

POLICY UPDATE

WE ARE
MACMILLAN.
CANCER SUPPORT

January 2015

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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England

Juliet Bouverie responds to review of Personal Independence Payments (PIP)

Responding to the publication of the Personal Independence Payment (PIP) Independent Review and quarterly statistics, Juliet Bouverie, Director of Services and Influencing at Macmillan Cancer Support, said the review: “acknowledges the need for improvement in a system that is currently riddled with delays. These delays are a further blow to cancer patients who have to prove that they have been affected by their disease for at least three months before the state will consider them as eligible for help. A recent survey of Macmillan benefits advisers reveals shocking statistics: nearly a third (30%) know of someone who has died while waiting for their benefits, almost one in two (48%) have come across patients who cannot afford to feed themselves properly, and around three in five (59%) say delays have left people unable to heat their homes. This is completely unacceptable, particularly as winter approaches and the weather turns colder. No one should have to face these situations simply because they have been diagnosed with cancer.”

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Proposals to make private vehicles smoke-free when carrying children.

The government has announced it will lay regulations to end smoking in private vehicles carrying children as it published the report of a public consultation.

The report provides an overview of the 201 responses received and a summary of the main themes that emerged in response to the specific questions asked in the consultation document. It also sets out how we will amend the draft regulations to reflect the information gathered during the consultation. Subject to parliamentary approval, we anticipate the new regulations will come into force on 1 October 2015

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The Health Service Journal (HSJ) publishes 100 most influential people in health.

The Health Service Journal (HSJ) has published its top 100 influential people in health. Simon Stevens, Chief Executive of the NHS, tops the list ahead of Health Secretary Jeremy Hunt in second, Jeremy Heywood in third, Bruce Keogh in fourth, and Shadow Health Secretary Andy Burnham in fifth.

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Sir Bruce Keogh launches NHS Innovation Accelerator programme.

Sir Bruce Keogh, NHS England's Medical Director, has launched the NHS Innovation Accelerator programme.

Together with hosts UCLPartners and The Health Foundation, NHS England is inviting healthcare pioneers from around the world to apply to develop and scale their tried and tested innovations across parts of the NHS.

The programme will focus on the conditions and cultural change needed to enable the NHS to adopt innovations at scale and pace, aiming to improve outcomes and give patients more equitable access to the latest products, services and technology.

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NHS Chief Executive and GP leader appointed to support local NHS in developing new Forward View models of care.

NHS England, Monitor and TDA on behalf of the six national NHS bodies who led the development of the NHS Five Year Forward View have appointed two experienced national leaders to support implementation of the new care models identified in the Forward View.

Samantha Jones, Chief Executive of Watford, St Albans and Hemel Hempstead Hospitals has been appointed as Director of New Models of Care. Sir Sam Everington will help lead national work on primary care-driven care models and service redesign. Dr Everington is a senior GP in Tower Hamlets, a CCG chair, board member of NHS Clinical Commissioners, trustee of the Kings Fund, and member of the BMA Council.

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Cancer Taskforce Announced.

NHS England has announced a new independent taskforce to develop a five-year action plan for cancer services which aims to improve survival rates and save thousands of lives.

It has also launched a major new programme to test innovative ways of diagnosing cancer more quickly at more than 60 sites across the country, and committed a further £15m over three years to evaluate and treat patients with a type of modern radiotherapy.

The taskforce has been asked to deliver the vision set out in the NHS Five Year Forward View, which calls for action on three fronts: better prevention; swifter diagnosis; and better treatment, care and aftercare for all those diagnosed with cancer. NICE will now use the Council's findings to update its Social Value Judgements document, which outlines the principles for the development of NICE guidance.

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NHS increases budget for cancer drugs fund from to an expected £340 million in 2015/16.

The NHS Cancer Drugs Fund (CDF) has published the outcome of its review of drugs included in the Fund.

The budget for the CDF will grow from £200 million in 2013/14, to £280 million in 2014/15, and an estimated £340 million from April 2015. This represents a total increase of 70 per cent since August 2014.

The CDF review will also create projected savings of approximately £80 million through a combination of negotiated price reductions and improved clinical effectiveness. NHS England states that if action had not been taken to review the CDF drugs list, the Fund is projected to have grown to around £420 million next year, necessitating offsetting cuts in other aspects of cancer treatment such as radiotherapy, cancer diagnoses, cancer surgery, and other important NHS services for other patient groups.

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NAO report shows progress in improving cancer services and outcomes.

The Department of Health, its arms length bodies and the NHS have made progress in improving cancer services since 2010, according to the National Audit Office. However, significant variations in outcomes and access to services persist across England, indicating that there is considerable scope for further improvement.

Since the NAO last reported on cancer services, in 2010, overall outcomes for cancer patients have continued to improve. For example, the proportion of people surviving for one year and five years after diagnosis has increased to 69% (for those diagnosed in 2012) and 49% (for those diagnosed in 2008) respectively. However, data on 5-year survival rates published in 2013 (for those diagnosed between 2000 and 2007) showed that survival rates remained about 10% lower than the European average.

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Wales

Lung Cancer cases in women keep rising in Wales.

A new report published by the Welsh Cancer Intelligence and Surveillance Unit highlights the rapidly increasing number of new lung cancer cases diagnosed in women who are pensioners.

Lung cancer is in the top four most common cancers in Wales and over a ten-year period between 2003-2012, annual numbers remained similar in men but increased in women by over a third. In 2003 there were 1294 cases of lung cancer in men; in 2012 the figure was

1249. In 2003 there were 825 cases of lung cancer in women; in 2012 the figure was 1121.

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Funding boost for state-of-the-art diagnostic equipment.

An £8.5 million pound funding boost to provide the Welsh NHS with new state-of-the-art diagnostic equipment to help reduce waiting times has been announced by Health and Social Services Minister Mark Drakeford and Finance Minister Jane Hutt.

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Together for Health, Cancer Delivery Plan – annual report published.

The annual report of *Together for Health, Cancer Delivery Plan for the NHS to 2016*, has been published and shows the progress that has been made and identifies areas for future improvement.

This plan provides a framework for action by Local Health Boards and NHS Trusts. It sets out the Welsh Government's expectations of the NHS in Wales to tackle cancer in people of all ages, wherever they live in Wales and whatever their circumstances. The Plan is designed to enable the NHS to deliver on their responsibility to meet the needs of people at risk of cancer or affected by cancer.

The paper outlines: the population outcomes the Welsh Government expects of the NHS in Wales; the expected outcomes from NHS treatment; how success will be measured; and themes for action by the NHS, together with its partners.

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Scotland

Cancer Waiting Times Improve.

Health Secretary Shona Robison has welcomed an improvement in waiting times for cancer treatment, but said that more must be done to meet targets. Between July and September this year 96.7 per cent of patients began their cancer treatment within the national standard of 31 days from a decision to treat - with the median wait being 6 days.

In the same period, 93.5 per cent of patients referred with a suspicion of cancer began treatment within 62 days - an improvement on 92.9 per cent in the previous quarter. Earlier this year a support team was put in place by the Scottish Government to provide targeted help for health boards across Scotland to improve waiting times for cancer treatment, with results now starting to show.

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£65 million boost for Scottish NHS.

The Scottish Government has announced that an extra £65m will be made available to the NHS in the next financial year.

The funding boost for 2015/16 will ensure that all territorial health boards will receive uplifts next year which are at least 1 per cent above the rate of inflation. This will bring all health boards to within one per cent of parity under the NHS funding formula, NRAC, a year earlier than planned.

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Northern Ireland

Cancer waiting times published.

The Department of Health, Social Services and Public Safety have published the Northern Ireland Cancer Waiting Times Statistics Release for July, August and September 2014. This shows that the percentage of patients first treated for cancer within 62 days following an urgent GP referral for suspect cancer decreased from 72.6% in July 2014 (230 out of 317) to 64.5% in September 2014 (213 out of 330 patients). The percentage of patients first treated within 31 days following a decision to treat also decreased from 97.1% in July 2014 (734 of 756 patients) to 95.1% in September 2014 (735 of 773 patients). There was an increase in the percentage of patients first seen within 14 days following an urgent referral for suspect breast cancer, from 45.9% in July 2014 (510 out of 1,112) to 99.4% September 2014 (1,034 of the 1,040 patients).

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