

# Macmillan Briefing for the Second Reading of the Health and Social Care Bill in the Lords

Briefing for: **Peers planning to speak in the Second Reading of the HSC Bill**  
Purpose: **To brief Peers on Macmillan's priorities for the Second Reading of the Health and Social Care Bill in the Lords on 11 October 2011**  
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## Summary

Macmillan Cancer Support welcomes the Government's ambition to deliver world class cancer outcomes through reform of the NHS. However, to fulfil this ambition 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 sole aim in the development of this Bill has been to help ensure that it leads to better outcomes for all cancer patients. By better outcomes we mean improved one and five year survival rates, and better patient experience throughout the cancer journey.

We have worked closely with Parliament and the Department of Health 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 by providing clearer details on their resourcing and functions. For this to happen, we would like reassurances that the following recommendations developed as part of a joint seminar on cancer networks hosted by Macmillan and The King’s Fund in May 2011 are part of the Government’s thinking:

- I. **Funding** – there must 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 should 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.
- 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.

Macmillan welcomes the Secretary of State’s pledge at the recent Conservative Party Conference to ensure that choice and control for patients over the care they receive remains a fundamental principle in these reforms.

We hope the Bill’s passage through the Lords will provide opportunities for further strengthening of this principle. We feel there is still a need to better set out either on the face of the Bill or through regulations and Ministerial reassurance the expected involvement of patients in decisions about their care and treatment and in the commissioning of services.

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

We would be extremely grateful if Peers planning to speak could use some of their time in the Second Reading Debate in support of our calls.

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

If you know someone who might benefit from the support Macmillan provides, please do not hesitate to put them in touch with our services via [www.macmillan.org.uk/talktous](http://www.macmillan.org.uk/talktous)

#### **Further information**

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