

Macmillan Briefing on the NHS reforms



Briefing for: **MPs and Peers**

Purpose: **To brief parliamentarians on Macmillan's position and priorities on the reformed NHS**

Contact: **Alexandra Cardenas, Public Affairs Officer, 020 7840 4796, acardenas@macmillan.org.uk**

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1. Introduction

Macmillan Cancer Support cares deeply about improving the quality of care all cancer patients receive throughout their cancer journey, the support cancer patients receive before, during and after being discharged from hospital and in the community and, most importantly, in improving survival rates. As the Health and Social Care Act 2012 is implemented, Macmillan's priorities are: strengthening Cancer Networks and incentivising the new bodies on improving cancer survival rates and patient experience.

2. Concerns about the future of Cancer Networks in the new system

Macmillan wants the NHS Commissioning Board Special Authority to take steps to ensure that Cancer Networks are at the heart of the new NHS. We seek assurances that:

- Sufficient staff, including experienced directors, are retained in each individual Cancer Network so they can deliver their functions effectively
- The cancer specific expertise that currently reside in Networks will not be lost
- Cancer Networks will be tasked with driving improvements across the whole cancer journey, not just in early diagnosis.

'Cancer' is actually a set of 200-plus different diseases with highly complex care pathways. As such, a wide range of professionals are needed to ensure that the clinical and non-clinical needs of cancer patients are met in the long term.

The 28 Cancer Networks across England, created in 2000, bring together the providers and commissioners of cancer care to work together to plan and deliver high quality, integrated cancer services for their local populations. In the reformed NHS, Cancer Networks should play a lead role in: driving forward local cancer strategies, providing a source of cancer specific expertise, as well as contributing to service redesign to ensure integration and monitoring performance of providers to highlight poor outcomes.

2.1 Background and proposals for Cancer Networks in the new system

In 2011 the former Secretary of State for Health committed to fund Cancer Networks until 2013, after which responsibility would transfer to the NHS Commissioning Board. The key aspects of the proposals on clinical networks include:

- Cancer Networks to be established as Strategic Clinical Networks (SCNs) from 2013

- Their functions will be to advise commissioners, support change projects and improve outcomes
- They will have a particular focus linked to preventing people from dying prematurely (domain 1 of the NHS Outcomes Framework). However, improvements to patient experience and safety are expected to be embedded in the work of SCNs
- To be supported by centralised teams in 12 geographical areas. These teams will replace the dedicated staff teams currently attached to individual networks.

2.2 Our engagement

Macmillan was pleased to engage with the Department of Health (DH) and the NHS Commissioning Board on the development of the proposals. To fully assess its impact, we also carried out qualitative research with 23 Cancer Network directors.

2.3 Our concerns about the proposals

Changes in the internal structure of networks could significantly hinder their ability to effectively deliver their functions, unless sufficient resources (human and financial) are allocated. We are particularly concerned about the staffing in the new system and seek assurance from the Board about the following issues:

- **Reduction in head count:** Sufficient staff must be retained in each individual Cancer Network. However, the proposals indicate that there will not be enough posts to retain all existing staff (there will be eight permanent staff in each regional team compared to current 20 staff members per network – this is equivalent to a reduction from about 500 to below 100 staff). It is essential that the additional programme funding which will be given to networks is used to fund further posts needed for the delivery of their functions.
- **Loss of cancer expertise:** Cancer specific expertise should be retained in the support team for each individual network. Action is needed to be taken to mitigate against the loss of cancer experts and organisational memory through the move towards smaller centralised support teams. For example, our research showed that a number of Network directors reported difficulties in recruiting and retaining staff, with half of them suggesting that the current uncertainty was the principal reason for this.
- **Loss of experienced directors:** Under the proposals, existing directors will have to reapply for their roles. Steps are needed to ensure that experienced directors are retained.

Additionally, although improving earlier detection of cancer is essential to preventing people from dying prematurely, Cancer Networks need a comprehensive remit to be able to deliver the functions mentioned above which cover the whole cancer pathway.

Our concerns are widely shared. A letter from the Cancer Campaigning Group, a coalition of over 50 cancer charities, to the former Care Services Minister raised similar issues. Their research showed that 82% of GPs with a responsibility for commissioning will need specialist advice. Plans to move away from specialist support teams would severely limit the ability of Networks to offer the vital knowledge commissioners need.

3. Improvements on cancer survival rates and patient experience in the new NHS

In the reformed NHS the quality of cancer services will be measured:

- **Nationally:** through the NHS Outcomes Framework (OF), that will be used by the Secretary of State to hold the NHS Commissioning Board to account
- **Locally:** through the Commissioning Outcomes Framework (COF – currently being developed), that will be used by the NHS Commissioning Board to hold the Clinical Commissioning Groups to account.

Given this, we are particularly concerned by the limited number of cancer-specific improvement measures in both frameworks which could lead to a lack of prioritisation of cancer services in the NHS at national and local levels.

3.1 Cancer survival rates to cover all cancers

Macmillan wants the existing measure of ‘one and five year cancer survival rates’ to cover all types of cancers – not just three – and be included in both frameworks.

Early diagnosis is essential to improve survival rates of cancer patients. Currently the NHS Outcomes Framework only has measures seeking improvements in 1 and 5 year survival rates for colorectal, lung and breast cancers. Although these are the three most common types of cancer, taken together they represent only 41% of new cancer diagnoses in the UKⁱ and about two fifths of annual cancer deathsⁱⁱ. People with rarer cancers are often diagnosed later and suffer poorer outcomes.

Measuring survival rates for all cancer types will encourage commissioners to support early diagnosis and reduce unnecessary deaths from cancer. It will also help narrow the survival gap between patients with rarer and more common cancers and help the Government to save 5,000 additional lives from cancer by 2014/15.ⁱⁱⁱ

3.2 Cancer survival rate indicators in the COF 2013/14

Macmillan seeks reassurances that Clinical Commissioning Groups will be held to account for improving cancer survival rates in their areas.

A public consultation run by the COF Advisory Committee (set up by NICE to make recommendations to the Commissioning Board on the content of the COF) included measures on ‘five year survival rates for lung, colorectal and breast cancer’ and several cancer indicators for future development. However, the final recommendations that were recently published only included one cancer specific indicator^{iv}. Neither one nor five year cancer survival measures were recommended by the committee for inclusion.

In order for the Government to deliver its commitment of improved outcomes in the new NHS, it is essential that cancer survival rate indicators are included in the COF. Cancer survival data is available and cancer survival rates are included as indicators in the OF. A coherent and integrated approach in both frameworks is needed to ensure that local commissioners contribute to the delivery of improved cancer outcomes nationally.

Besides improving early diagnosis at local level, having cancer survival rates in the COF will also contribute to tackling health inequalities by highlighting regional variations in performance. It will incentivise commissioners to improve cancer services in their areas.

Without indicators in the COF to measure improvements on cancer, Ministerial commitments to improve cancer outcomes are at risk of not being met. Macmillan has urged the Board to reconsider the recommendation made by the Advisory Committee.

3.3 Patient experience should be used to drive up quality in NHS services

Macmillan wants the National Cancer Patient Experience Survey to be included as a specific improvement measure in both frameworks.

The National Cancer Patient Experience Survey (NCPES) provides valuable information in which hospital trusts' cancer patients are receiving the care and support they need and areas where further progress is needed. For example, the 2011/12 results showed:

- Less than a quarter of patients said that they had been offered a written assessment and care plan
- Only 60% (58% in 2010) said doctors or nurses gave their family or someone close to them all the information they needed to help care for them at home
- Just 61% (60% in 2010) of patients were given enough care and help from health or social services after leaving hospital.

We believe the NCPES should be repeated annually and developed as an indicator in the COF to ensure that commissioners are held to account on improving patient experience and formulate plans to tackle under-performance. The indicator should also be part of the future editions of the NHS Outcomes Frameworks.

4. How can parliamentarians support our calls on the NHS reforms?

We would be extremely grateful if you could:

- Write to Sir David Nicholson, Chief Executive of the NHSCB Authority, and urge him to include cancer survival rate indicators in the COF and to support the expansion of 'one and five year cancer survival rates' to cover all cancer types. Please send a copy to the Health Minister, Anna Soubry MP
- Ask Parliamentary questions on the issues mentioned on this briefing. Naturally, we can offer suggested wording.

For more information: Alexandra Cardenas, Public Affairs Officer,
ACardenas@macmillan.org.uk, 020 7840 4796, www.macmillan.org/parliament

ⁱ Patients newly diagnosed in 2008. *Rarer Cancers flyer*, NCIN, 2011. <http://ncin.org/view.aspx?rid=900>

ⁱⁱ *Cancer e-atlas*, NCIN http://www.ncin.org.uk/cancer_information_tools/eatlas/default.aspx

ⁱⁱⁱ http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_123394.pdf

^{iv} Under 75 mortality rate from cancer