

# POLICY UPDATE

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## March 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 Christopher Smith, Policy and Partnerships Officer, on 020 7091 2222 or email [christophersmith@macmillan.org.uk](mailto:christophersmith@macmillan.org.uk).

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# United Kingdom

## **NHS England sets out proposals for more efficient and responsive access to medicines for patients.**

Proposals allowing certain health professions to prescribe or supply and administer medicines for patients have been published by NHS England. The proposals would apply across the United Kingdom, and would enable four groups of registered allied health professions (AHPs) – radiographers, paramedics, dietitians and orthoptists – to prescribe or supply and administer medicines, with the aim of giving patients responsive access to treatment.

The proposals aim to enable new ways of working to make better use of AHPs' skills, providing a more efficient and convenient service for patients while reducing demand on other services.

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# England

## **NHS England Medical Director welcomes proton beam therapy announcement.**

NHS England's Medical Director, Professor Sir Bruce Keogh, has welcomed the announcement of the equipment and building suppliers which will start work on the UK's first proton beam therapy cancer centres this summer.

The Government is investing £250 million in the building of the two specialist centres at University College London Hospitals NHS Foundation Trust and The Christie NHS Foundation Trust, which will provide highly targeted radiotherapy for patients with hard to reach cancers from 2018.

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## **Five million patients to benefit from new era of patient care.**

The NHS has chosen the first 29 'vanguard' geographies that will take the national lead on transforming care for patients in towns, cities and counties across England.

269 groups of nurses, doctors and other health and social care staff from across the country put forward their ideas for how they want to redesign care in their areas, and then helped choose the first 29 of the most innovative plans.

Drawing on a new £200 million transformation fund and tailored national support, from April the vanguards will develop local health and care services which aim to keep people well, and bring home care, mental health and community nursing, GP services and hospitals together.

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## **Access to hospital care: is the NHS on target?**

The Nuffield Trust report 'Access to hospital care: is the NHS on target?' looks at how 156 hospital trusts in England have performed against six national targets over the course of this Parliament. The targets examined are: the four-hour A&E target; the 18-week target for a hospital bed (inpatient treatment); the 18-week target for an outpatient appointment; the six-week target for diagnostic tests; the two-week target for urgent cancer referral; and the 31-day target for cancer treatment.

The briefing highlights the variation between the top and bottom ten percent of hospital trusts and casts doubt on the idea that problems overall are caused by a series of local or managerial failings, and suggests instead that they are likely to be more systemic. As the briefing looks at the national picture affecting hospital care, individual trusts are not named.

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## **First CCGs set take on commissioning of GP services.**

NHS England has approved the first set of GP-led Clinical Commissioning Groups (CCGs) that will take on responsibility for commissioning the majority of GP services from April this year. 64 CCGs across the country have been approved to take on greater 'delegated' commissioning responsibility for GP services with the possibility that others may follow.

The latest move follows the plan set out in the Next steps towards primary care co-commissioning document developed by the joint CCG and NHS England primary care co-commissioning programme oversight group in partnership with NHS Clinical Commissioners, and is another step towards delivering the wider strategic agenda set out in the Five Year Forward View.

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## **Supporting carers to stay in paid employment.**

Ministers have launched a series of pilots exploring ways to help carers balance work with their caring responsibilities.

Carers could soon be using smart phones, email alerts and pop-up care centres to help them plan and co-ordinate formal and informal support. The ideas will be trialled as part of £1.6 million of pilot projects announced by Minister for Women and Equalities, Nicky Morgan, and Norman Lamb, Minister for Care and Support at the Department for Health.

The nine pilot areas will explore how technology can be combined with professional support from the Local Authority and the assistance of informal networks of friends, neighbours and Time Bank volunteers to ease the pressure of caring. The pilots will also explore how businesses can give employees with caring responsibilities more help, for example by promoting flexible working patterns and setting up carers 'surgeries'.

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## **Implementing the NHS five year forward view.**

The King's Fund paper 'Implementing the NHS five year forward view: aligning policies with the plan' calls for fundamental changes to how health services are commissioned, paid for and regulated to deliver the vision of the NHS five year forward view.

The Forward View, published in 2014 by NHS England and other national bodies to broad approval, outlined how NHS services must change to move towards the care models required for the future. England, it argued, is too diverse for 'one size fits all' solutions. However, without significant changes to policy and new approaches to NHS leadership, this paper warns that the Forward View could suffer the same fate as many other NHS policy documents – and fail to deliver on its ambitions.

The paper makes practical recommendations on what to do now to remove barriers to developing new care models and to support their implementation. Looking ahead, it argues that national leadership of the highest order will be needed to meet the challenges inherent in delivering these changes.

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## **Choice in end of life care.**

The report 'What's important to me' sets out the findings of an independent review into choice in end of life care. The review has provided advice to Government which includes establishing a 'national choice offer' focused on individual's end of life care needs by April 2020, and providing an additional £130 million funding for end of life health and social care services.

The report also recommends establishing a 24/7 community end of life care by 2019 in all areas, implementing shared electronic end of life care records by April 2018 in all areas, and establishing a named responsible senior clinician for all people approaching the end of life.

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## **Greater collaboration between primary care and other NHS services needed.**

An increase in GP numbers alone is not enough to solve the workforce pressures in primary care, according to the NHS Confederation and National Association of Primary Care. The bodies have therefore called for an alternative approach to workforce planning, in a joint response to a commission by national training body Health Education England on workforce and models of primary care.

The commission, chaired by Professor Martin Roland, professor of health services research at the University of Cambridge, has been tasked with identifying and highlighting innovative models of primary care that will meet the future needs of patients and the NHS.

Arguing that a whole-system approach is imperative to the development of a future workforce model, the submission calls for more integrated working between primary care and other services and highlights the need to overcome barriers currently inhibiting the implementation of new models.

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### **Local councils set to control £6bn NHS budget.**

Changes will see local authorities take control of funding for NHS services in Manchester from 2016. Ten local councils are set to take responsibility for the £6bn health and social care budget from April 2016, which would be the biggest ever devolution of these services. The proposals would hand £6bn – a quarter of greater Manchester's public spending budget – to local politicians for the first time.

This move sees NHS England, 12 NHS Clinical Commissioning Groups, 15 NHS providers and 10 local authorities agree a framework for health and social care – with plans for joint decision-making on integrated care to support physical, mental and social wellbeing.

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## **Scotland**

### **New rights for carers.**

A new Carers Bill, that will enshrine carers' rights in law for the first time in Scotland, has been published. The Bill will entitle every adult carer in Scotland to their own support plan, with young carers receiving a similar young carer statement. These measures will set out the needs of each carer, and the help and support they are entitled to.

This means they will have a right to receive certain support from their local authority if their needs meet local eligibility criteria. The local authority will also consider whether the support should take the form of, or include, a short break.

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### **Alcohol and junk food.**

Alcohol and junk food advertising should be prohibited before the 9pm watershed in order to protect children, says Public Health Minister Maureen Watt. Ms Watt has written to UK Government ministers arguing that the move would protect children from exposure to powerful marketing messages and branding. Control over broadcast advertising is reserved to Westminster.

Currently, adverts for alcohol and high fat, salt and sugar foods are not permitted during children's programming. But they are allowed during early evening shows that are watched by large numbers of young people. Stronger restrictions are supported

by the British Heart Foundation (BHF), the British Medical Association (BMA) and Alcohol Focus Scotland.

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### **Fall in hospital mortality rates.**

Health Secretary Shona Robison has welcomed figures showing a further reduction in hospital mortality rates as she confirmed additional funding intended to support patient safety.

Between July to September 2014 there was a 16.3 per cent decrease in Hospital Standardised Mortality Ratio (HSMR) across Scotland since October to December 2007.

This comes as the Scottish Government confirms funding of £2.5 million for Healthcare Improvement Scotland (HIS) to build on its quality improvement work.

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### **Increase in cancer survival.**

The amount of people living for up to five years after a cancer diagnosis has reached a record high, figures show.

The Cancer Survival in Scotland statistics show that men diagnosed with cancer between 2007 to 2011 had a 48 per cent chance of five year survival, compared to 29 per cent between 1987 to 1991. Women diagnosed during the same time period had a 54 per cent chance of five year survival compared to 40 per cent between 1987 and 1991.

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## **Northern Ireland**

### **Greater access to specialist medicines essential – Wells.**

Health Minister Jim Wells has said that difficult decisions need to be made to help fund greater access to specialist medicines for those who need them the most.

The Minister was speaking in the Assembly as he released the key findings of an evaluation of the Individual Funding Request (IFR) process which was originally set up to provide access to unapproved specialist drugs where there is an agreed clinical need but where they are not routinely commissioned.

The evaluation recommends that the existing exceptionality criteria should be amended to remove the reference to 95%; and that the existing IFR guidance should be revised to include greater transparency. It also recommends that the establishment of regional scrutiny committees should be considered to ensure all IFR applications are subject to regionally consistent clinical input and peer review. In addition to this, the report proposes the Department should establish a Specialist

Medicines Fund to meet the costs of administering and maintaining increased access to specialist drugs.

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## Wales

### **Almost £11m funding for new NHS equipment.**

NHS services will receive a £10.96m funding boost, Health and Social Services Minister Mark Drakeford has announced. The capital funding will be invested in a range of new high-tech hospital equipment, including x-ray machines, cameras and ultrasound scanners, IT upgrades and introducing the latest beds for patients.

The Welsh Government invests more than £200m of capital funding in the Welsh health service every year to buy and replace equipment and maintain NHS estates.

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### **New plan to tackle rare diseases in Wales.**

Wales' first ever plan to tackle rare diseases has been launched by Deputy Minister for Health Vaughan Gething. The plan sets out the Welsh Government's expectations of the NHS in Wales to treat rare diseases for people of all ages, wherever they live and whatever their circumstances.

A rare disease is defined as a life-threatening or chronically debilitating disease, which affects five people or less per 10,000 and can range from life-limiting illnesses to manageable conditions, which do not affect daily living. There are around 150,000 people affected by such diseases in Wales. The plan sets out how the Welsh Government will implement the UK Strategy for Rare Diseases. It sets out what actions health boards, NHS trusts and their partners in local government, the third sector, education and research and industry can take together to engage and co-ordinate specialised services, which may operate only at regional, national or even international level.

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## NICE

### **First bladder cancer guideline to reduce variations in care.**

NICE's first guideline on bladder cancer aims to improve the diagnosis and management of the seventh most common cancer in the UK. There are just over 10,000 cases of bladder cancer diagnosed each year, according to figures from Cancer Research UK. It is 3 to 4 times more common in men than in women.

Bladder cancer is usually identified on the basis of visible blood in the urine or blood found on urine testing, but emergency admission is a common way for bladder

cancer to present, and is often associated with a poor prognosis. The National Cancer Intelligence Network (NCIN) 'Routes to Diagnosis' project in 2013 found that 16 per cent of men and 24 per cent of women diagnosed with bladder cancer in 2006-10 were diagnosed via an emergency route.

NICE recommends that when diagnosing bladder cancer, CT or MRI staging should be considered before surgery to remove the tumour (transurethral resection of bladder tumour, TURBT) if muscle-invasive bladder cancer is suspected at cystoscopy. People with suspected bladder cancer should also be offered a single dose of intravesical mitomycin C given at the same time as the first TURBT – this reduces the risk of reoccurrence and also ensures people receive the full benefit of this time-dependent treatment.

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