

All Party Parliamentary Group on Cancer

Response to NHS England's consultation: Delivering the Forward View: the CCG Improvement and Assessment Framework

Introduction

The All Party Parliamentary Group on Cancer (APPGC) welcomes the opportunity to respond to NHS England's proposals for the new Local Health and Improvement and Assessment Framework.

The APPGC brings together MPs and Peers from across the political spectrum to debate key issues and campaign together to improve cancer services. Since our 2009 Inquiry into Cancer Inequalities we have campaigned relentlessly to ensure that data is used to drive improvements in cancer outcomes.

We have particularly focused on ensuring that indicators on one year cancer survival rates, broken down by Clinical Commissioning Group (CCG), are included in relevant NHS accountability frameworks in order to drive improvements in early diagnosis. Alongside this, we have focused on the use of data from the Cancer Patient Experience Survey to drive improvements in patient experience.

Our response to this consultation has been informed by our work in these areas, as well as our engagement throughout the last year with the cancer community at various events and meetings including our annual Britain Against Cancer conference.

1. Approach and principles

The APPGC is pleased with the overall approach which has been taken to the developing the Local Health Improvement and Assessment Framework (LHIAF).

We shared the concerns of The Kings Fund which highlighted the existing 'confusing and complex multitude of existing performance-related frameworks'¹, and were concerned that a new Framework may dilute the efficacy of the one year cancer survival rate indicators in the Delivery Dashboard of the CCG Assurance Framework. However, we believe that the new approach, as set out in the consultation document, will be simpler and clearer, leading to a more effective accountability and assurance process for CCGs.

We are pleased to see acknowledgement that an 'excessive number of metrics would inevitably dilute the impact of the framework'. We believe that the smaller number of headline metrics, complemented by supplementary indicators in a specific Cancer Dashboard, will be an effective way to achieve balance between focus on key indicators, and a richer, more detailed understanding of the cancer pathway. However, it will be important to ensure that there is a formal link between the two frameworks; this will ensure that there is a clear expectation for CCGs to look at data behind the top headline indicators in the LHIAF and to gain a better understanding of how to improve cancer outcomes for their populations.

We were pleased to see that the new LHIAF will align with the 'triple aim' (improving health and wellbeing, better quality for patients and better value for taxpayers) set out in the Five Year Forward View, NHS Planning Guidance and the forthcoming local Sustainability and Transformation Plans. We believe that the alignment of the new LHIAF with these aims will bring focus and clarity, and also has the potential to provide a strong link to the implementation of the new Cancer Strategy.

¹ The Kings Fund, Measuring the performance of local health systems: a review for the Department of Health, 2015

2. Accountability and performance

2.1 Role of the LHIAF in the overall Assurance process

In our work to date, the APPGC has focused strongly on accountability levers and how data is used to drive improvement. We are pleased to see that improvement is a key driver behind the new LHIAF, as reflected in the change in language from 'CCG Assurance Framework' to 'CCG Local Health and Improvement Assessment Framework'.

However, whilst it is welcome, a change in language is not enough to ensure that the new LHIAF does truly drive improvement and deliver strong accountability. We were pleased to see detail in the CCG Assurance Framework 2015/16 on what the consequences will be for CCGs who are not 'assured', however we would welcome further clarity on how performance against the LHIAF will inform the overall assurance process. We would also like to see further detail on whether NHS Improvement will have a role in driving improvement against the Framework.

Specifically, we would like to see more detail on how the performance against specific disease areas, such as cancer, will impact on the overall rating. In addition, if a CCG performed well on most cancer indicators, but consistently underperformed on one of them, how would this affect their overall rating for cancer, and how would NHS England ensure that the CCG drives improvement in this area?

2.2 Role of the LHIAF in assessing Sustainability and Transformation Plans

The APPGC would also like to see further information on how the LHIAF will be used to hold local areas to account for the delivery of improved cancer outcomes as part of the Sustainability and Transformation Plans.

The NHS Planning Guidance 2016/17 includes 'improvement in one year cancer survival rates' as a 'must do', and also requires local health economies to set out in their Sustainability and Transformation Plans how they 'will deliver a transformation in cancer prevention, diagnosis, treatment and aftercare in line with the cancer taskforce report'. The Sustainability and Transformation plans will therefore be key levers in ensuring that local health economies drive improvement in one year survival, and make progress in implementing the Cancer Strategy.

We understand that the quality and delivery of the Sustainability and Transformation Plan will be a key component of whether a CCG is assessed as being 'well led' (indicator 24). The APPGC believes that this indicator should also be within the scope of the indicators considered by the independent group on cancer, led by Sir Harpal Kumar, when assessing how well a CCG is performing on improving cancer outcomes and how well it is progressing with implementation of the Cancer Strategy.

2.3 Monitoring improvement

The proposals state that the metrics in the LHIAF 'will not be set in stone' and those indicators where CCGs 'have made the greatest strides' will be removed. Whilst the APPGC is pleased to see this level of ambition, it will be important to define what level of improvement is required before an indicator can be removed. Any decision taken by the independent group on cancer, or by NHS England on this should be transparent with clear rationale and evidence provided. Furthermore, there should be a process in place to review those metrics which are removed at set intervals to ensure that performance does not fall once they are outside of the Framework.

The APPGC has focused heavily in its work on one year survival rates on comparisons with Europe. Whilst England has arguably made 'great strides' in improving one year cancer

survival rates, we consistently lag behind our European counterparts² and the APPGC believes that, until we make improvements which bring England in line, we will not have achieved satisfactory outcomes in this area.

We therefore strongly believe that the independent group, when verifying ratings, should have due consideration to the latest data on how we compare with other similar countries. If no recent data exists, the indicator should not be removed until the data is available. Whilst our focus in this area has been on one year survival, we believe that focus on comparison and benchmarking is equally important for metrics including patient experience and quality of life wherever possible.

2.4 Patient involvement

The APPGC aims to act as the 'voice of cancer patients within parliament' and strongly believes that patient involvement should be at the heart of policy making. We were disappointed to see no reference in the consultation as to how patients had been informed or consulted in the selection of the proposed metrics. If the LHIAF is to be used as the primary mechanism for assessing the performance of CCGs, it is vital that the measures within it reflect what matter most to patients.

As such, we would hope to see patient involvement or representation at the meetings of the national programme boards at which the cancer element of the LHIAF are discussed. We would also like to see patient involved in decisions around the level of performance which would be required for an indicator to be removed from the LHIAF. This will ensure that any improvements driven by the LHIAF really do bring improvements in those areas which matter most to patients.

3. Metrics

The APPGC was pleased to see cancer clearly set out as one of the national priorities to be assessed in the LHIAF. The numbers of people diagnosed and living with cancer continue to grow, and it is vital that momentum on improving outcomes in this area is continued.

However, the quality of the metrics relies on data being available, and shared safely and responsibly with relevant bodies involved in collection, monitoring and analysis of data. The APPGC believes that a strong system needs to be in place to support this, and will be monitoring developments in this area, including the outcome of Dame Fiona Caldicott's review.

3.1 One year survival and staging

We were pleased to see the one year cancer survival indicator included as a headline indicator. We know that early diagnosis can significantly improve length and quality of survival and monitoring one year survival rates can reveal how well we are performing in this area, and drive improvement.

We were also pleased to see a metric on cancers diagnosed at stage 1 and 2, as this is an important complementary measure to the one year cancer survival rate indicator, and will enable CCGs to get a more detailed picture of how they are performing in this area.

3.2 Patient experience

We have long championed a focus on outcomes over process, and were therefore pleased to see that most of the headline indicators on cancer are focused on outcomes. We know

² 1 year, age adjusted relative survival in the UK and Ireland for patients diagnosed between 2000 - 2007 is 68%, in Sweden it is 81%. Eurocare 5 Survival Analysis 2000 – 2007 (<https://w3.iss.it/site/EU5Results/> accessed January 2015)

however that outcomes are not just limited to survival rates - the quality of a patients care can have an important impact on their wellbeing, and so we were pleased to see this prioritised at the highest level.

Whilst the Cancer Patient Experience Survey is a useful measure of the experience of cancer patients specifically, it does not provide a complete representation of all cancer patients and all aspects of their experience. In addition, as data is only collected annually there will be a six month time lag in the data (in contrast to the other cancer indicators which will be refreshed quarterly).

We therefore hope that NHS England will keep this indicator under review to ensure that the LHAIF includes the most effective method of measuring patient experience. More specifically, NHS England should monitor developments in this area as the recommendation from the Cancer Strategy on the development of a patient experience metric is implemented. Furthermore, we hope that NHS England will place particular focus on ensuring that health systems are aware of and have access to tools to deliver improvements in patient experience.

3.3 Quality of life

One of the key recommendations in the Cancer Strategy was the development of a new metric to measure quality of life. This reflects the changing nature of cancer - with survival rates improving, more and more people are living with or beyond the disease. This is positive news, however we know that many patients struggle to cope with the long term impact of a cancer diagnosis – around one in four face poor health or disability as a result of cancer or its treatment, and this can remain the case for many years after treatment has ended.

A quality of life measure will enable CCGs to, for the first time, take a holistic view of a patient's wellbeing and longer term outcomes, looking at quality of survival as well as length of survival. As well as incentivising CCGs to focus on the long terms effects of cancer and prioritise improving their long term quality of life alongside survival rates, a quality of life metric could enable the NHS to start building a better understanding of the impact of specific interventions on patients – potentially even years after their treatment has ended. The Secretary of State made a commitment to developing this metric by 2017, and it has been identified as one of the headline indicators in the Cancer Dashboard. The APPGC strongly believes that the new LHIAF should make explicit reference to this metric, including a commitment to include it as a headline indicator once the metric is developed.