

# POLICY UPDATE

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CANCER SUPPORT

## May 2014

Welcome to 'Policy Update', a monthly bulletin on the latest policy developments of relevance to those with an interest in cancer.

If you are reading this document on screen, the web addresses are hyperlinks which will take you directly to the relevant web pages or documents. If you would like any further information or have any questions or comments about 'Policy Update', please contact Anna Baranski, Policy Analyst, on 020 7840 2452 or email [ksalarkia@macmillan.org.uk](mailto:ksalarkia@macmillan.org.uk)

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# England

## Care Bill becomes Care Act

Care and Support Minister Norman Lamb has spoken about the Care Act which represents the most significant reform of care and support in more than 60 years. The Care Bill became an Act this month. Mr Lamb spoke of how the Act will put people and their carers in control of their care and support and for the first time, there will be a limit on the amount anyone will have to pay towards the costs of their care.

Crucially, the Act delivers key elements of the government's response to the Francis Inquiry into the awful events at Mid Staffordshire hospital, increasing transparency and openness and helping drive up the quality of care across the system.

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## The Department of Health's annual corporate plan

The Department of Health has published its annual corporate plan. The plan focuses on how the department will support the Secretary of State to deliver his strategic objectives which are - preventing people from dying prematurely by improving mortality rates for the big killer diseases; improving the standard of care throughout the system; improving treatment and care of people with dementia; and bringing the technology revolution to the NHS to help people, especially those with long term conditions, manage their health and care.

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## Care.Data – an update

Tim Kelsey, NHS England's National Director for Patients and Information, has given an update on the care.data programme this month. His update includes the extension to the programme, clarity regarding opting out, and how the programme has incorporated the views of patients, the public, GPs, and stakeholders.

Mr Kelsey also announced the establishment of a Care.Data Advisory Group, for which Ciaran Devane will be chair. The group includes members from the BMA, Royal College of General Practitioners, Healthwatch, and voluntary organisations and privacy experts.

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## NHS Confederation calls for election manifestos to reflect the real issues facing NHS and Social Care

A coalition of health and care stakeholders has challenged political parties to accept seven 'burning issues' facing the health and care system, and to produce election manifestos that allow the NHS and social care the space to address them. With exactly one year until the 2015 general election, the national-level partnership – representing patient groups, clinicians, staff, senior leaders and councillors – has rallied behind the NHS Confederation's [2015 Challenge](#).

The 2015 Challenge calls on politicians to develop and stand by election pledges that recognise the need for change in the health and care system and which facilitate it at a local level. The Confederation has produced a 'declaration' it wants all party leaders to sign up to, which calls on current and future politicians and decision makers to be honest with the public, staff and media about the challenges facing the health and care system, and what needs to be done to solve these challenges.

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## **NHS must care for carers according to Simon Stevens**

Simon Stevens, chief executive of NHS England, has paid tribute to carers as he pledged to do more to help them. His comments coincided with the launch of NHS England's commitment to carers and the Carers UK State of Caring Conference in London. He has committed his organisation to do more to support the millions of people providing unpaid care, their number having grown by 600,000 over the past decade.

NHS England has for the first time asked carers on a national basis what support they would like from the NHS. Carers, charities and partner organisations have worked with NHS England to draw up eight priorities – and 37 commitments – that will help the NHS to deliver the care and support carers have said they need.

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## **Mike Bewick comments on NHS England after its first anniversary**

After NHS England's first anniversary last month, Deputy Medical Director Mike Bewick has given his views on how far the NHS has come and what more needs to be done. According to Mr Bewick, the new clinically-led system is both less hierarchical, and more open to innovation. Equally it has become more centralised and uniform across primary and specialised services.

Mr Bewick highlighted the variation in access and quality of treatment, and the difficulty of specifying rare and complex diseases as particular problem areas; as well as emphasising the need to continue striving to develop and improve for patients and carers.

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## **National Audit Office review of adult social care**

In the first of a series of reports on the adult care system, the National Audit Office has highlighted the main risks and challenges as the system changes radically. The report points out that government does not know if the limits of the capacity of the care system to continue to absorb pressures are being approached. It warns that major changes to the system to improve outcomes and reduce costs will be challenging to achieve.

The report details increasing pressures on the system: adults with long-term and multiple health conditions and disabilities are living longer; demand for services is rising while public spending falls; and there is unmet need for care. Government is engaging well with the adult care sector and aims to tackle the pressures in the adult care system through introducing the Care Bill.

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## **Second wave of NHS 'Integrated Digital Care Fund' opened to applications**

The second wave of the £500 million 'Integrated Digital Care Fund', (formerly the 'Safer Hospitals, Safer Wards Technology Fund'), has opened to applications this month. NHS Trusts, and now Local Authorities, can apply for part of £240 million of funding to digitise and integrate patient information across the health and care sector, driving improvements in patient care. This wave builds on the first wave of £260 million of Department of Health capital funding announced by NHS England last July to support NHS Trusts to digitise records and develop electronic systems for prescribing medicines quicker and more accurately.

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## **Northern Ireland**

### **Poots praise for nurses on International Nurses Day**

Speaking on International Nurses Day, Health Minister Edwin Poots said: "Nurses are often the first person a patient sees when they come into contact with the Health Service and they remain in close contact throughout the patient's journey. In Northern Ireland, not only have our nurses shown care and compassion but also energy, innovation and a desire to improve. The care and compassion demonstrated by our nursing staff, sometimes in the face of difficult challenges, leaves a lasting positive impression with those they help and for that, I want to extend my thanks."

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# Scotland

## **Further funding for enterprising third sector organisations**

Enterprising third sector organisations will benefit from a further £2.1 million in grants to help them deliver services to vulnerable people in communities across Scotland. The cash, spread between 28 organisations, will be awarded through the Enterprise Ready Fund. Finance Secretary John Swinney and Welfare Minister Margaret Burgess visited Dalry Primary School, to see first hand the work of My Adventure (Edinburgh) Ltd, one of the projects to receive a finance boost through the fund.

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## **Scottish Medicine Consortium review of End of Life medicine introduction**

As a result of an extensive review of how new medicines are introduced in Scotland, Scottish Medicine Consortium is changing the way it evaluates end of life medicines and medicines to treat very rare conditions. This involves the opportunity for pharmaceutical companies to request that SMC convenes a Patient and Clinician Engagement (PACE) group. This will give patient groups and clinicians a stronger voice in SMC decision making. In addition, the assessment process for ultra-orphan medicines will involve a broad decision-making framework.

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## **Statistics for those who have received free personal care and nursing care in Scotland released**

Scotland's Chief Statistician has published 'Free Personal and Nursing Care, Scotland 2012-13'. This statistics release presents information on the number of people benefiting from free personal care and free nursing care in Scotland and how much Local Authorities spend on personal care services.

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## **Scottish Medicine Consortium review of End of Life medicine introduction**

Figures on cancer incidence, published today by ISD Scotland, show that cases of malignant melanoma increased more than any of the ten most common cancers in the decade up to 2012.

Further findings show that over the last ten years, age-standardised incidence rates of cancer in Scotland have fallen by 5% in males but increased by 8% in females; for males and females combined lung cancer is still the most common cancer; incidence rate of cancer of the kidney for all people has increased by 30% over the last ten years; excluding non-melanoma skin cancer, the actual number of cancers diagnosed in Scotland has increased over the last 10 years from 26,743 cases in 2002 to 30,450 in 2012 - this is likely to be largely due to an ageing population.

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## Wales

### **New appraisal system for medicines to treat rare conditions**

A new appraisal system for medicines to treat rare conditions will be developed in Wales according to Health Minister Mark Drakeford. The move follows a review of the All Wales Medicines Strategy Group (AWMSG) appraisal process for these medicines, which was carried out last year. The review, commissioned by the Health Minister, recommended a new system should be designed to address the specific challenges of appraising these medicines, which are known as orphan and ultra-orphan medicines.

The Minister also commissioned a review of the process by which patients in Wales apply to access treatments which are not routinely available on the NHS in Wales.

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### **The Social Services and Well-Being (Wales) Act 2014 receives Royal Assent**

A landmark Welsh law that introduces the biggest transformation of Social Services in Wales for over 60 years has been granted Royal Assent by Her Majesty the Queen. The Social Services and Well-being (Wales) Act 2014 will provide transform the way social services are delivered, promoting people's independence to give them a stronger voice and more control. It will also encourage a renewed focus on prevention and early intervention.

The Act will ensure people are assessed on what they need, rather than on locally available services; facilitate an increased take up of direct payments to meet people's care and support needs, meaning people will have more control over how these needs are met; and introduce equivalent rights for carers so that people who care for someone such as an elderly or disabled relative or friend would get similar rights to the people they care for.

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## **Welsh Government announces pilot to test new ways of measuring waiting times for cancer**

A pilot project to test new ways of measuring cancer waiting times in Wales is underway, the Welsh Government has announced. A single cancer pathway will be piloted, measured and compared against the existing system. Currently, patients are placed on one of two pathways – a 62-day ‘urgent’ pathway or 31-day ‘non-urgent’ pathway, according to when their cancer was first diagnosed.

The new measures, which have been developed by cancer clinicians, will be tested in six health board areas in Wales and will help the NHS to gain a more accurate picture of actual waiting times and speed up treatment in many cases.

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## **New Public Health Wales nursing strategy launched**

The Public Health Wales nursing strategy was launched at a seminar in Cardiff on International Nursing Day. ‘Raising the Profile’ is the first Public Health Wales Nursing Strategy and has been developed by nurses and midwives within the organisation. The strategy aims to provide an environment that gives nurses a stronger voice, increased opportunities for them to lead at all levels and nurture professional development. Ten overarching themes have been identified and for each of these a vision and aim is identified as well as actions to achieve these aims.

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## **Expert group recommends new mortality data system for Wales**

Following the ‘Trusted to Care report’ by Prof June Andrews and Mark Butler, 18 recommendations, including four for the Welsh Government, have been accepted in full. As a result of the report, Health Minister Mark Drakeford has ordered: immediate improvements to standards of care at Princess of Wales and Neath Port Talbot hospitals; a series of unannounced spot checks by a ministerial team of experts at district general hospitals in Wales; and a new task group which will lead the operation of the spot checks and report back to the Health Minister.

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# Developments from NICE

## Improving care for children and young people with cancer

Clinical Commissioning Groups (CCGs) cannot choose not to follow NICE guidance because they merely disagree with it, even where there is no statutory duty to do so, a court has ruled. This follows the case of a 25 year old woman who was recommended bone marrow transplantation and chemotherapy to hopefully bring the disease into remission, but would likely cause infertility.

The claimant was refused oocyte cryopreservation before beginning chemotherapy because Thanet CCG disagreed with NICE recommendations that oocyte cryopreservation should be offered to qualifying women who were likely to become infertile as a consequence of treatment. These recommendations were made as part of a clinical guideline, and so CCGs do not have a legal duty to comply with NICE guidelines. Despite this, the court ruled that the CCG was under an obligation in public law to have regard for the NICE guidance and to provide clear reasons for any general policy that does not follow NICE guidance.

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