



Department  
of Health &  
Social Care

*From the Rt Hon Andrew Stephenson CBE MP  
Minister of State for Health and Secondary Care*

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The Rt Hon Sir George Howarth MP  
By email to: [george.howarth.mp@parliament.uk](mailto:george.howarth.mp@parliament.uk)

8 December 2023

Dear Sir George,

Thank you for your correspondence of 8 November on behalf of one of your constituents about pancreatic cancer.

I am grateful to you for raising your constituent's concerns. The Government is committed to improving care pathways for all those with cancer, including pancreatic cancer.

We know that pancreatic cancer is difficult to diagnose due to the non-specific nature of its symptoms. The NHS is therefore implementing 'non-specific symptom pathways' for patients who have symptoms that do not align to a tumour type. There are 96 pathways in place, and more are being introduced. This will support the NHS to meet the Faster Diagnosis Standard, which will ensure that patients who are referred for suspected cancer will find out whether they have it within 28 days.

NHS England is implementing a number of measures that are expected to increase early diagnosis and improve outcomes for those with pancreatic cancer. This includes a route into pancreatic cancer surveillance for people with a high inherited risk (to identify lesions before they develop into cancer and diagnose cancers sooner), creating faster referral routes for people with non-specific symptoms that could be linked to a range of cancer types, and increasing GPs' direct access to diagnostic tests. A group has been formed to consider a pathway for hepato-pancreato-biliary cancers, including pancreatic cancer.

NHS England is also funding a new audit of pancreatic cancer to provide regular and timely evidence to cancer service providers of where patterns of care in England vary, to increase the consistency of access to treatments and to stimulate improvements in treatment and outcomes for patients.

NHS England's Getting It Right First Time (GIRFT) programme has appointed a team of five specialist clinicians to lead a national review of services for pancreatic cancer patients in England. This will involve data-based analysis at all specialist centres and their referring hospitals, using various data sources such as hospital episode statistics, cancer waiting times and the Rapid Cancer Registration Dataset to identify their progress against the recommendations in the Optimal Care Pathway. This pathway is a Pancreatic Cancer UK-led initiative that has brought together 300 health professionals and people affected to agree on how standards of diagnosis, treatment and care of those with pancreatic cancer and their families can be improved.

The GIRFT programme will also highlight the actions NHS providers need to take to improve services and gather examples of good practice to share with other NHS teams and the NHS England Cancer Programme. It will focus on improvement in networks through 23 regional surgical centres in England, with the aim of improving clinical outcomes for the population. This will be achieved through standardising pathways and encouraging the adoption of best practice from diagnosis to follow-up.

A resulting national report will outline the extent of variation in services across England and make recommendations to enhance processes and approaches, to achieve better ways of working to improve outcomes for patients.

Decisions about the funding and provision of health services are the responsibility of local integrated care boards (ICBs). You may therefore wish to raise your constituent's concerns with NHS Cheshire and Merseyside ICB. The contact details can be found at [www.cheshireandmerseyside.nhs.uk/contact](http://www.cheshireandmerseyside.nhs.uk/contact).

I hope this reply is helpful.

Yours sincerely,

A handwritten signature in blue ink, reading "Andrew Stephenson". The signature is fluid and cursive, with the first name "Andrew" and the last name "Stephenson" clearly legible.

**THE RT HON ANDREW STEPHENSON CBE MP  
MINISTER OF STATE**