



BRIDGING THE GAP

Enhancing Equitable Access & Innovation in Colorectal Cancer Care in the United Kingdom

EXECUTIVE SUMMARY

UK has a comprehensive, publicly funded colorectal cancer (CRC) system delivering high-quality screening, diagnostics, and treatment nationwide. Organised screening programmes, evidence-based national guidelines, and strong multidisciplinary care have improved survival and reduced late-stage diagnoses.

At **Level 5 maturity**, the focus shifts to closing residual regional performance gaps, embedding precision oncology into routine workflows, optimising pathways for timely diagnosis, and sustaining innovation within the NHS's constrained budgets.

INTRODUCTION

Sustaining high performance while innovating under fiscal pressures

The National Health Service (NHS) provides universal CRC care across the UK, underpinned by national screening programmes (FIT), robust cancer registries, and NICE-endorsed guidelines. However, despite mature systems, variation persists in screening uptake, time-to-treatment, and access to advanced therapies across devolved nations and localities.

Ongoing reforms target faster diagnosis standards, personalised medicine integration, and improved survivorship support while ensuring value for money.





COLORECTAL CANCER IN THE UK

Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	National FIT screening for ages 50–74 (progressively lowering start age), symptomatic referral via two-week-wait; strong diagnostic capacity but variable uptake and delays in some regions.	Nationwide screening, clear referral pathways, significant public awareness.	Increase screening uptake in underserved groups, achieve ≥95% compliance with Faster Diagnosis Standard, expand use of FIT in symptomatic triage.
Biomarker & Molecular Testing	Routine MSI/MMR and RAS/BRAF testing; NGS panels available in Genomic Laboratory Hubs; adoption of genomic medicine service.	National genomic network, standardised testing protocols.	Ensure rapid turnaround for genomic results, integrate liquid biopsy pilots, link genomic data to cancer registry for real-world evidence.
Treatment Access	Universal access to surgery, radiotherapy, targeted and immunotherapies through NHS; NICE-approved drugs funded; regional variation in adoption speed.	Well-distributed specialist centres, clinical trials network.	Reduce regional lag in new therapy adoption; expand robotic surgery capacity; improve perioperative optimisation programmes.
Clinical Guidelines & Quality Standards	NICE guidelines updated regularly; National Bowel Cancer Audit drives quality improvement.	Strong governance and audit culture.	Maintain agile updates for emerging evidence; expand real-time performance dashboards for hospitals.
Palliative & Survivorship Care	Integrated palliative care pathways; survivorship programmes increasingly embedded in care plans; community services variable in capacity.	Hospice sector integration, growing survivorship focus.	Expand community palliative capacity, improve access to psychological and vocational support, standardise survivorship care plans across the UK.

CONCLUSION & Call to Action

The UK's CRC services are world-class, with strong governance and universal access. However, further gains require targeting residual inequalities in screening and treatment, improving diagnostic timeliness, and embedding advanced genomics and personalised care approaches without compromising NHS sustainability.



KEY POLICY PRIORITIES

1 Increase equitable screening uptake : targeted outreach and digital engagement for low-uptake populations.

2 Meet and sustain Faster Diagnosis Standard : 28-day diagnosis from referral across all trusts.

3 Advance precision oncology : mainstream NGS and liquid biopsy, integrate data into clinical decision-making.

4 Reduce regional adoption gaps : align access to novel therapies and surgical innovations nationwide.

5 Strengthen survivorship support : standardised post-treatment care plans, community rehab, and mental health integration.

CONCLUSION

At **Level 5**, the UK's CRC strategy must balance **innovation, equity, and fiscal sustainability**. Building on its strong national infrastructure and quality culture, the NHS can continue to lead in CRC outcomes while ensuring every patient benefits from the latest advances, regardless of geography.