

Health and Social Care Secretary Savid Javid World Cancer Day speech

Every second counts.

Do you know that every 90 seconds, someone in the UK is diagnosed with cancer.

In the time that it will take me to speak to you today, 13 people will get the news that their world will be turned upside down.

I lost my Dad to this vicious disease, and I know all too well the grief and the heartbreak that that brings.

He had colon cancer, but by the time that he was diagnosed it was too late. It had already spread to his lungs and liver.

I was so moved by the dedicated care that he received in his final days and I will be eternally grateful to Macmillan for the compassion that they showed him and my whole family.

This painful experience also impressed upon me that when it comes to cancer there isn't a moment to spare.

Who knows, that if he had been diagnosed a bit earlier he may still be with us today and he could have been alive to see me become the Secretary of State for Health and Social Care.

You see my story is one of many.

There are around 166,000 cancer deaths per year, a daunting statistic.

But our experience of COVID-19 has shown us what we can do when we all unite against a common threat.

By putting all of the country's effort and infrastructure behind one shared goal, we achieve things that would have seemed impossible.

Building Nightingale hospitals in a matter of days sending millions of free rapid flow tests to households across the country and vaccinating over 10% of the adult population in just one week.

Now that COVID-19 is in retreat, we cannot lose that spirit.

And we must capture it and think ambitiously about how we can apply it to other health threats that we all face.

Today is, of course, World Cancer Day.

So, let's make this the day where we declare a national war on cancer...

The story of the past few years has been one of some progress.

The figures for survival a year after diagnosis have increased by over ten percentage points over the past 15 years, that's a remarkable achievement.

But we do need to go a lot further.

Despite the very best efforts of the NHS staff who did so much to keep seeing cancer patients throughout the pandemic, throughout the last two years we know that COVID-19 has had a major impact on cancer care.

There are still around, we estimate, some 34,000 people who haven't come into cancer services for treatment.

And on top of all this – although we lead the way in Europe for some cancers like melanoma and some others we do sit far behind some other countries with some other cancers.

The CONCORD study has ranked the UK 14th out of 28 countries that were studied for the diagnosis of breast cancer and we're behind other large countries in Europe when it comes to survival rates for ovarian cancer.

so today we're taking the first step in doing a lot, lot more. And that's why I've published today a call for evidence that will inform a new 10 Year Cancer Plan for England a searching new vision for how we will lead the world in cancer care.

This Plan will show how we are learning the lessons from the pandemic and how we will apply them to improving cancer services over the next decade.

It will take a far-reaching look at what we want cancer care to be in 2032 – ten years from now.

Looking at all stages, looking at prevention looking at diagnosis looking at vaccines and treatments.

First, we must prevent people from getting cancer in the first place.

Traditional interventions have been focused further down the chain, on the treatments that are so vital for those that have already been diagnosed.

But the greatest impact we can have is preventing these people from needing cancer care at all.

The causes of cancer of course they are varied and they're complex, but we know that for example that smoking is one of the greatest factors.

In 2019, a quarter of deaths from cancers were estimated to be due to smoking.

Although there are positive signs that smoking is declining there are still around six million people who smoke regularly in England.

My ambition is for England to be smoke free by 2030 and this year we will

publish a new Tobacco Control Plan for England setting out how we are going to get there.

This will have a focus on reducing smoking rates in the most disadvantaged areas and groups.

And to inform this Plan, I'm pleased to announce that Javed Khan the former Chief Executive of Barnado's will be leading an independent review looking at what more we can do to drive down those smoking rates and help people give up smoking for good.

Javed will be able to bring to bear his vast experience from the public and voluntary sectors I'm thrilled that he will be leading on this lifesaving work.

Obesity is also a major risk factor, and we are striving to halve childhood obesity by 2030 including through the measures that are in the Health and Care Bill, which is going through Parliament right now.

Alcohol consumption, too, this is linked to many types of cancers and we're rolling out specialist Alcohol Care Teams in hospitals where rates of alcohol related admissions are highest.

We estimate that this will prevent some 50,000 admissions over the next five years.

And you know as that old adage goes: prevention is better than cure. But this is critical when prevention means sparing patients and their loved ones the anxiety of that cancer diagnosis.

This prevention agenda and this Government's work to level up across the country, it's really two sides of the same coin.

Why, because many of those risk factors of cancer that I've just talked about like obesity and like smoking they have a strong link with social deprivation.

For instance, in 2020, around 20 per cent of the adult population of Blackpool were smokers, compared to 7 per cent in Barnet.

There are stark disparities when it comes to cancer outcomes too.

The proportion of people whose cancer is diagnosed at any early stage is around 8 percentage points lower in the most deprived areas compared to the most affluent.

To tolerate such disparities for such a major killer is to accept the greater risk of death solely based on your background, where you live, what social group you might belong to...

I cannot accept this. I have made tackling disparities one of my most pressing priorities as the Secretary of State.

And on Wednesday, we announced that we will be publishing a Health Disparities White Paper this year looking at how we can tackle the core drivers of inequalities in health and I see plenty of areas where we can level up disparities on cancer.

Take for instance clinical trials.

We must work harder to get people from a wider range of backgrounds represented.

This is not just a scientific necessity but also a moral one.

Making sure that the clinical trials that take place, that they are developing treatments that are effective for all patients.

But currently some communities are under-represented, which we cannot tolerate when the stakes are so high.

We must also look at what we can do to address the variation in cancer outcomes across the country.

The Targeted Lung Health Checks Programme offers a shining example of what can be done.

Rather than people coming to us, we go to them taking mobile trucks into the heart of local communities.

After successful pilots in Manchester and Liverpool, we rolled them out to targeted areas across the country where we knew people were of the greatest risk.

The results have been phenomenal.

Within this programme, a massive 80 per cent of lung cancers are being diagnosed at an early stage, compared to less than 30 per cent before.

Many of these people were fit and healthy and had no symptoms at all.

One married couple Danny and Christine from Hull they both went to get checked in a supermarket car park and they soon received the sad news that Danny had lung cancer.

But because he was diagnosed early, they were able to act very quickly and now they have both given up smoking and these two, Danny and Christine are encouraging others to come forward and take advantage of this initiative.

When I talk about lung cancer, I can't also help thinking about my late friend and colleague James Brokenshire, who we still miss very dearly.

Thanks to this programme, we have been able to give far more people a far better chance against cancer and of living a longer and healthier lives with their loved ones.

This approach has so much potential, and I want to look at how we can roll

out more of these targeted types of measures.

To right the wrongs that currently exist and to level up on cancer care across the country.

You know one of the privileges of being able to this job, is being able to speak to this country's brilliant cancer charities and foremost experts in cancer care on a regular basis as I just did a couple of hours ago in a round table that I held just here.

There's a common consensus and this came through in the round table, there is a common consensus that one of the most important ways of making an impact on cancer outcomes is early diagnosis.

The majority of deaths from cancer come because we sadly catch it too late, like my father. Detecting the disease early can save time, save money, but most importantly, can save lives.

It is likely that early stage diagnoses have reduced over the past 18 months due to the pressures of the pandemic but we've taken steps to get us moving in the right direction.

We have announced a new network for example of Community Diagnostic Centres which are already doing amazing work in communities across the country offering patients quicker and easier access to vital cancer tests.

In their first seven months, they have already provided more than 400,000 tests and we expect to see over two million extra scans in their first full year of operation.

The NHS Long Term Plan, it rightly has a big focus on early intervention and commits to diagnosing 75% of cancers at stage 1 and stage 2 by 2028.

The most recent data impacted of course sadly by the pandemic for 2019. It shows that we are currently at 55% but I want to see if we can even set a mission to exceed the 75% target.

And to do this, we'll have to take every opportunity to give people the certainty that diagnosis can provide.

So that the Call for Evidence, this demonstrates the ambitious plans that we have for the next decade.

Extending screening to more people, for example by extending bowel screening to people aged between 50 and 60 by 2024/2025 launching a new programme for liver surveillance along with working with primary care to trial new routes into the system, like using community pharmacy and perhaps even self-referral.

But if there's more we can do, we want to hear about it, and that's why this Call for Evidence is so important.

I'm especially interested in how we can encourage young people to come

forward and make sure that when they do they are diagnosed quickly.

I was so moved to meet a very inspiring woman Charlotte Fairall someone I met just before Christmas with her constituency MP.

Charlotte's daughter Sophie was sadly taken by an aggressive form of cancer at the age of ten.

This went unnoticed by a GP before it was diagnosed in A&E, diagnosed by a paediatrician, who found a tumour that was 12 centimetres long.

Charlotte is now a dedicated fundraiser and a passionate advocate for improving childhood cancer care and by meeting her that had a great impact on me.

Last year the UK Health Security Agency, they produced the first UK-wide report on cancer in young people which showed that every day in the UK ten children or young people are diagnosed with cancer.

We know that patterns of cancer in young people are very different to adults.

We already know this, so treating cancer for young people as a distinct speciality was pioneered in the UK and it has been replicated in many other countries across the world.

But there's still much more progress that we need to make, especially to improve recognition and on early diagnosis and this is an area where I will be placing a particular focus in the years ahead.

Everyone is different and has their specific own treatment needs.

I want every patient to have the support they need, that's going to be tailored to them both during and after their treatment.

In the future, more and more people will have cancer alongside other conditions so care centred around the individual is going to be absolutely crucial.

We've already made huge strides, and around 83% of all cancer multidisciplinary teams have adopted personalised care and that's up from 25% in 2017.

But we will keep striving to get this number up and to improve follow-up care for cancer patients so that patients have someone to turn to even in the years after they finish their treatment.

And as we keep working to improve care, we will draw on the innovation and the enterprise that has proved its worth during this pandemic.

As one of the clinical leaders here at the Crick recently said: cancer is "an evolving system that plays by evolving rules".

As cancer evolves, we must evolve too, and the best way we can do that is by

embarking on new technologies and treatments and by making this country the best place in the world to develop them.

The past two years have shown the sparks of ingenuity that can fly when public and private sectors they work seamlessly together.

Now we must use this to transform all parts of cancer care, from referral, through the diagnosis, and then through the treatment.

In the Life Sciences Vision, we identified cancer as an area where we can use cutting-edge technologies to make a real difference.

The Office for Life Sciences and Genomics England have done so much to build bridges with industry and to improve care for patients and if you look around an NHS ward you will see the most incredible technologies being pioneered in this country.

Before I came here today, earlier this morning, I visited University College London Hospital to see how they are using proton beam therapy using high energy protons to precisely target tumours reducing the damage to nearby healthy tissues. I also saw, and it was fascinating technology, I think David the CEO is with us here today. I also saw a few months before that, I saw in a visit to Milton Keynes Hospital. I saw how they have been the first hospital, the first in Europe to use state-of-the-art surgical robots for major gynaecological surgery including complex cancer cases.

Most exciting of all, the NHS is currently embarking on the most important trial of early detection for generations.

This is the NHS-Galleri Trial which explores how we can detect cancer early when used alongside existing cancer screening.

This trial has been set up and recruited at a pace that we have never seen before anywhere in the world, and is showing already great promise with the potential to transform how we detect cancer in this country.

But I don't want us to just stop there. I want to see many more Galleris.

There are so many other technologies and treatments that have great promise and we do need to make the most of them.

I want us to keep deploying the most cutting-edge technologies like AI, backed by our AI Health and Care Award.

I want to explore how we can do more on personalised treatments such as immuno-oncology using the power of the body's own immune system to prevent, to control, and eliminate cancer.

Just as we saw during the COVID-19 pandemic, we've seen how vaccines gave us a solution.

I also want us to explore every avenue on how vaccines can help us fight cancer too.

You know we already have the HPV vaccine for some forms of cancer, like cervical cancer and here I'm determined to get the uptake of this vaccine back up on track because of the disruption of the pandemic.

And this vaccine, the HPV vaccine is already a true success story.

Data published just a few months ago showed how it is cutting cases of cervical cancer by almost 90%.

Over 80 million people have now received the vaccine worldwide, including my three daughters.

Due to the huge advances in vaccines and testing we have the very real possibility now to all but eradicate cervical cancer in my lifetime.

A really exciting mission that we can all get behind.

Although it might be some way on the horizon, there is also the potential I think to develop vaccines for other forms of cancer too.

Of course cancer vaccines are going to be notoriously difficult.

After all, we know that cancers develop specifically because they evade immune control.

But just because it's difficult doesn't mean that we shouldn't try.

And I want to intensify research in this area, building on the huge advances that were made during the pandemic on mRNA technology.

And that research, you now the technology that had not been deployed until the pandemic came along, and look how fast the world moved to make use of it.

But the latest technologies, it's also important to remember that they really cannot work without the data that sit behind them and health and care data in particular has so much potential for innovation and for researchers.

While the lessons of the pandemic was how much value there was where we could unlock this data.

Here in the UK, we linked the primary care records of millions of people to the latest COVID-19 data meaning that we were able to conduct the world's largest analysis of coronavirus risk factors.

And I think we can apply these lessons to cancer too.

This is an area where this country has so many natural strengths.

We have one national health care system which means that we have all this valuable data effectively stored in one place.

This includes one of the best cancer registries in the world which, unlike many comparable countries, logs every single cancer case that's been diagnosed in England.

The OpenSAFELY analytics platform has shown what can be done.

It has used health and care data to identify which areas of the country have lower rates of testing for prostate cancer so that we can then take targeted action.

What we need now is to build on this and drive the use of data even further.

Including reducing the lag in early diagnosis performance data – which can act as a big barrier for researchers – from years to just a matter of weeks and days.

This Call for Evidence invites views on what more we can do to promote the safe sharing of data to power the most cutting-edge technologies in the NHS.

The document we are publishing today shows our determination to thwart this menace that's taken so many lives.

This is a big priority for me and my department and I'm delighted also to be able to call on Maria Caulfield and my ministerial team a former NHS nurse that specialised in cancer care.

But you all know that governments cannot do this alone.

We will need a new national mission, that's drawing on the best of humanity to defeat this threat to us all.

We want to hear views from far and wide to help us shape this work. That's the point of the call of evidence.

I want to hear from cancer patients, from their loved ones, people working in cancer care, pioneering researchers like those here at the Crick, some I met today. I can't tell you how impressed I've been by them, and many, many more.

So please join us in this new effort so fewer people face the heartache of losing a loved one to this wretched disease.

Because every second counts.

Thank you all very much for listening, thank you.