

Macmillan Campaigns Briefing

About the campaign

A quarter of all new MPs (164) – including five Cabinet Ministers – pledged their support for Macmillan's *Vote Cancer Support* campaign during the General Election. The campaign called on the new Government to reform cancer care in three ways as set out below. The new Health Team has already published a Health White Paper and announced reviews of both the Cancer Reform Strategy – the main cancer strategy for England – and palliative care funding.

It is vital that we use these opportunities effectively to bring in the reforms we called for during the General Election. In order to do this, we need local campaigners to remind their MP about the *Vote Cancer Support* campaign and ask them to write to Paul Burstow MP, Cancer Minister, to ensure our three policy changes are properly considered. You can find out how to do this at www.macmillan.org.uk/vote. We have until **24 September 2010** so we need you to act now.

About our three calls

1. Bringing the survivorship agenda to life

We want every cancer patient to have a post treatment care plan and appropriate support to help them get back to work if they so wish.
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In the UK, there are already two million people living with or after cancer. By 2030 there will be four million. We cannot afford to have twice as many doctors, nurses or hospitals so the NHS must start to do things differently. At the moment, cancer patients who survive initial treatment enter what is called the 'follow up' system. This involves regular check ups to see whether the cancer has returned. Macmillan believes this system is costly, ineffective and fails to meet the needs of cancer survivors. For example, one study found that between 70 and 75% of breast cancer recurrences are detected *between* routine hospital appointments.

We believe NHS and social care services could be improved by changing the way they provide 'aftercare' for cancer survivors. In particular, we think every person finishing initial cancer treatment should have a post treatment care plan so that a better assessment of which patients need the most help can be made. However, a recent Macmillan survey showed that services to support people living with and after cancer are currently a low NHS priority. We need the Government to show leadership by ensuring better cancer aftercare is a priority in both the Cancer Reform Strategy Review and the new NHS Outcomes Framework.

The Government also needs to do more to help the 728,000 people of working age living with cancer in the UK to stay in or get back to work. In February 2010, Policy Exchange, the leading think tank, calculated that the total loss in productivity of

cancer survivors unable to return to paid work is £5.3 billion. Not everyone of working age diagnosed with cancer will want, or be able, to remain in or return to work. However, for many people getting back to work is about getting back to normal. There is growing evidence that work is good for physical and mental health. That is why Macmillan believes information and advice about remaining in, or returning to, work after treatment for cancer should be routinely provided to patients. More cancer patients should also be offered vocational rehabilitation – things like physiotherapy, counselling or retraining – during NHS treatment. We are currently running vocational rehabilitation pilots with the National Cancer Survivorship Initiative to see how we can better support cancer patients to remain in or return to work.

2. Equalities

We want people with rarer cancers to have fair access to clinically effective drug treatments.

The UK spends less on cancer drug treatments than other European countries and is slower to provide access through the NHS. English patients have been missing out on treatments which are readily available throughout the rest of Europe. As such, we are delighted that the new Government has announced a Cancer Drugs Fund to be launched in April 2011 and welcome the interim arrangements for £50 million to be set aside to pay for clinically effective drug treatments that have previously been turned down as too expensive. The details of the new Cancer Drugs Fund are still to be decided. We think it is vital that the fund allows for people with rarer cancers to have fair access to clinically effective drug treatments.

3. End of Life – helping people to die at home

We want every person with cancer nearing the end of their life to be supported by a community nurse, whenever they need one, so that they can die at home if they so wish.

Most people prefer to die at home yet less than a quarter of cancer patients (24%) are able to do so. For many people, place of death is not by choice but due to a lack of planning, services provision, problems with symptom control or carer support. Macmillan believes access to 24/7 community nursing is the key to helping cancer patients to die at home. However, our new end of life report, *Always There?*, has identified that nearly half of Primary Care Trusts (PCTs) are not providing this service, and 16% of all PCTs have no plans to improve nursing coverage. These gaps exist despite recommendations made by the Department of Health in the *End of Life Care Strategy*. There has been minimal change since the National Audit Office conducted a similar review in 2006. This failure of implementation is despite a recent joint report by Healthcare at Home and Dr Foster, *Hospital Care at Home*, which estimates a £160 million saving for the NHS if end of life care was delivered in the home. As such, we welcome the recently announced Government review into palliative care funding. We want new funding arrangements to encourage reductions in unnecessary stays in hospital by improving access to community nursing.

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