# Cancer Research UK: 2021 Health and Care Bill Committee Submission

1. Cancer Research UK is the world's largest independent cancer charity dedicated to saving lives through research. Our vision is to bring forward the day when all cancers are cured, and our research has played a role in developing 8 of the world's top 10 cancer drugs. We support research into all aspects of cancer through the work of over 4,000 scientists, doctors and nurses. In 2020/2021, we committed £388m to cancer research that will fund new projects that will run for many years. We spent £421m on ongoing research activity, including projects started in previous years.

2. 1 in 2 people will now develop cancer at some point in their lives. Cancer is one of the leading causes of death in the UK, with around 367,000 new cancer cases in the UK each year and, sadly, approximately 165,000 deaths.[1] Cancer incidence continues to rise across the UK due both to a growing and ageing population and to genuine increases in risk of developing cancer. By 2035, over half a million people will be diagnosed with cancer in the UK each year.[2]

3. We believe the Health and Care Bill, with the right amendments, offers a real opportunity to improve cancer prevention, treatment, diagnosis and research for the patients of today and tomorrow. We therefore support:

- **A strengthening of Clause 33 that would require the UK Government to publish independently verified projections of the future supply of the healthcare workforce for England at least every two years;**
- **A full implementation of the Government's proposed implementation in Schedule 16 of provisions to end TV advertising for HFSS products before 9pm and restrict paid-for HFSS advertising online;**
- **An amendment to Clause 19 that would mandate that integrated care systems ensure that NHS organisations conduct and resource clinical research.**
- **Any formal recognition of the role of Cancer Alliances in strategic cancer leadership and collaboration in light of Part 1 of the bill's proposal for statutory footing for Integrated Care Systems.**

## Clause 33: Report on assessing and meeting workforce needs

4. Even before the pandemic, systemic, long-standing workforce vacancies in cancer services hindered timely diagnosis and treatment, and important Cancer Waiting Times were routinely missed – and the last year has only added to that strain. One in 10 of all posts across the NHS in England were vacant in 2018/19 and it was estimated that, with no action taken, this would rise to 1 in 7 posts vacant by 2023/24.[3] Health Education England (HEE) has previously estimated that the NHS cancer workforce will need to grow 45% by 2029 in order to deliver world-class cancer services.[4]

5. For us to understand the needs of the NHS to provide effective care – and therefore know the right levels of funding needed to ensure it delivers – we need a comprehensive overview of its workforce capacity.

6. However, the current provisions in the Bill for the Secretary of State to publish a report every Parliament describing the system in place for assessing and meeting NHS workforce needs are insufficient. It fails to provide the short to long term modelling of workforce supply and service demands necessary to ensure we have enough healthcare staff to provide the best, most timely care to every patient. The current provision lacks both the detail and frequency required for effective workforce planning. Government must base workforce planning on patient needs, ensuring we have the right staff, with the right skills, in the right place, at the right time.

**7. Cancer Research UK supports sector-wide calls for the Health and Care Bill for an amendment to Clause 33 that would include a requirement of the UK Government to publish independently verified projections of the future supply of the healthcare workforce for England. As supported by The King's Fund, the Health Foundation and the Nuffield Trust[5] and recommended by the Health and Social Care Committee[6] this approach would enable it to take an evidence-based approach to workforce planning that responds to patients' needs now into the future. We believe this should be published at least every two years.**

## Schedule 16: Advertising of less healthy food and drink

8. Overweight and obesity is the second biggest preventable cause of cancer in the UK.[7] Nearly two-thirds of adults in the UK are overweight or obese, and obesity has disproportionally affected people in more deprived areas of the country.[8,9,10,11,12]

9. Childhood obesity rates are a concern across the UK: a quarter of children in England start reception with overweight or obesity, rising to more than one in three children when they leave primary school. [13] In Scotland, 22.8% of children in Primary 1 were at risk of overweight or obesity in 2019/2020.[14] In Northern Ireland, 26.1% of children in Primary 1 were overweight or obese in 2018/19.[15] In Wales, 26.9% of 4-5-year-olds were overweight or obese in 2018/19.[16] Furthermore, children who are obese are around five times more likely to be obese in adulthood than children who are not obese.[17]

10. Exposure to advertising can affect what and when children eat.[18] Studies demonstrate that short-term exposure to unhealthy food advertising on TV and advergames increases immediate calorie consumption in children.[19] On TV, almost 6 in 10 of adverts shown during the peak viewing period (6 pm-9 pm) promote HFSS products.[20]

11. Adverts for products high in fat, salt and sugar (HFSS) are also highly prevalent online. In 2019, 85.8% of young people reported seeing HFSS adverts on social media, and 63.6% saw influencers promoting HFSS brands.[21] Research further estimates that UK children are exposed to over 15 billion adverts for HFSS products online every year.[22] This exposure is only set to surge with children increasingly spending more time online.[23]

12. Recent Cancer Research UK analysis shows that most brands have the power to promote existing healthier options: 84% of HFSS products analysed had an alternative non-HFSS product from the same brand, master brand, parent company, or license holder brand portfolio that could be substituted in advertising when restrictions are implemented across TV and online.[24]

**13. Cancer Research UK welcomes Schedule 16 and the UK Government's inclusion within the Health and Care Bill of provisions to end TV advertising for HFSS products before 9pm and restrict paid-for HFSS advertising online, to ensure only adverts for healthier foods and drinks are seen by children.**

14. If there is appetite to future proof this legislation, we would encourage the Government and Committee to ensure the relevant guidance on what constitutes "less healthy" food is the latest and most relevant available - the current bill refers in several places to the "Nutrient Profiling Technical Guidance" published by the Department of Health on 1 January 2011, and we would want the Bill to be able to take into account any Government guidance that supersedes this document.

## Clause 19: Duty in respect of research

14. The Health and Care Bill is a major opportunity to embed a culture of research and innovation within the NHS. COVID-19 has raised public awareness of clinical research's vital role in delivering health innovation to a record high, with 78% of the public now wanting research to be part of the NHS's routine care.[25-26] The public's support for NHS research is well warranted, as evidence shows that NHS Trusts with higher levels of clinical trial activity have lower levels of patient mortality[27] and receive better Care Quality Commission ratings.[28] Research also benefits the NHS workforce, as staff that participate in research experience higher levels of retention and wellbeing.[29]

15. Despite these benefits, the NHS faces persistent obstacles to expanding research capacity. The most common of these barriers is a lack of protected time for research, which affected 64% and 51% of surveyed NHS staff working in research-inactive and -active NHS organisations respectively.[30] This scarcity of time severely inhibits the NHS's ability to innovate and improve care, and it's primarily caused by a lack of resource – 60% of surveyed NHS research directors saying there is insufficient funding to support NHS research.[31]

16. Alongside a scarcity of dedicated research time and funding, NHS research is also impeded by obstacles caused by disparities in research opportunities, restrictive career pathways into research, and limited organisational research cultures. Cancer Research UK's report *Creating Time for Research*[32] proposes a variety of policy solutions to these barriers to research, which we encourage you to consider in the legislation and implementation of the Bill.

**17. To ensure the NHS has the capacity to deliver life-saving research and improve patient outcomes through innovation, the Health and Care Bill should introduce a strengthened mandate for research delivery. Specifically, the Bill should include amendments to Clause 19 that would mandate that ICSs ensure that NHS organisations they are responsible conduct and resource clinical research.**

18. By strengthening the legislative mandate for research and moving beyond the current duty to only promote research, the Bill would support patient access to research, provide NHS staff with more opportunities to develop their skills, and enable NHS organisations to improve the care they provide to patients and service users.

## Cancer alliances

19. At the heart of this Bill is the principle of integration, to ensure that NHS services work effectively together. Since their inception in 2016 – and keenly demonstrated during the pandemic – England's Cancer Alliances have served as exemplars of integration, decisively taking forward the cancer transformation agenda and acting as the leading voice on cancer within their geography. They have inclusively and effectively brought key stakeholders together, provided strategic direction and effectively led major transformation programmes.

**20. As Integrated Care Systems move to a statutory footing, any formal recognition of the role of Cancer Alliances in strategic cancer leadership and collaboration in light of Part 1 of the bill's proposal for statutory footing for ICSs would be welcomed by Cancer Research UK.**

*All correspondence regarding this submission should be directed to Ms Heather Lafferty, Westminster Public Affairs Officer at Heather.Lafferty@cancer.org.uk.*

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