

The Cancer Reform Strategy

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Cancer Reform Strategy: An overview

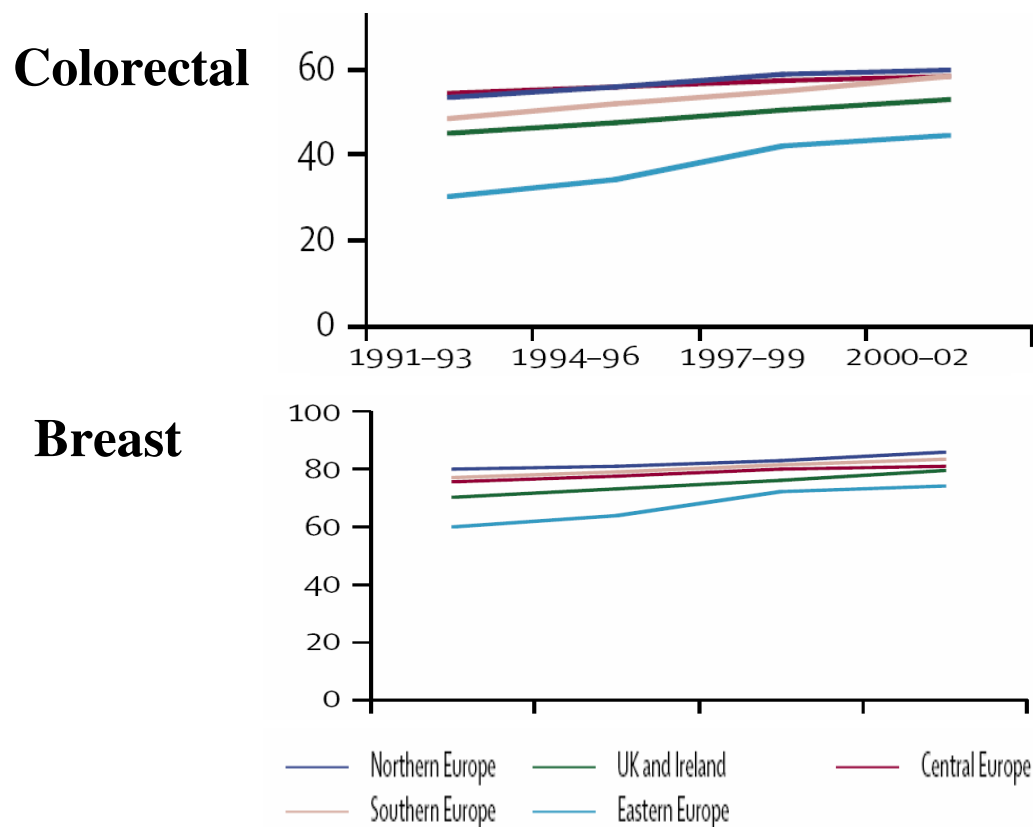
The Cancer Reform Strategy:

- Builds on progress made since the publication of the NHS Cancer Plan
- Recognises key challenges and opportunities for improving outcomes
- Sets out a clear direction for the next 5 years
- Shows how we will deliver cancer outcomes which are amongst the best in the world

Cancer: progress over the past decade

- Age standardised death rates have fallen (by around 2% in people under 75 years)
- Survival rates are improving year on year for some cancers
- Patients' experience of care is improving, but not enough
- Good progress has been made on: smoking; screening; waiting times; multidisciplinary team working; service reconfiguration; palliative care; workforce expansion; equipment
- Funding has increased considerably (27% in 3 years)
- There is much greater stakeholder engagement now than in 2000

Five year period survival profiles (percentage) from 1991 to 2002 for colorectal and breast cancer



Cancer: challenges and opportunities

- The incidence of cancer is increasing, as people live longer
- More people are alive having survived cancer
- Scientific understanding of cancer is improving greatly
- There are new opportunities for early diagnosis (genetics; screening; new diagnostic technologies)
- There are many new treatments in the pipeline
- There is considerable potential to introduce new service models to improve convenience and outcomes for patients

Cancer Reform Strategy: outline

- 6 key areas for action
 - Prevention
 - Diagnosing cancer earlier
 - Ensuring better treatment
 - Living with and beyond cancer
 - Reducing cancer inequalities
 - Delivering care in the most appropriate setting

- 4 key drivers for delivery
 - Using information to drive quality and choice
 - Stronger commissioning
 - Funding world class cancer care
 - Building for the future

Preventing cancer (Chapter 2)

- Rationale: over half of all cancers could be prevented
- Actions:
 - Smoking: Consultation on further action during 2008 on vending machines etc. and harm reduction initiatives
 - Obesity, diet and physical activity: Cross government strategy to be developed
 - Excessive alcohol intake: Sustained national communications campaign
 - Skin cancer: Expansion of awareness campaigns and consultation on sunbeds
 - Raising awareness of lifestyle factors contributing to cancer

Diagnosing cancer earlier (Chapter 3)

- Rationale: Late diagnosis is the major factor underlying poor survival rates in the UK
- Actions:
 - Extending breast screening (47-73 years) with digital mammography
 - Extending bowel screening (70-75 years)
 - Improving efficiency of cervical screening
 - National Awareness and Early Diagnosis Initiative (NAEDI)
 - Promoting early presentation by patients
 - Reducing delays in primary care (primary care audit of new cancers)

Ensuring better treatment (Chapter 4)

- Rationale: surgery, radiotherapy and drug therapies are all important in the successful treatment of cancer
- Actions:
 - Extending coverage of 14, 31 and 62 day targets to benefit more patients
 - Surgery: National training initiatives (e.g. laparoscopic surgery)
 - Radiotherapy:
 - Implementing National Radiotherapy Advisory Group Report
 - 31 day target for all radiotherapy treatments
 - Increasing capacity
 - New treatments:
 - Referral to NICE as default option for all cancer drugs
 - Appraisal in parallel with licensing where possible
 - Better planning for implementation (C-PORT)
 - National Chemotherapy Advisory Group report: Spring 2008

Living with and beyond cancer (Chapter 5)

- Rationale: Patient experience has improved in recent years, but not enough
- Actions:
 - Information: pathways and prescriptions
 - Better face to face communication
 - Better coordination of care
 - Better psychological support
 - Better access to advice on financial benefits
 - Critical role of clinical nurse specialists in cancer care
 - New National Cancer Survivorship Initiative
 - In partnership with charities, clinicians and patients
 - Regular surveys of patients' experiences

Reducing cancer inequalities (Chapter 6)

- Rationale: There are major inequalities in cancer incidence, uptake of services and/or outcomes according to deprivation, race, age, gender, disability, religion and sexual orientation
- Actions
 - New National Cancer Equality Initiative to
 - Optimise data collection on inequalities
 - Enhance understanding of inequalities
 - Promote research
 - Spread good practice
 - Local goals to be set for mortality reductions by 2012

Delivering care in the most appropriate setting (Chapter 7)

- Rationale:

- Localise services where possible for patient convenience
- Centralise where necessary to improve outcomes

- Actions:

- All care to be delivered only by providers who conform to national standards (e.g. Improving Outcomes Guidance)
- All care to be integrated within cancer networks
- Better access to diagnostics from primary care
- Major Inpatient Management Initiative
 - Shift from inpatient to ambulatory care
 - Better for patients and for the NHS
 - Based on successful pilots and experience in other countries
 - Avoiding unnecessary admissions and shortening lengths of stay

Four key drivers for delivery

- Using information to improve quality and choice
- Stronger commissioning
- Funding world class cancer care
- Planning for the future

Using information to improve quality and choice (Chapter 8)

- Rationale: Better information on cancer services and outcomes will enhance quality, inform commissioning and promote choice

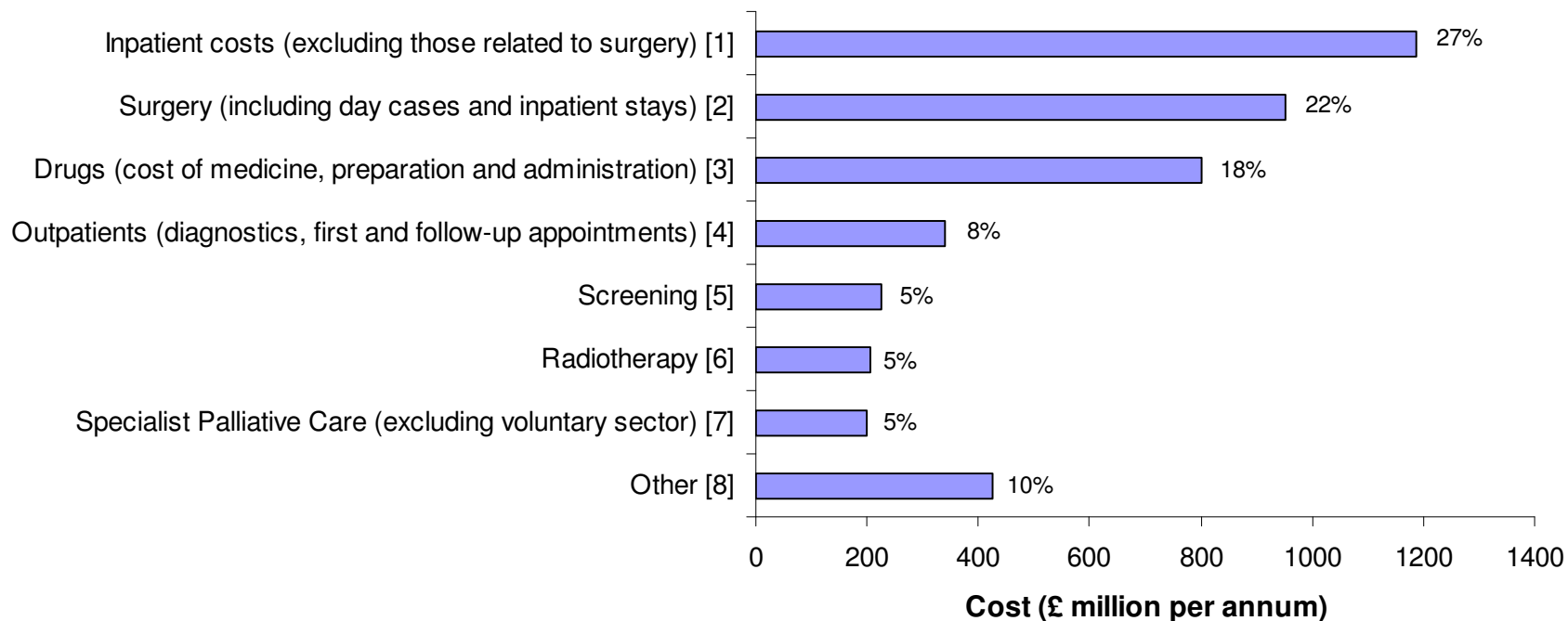
- Actions:
 - Surveys of awareness of risk factors and symptoms of cancer
 - Surveys of patients' experience of care and patient reported outcomes
 - Collection of defined clinical datasets by Trusts / MDTs as part of national contract
 - Establishment of a National Cancer Intelligence Network to coordinate these activities

Stronger Commissioning (Chapter 9)

- Rationale: Stronger commissioning will drive up service quality and ensure value for money
- Actions:
 - Duties of commissioners (e.g. PCTs) in relation to cancer are clearly set out in line with World Class Commissioning
 - Cancer networks to provide advice on commissioning to PCTs
 - A Cancer Commissioning Guide and an electronic toolkit are in preparation
 - Changes to Payment by Results will be made taking account of findings from a review of PbR and cancer

Funding World Class Cancer Care (Chapter 10)

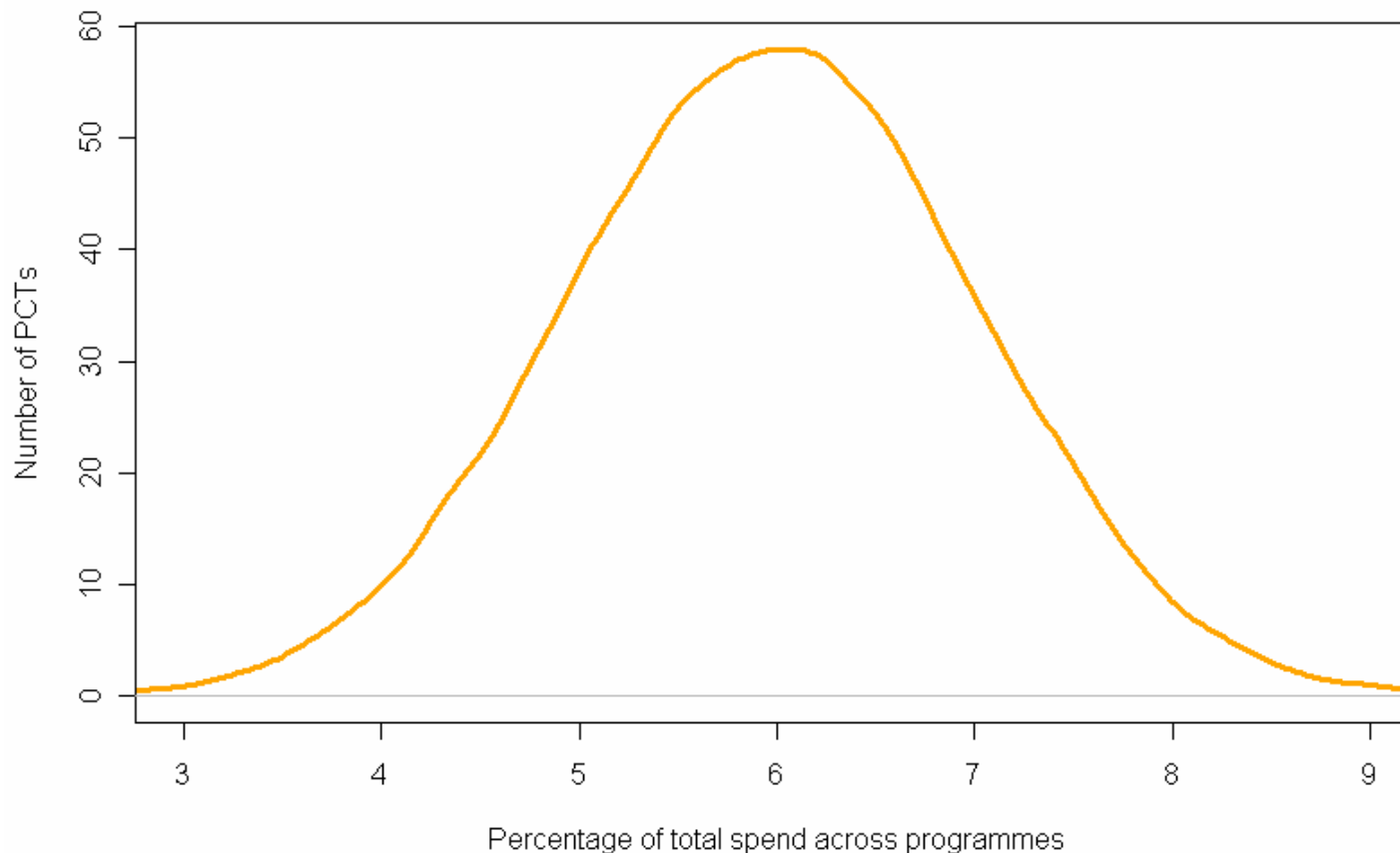
Estimated total NHS spend on cancer care



- Total expenditure: Around £4.35bn pa in England.
- Expenditure per head of population = £80 (compared with £121 in France and £143 in Germany)

Funding World Class Cancer Care (Chapter 10)

Spending on cancer in 2006/7
as percentage total of PCT programme spend



Variation in expenditure between PCTs (2006/7)

Funding World Class Cancer Care (Chapter 10)

- Actions:

- The government is committed to fund world class cancer services, but also expects the NHS to deliver value for money
- New investment is being made to fund
 - Increased activity relating to increased incidence of cancer
 - Innovations deemed cost effective by NICE
 - Vaccination for cervical cancer
- PCTs will have the funds to cover the commitments in the CRS, but will have to ensure that expenditure which carries no benefit is eliminated

Building for the future (Chapter 11)

- Rationale: New opportunities and challenges will continue to arise. Cancer is changing rapidly
- Actions:
 - Workforce planning and development
 - Expert horizon scanning
 - Increased support for research
 - Continuing partnership with stakeholders
 - National leadership and support
 - Annual reports on progress

What does it mean for patients?

Ten pledges:

1. More will be done to help you to reduce your risk of developing cancer;
2. An increased likelihood of your cancer being detected earlier;
3. You will have access to high quality treatment at every stage of your cancer journey;
4. Whether you are living with or beyond your cancer, high quality information and support, tailored to your personal needs will be available;
5. Irrespective of who you are or what your background is, the NHS will work to give you access to the best possible cancer experience and outcomes;

What does it mean for patients?

Ten pledges (continued):

6. Your care will be delivered in the most clinically appropriate and convenient setting for you;
7. You will be able to access information about the performance of your cancer services, enabling you to make informed choices which reflect your priorities;
8. Your PCT will be supported in ensuring that the best possible cancer services are available for you;
9. Your NHS cancer services will continue to be properly funded; and
10. We will keep striving to improve the quality of cancer services.

Cancer Reform Strategy: Summary

- Good progress on cancer has been made across the country over the past decade
- The Cancer Reform Strategy sets out the direction for the next five years
- We will continue to work with charities, clinicians, patients, NHS managers, researchers and industry to deliver world class cancer outcomes