

# Macmillan Briefing for the Report and Third Reading Stages of the Health and Social Care Bill



Briefing for: **MPs with an interest in NHS and cancer issues**

Purpose: **To brief MPs ahead of the Report and Third Reading Stages of the Health and Social Care Bill on 6 and 7 September 2011**

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## Summary

Macmillan Cancer Support warmly welcomes the Government's ambition to deliver world class cancer outcomes through reform of the NHS. We are still looking for Government commitments around the following issues:

1. **The future of cancer networks** – we would like Ministers to provide reassurances around the following:
  - I. **Funding** – there will be sufficient funding provided to ensure cancer networks can play a full and effective role in the new NHS
  - II. **Function** – cancer networks' primary role will be to help ensure the commissioning of high quality cancer care for all patients at all stages of their cancer journey
  - III. **Accountability** – cancer networks should be directly accountable to the NHS Commissioning Board
  - IV. **Staff** – the mix of professionals involved in cancer networks should be reviewed and, where required, strengthened to include representatives from primary care, community services, public health and social care
  - V. **Patient involvement** – cancer networks need to be designed with patient involvement as a core function.
2. **Patient involvement** – we strongly support the 'Richmond Group' coalition's call for greater involvement by patients in decisions about their care and treatment and in the commissioning of services.

## Macmillan's involvement in the Health and Social Care Bill to date

Macmillan's primary aim has been to ensure the Health and Social Care Bill leads to better outcomes for all cancer patients. This means significantly improved one and five year survival rates and better patient experience throughout the cancer journey.

We have worked closely with the Department of Health and Parliament to improve the Bill during the Commons stages. There are now significant changes from the original Bill which

was presented to Parliament in January 2011. However, we believe there is still more to be done to ensure the reforms deliver on the Government's pledge to save 5,000 more lives a year.

## **Assurances and changes we would still like to see**

### **1. Securing the best future for cancer networks**

We are particularly pleased the Secretary of State for Health made a public commitment in May 2011 to “*fund and support cancer networks in 2012-13*” and for “*the NHS Commissioning Board to continue to support strengthened cancer networks, and a range of other networks thereafter*”. This represents a change in Government thinking from earlier in the year when Ministers would not commit to fund cancer networks beyond 2012.

The 28 cancer networks across England currently play a number of different roles, notably:

- Provision of specialist commissioning expertise and advice on cancer services
- Leadership to ensure integration of services across primary, secondary and tertiary care
- Guidance on how specialist cancer services should be commissioned and which organisations are most appropriate to deliver them
- Support in developing cancer user involvement mechanisms
- Support in implementing the wider DH Quality Innovation Productivity Prevention (QIPP) programmes
- Monitoring compliance with Improving Outcomes Guidance to ensure cancer services are of sufficient quality.

We are still looking for Ministers to put ‘flesh on the bones’ of the recent pledge and commit to ensuring the best long term future for cancer networks. For this to happen, we would like reassurances around the following priority issues which reflect the recommendations of a joint seminar on cancer networks hosted by Macmillan and The King's Fund in May 2011 involving a range of cancer experts:

- I. **Funding** – there will be sufficient funding provided to ensure cancer networks can play a full and effective role in the new NHS.
- II. **Function** – cancer networks' primary role will be to help ensure the commissioning of high quality cancer care for all patients at all stages of their cancer journey (i.e. from pre-diagnosis to treatment to survivorship to end of life). Macmillan believes cancer networks will be even more vital in ensuring services continue to improve while the new NHS structures ‘bed-down’. At the moment only 8% of GPs have a specialism or particular interest in cancer, compared with 25% for diabetes and 16% for mental health.
- III. **Accountability** – cancer networks should be directly accountable to the NHS Commissioning Board. Historically, cancer networks have not been subject to clear formal accountability relationships with the NHS centre and this has meant some cancer networks have not performed well. The NHS Commissioning Board should ensure that cancer networks are working effectively and using resources wisely.

- IV. **Staff** – the mix of professionals involved in cancer networks should be reviewed and, where required, strengthened to include representatives from primary care, community services, public health and social care. Cancer networks have traditionally mainly involved acute care professionals. However, while cancer is largely treated within the acute sector, it is also increasingly a long term condition which requires a much broader range of expertise and support and better integration across primary, secondary and tertiary care. As such, the mix of professionals actively involved must expand.
- V. **Patient involvement** – supporting user involvement should be a core function of networks. Networks should be properly resourced to embed and support patient involvement mechanisms throughout the commissioning cycle.

## **2. Macmillan supports the Richmond Group’s call for greater patient involvement in decisions about their care and treatment and the commissioning of services**

Macmillan is a member of a coalition of 10 national health and social care charities which includes Age UK, Diabetes UK, Rethink Mental Illness, British Heart Foundation and The Stroke Association.

The ‘Richmond Group’ strongly supports the Secretary of State for Health’s position that there should be ‘no decision about me, without me’ in the new NHS. The 10 charities have been helping the Government to put this principle more clearly at the heart of the Health and Social Care Bill. We have helped ensure important changes such as the inclusion of lay members in the governance of Clinical Commissioning Groups; a duty on Health and Wellbeing Boards to involve users and the public; and for the membership of local HealthWatch bodies to be representative of different users, including carers.

We feel there is still a need to better set out on the face of the Bill the expected involvement of patients in decisions about their care and treatment and in the commissioning of services. We are working with Ministers and the Bill Team on this. The Richmond Group will be sending out proposed amendments soon.

### **How can MPs speak up for cancer patients?**

We would be extremely grateful if MPs could speak up in support of our calls during the Report and Third Reading Stages of the Bill.

Parliamentarians may also wish to support Macmillan’s forthcoming submission to the second round of the Future Forum consultation.

Naturally, we would be happy to provide suggested questions or a more detailed briefing on these issues in person.

If you have constituents with cancer-related issues, please do not hesitate to put them in touch with Macmillan’s support services via [www.macmillan.org.uk/talktous](http://www.macmillan.org.uk/talktous)

#### **Further information**

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