

POLICY UPDATE

WE ARE
MACMILLAN.
CANCER SUPPORT

October 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 Keyan Salarkia, Assistant Policy Analyst, on 020 7840 2452 or email ksalarkia@macmillan.org.uk

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UK-wide

Better Data required on Allied Health Professionals

Allied health professionals (AHPs) are a growing part of the NHS workforce, accounting for over £2bn of the salary bill, yet there is remarkably little data on the contribution they make to the quality of patient care, new research published by the Nuffield Trust and Health Foundation reveals. In a comprehensive new report, published as part of the QualityWatch programme, researchers examine the role of AHPs – practitioners in the public, private and voluntary sector who deliver services including physiotherapy, speech and language therapy and paramedic services.

The analysis finds that there has been a significant increase in the numbers of AHPs, with numbers of registered practitioners rising by 53% since 2002, and NHS-based practitioners rising by a third. This meant that by 2013, AHPs made up around 6% of the NHS workforce and accounted for an estimated £2bn of the NHS salary bill.

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England

Every Patient to get a named, accountable GP.

For the first time in a decade, every patient in England will get a named, accountable GP, Health Secretary Jeremy Hunt has announced. Under changes to their contract with the NHS, GPs will ensure all 53.9 million people in England will get a dedicated GP personally accountable for coordinating care tailored to their physical and mental health needs. Last year it was initially introduced for all 4 million people aged 75 and over.

Additionally, GPs have agreed to greater transparency on pay, with GP practices obliged to publish their average earnings by 31 March 2016. Other key changes mean that patients will have online access to more detailed information from their patient records and a larger proportion of appointments will be available to book online. GPs will also be supported to offer patients more email consultations.

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Cancer Patient Experience Survey published.

Cancer patients are increasingly positive about their care with 89% rating it as excellent or very good, this year's national cancer patient experience survey shows. This comes as the NHS is treating more patients for cancer than ever before.

The survey asked over 110,000 cancer patients across the country for their views on their care with 64 per cent responding.

The results show improvements in over half of the questions asked compared with the first survey in 2010. However the report also suggests clear areas for improvement with many patients feeling that GPs and nurses at their general practice could do more during their cancer treatment and many feeling they weren't given enough care from health and social services post discharge.

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Sir Bruce Keogh calls for support for technology enabled care services programme.

Professor Sir Bruce Keogh has outlined NHS England's plans for further developing Technology Enabled Care Services (TECS). In a letter written to around 250 key stakeholders, NHS England's National Medical Director calls on them to support the programme that takes the NHS into a new and exciting technological era that will help empower patients and improve health outcomes.

Sir Bruce has told a broad range of organisations from across health, social care, industry, and the third sector: "Present and emerging technologies offer opportunities for us to transform the way we engage in, and control, our own healthcare.

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NHS proposing changes to operation of the Cancer Drugs Fund.

NHS England is proposing changes to the way its Cancer Drugs Fund (CDF) operates, in order that it delivers maximum benefit for patients, within the resources available.

Clinicians and cancer specialists believe the changes, if adopted, would improve patient access to the most clinically effective drugs available through the fund; encourage pricing that delivers value for money for patients and the public; and put the fund on a much firmer footing for the future, as it faces increasing demand and growing financial pressure.

NHS England is publically engaging on a number of proposals, which include – for the first time – the consideration of the cost of cancer drugs, when deciding whether a drug should be available or not on the national cancer drug fund list.

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CCGs to help develop care.data programme.

GP-led clinical commissioning groups in four areas of the country are to help develop the care.data programme as it moves into a 'pathfinder stage'. The programme will be rolled out in participating GP surgeries in the CCG areas of Leeds North, West and South and East, Somerset, West Hampshire and Blackburn with Darwen.

Tim Kelsey, NHS England National Director for Patients and Information, said: "There are huge benefits to be had from this programme and this is our opportunity to make sure we get it absolutely right. We already collect and share information in so many walks of life. The pathfinder stage is another step on the way to creating a more substantial picture of our nation's health so we can improve care for patients.

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CQC publishes Mid Staffordshire inspection report.

England's Chief Inspector of Hospitals, Professor Sir Mike Richards, has published his report on a focussed inspection at Mid Staffordshire NHS Foundation Trust. The Care Quality Commission carried out the inspection, between 30 June and 2 July, at the request of Monitor, the Trust Development Authority (TDA) and the Trust Special Administrator (TSA).

The inspection looked specifically at whether the trust's clinical services, at both Stafford and Cannock Chase Hospitals, were safe and sustainable. It concluded that while services were safe, staffing levels were only just adequate in some areas at that time, particularly on medical wards. During the inspection some examples of high quality care were found, but staff, who were seen to be caring and committed to their roles, were fatigued due to the relentless external scrutiny on the trust and uncertainty about the future. selected cancer types by stage, sex, age, and socio-economic deprivation.

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Fifth report on state of Health and Social Care in England.

In a separate report, the Care Quality Commission's (CQC) inspections have found front line staff delivering excellent care but inspectors have also found poor services where people were not getting the care they should expect. CQC says this variation in the quality and safety of care in England is too wide and unacceptable and has a detrimental impact on people who use health and care services and their families. Further, the report has found that safe services occur where effective leadership builds a culture of safety, and that services can learn from CQC reports to improve.

State of Care gives CQC's perspective on the state of health and adult social care in England in 2013/14. It offers a unique perspective across more than 40,000 health and care services. CQC's Chief Executive, David Behan said: "The findings from our inspections over the last year clearly show there is too much variation in quality and safety between services and within services."

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NHS England establishes Executive Innovation Programme.

NHS England has established an Executive Innovation Programme to promote the development of innovation across the healthcare system. The programme aims to identify, train and mentor senior innovation leaders, empowering them to implement and disseminate innovation in their organisation and the wider NHS.

With the NHS facing many pressures, including widening demographic changes, increased prevalence of long term conditions, rising costs and constrained budgets, new, innovative and cost-effective solutions are required to improve care. The high profile innovation programme is backed and supported by NHS England's Chief Executive, Simon Stevens, Sir Bruce Keogh, National Medical Director, Dr Mahiben Maruthappu, Senior Fellow, Chair and Chief Executive's office and Miles Ayling, Director of Innovation.

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Scotland

Scotland's NHS treats more patients.

Scotland's NHS has treated more patients in 2013/14, though more older people are being supported to stay at home, avoiding unnecessary emergency hospital stays. The figures released by Information Services Division show that all health boards have made significant progress against the HEAT target to reduce the rate of use of emergency beds for people aged 75 and over – with a 11 per cent decrease in the rate since 2009/10. The number of patients being treated in Scotland's NHS has also continued to increase, with a three per cent rise in acute inpatients and day cases in 2013/14 compared to last year. The figures also show that the length of time patients stay in hospital has continued to fall.

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Support team improves cancer treatment waiting times.

A support team to improve waiting times for cancer treatment across Scotland and fresh Government investment has led to shorter waits for patients, new figures show. Health Secretary Alex Neil has welcomed the improvement in performance but warned that more work must be done to continue to cut waiting times.

Between April and June this year 96.3 per cent of patients assessed as needing cancer treatment began this within the national standard of 31 days - with the median wait being 7 days. In the same period, 92.9 per cent of patients referred with a suspicion of cancer began treatment within 62 days - an improvement on 91.5 per cent in the previous quarter.

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Funding will give patients access to new treatments.

A dedicated £40 million fund is to give patients greater access to new medicines, Health Secretary Alex Neil has announced. The £40m New Medicines Fund expands, and replaces, the Rare Conditions Medicines Fund established in March 2013, giving health boards access to greater resources to fund the cost of new medicines.

The announcement doubles the previous commitment made by the Health Secretary to fund new drugs – doubling the amount available to spend from £20m this year to £40m. In keeping with the established plan for the Rare Conditions Fund, the £40m New Medicines Fund will be maintained in 2015/16 also.

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Increase in health spending.

Spending on Scotland's health service will increase in real terms next year, taking Scottish health spending above £12 billion for the first time. The overall increase of £256 million in health resource spending will see a 2.2 per cent increase on frontline NHS resource spending. Additional Capital funding will take the overall increase to £288m in 2015-16, bringing the total health budget to £12.16 billion.

Resources allocated to territorial NHS boards, those who deliver direct patient care, will increase by 2.7 per cent. This is an above real terms increase, and represents the sixth above-inflation increase in a row. Every territorial board will see their budgets increased. A further £53.5 million will be invested in Primary Care Services to promote greater integration of health and social care, a key part of the government's vision for the future of the health service.

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New candour proposals for care

All health or social care services in Scotland are to have a legal duty to tell people when harm has occurred during their care or treatment. Launching a consultation on proposals to introduce a statutory duty of candour for health and social care services, the Scottish Government aims to put transparency at the heart of our care and drive up standards of care offered.

While the Scottish Government actively encourages reporting of the small number of significant adverse events in the NHS, introducing a statutory duty of candour will require services to make sure that they are open on every occasion. It will also require support to be in place for everyone involved and specific training for staff.

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Northern Ireland

Cancer waiting times published.

The Department of Health, Social Services and Public Safety has published the Northern Ireland Cancer Waiting Times Statistics Release for April, May and June 2014. Key facts include: the 2014/15 Ministerial Target that 95% of patients urgently referred with a suspect cancer should begin their treatment within 62 days was missed. 77%, 73.4%, and 77% of patients referred via this route started treatment within 62 days in June, May and April respectively. Equally, the Ministerial Target that at least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat has also been missed. The figures for this target were 97.4%, 96.8%, and 96.8% respectively.

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Wells accepts petition on cancer drugs.

Health Minister Jim Wells has accepted a petition in support of Cancer Focus NI's "Equal Access Campaign". The campaign is calling for funding to provide access to cancer drugs similar to that provided for by the English Cancer Drugs Fund (CDF).

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Wales

Continued progress towards a 'healthier, happier, fairer' Wales.

A suite of documents have been published outlining how Public Health Wales continues to make progress towards the aim of a healthier, happier and fairer Wales.

The Annual Report covers the period of April 2013 to March 2014 and is made up of a suite of documents that describe the organisation's work. These are the Annual Quality Statement, the Annual Governance Statement, and the Sustainability Report. The documents outline how the organisation has responded to key public health challenges such as the Transforming Health Improvement Programme as well as the organisation's response to the NHS Staff Survey results.

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New Regulation and Inspection Bill to be introduced early 2015 to improve care home quality.

Deputy Minister for Social Services, Gwenda Thomas has said that 'care home inspections are keeping people safe- but more must be done'. This was during her announcement of a new Regulation and Inspection Bill due for early 2015 which aims to improve social care and safe guard vulnerable people in Wales' care homes.

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