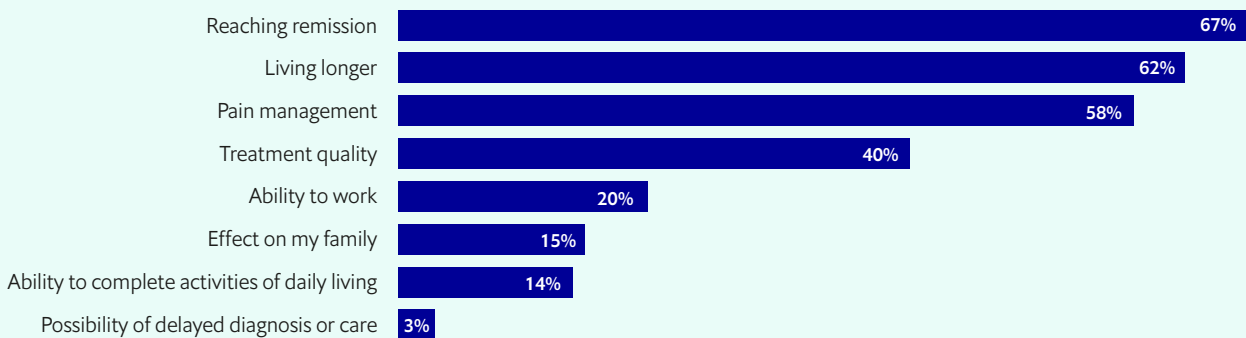
● **Patients and HCPs are only partly aligned on their goals for successful care.**

Patients entering remission, living longer and pain control are the top priorities for HCPs. When asked about the top three indicators of success in cancer care, HCPs reported:



Like HCPs, patients are focused on reaching remission. But patients place a higher value than HCPs on survival and pain management, highlighting an opportunity for HCPs to place greater emphasis on patient priorities in their cancer treatment plans.

When asked to select the three factors that were most important to them, given their diagnosis, patients reported:



● **Although most patients say that they have good relationships with their doctors, HCPs need to take the time to listen and understand the needs and preferences of their patients living with cancer.**

9 in 10

patients with cancer said they have "good" or "very good" relationships with their HCPs.

3 in 4

patients with cancer **agreed** that their doctors took sufficient time to understand their needs and preferences. However, there is room for improvement: 5% of patients disagreed while 22% were neutral.

7 in 10

patients with cancer **agreed** that their doctor considered their opinions or preferences during the course of treatment. Yet 7% disagreed and 23% were neutral, indicating that more attention should be paid to patient preferences.

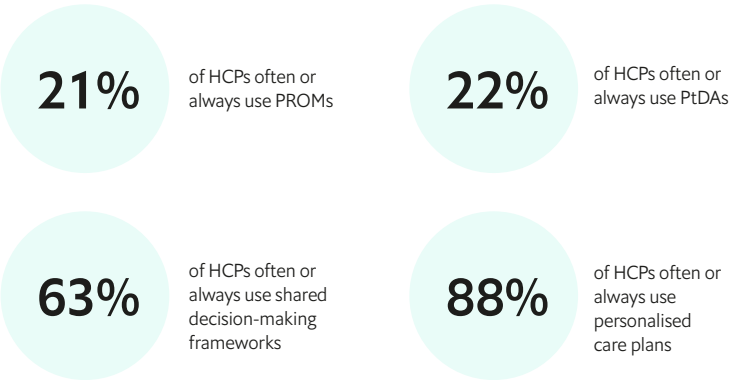
Addressing the structural barriers to care delivery identified by the HCPs we surveyed, such as administrative difficulties and lack of time and resources, can improve HCP capacity to deliver quality care and provide support for patients.



“It’s very important to impress on healthcare professionals that shared decision-making is crucial for improving health outcomes. A patient will only be positive about their treatment if they believe in it.”

Mark Lawler, Chair, International Cancer Benchmarking Partnership; Professor, Digital Health, Queen’s University Belfast

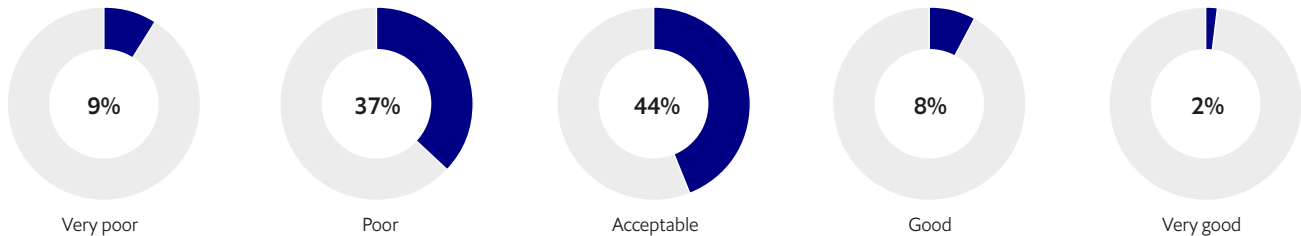
Evidence-based tools such as patient reported outcome measures (PROMs) and patient decision aids (PtDAs) can help HCPs to understand patient needs and preferences. However, few UK-based HCPs surveyed reported regularly using these tools when creating treatment plans for their patients with cancer.



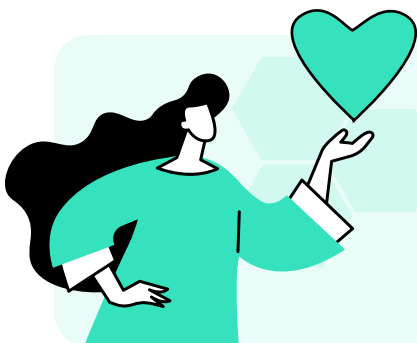
Encouragingly, the majority of HCPs surveyed reported prioritising patient-centred care by regularly using shared decision-making frameworks and personalised care plans.

● There is still work to be done to improve mental health for patients undergoing cancer treatment.

When asked to rate their mental health, the patients we surveyed reported it as:



Prioritising HCP training on mental health and inclusion of specialised mental health professionals in multidisciplinary cancer care teams can help to bridge this gap and improve psychological health and quality of life for patients living with cancer.^{3,4}



“Without support, patients may not have the resilience to go through treatment properly.”

Nina Fuller-Shavel, CEO, National Centre for Integrative Oncology (NCIO); Director and Co-Founder, Oncio CIC; Medical Director and Head of Integrative Cancer Care, Synthesis Clinic

References

- ¹ MacMillan Cancer Support. Cancer statistics in the UK. 2025. <https://www.macmillan.org.uk/about-us/what-we-do/research/cancer-statistics-fact-sheet>
- ² Abraham S et al. Inequalities in cancer screening, prevention and service engagement between UK ethnic minority groups. Br J Nurs 2022; 31(10):S14-S24.
- ³ Grimmer C, et al. Psychological Interventions Prior to Cancer Surgery: a Review of Reviews. Curr Anesthesiol Rep. 2022;12(1):78-87.
- ⁴ Johnson S & Adams C. Why all countries should include psycho-oncology in their cancer response. Psycho-Oncology 2023; 32: 10-12.