

Early thinking on the APPG on Cancer's report into effective cancer commissioning

Introduction

The All Party Parliamentary Group on Cancer (APPGC) has focused its efforts during 2011 on exploring the opportunities and challenges of the Government's health reforms, and particularly how to ensure the changes to the commissioning structures deliver the Government's ambition to have cancer services and outcomes which are among the best in Europe.

Our intention is to launch a short report at our annual Britain Against Cancer Conference on 13 December.

We have begun to develop our draft policy solutions and we are now eager to informally test our thinking with senior stakeholders to ensure our calls are robust, achievable and, when finalised, have the support of the cancer community.

Given this, we are keen to seek your feedback on four key topics that appear to be central to the cancer reform debate:

- 1. Ensuring cancer services are among the best in Europe**
- 2. Delivering joined-up care for cancer patients**
- 3. Meaningful patient involvement**
- 4. Delivering the public health agenda.**

All feedback is purely to help shape our own thinking and the APPGC will not attribute any comments given unless you specifically say we can do so. Given these provisos we very much hope you will feel able to assist us.

Context

The APPGC's programme of work has been developed in the context of the Government's ambitions, set out in *Improving Outcomes: A Strategy for Cancer* (IOSC), to save 5000 additional lives per year from 2014/2015; to narrow the gap in outcomes between different groups in society; and to improve the experiences of all cancer patients.

This year through meetings with opinion formers and a parliamentary panel discussion we have been investigating how these objectives can best be delivered in the new NHS.

PRIORITY AREA 1: Ensuring cancer services in England are among the best in Europe

We wholeheartedly support the inclusion of one and five year survival rates for certain cancers as an area for improvement in the NHS Outcomes Framework. We would urge that this indicator is broadened to include more cancers.

However, we have heard from policy experts that one and five year survival rates may not be useful indicators against which to assess individual CCGs as the small and variable population sizes of the groups might not allow for robust assessment or comparisons.

Our initial discussions into how to ensure cancer services in England are among the best in Europe indicate that additional 'proxy' measures may be needed to encourage CCGs to achieve continued improvements in cancer outcomes and experiences.

1. Which of the following proxy measures do you think CCGs should be assessed against for year on year improvements?
 - Emergency readmission rates
 - Emergency presentation rates
 - Screening uptake rates
 - Stage of diagnosis
 - Patient experience
2. What are the challenges to assessing CCGs against these proxy measures?
3. How would you incentivise CCGs to meet year on year improvements in these proxy measures?
4. Are there any other proxy measures you would recommend individual CCGs are assessed against?
5. How would you suggest individual CCGs report against these proxy measures? e.g. NCIN practice level profiles?

As we are developing our thinking around this topic we have noted that the cancer community is keen that CCGs are properly supported to commissioning cancer services effectively. This support will come in the form of commissioning guidance but we also envisage a central role for cancer networks.

A recent NAO report has highlighted that there is variation in how well cancer networks are performing. We recognise that it will be essential to fully understand what makes a 'good' cancer network and which functions they should perform in the new NHS. However, from early conversations with key stakeholders the APPGC is minded to suggest that cancer networks have an important role to play in supporting commissioners to deliver improved cancer outcomes and experiences.

6. How can we ensure CCGs listen to the advice of cancer networks, e.g. would the authorisation process be a useful vehicle? Should CCGs have a duty to consider the advice of cancer networks?
7. What are the most important measures of performance for cancer networks? e.g. would one and five year cancer survival rates be an appropriate indicator at the network level?
8. Should cancer networks report directly and be accountable to the NHS Commissioning Board?
9. What is the best way to encourage CCGs to use the cancer commissioning guidance they are given?

We are very keen that the IOSC ambition to improve the experiences of all cancer patients is turned into effective action on the ground. We believe patient experience is a vital quality

marker. We would like to know more about how commissioners and providers can be encouraged to improve the experiences of people living with cancer throughout their cancer journey.

10. How can commissioners and providers be encouraged / incentivised to deliver year on year improvements in the experiences of cancer patients? How important is ensuring that an annual Cancer Patient Experience Survey (CPES) is included as an area for improvement in the NHS Outcomes Framework?

PRIORITY AREA 2: Delivering joined-up care for cancer patients

The Government has made clear that service integration is a reform priority. Andrew Lansley, Secretary of State for Health, has said that “properly integrated services are essential for the quality of individual care and for the most efficient operation of the NHS.”

Cancer care pathways are often very complex involving primary, secondary, tertiary and specialised services. The APPGC has begun to define integration as a cancer patient having access to the right care and support for them, when they need it and that everyone involved in delivering that patient’s care is working together to ensure the service is seamless from begin to end.

We are very keen to ensure the current focus on integration is not an end in itself but is driven principally by the aim of improving the outcomes and experiences of patients.

11. What is the one thing you would do to improve integration of cancer services across primary, secondary, tertiary and specialised services?
12. What is the one thing you would do to ensure cancer commissioning at a local, regional, national and specialist level is joined up?
13. Would a named ‘Cancer Lead’ for each CCG help to ensure cancer commissioning is more joined-up?

PRIORITY AREA 3: Meaningful patient involvement

Making the NHS more patient-centred is a central plank of the Government’s health policy. We think involving patients to a far greater extent in decisions about their own care and in how services are designed and delivered is crucial if the Government is to turn the ethos of “no decision about me without me” into practice.

The APPGC supports calls for clearer definitions of involvement in the Health and Social Care Bill and we are looking to offer further recommendations on how cancer patients can be meaningfully involved in decisions throughout the new NHS.

14. In what ways do you think CCGs should involve cancer patients in commissioning decisions?
15. How should the NHS Commissioning Board involve cancer patients? Would there be value in a cancer specific patient advisory panel at the Board level?
16. Many cancer networks have well established patient partnership groups. What other ways should cancer networks involve patients?

17. What is the one thing you would do to ensure cancer patients can make decisions about their care and treatment in partnership with their health professionals in the new NHS?

PRIORITY AREA 4: Delivering the public health agenda

Unhealthy lifestyle choices are the biggest preventable causes of cancer. Improving public health must be the responsibility of all commissioners and providers.

During our conversations with policy experts we heard concerns that CCGs could feel cut off from the public health agenda as responsibility for this shifts to local authorities. Health and Wellbeing Boards will play the key role in bringing together all local health stakeholders and providing a focus for the local public health agenda. Our conversations have led us to believe the public health agenda should be owned jointly by CCGs and Local Authorities.

18. How should CCGs be involved in decisions taken by Health and Wellbeing Boards which will influence the prevention, awareness and early diagnosis of cancer? e.g. could these bodies be encouraged to align priorities and budgets?

19. There have been some excellent examples of cancer networks contributing positively to the public health and cancer prevention and awareness agendas. What role, if any, should cancer networks play in supporting Health and Wellbeing Boards?

20. Do you agree that the Commissioning Outcomes Framework should include metrics on the risk factors of cancer such as around smoking, alcohol intake and obesity rates? Would this help to focus CCG activity on the public health agenda?

NEXT STEPS

The APPGC would be incredibly grateful if you would help to support the development of the Group's policy calls by agreeing to answer as many of the questions posed above as possible by **Friday 30 September 2011**. You can respond to this request in three ways:

- Returning your answers in a Word document to LGrove@macmillan.org.uk or JAdams-Strump@macmillan.org.uk
- Answering the questions online via [LINK](#)
- Providing your feedback over the phone. Lucy or Jeremy would be happy to call you at a convenient time.

Feedback from this informal consultation will be used to firm up our report recommendations. We will share the draft report with you in late October with a view to finalising the document in November in time for printing and publishing in December.

Thank you very much in advance for your support.

The secretariat to the APPG on Cancer