

# POLICY UPDATE

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CANCER SUPPORT

## November 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 Aimee Leverett, on 020 7091 2486 or email [aleverett@macmillan.org.uk](mailto:aleverett@macmillan.org.uk).

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# United Kingdom

## Spending Review.

On 25 November, Chancellor George Osborne MP presented his 2015 Spending Review.

As was trailed the day before the announcement, the NHS in England is set to receive a funding boost of £3.8bn above inflation in 2016/17, as a front-loaded investment to deliver the Five-Year Forward View. This, combined with inflation, will increase NHS funding from £101bn to £120bn by 2020 but is largely sourced through a 25% cut to the Department of Health's non-NHS budget. This will likely lead to significant pressure on the budgets of arms-length bodies such as HEE, research expenditure, and public health.

Key developments include:

The Independent Cancer Taskforce was name-checked, but the Spending Review documents only reiterate a commitment to implement the previously announced recommendations on the 4 week wait for diagnosis and improved diagnostic capacity.

£1b for new NHS technology, which falls far short of the £3.3b to £5.6b the Department of Health requested.

A new optional social care levy on council tax of up to 2%, which will be ring-fenced to fund adult social care. As this is a 'flexible' option for local authorities, it could mean that social care becomes more of a postcode lottery and exacerbates health inequalities by disadvantaging councils with weaker tax bases.

Local authorities' public health budgets will fall by an average of 3.8% in real terms each year

Despite talk of u-turns, the headline impact of welfare cuts will be nearly identical over the course of the spending review period as first estimated after the July Budget statement (the poorest 10% will still be receiving 8% less state support). By 2020, benefits and Tax Credits spending will be lower than at any time since 1989, as a share of national income.

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# England

## Cancer survival for adults in England: 2014.

Research which presents the latest 1 and 5 year survival estimates for adults (aged 15-99 years) diagnosed with 1 of 24 common cancers from 2009 to 2013 and followed up to 2014.

The highest 1- and 5- year survival estimate was for testicular cancer and melanoma of skin cancer (women); the lowest 1- and 5- year estimate was for pancreatic cancer.

For cancers of the brain, liver, lung, mesothelioma, oesophagus, pancreas and stomach 5-year survival remains below 25%.

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### **Place-based systems of care.**

The King's Fund published a paper proposing ways for the NHS to tackle growing financial and service pressures at a time of rising demand.

The paper argues NHS organisations need to collaborate with each other to establish a place-based 'systems of care' which will help address challenges and improve the health of the populations they serve. This will require the backing and support of national bodies and policy-makers, and fundamental changes to the role of commissioning in the NHS.

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### **Primary Care Inquiry.**

The Health Select Committee's inquiry into primary care continues, and this week they heard evidence from a variety of influential health stakeholders including Chris Ham from the King's Fund and Janet Davies from the Royal College of Nursing (RCN).

The Committee discussed the importance of reform and investment in primary care, and the multi-disciplinary working of General Practice. Notably, the RCN, the Royal Pharmaceutical Society and the Chartered Society of Physiotherapy all believe their professions could ease the burden on GPs if they were included more in the primary care workforce.

Professor Ham also used the opportunity to reiterate Simon Stevens' recent statement that the £8bn the NHS has been promised needs to be front-loaded to avoid crisis. He also believes the challenge in primary care comes from GP recruitment, and thinks funding, commissioning and contracts are the primary obstacles to shared workloads.

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## **Scotland**

### **Early detection of lung cancer increases.**

The Detect Cancer Early programme has been praised by Health Secretary Shona Robison for its contribution towards substantial improvements in the early detection of lung cancer.

The Health Secretary highlighted the success of the lung cancer campaign during the Scotland Against Cancer conference in Edinburgh. Speaking ahead of the conference, Ms Robison said:

"The earlier we detect cancer, the higher the chance of survival.

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“We need to get the message out loud and clear that the earlier you come forward to get checked or be screened, the better. It could save your life.”

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### **NHS unsustainable without funds boost.**

All political parties must recognise that health services in Scotland are unsustainable without real investment to meet the current and future demand gap.

That is a key message in BMA Scotland’s manifesto, which has been published ahead of the 2016 Scottish Parliament election.

It warns that the health service is facing unprecedented pressures as well as significant problems in recruiting and retaining staff. Politicians must face up to the reality of the urgent need to close the gap between constrained resources and rising demand — and must stop using the NHS as a political tool, the manifesto says.

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### **Looming workforce crisis needs greater focus.**

Increasing the number of GPs in Scotland is welcome, but more needs to be done to tackle the imminent workforce crisis.

That was the BMA’s response to an announcement this week by Scotland’s first minister Nicola Sturgeon that GP training places would increase from 300 to 400 per year.

Ms Sturgeon also said that the existing GP returners’ scheme would be boosted to encourage more GPs to come back into practice after a career break.

BMA Scottish GPs committee deputy chair Andrew Buist welcomed the increase in training numbers.

But he added: ‘In light of current GP training places already going unfilled, it is essential that we address the issue of making Scottish general practice once again an attractive career option for young doctors so that these places are filled.’

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### **Almost £1.5m for palliative care research.**

Scottish Cabinet Secretary for Health, Wellbeing and Sport, Shona Robison has announced a major investment in palliative care research.

The Scottish Government’s Chief Scientist Office is supporting Marie Curie in its largest ever research call in partnership with the Motor Neurone Disease Association (MND Association), totalling £1,425,000.

In addition to the £1 million funding pot from Marie Curie, the CSO will contribute £225,000 of funding and MND Association will contribute up to £200,000.

All proposals must address key research priorities identified by carers, health and social care professionals, and people with terminal illnesses.

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## Northern Ireland

### **£47.6m will immediately go towards tackling significant pressures – Hamilton.**

Minister Simon Hamilton today welcomed additional funding of £47.6m which will go towards addressing pressures, in particular current waiting times, across the Health and Social Care sector.

The Minister said: “The pressures facing Northern Ireland’s Health Service have been well publicised. The agreement not only presents the opportunity for a fresh start for devolution. It has also created an opportunity to deal with the challenges facing our Health and Social Care system because our public finances are back on a sound footing.”

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### **Health survey shows progress and future challenges.**

Health Minister, Simon Hamilton, welcomed the publication of the latest results from the Health Survey Northern Ireland 2014/15.

Following the publication of the report the Minister stated: “Making Life Better, the Executive’s Public Health Strategy, makes it clear that in order to improve the health of people of Northern Ireland we need to focus on more than just the health services we provide. We have to create the conditions that support, empower and enable individuals, families and communities to be proactive in improving their health and take greater control over their health and their lives.

“This is about providing people with appropriate advice and information, and working together across sectors to ensure that the wider environment supports people to make healthy choices.”

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## Wales

### **Wales first to provide 24/7 support for people at the end of their lives.**

Wales is the only country in the UK to provide round-the-clock support and advice for people approaching the end of their lives, a new report shows.

The Welsh Government’s second annual report about palliative care in Wales, which reveals progress made in improving services, also highlights excellent feedback from patients and their loved ones about how services are making a difference to people’s quality of life in their final days.

Thanks to Welsh Government investment, Wales is the first UK country to provide 24/7 services to ensure a specialist is always available to give advice to professionals caring for patients in their homes, in hospices and in hospitals across Wales.

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### **New £4.7m EU-backed programme to support 4,000 people with health problems stay in work.**

A new programme to help more than 4,000 people with health problems stay in work will be set up in Wales after it received a multi-million pound EU funding boost.

The £4.7m programme, which includes £3.2m of European Union funding through the Welsh Government, aims to help more than 4,000 people receive additional support, which addresses health-related barriers to remaining in employment.

The programme will operate in Conwy, Denbighshire, Gwynedd, Anglesey, Bridgend, Neath Port Talbot and Swansea.

People taking part in the programme will benefit from rapid access to tailored and work-focused therapeutic interventions designed to help those on, or at risk of, a long-term sickness absence to remain in work or return to work sooner.

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### **Training.**

New strengthened training standards for healthcare support workers in the Welsh NHS have been unveiled by the Minister for Health and Social Services Mark Drakeford.

The new framework will apply to clinical healthcare support workers in nursing, midwifery and allied health professional roles from April 1, 2016.

It is based on national occupational standards and competences and introduces a common set of standards for training and education, recognising the skills, knowledge and experience of individuals as they develop in their role.

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### **Cancer Drugs.**

A new deal with pharmaceutical company Novartis will give patients in Wales access to new cancer drugs which are not currently routinely available in Wales, the Deputy Minister for Health announced today.

The deal will give patients access to the medicine everolimus – marketed under the trade names Afinitor and Votubia – to treat certain types of advanced renal, pancreatic and breast cancers and non-cancerous brain and kidney tumours associated with tuberous sclerosis complex. These medicines are not currently routinely available in Wales.

As part of the agreement Novartis will invest around £1.3m in Wales to set up a study on breast cancer in the main oncology centres and collect outcome data for the patients with metastatic breast cancer receiving everolimus (Afinitor) plus exemestane (Aromasin).

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### **GP practices need cost-effective model.**

A 'cost-effective' model is needed to protect Welsh general practice, the BMA has said, as it published a map of closed and at-risk practices.

BMA Cymru Wales has called on the Welsh Government to commit to the traditional, independent contractor model where GPs contract their services to the NHS but are not employed by it.

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