

Communique Awards 2011 – Macmillan Cancer Support's *Vote Cancer Support* Campaign entry in the *Best Healthcare Policy Programme* Category

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1. EXECUTIVE SUMMARY

Macmillan Cancer Support saw the General Election and first year of a new Government as a vitally important opportunity to try to make positive changes to cancer policy in three key areas – survivorship, access to drug treatments and end of life care. We started the *Vote Cancer Support* campaign in June 2009 and by December 2010 had secured new Government commitments on all three campaign calls including a new £200 million-a-year Cancer Drug Fund to help tackle inequality in access to drug treatments among cancer patients.

2. SITUATION / MARKET ANALYSIS

The *Vote Cancer Support* Campaign Team undertook an internal and external consultation process during the Spring and early Summer 2009 involving a range of stakeholders. We assessed possible campaign options against key criteria including: likelihood of success, relation to our broader corporate objectives, available evidence base, thought leadership opportunities, likely impact on the quality of life and whether cancer patients saw the call as a priority issue. The three calls outlined below were eventually chosen and senior level buy-in secured.

We knew that care plans are effective in improving outcomes and experience for other long term conditions but currently only 11% of cancer survivors receive a written care plan. We also knew that in 2009, the UK spent less on cancer treatments than other European countries. The NICE drug appraisal process was denying cancer patients access to clinically effective drug treatments which could improve their quality of life and help them live longer. Finally, we knew from research that half a million people die in England each year and most prefer to die at home (73% of cancer patients). Yet, a quarter of cancer patients (27%) are able to do so. 24/7 community nursing is crucial in giving people choice yet we knew access was patchy. A subsequent Macmillan report, *Always There?*, showed that 24/7 community nursing is only available in 56% of Primary Care Trusts.

Importantly, given previous research by Macmillan and others, we were also confident that two out of three of our campaign calls could save the NHS hundreds of millions if implemented, while all three would significantly improve patient experience.

3. CAMPAIGN OBJECTIVES

Secure Ministerial support, by June 2011, for at least one of the following:

- I. **Survivorship** – every cancer patient to be offered a post treatment assessment and care plan.
- II. **Equalities** – people with rarer cancers to have fairer access to clinically effective drug treatments.
- III. **End of life** – every person with cancer nearing the end of their life to have 24/7 access to a community nurse.

We also sought to increase our e-campaigner network over the course of the campaign.

4. STRATEGY

A *Vote Cancer Support* Campaign Team was set up and led by Gus Baldwin, Public Affairs Manager, with representatives from Policy, Campaigns, Media, Marketing, Digital Media, Services and Regional Teams. The group met regularly to scope, develop, implement and review the campaign strategy. We used a range of techniques – both innovative and ‘tried and tested’ – to shape the new Government’s thinking.

5. IMPLEMENTATION

Before the General Election – we pushed our messages to key decision makers – notably the party health teams, manifesto writers and policy teams – at the three Party Conferences, in 1-2-1 meetings and at a constituency level. We also asked our e-campaigners to ask their Prospective Parliamentary Candidates (PPCs) to sign up to our [online pledge](#). We used an online banner advertising campaign to help promote this work along with effective media activity. This activity led to:

- More than 6,600 people took the General Election e-campaigning action – 32% over target.

- 912 (38%) PPCs signed up in support of our campaign including 163 new MPs (25%) and five Cabinet Ministers.

After the General Election – we undertook a range of activities to further raise awareness of our calls and encourage Ministers to prioritise action including: secured 1-2-1 meetings with Ministers (e.g. Andrew Lansley, Health Secretary, and Paul Burstow, Cancer Minister, in July 2010) and influential MPs (e.g. John Healey, Shadow Health Secretary); pushed our calls in various Government health policy consultations, including in the development of the new cancer strategy; wrote and published [Always There?](#) on the postcode lottery of 24/7 community nursing; produced a special edition of [Cancer Matters](#), our Parliamentary publication and new [MP welcome pack](#); developed [rich media content](#) involving [people affected by cancer](#) and used social media to publicise it; organised policy roundtables and secured Department of Health Ministerial and officials attendance (e.g. Earl Howe); and continued to push our calls via our e-campaigners and in the media. This activity led to:

- More than 1,500 e-campaigners took the follow-up *Vote Cancer Support* action. Over 3000 e-campaigners took our Cancer Drug Fund campaign action and over 1500 e-campaigners (so far) have taken our end of life campaign action.
- In total, there were 90 mentions of the three issues in Parliament between June 2009 and December 2010 including 67 Parliamentary Questions (PQs).
- An nfpSynergy poll of MPs in November 2010 found that:
 - 77% were definitely or probably aware of our Cancer Drug Fund campaign. Of those, 49% took one or more supportive actions.
 - 66% were definitely or probably aware of our ‘Always There’ campaign. Of those, 47% took one or more supportive actions.
 - 40% were definitely or probably aware of our care plans activity. Of those, 56% took one or more supportive actions.
- The campaign generated 272 pieces of media coverage and there were 619,666,462 Opportunities To See. Highlights included numerous national front and lead page news articles. Individual journalist briefings on care plans, tied in with a [BBC Scrubbing Up opinion piece](#), led to coverage spanning BBC Radio 4’s Today Programme, BBC Breakfast, and a question at [Prime Minister’s Questions](#) at which Prime Minister, Gordon Brown, promised to support survivorship services.
- The *Always there?* report was well received by the Royal Colleges of GPs and Nursing and was referenced in government publications.

6. EFFECTIVENESS: OUTCOMES VS OBJECTIVES

The campaign sought to secure Ministerial support for one of Macmillan’s three *Vote Cancer Support* campaign calls. By December 2010 we had secured:

- I. **Survivorship** – in December 2010 the Government announced that every person with cancer should be offered a personalised care plan. The new cancer strategy, *Improving Outcomes: A Strategy for Cancer*, launched in January 2011, also said survivors should have a care plan following cancer treatment.
- II. **Equalities** – the Government launched an interim £50 million Cancer Drug Fund in October 2010 with a full £200 million-a-year Fund to be launched from April 2011. The Fund will ensure fairer access to drug treatments which had previously been unavailable on the NHS.
- III. **End of life** – the interim *Palliative Care Funding Review* report, published in December 2010, said the lack of access to 24/7 community nursing was a “major barrier” and urged the Government to “take steps to address this need immediately”. The Government acknowledged its importance in its choice consultation in October 2010 and in the NHS Operating Framework for England 2011/12, published in December 2010, commissioners were asked to ensure 24/7 community nursing services were available.

Our e-campaigner database has also increased by 43% from 9,160 to 13,135 during the campaign.

7. KEY STAKEHOLDER FEEDBACK

Steve Brine, MP for Winchester & Chandler’s Ford: *“Macmillan’s work in campaigning successfully for a Cancer Drug Fund was decisive. The new Fund will, I hope, make a very significant difference to the lives of people with rarer cancers in my constituency who have struggled to get access to the drug treatments they need when they need them. Getting access to clinically effective drug treatments can mean the difference between seeing a son or daughter get married or graduate and as such is hugely important to families across the country.”* Tel: 0207 219 7189, steve.brine.mp@parliament.uk