TOP TIPS FOR COMMISSIONERS: IMPROVING ONE-YEAR CANCER SURVIVAL

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Updated May 2016

INTRODUCTION

This guide, first published in April 2015, was developed to support commissioners as they responded to the inclusion of one-year cancer survival rates in the Delivery Dashboard of the NHS' Assurance Framework.

The publication of the 'Achieving World Class Cancer Outcomes, A strategy for England 2015-2020', the implementation document 'Achieving World Class Cancer Outcomes: Taking the Strategy Forward', and the NHS planning guidance continue the focus on early diagnosis, and the improvement of one-year survival is a key metric in the CCG Improvement and Assessment Framework. Sustainability and Transformation Plans set out how a transformation in local cancer services will be achieved.

This guide, updated for 2016, brings together national intelligence, data sources and examples of strategies useful to improving one-year cancer survival rates for their local population and provides the policy background to cancer survival as a national priority.

Hyperlinks to useful data sources, resources and further information are included throughout in purple.

For more information about this guide please contact **SupportingCommissioners@macmillan.org.uk** or **macdocs@macmillan.org.uk.**

CONTENTS

POLICY CONTEXT

Cancer survival

Cancer survival is improving across England. The proportion of people surviving for one-year after diagnosis has increased to 70.2% (for those diagnosed in 2013) and the proportion of people surviving for over five years after diagnosis has increased to 49.6% (for those diagnosed in 2009). However, England still lags behind other comparative countries. Data on five-year survival rates published in 2013 (for those diagnosed between 2000 and 2007) showed that, while survival rates in England have improved, they remained about 10% lower than the European average.

Five Year Forward View and a new Cancer Strategy

The **Five Year Forward View** (October 2014) includes a Five Year Ambition for Cancer which covers (i) better prevention, (ii) swifter access to diagnosis and (iii) better treatment and care for all those diagnosed with cancer.

The Independent Taskforce report **Achieving World Class Cancer Outcomes, A strategy for England 2015-2020** (2015) contains 96 recommendations to deliver this ambition. One-year survival was included as a strategic priority and the Government has committed to developing a new metric for earlier diagnosis measurable at CCG level, to be tested in 5 pilot areas over 2016/17:

> 'Patients referred for testing by a GP, because of symptoms or clinical judgement, should either be definitively diagnosed with cancer or cancer excluded and this result should be communicated to the patient within four weeks. The ambition should be that CCGs achieve this target for 95% of patients by 2020, with 50% definitively diagnosed or cancer excluded within 2 weeks. Once this new metric is embedded, CCGs and providers should be permitted to phase out the urgent referral (2-week) pathway.'

Other recommendations relevant for commissioners working on improving cancer survival include:

10 Assuming a positive recommendation by the NSC, PHE and NHS England should roll out FIT into the BCSP, replacing gFOBt as soon as possible. NHS England should incentivise GPs to take responsibility for driving increased uptake of FIT and bowel scope in their populations, with an ambition of achieving 75% uptake in all CCGs by 2020

16 We recommend the following to take forward the new NICE guidelines:

- NICE should work with organisations such as Cancer Research UK, the Royal College of GPs and Macmillan Cancer Support to disseminate and communicate the new referral guidelines to GP practices as quickly as possible.
- By mid-2016, NHS England should evaluate implementation of the new NICE referral guidelines through 2-3 vanguard sites, to assess impact and ensure they are deliverable.
- From mid-2016 onwards, subject to there being adequate diagnostic capacity, NHS England should ensure that GPs and other front line primary health services assess

[1] National Audit Office ' Progress in improving cancer services and outcomes in England' December 2014

the risk of symptoms which could be cancer. They should instigate investigations or referral to diagnostic services in line with the new NICE guidelines. CCGs will also need to ensure that GP clinical judgement is regarded as an acceptable 'flag' e.g. if a GP is concerned about a patient whose symptoms nevertheless do not fit within the new NICE criteria.

17 NHS England should mandate that GPs have direct access to key investigative tests for suspected cancer – blood tests, chest x-ray, ultrasound, MRI, CT and endoscopy – by the end of 2015.

18 NHS England should incentivise the establishment of processes by GP practices to ensure 'safety-netting' of patients, including adequate support for training.

19 NHS England should establish a national diagnostic capacity implementation fund to unlock the significant increase in diagnostic capacity required to implement higher levels of investigative testing.

21 NHS England should pilot, in up to 5 vanguard sites and in conjunction with Wave 2 of the ACE programme, multi-disciplinary diagnostic centres for vague or unclear symptoms. These should have the capability to carry out several tests on the same day.

22 NHS England should pilot an approach, through new or existing vanguards, and particularly in areas where GP access is known to be poor, through which patients can self-refer for a first investigative test via a nurse telephone triage, if they have a red-flag symptom that would always result in a test.

23 NHS England should pilot the role of a cancer nurse specialist in large GP practices to coordinate diagnostic pathways and other aspects of cancer care.

25 All GPs should be required to undertake a Significant Event Analysis for any patient diagnosed with cancer as a result of an emergency admission.

CCG Improvement and Assessment Framework

One-year survival continues to feature in the metrics dashboard to assure commissioner and provider performance. The CCG Improvement and Assessment Framework 2016/17 indicators on cancer include:

- One-year survival (from all cancers)
- Cancers (all) diagnosed at stage 1 and 2 (with supporting measure of % of cancers with staging data)
- People with urgent GP referral having first definitive treatment for cancer within 62 days of referral.

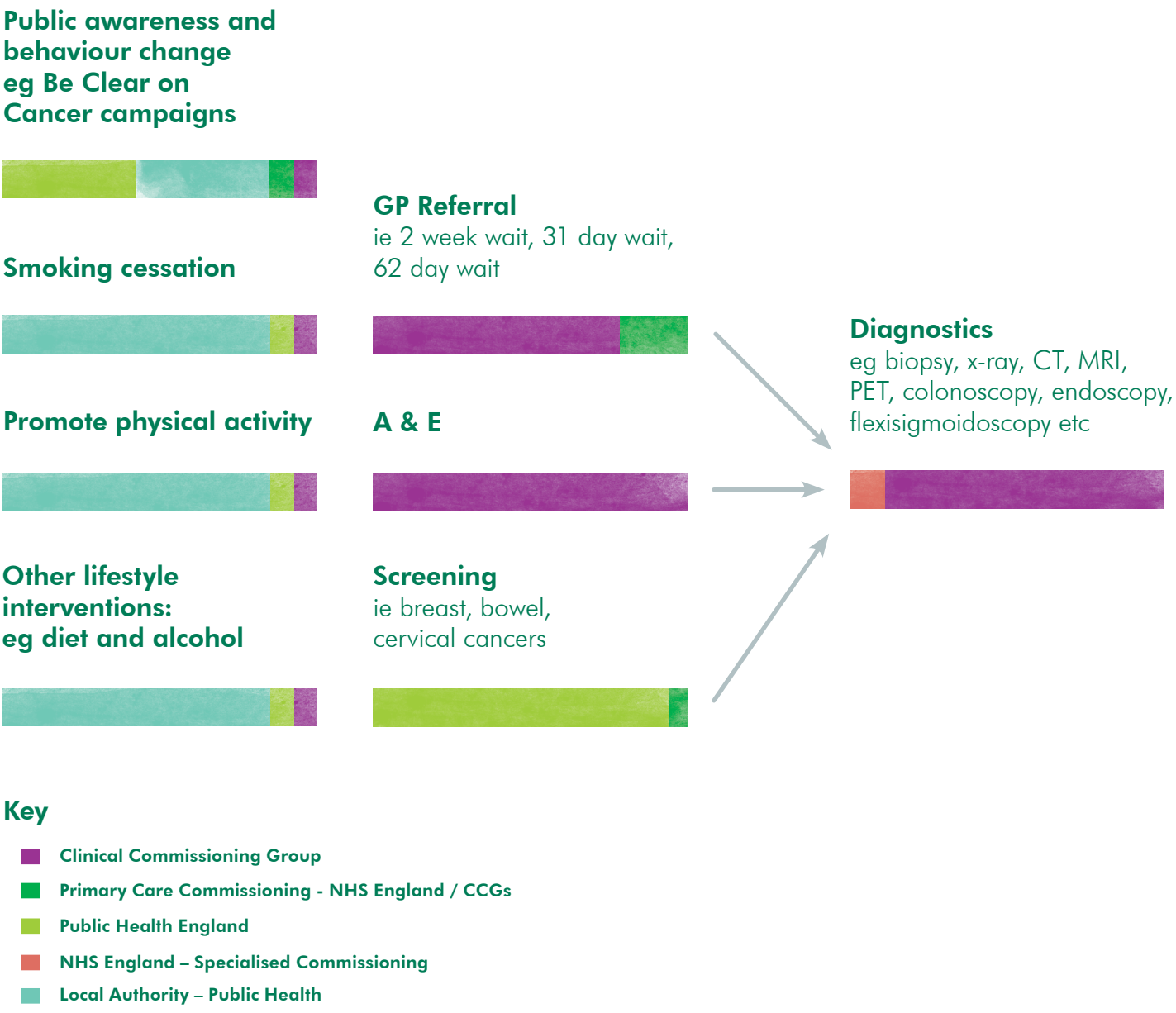
These metrics will also be included in the indicator rating that will be given to each CCG based on their performance. Through Sustainability and Transformation footprints, local health and care leaders are working together across a wider geography to plan for their shared population. The plans cover cancer services for the next five years and set out how each local health economy will deliver a transformation in cancer prevention, diagnosis, treatment and aftercare in line with the cancer taskforce report.

CCG plans for 2016/17 must 'make progress in improving one-year survival rates by delivering a year-on-year improvement in the proportion of cancers diagnosed at stage one and stage two; and reducing the proportion of cancers diagnosed following an emergency admission' [NHS Planning Guidance 2016/17].

Cancer commissioning responsibilities

Responsibility for commissioning cancer is shared across multiple commissioners (see **Annex 1** for a diagram of responsibilities across the cancer care pathway); CCGs are not solely responsible and accountable for all of the stages of the cancer pathway which impact on one-year survival rates (see figure 1). Responsibilities will vary in each area as increasing numbers of CCGs are taking on delegated responsibility for primary care commissioning (115 CCGs from April 2016). All commissioners must therefore collaborate closely to plan across the cancer pathway, to deliver improved cancer outcomes and experiences.

Figure 1: Shared commissioning responsibilities from prevention to diagnostics



This diagram is an estimate and is not an exact representation of responsibilities; it will vary according to the particular intervention and any local arrangements. It illustrates that responsibility for and commissioning of activities that impact on one-year cancer survival is shared across organisations, so close collaboration is essential. The Health and Wellbeing Board should play a key role to bring the health and care system together to improve the health and wellbeing of their local population and reduce health inequalities.

Inequalities and health disparities

Outcomes and access to services are generally poorer for older patients. Cancer patients aged 55–64 are 20% more likely to survive for at least one year after diagnosis than those aged 75–99. There is considerable variation in treatment rates by cancer, with a large fall by age group in the percentage of patients who received a major resection as part of their treatment. Further information regarding survival rates for older people can be found at **Annex 2**.

Those from more deprived socio-economic groups are more likely to experience worse outcomes compared with those from less deprived groups. It is estimated that there would be nearly 20,000 fewer deaths from cancer each year if mortality rates for all socio-economic groups were the same as for the least deprived.

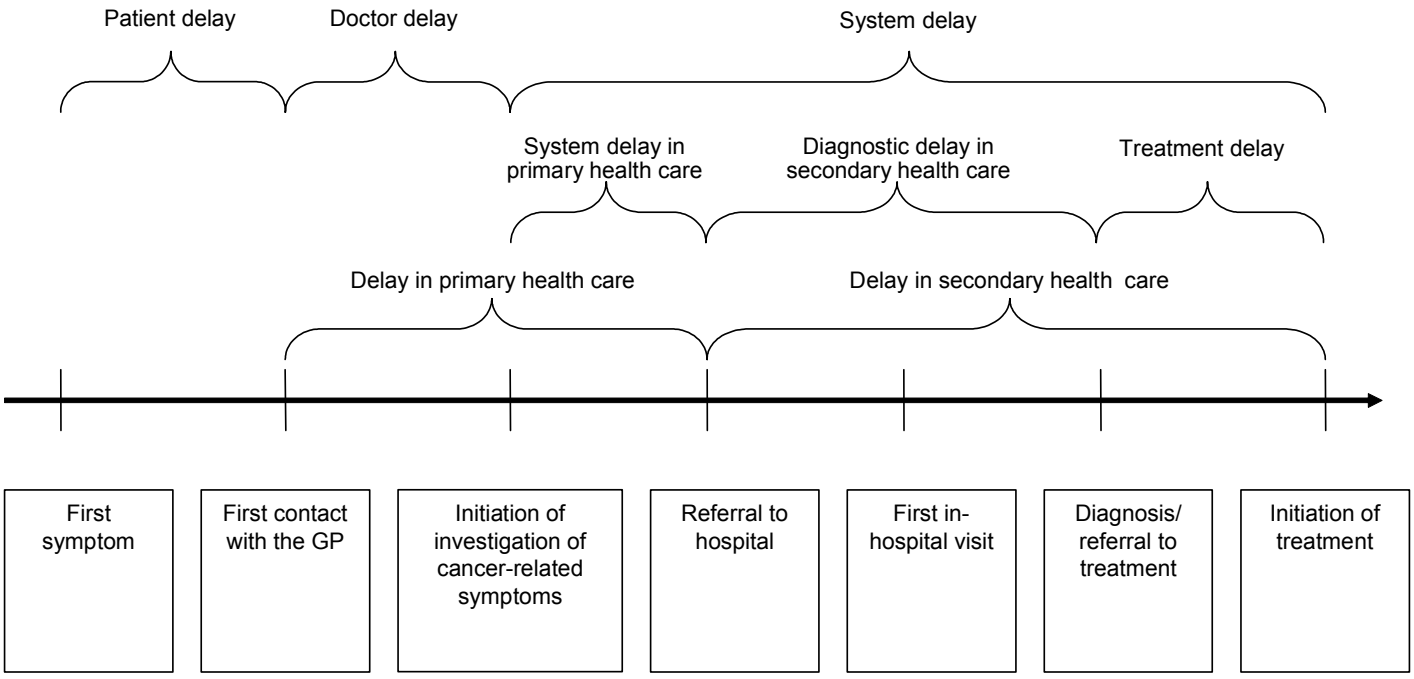
General awareness of cancer signs and symptoms is lower in men, those who are younger and from lower socio-economic status groups or ethnic minorities[2].

Supporting Early Diagnosis

Supporting early diagnosis of cancer will continue to be a national priority. The National Awareness and Early Diagnosis Initiative (NAEDI) includes Department of Health, NHS England, Public Health England and Cancer Research UK and aims to promote early diagnosis of cancer by increasing access to optimal treatment to improve survival rates and reduce cancer mortality.

Tackling late diagnosis is a multifaceted challenge, with multiple causal factors as set out in Figure 2.

Figure 2: Category of diagnosis delay



Sourced from Hansen et al. *BMC Health Services Research* 2008 http://www.biomedcentral.com/1472-6963/8/49/figure/F1

[2] National Cancer Equalities Initiative, Cancer and Equality groups: Key metrics. Available from: ncin.org.uk/view?rid=2243

FOCUS ON ONE YEAR SURVIVAL

One-year cancer survival rates is one of the four cancer metrics included in the CCG Improvement and Assessment Framework, used by NHSE to hold CCGs to account on performance.

One-year survival

One-year survival has improved in the UK, but studies have found that we lag behind in international comparisons. **Annex 3** includes details and data on national survival trends in England and local cancer survival information that can be accessed in the Local Cancer Intelligence tool.

Routes to diagnosis

Currently one in five people are diagnosed via an emergency presentation; those patients are, on average, around twice as likely to die within a year compared with those diagnosed via an urgent GP referral. Local diagnoses by route data can be found **here**. **Annex 4** illustrates national percentages for diagnoses by route.

Cancer staging

There is clear evidence that cancers diagnosed in the early stages have much better survival outcomes. Age is strongly associated with the stage of diagnosis for many cancers; older people are more likely than younger people to present with very advanced cancer and die soon after presentation. **Annex 5** provides further information on the staging data and survival by cancer stage. Stage of cancer diagnosis is another metric in the CCG Improvement and Assessment Framework.

Supporting people living with and beyond cancer

Commissioning to improve cancer survival needs to be considered in the context of the whole cancer pathway. People affected by cancer need to be supported to live well. More people are getting cancer, but more people are also living for longer with and beyond cancer, and dealing with any consequences – physical or psychosocial – of their cancer treatment.

People affected by cancer need to be supported to live well. The five domains of care set out in the NHS Mandate and Outcomes Framework must be delivered:

Domain 1: Preventing people from dying prematurely
Domain 2: Enhancing quality of life for people with long term conditions
Domain 3: Helping people to recover from episodes of ill health or following injury
Domain 4: Ensuring people have a positive experience of care
Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm

Cancer must be considered as a long term condition and managed within the complexity of multi-morbidities; 70% of people with cancer have at least one other condition.

Further information about supporting people living with and beyond cancer is set out in **Annex 6**.

DATA AND EVIDENCE

This section offers some data and evidence sources to help you understand the issues in your area.

	What to look for/ key messages	Information Sources
Local and national campaigns	• Evidence of local impact of campaigns	• **Cancer Research UK analysis of impact:** Using the Cancer Awareness measure (CAM) • National Center for Biotechnology Information (NCBI) **research publications:** eg Assessing awareness of colorectal cancer symptoms: measure development and results from a population survey in the UK

Screening Data	• Screening uptake
	• Conversion rate
	• Local programmes to encourage update
		• **Local Cancer Intelligence Tool:** Information at CCG level on prevalence, incidence, mortality, survival, patient experience and routes to and from diagnosis
		• Public Health England **Cancer Services Profiles** at GP and CCG level
		• **NCIN CCG profiles**
		• Screening uptake
		  • **Health & Social Care Indicator Portal** *(to navigate go to Compendium of population health indicators on right hand column > Illness or condition > Relevant Cancer eg breast, colorectal > scroll to the bottom for screening statistics)*
		  • **Cancer Screening** website
		  • **Cancer Research UK local data tool**

Routes to Diagnosis	• Any red flags eg referral rates, high A&E diagnosis?	• Public Health England **Cancer Services Profiles** at CCG and practice level: Includes data on new cancer cases, screening uptake, waiting times for diagnostics and emergency presentations • Routes to Diagnosis data **(Local Cancer Intelligence Tool)**

	What to look for/ key messages	Information Sources
Waiting times	• For GP appointment • For diagnostic test • For analysis and diagnosis • For first treatment • Any red flags/'bottle necks'?	• Public Health England **Cancer Services Profiles** at CCG and practice level • Public Health England Cancer data **dashboard**
Staging data at diagnosis	• Staging data by tumour • Any red flags?	• **NCIN publications** (national data only) • Public Health England Cancer data **dashboard**
One-year survival rate	• Overall/by tumour site • Local/national demographic variations (eg any variation men/women, older/younger etc.) • Comparison to other local and comparable CCGs • At individual provider level if possible • Comparison with five-year survival • Patterns over time and geographies	• **Local Cancer Intelligence Tool:** CCG level: prevalence, incidence, mortality, survival, patient experience and routes to and from diagnosis • **NCIN Cancer e-atlas:** Interactive web based tool providing visual access to cancer incidence, mortality, survival • **Cancer Research UK mortality and survival data:** Provides key stats on survival as well as in depth stats on all cancers, common cancers, by age and socio-economic variation • **ONS survival statistics:** available for PCT (historical), Cancer Network, CCG and geographic patterns • Public Health England Cancer data **dashboard** • **Cancer Registries performance indicators** • Public Health observatories (Public Health England website): Regional cancer mortality and incidence stats • National Cancer Registration Service cascade system: Online analytic tool providing incidence, mortality and survival data for the cancer analytic community. Log in required • **NCIN papers and analysis on survival** eg one year relative survival rates for pancreatic cancer in Great Britain 1995 – 2009 • **Macmillan rich pictures**

	What to look for/ key messages	Information Sources
Patient experience	Views on: • Understanding signs and symptoms • Accessing early diagnosis • Waiting times • Integrated care across primary and secondary care	• Cancer Patient Experience Survey **(Local Cancer Intelligence Tool)** • Patient experience indicators by CCG available on the PHE **cancer data dashboard** • Friends and Family test • Local survey results at practice and trust level • Complaints/compliments • Focus groups/workshops
Local cancer plans	• Action plans on one year survival at CCG, Local Authority and Trust level	• CCG and Trust website • Local Authority plans including Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy • Local Public Health prevention plans
Opportunities for quality improvement, efficiency savings	• Relevant areas identified for improvements and transformation eg emergency bed days	• **NHS England Commissioning for Value – CCG packs, deep dive packs and pathways on a page** • **Better Care, Better Value tool** • **Any Town modelling tool**
More cancer stats	• See NCIN **What Cancer Stats are Available** for more details • **Public Health England Data Gateway**	

STRATEGIES TO IMPROVE ONE YEAR SURVIVAL

This section offers some practical tips and tools for improving survival rates in your area.

Local strategic engagement

Sustainability and Transformation Plans and Cancer Alliances

44 local health and care systems have come together across England to drive genuine and sustainable transformation in patient experience and health outcomes for the longer-term in their geography. Their multi-year Sustainability and Transformation Plans (STP) set out how they will deliver a transformation in cancer services, in line with **England's Cancer Strategy**.

Cancer Alliances will be established across England by Autumn 2016; they will follow natural patient flows in cancer services and will be crucial in driving change for clinical quality and outcomes at appropriate population levels for cancer pathways. Cancer Alliances will provide cancer specific leadership for the new STP footprints.
Ensure that a focus on one-year cancer survival is embedded in the priorities of both STPs and Cancer Alliances, to drive a health and care system approach to improvement.

Local Partnerships

Form a Cancer Partnership Board to include all commissioners (eg CCG, local public health and – where appropriate – NHS England sub-region representatives), Macmillan, Social Care, Hospices, other voluntary sector, NHS Trusts, patients and carers.
This would support collaborative approaches and raise the profile of cancer within the CCG and local health and social care economy.

Health and Wellbeing Boards

Ensure that cancer is on the agenda of the local Health and Wellbeing Boards and that any prevention programmes include cancer.

CCG priorities

Developing a CCG cancer strategy

Some CCGs may develop cancer strategies. Examples include:

- **North East Hampshire & Farnham CCG cancer strategy**
- **Newark and Sherwood CCG cancer strategy in partnership with Macmillan**

Integrating cancer priorities

Integrate cancer within other CCG priority programmes eg long term conditions, planned care, primary care development, urgent care, care of elderly, mental health, pro-active care.

The commissioning of services aimed at improving one year cancer survival should focus on **Prevention** and **Early Diagnosis** – see suggestions below. There are many ways you can ensure these strategies are implemented. For example, using incentive schemes (involving general practices or secondary care providers) or through working collaboratively with partners including voluntary sector organisations.

Prevention

Lifestyle choices affect our risk of developing cancer; up to half of all cancers could be prevented by changes in lifestyle behaviours – eg when this relates to smoking, obesity or protective behaviours to prevent skin cancer.

There is also increasing evidence that lifestyle changes can reduce the risk of recurrence for cancer survivors, the impact of side effects of treatment and the burden of cancer survivors on the NHS and the benefits system.

Public and patient awareness campaigns

- National, regional and local Be Clear on Cancer campaigns: **resources** and **evidence of impact**.
- Macmillan information and support services
- **Walking for Health** and Macmillan Partnership

Health and Wellbeing Board

Working collaboratively with Public Health and local Health and Wellbeing Board colleagues consider:

- Health and Wellbeing Strategy work to prevent cancer
- Evidence of impact of local prevention services eg smoking cessation, alcohol awareness, obesity programmes, physical activity schemes
- Review prevention services performance with similar CCGs
- Local examples of good practice eg **Wandsworth Get to Know Cancer pop up shop**

Genetic Screening

Genetics tests can only be done for people who may have one of the cancer susceptibility genes that have been identified. Further information can be found on:

- NHS Choices: **Predictive genetic tests for cancer risk genes**
- Macmillan: **Cancer risk and family history**
- Cancer Research UK: **Genes, cancer and family history**

Promoting early diagnosis

Diagnosing cancer at an early stage can make treatment simpler and more effective. There are considerable resources available to target the barriers to early referral and diagnosis in primary care – Macmillan is supporting raising public and GP awareness of signs and symptoms of cancer, and improving communications between primary and secondary care. Find resources and information from Macmillan's Prevention and Early Diagnosis Programme **here**.

Cancer Decision Support tool

This **cancer decision support tool** is designed to support GPs in their clinical decision making and encourage them to think cancer by displaying the risk of a patient having an as yet undiagnosed site-specific cancer. This risk is based on read coded information from their patient record including symptoms, medical history and demographic data.

More than 500 practices were involved in the initial CDS pilot. Following on from the pilot, we are now working with the three main GP IT providers to integrate the CDS tool in to each system. For integration news please visit our CDS Webpage: www.macmillan.org.uk/ecds. The tool has three functions:

- The symptom checker allows you to record a patient's additional and/or repeat symptoms during a consultation
- The prompt calculates a patient's risk based on information in their record. It is useful where the likelihood of cancer is not immediately apparent – for example, if a patient has seen a number of GPs, or if their symptoms are non-specific
- Population risk stratification allows you to view a list of patients for which a risk has been calculated, and to sort by highest to lowest risk.

GP rapid referral toolkit

The Rapid Referral guidance toolkit has been produced by Macmillan Cancer Support. It contains the NICE referral guidelines for suspected cancer (2015 update) with additional input from Macmillan GPs and GPAs. It has been produced by GPs for GPs with the aim of providing support, guidance and practical referral recommendations.

Education and training

Oncology topics tend to feature little in GP training and ongoing professional development. Macmillan GPs can facilitate and provide access to cancer education that is relevant to GPs' day-to-day practice.

Macmillan, with **Red Whale**, offer a one day 'GP Update' course on cancer, covering prevention, screening, diagnosis and treatment, as well as palliative care and survivorship. So far more than 2000 GPs have attended the course which has been highly evaluated by the attendees.

Develop an education & training programme about signs and symptoms of cancer for a wide range of stakeholders eg general public, GPs, practice nurses, community health professionals, pharmacists, care home staff, domiciliary care staff, day services, carers.

Revalidation toolkit

The **Macmillan toolkit for GPs** working towards appraisal and revalidation includes practical tips for reflective practice and audit and covers cancer prevention, screening, early recognition and referral, care during and after treatment and awareness of the late effects of cancer.

Top 10 Tips

Macmillan GP Advisers have collaborated with members of the Macmillan primary care community to develop a **'10 top tips'** series with practical hints, tips and information on a variety of different primary care situations and scenarios.

Screening uptake

There is good evidence that patients are more likely to attend for cancer screening if GPs actively promote and encourage it. A number of CCGs have used incentive schemes to enable GPs and practices to proactively identify and follow up screening non-attenders using methods such as targeted telephone calls, letters, text messages etc. Cancer Research UK have collated **useful evidence on increasing bowel screening uptake**. A **good practice guide** for bowel, breast and cervical cancer screening in primary care is available which includes advice on using electronic solutions to supportscreening awareness and uptake, as well as GP result reports.

The bowel scope cancer screening programme is presently being rolled out across England. This offers a single flexisigmoidoscopy to all people around their 55th birthday. This programme requires a significant expansion of endoscopy capacity and the potential to place pressure on capacity of local endoscopy services to meet targets for GP referrals.

Access to diagnostics

Commissioners should include urgent access and turnaround times for urgent GP referrals for key diagnostics (Gynae USS, CXR brain MRI and lower GI endoscopy).

Chest x-rays in hospitals may not be routinely reported; it may require increased radiologist capacity to report adequately.

The **ACE programme** – **Accelerates** progress; **Coordinates** implementation; consistently **Evaluates** best practice and innovative approaches to early diagnosis of cancer – seeks to develop the knowledge base on early diagnosis in order to identify and evaluate good practice, which can reduce system delays and improve early diagnosis of cancer.

A number of ACE projects are testing out models similar to the Danish model which involves rapid direct GP access to a range of tests and also a multidisciplinary diagnostic service for those patients with serious but non-specific symptoms.

Commissioners and Trusts could review numbers of diagnostic appointments available compared to referrals and numbers of qualified staff to analyse results and ensure that local Trusts have action plans to meet the increased capacity requirements.

The DH **Best Practice Referral for GPs: Direct Access to Diagnostic Tests 2012** guidance aims to help GPs in determining which patients would be suitable for direct referral to local services providing the diagnostic tests.

Audit tools

Useful resources include:

- **Cancer primary care audit template**
- **Significant Event Audit cancer template – Royal College of General Practitioners**

Areas that might be useful to audit include:

- Review patients who die within one year of diagnosis
- 'Bottlenecks'/ delays in system
- Record audit to look at impact of waiting times
- Outcomes of treatment choices

Safety netting

- **Macmillan's top ten tips** on how and when to review people with any symptom associated with an increased risk of cancer who do not meet the criteria for referral, to ensure cancer is not missed
- RCGP **'Improving diagnosis of cancer'** (2012) includes useful information on safety netting
- **Cancer Safety Netting Report** (2011)

Patient and public involvement

Ensure that patients and the public are involved from the outset – in identifying and prioritising issues and co-creating solutions. Useful resources include:

- **Transforming Participation in Health and Care:** A guide to involving patients and carers in decisions about treatment and care & the public in commissioning processes and decisions
- **NHS Citizen:** a model for involving people

Streamlining pathways

Close collaboration is required in order for pathways to be joined up across health and care settings, providers and commissioners.

It is important to consider access to GPs and first treatment in any review of the pathway to improve one-year cancer survival.

Some suggestions around streamlining pathways across primary, secondary and tertiary (quick wins and longer redesign):

- Refer to DH's **Best Practice Referral for GPs: Direct Access to Diagnostic Tests 2012**
- Direct access to diagnostics
- Identify any issues eg repeat A&E attendances for same symptoms or whether referral on wrong pathway leads to bounce back to GP to start back at beginning on the right pathway

Some CCGs already have, or are developing, CQUINs for parts of the cancer pathway.

Early findings from the London GP Appraisal case study work have shown that significant numbers of referrals back to the GP are occurring where it would have been more appropriate for the hospital clinician to do an internal urgent two week referral to another speciality. This is because of misunderstandings about restrictions on consultant to consultant referrals which should be over-ridden in cases of suspected cancer.

Trusts can be asked to provide their processes for ensuring that all clinicians are aware of this requirement and details of how they are monitoring it internally.

Other useful resources

Department of Health workshop workbook

Systematic delivery of interventions to reduce cancer mortality and increase cancer survival to then develop strategy & local action plan.

Practice nurse training

The **Macmillan Practice Nurse training** course has been developed to give practice nurses the skills knowledge and confidence they need to better support patients with cancer in the community as well as improve earlier diagnosis of cancer.

For more information about this guide please contact **SupportingCommissioners@macmillan.org.uk** or **macdocs@macmillan.org.uk**

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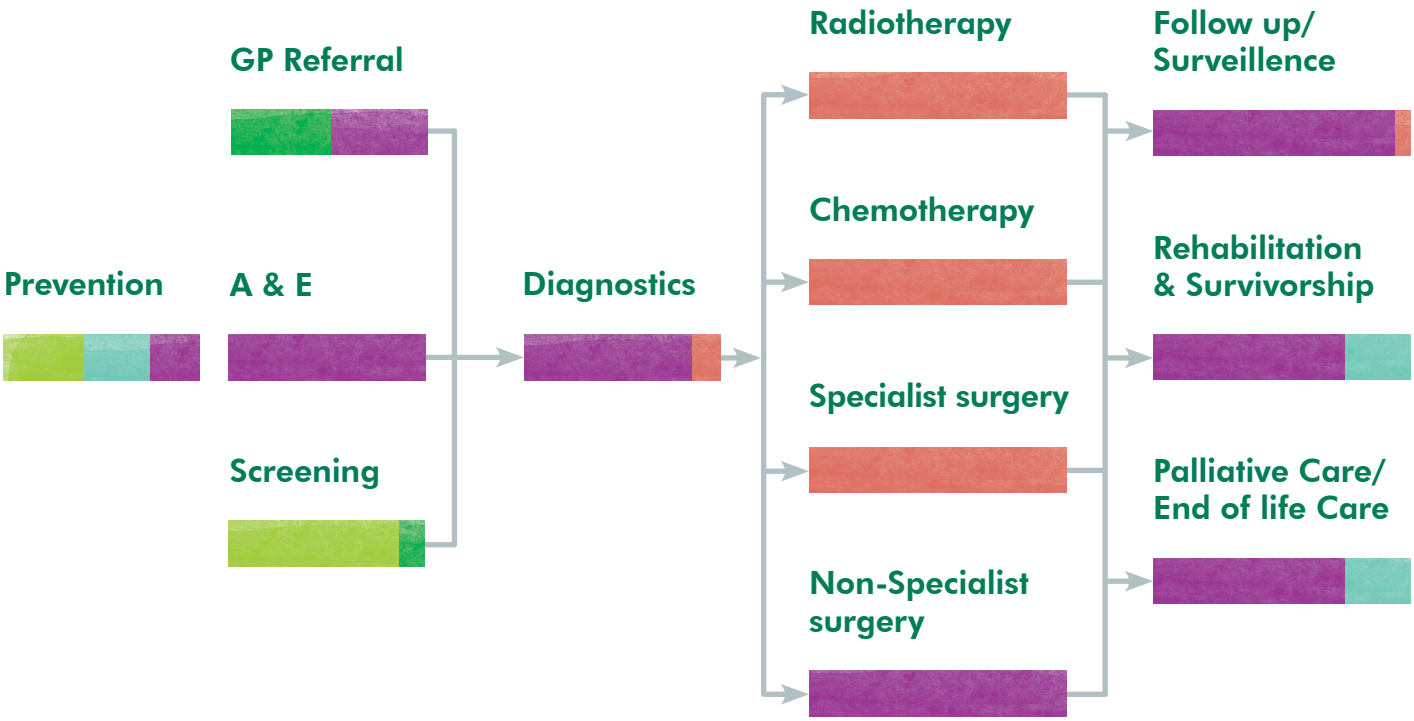
Annex 1: Generic Cancer Pathway – Commissioning Responsibilities



Key

- Clinical Commissioning Group
- Primary Care Commissioning - NHS England / CCGs
- Public Health England
- NHS England – Specialised Commissioning
- Local Authority

This diagram is an estimate and is not an exact representation of commissioning responsibilities.

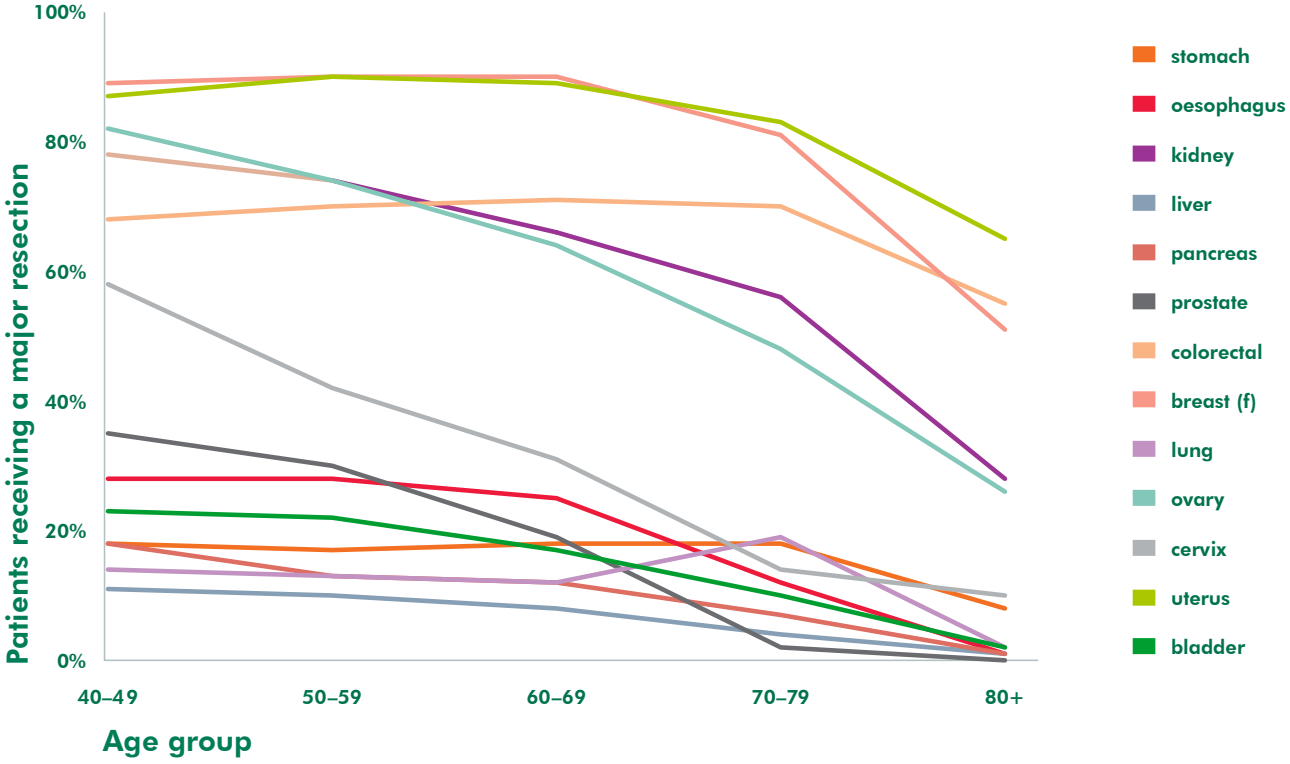
Annex 2: Cancer survival rates in older people

Mortality rates are improving significantly for the under 75s. However, they are improving at a much slower rate in those aged 74-84 and are actually getting worse for those aged 85 and over[3], in contrast to some other countries which are improving their outcomes for >85+.

While survival rates for some older people are lower because, for example, they are frailer and less likely to cope with the treatment, this is unlikely to explain fully the significant variation between age groups. There is evidence to show that treatment outcomes for older people are comparable to those for younger people, and relatively fit older patients can safely tolerate anti-cancer therapies[4].

There is considerable variation in treatment rates by cancer, with a large fall by age group in the percentage of patients who received a major resection as part of their treatment.

Percentage of patients receiving a major resection, by age and cancer site, patients diagnosed 2004-2006, followed up to 2007



Further information in Macmillan's Rich Pictures on:

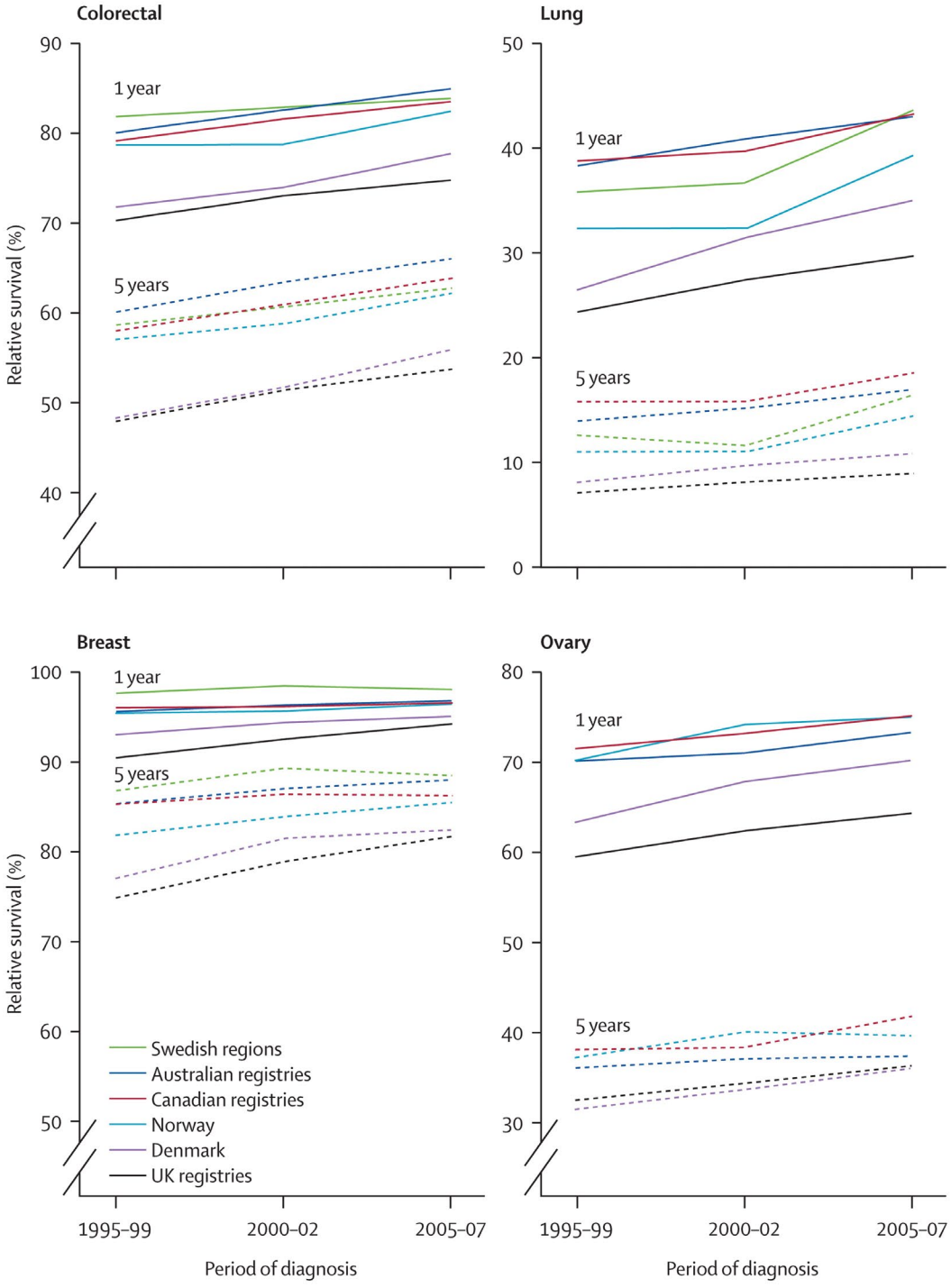
- **People with cancer from BME groups**
- **LGBT people with cancer**

[3] Moller H, Flatt G and Moran A. High Cancer Death Rates in the Elderly in the UK, Cancer Epidemiology. 2011. 35: 407-412. doi:10.1016/j.canep.2011.05.015 www.ncbi.nlm.nih.gov/pubmed/21852216

[4] Evidence for the use of cancer drugs to treat older people by Macmillan and ABPI http://www.macmillan.org.uk/Documents/AboutUs/Research/InclusionProjects/use-of-cancer-drugs-to-treat-older-people.PDF

Annex 3: One-year survival in England

Age-standardised one-year and five-year relative survival trends 1995–2007, by cancer and country[5]



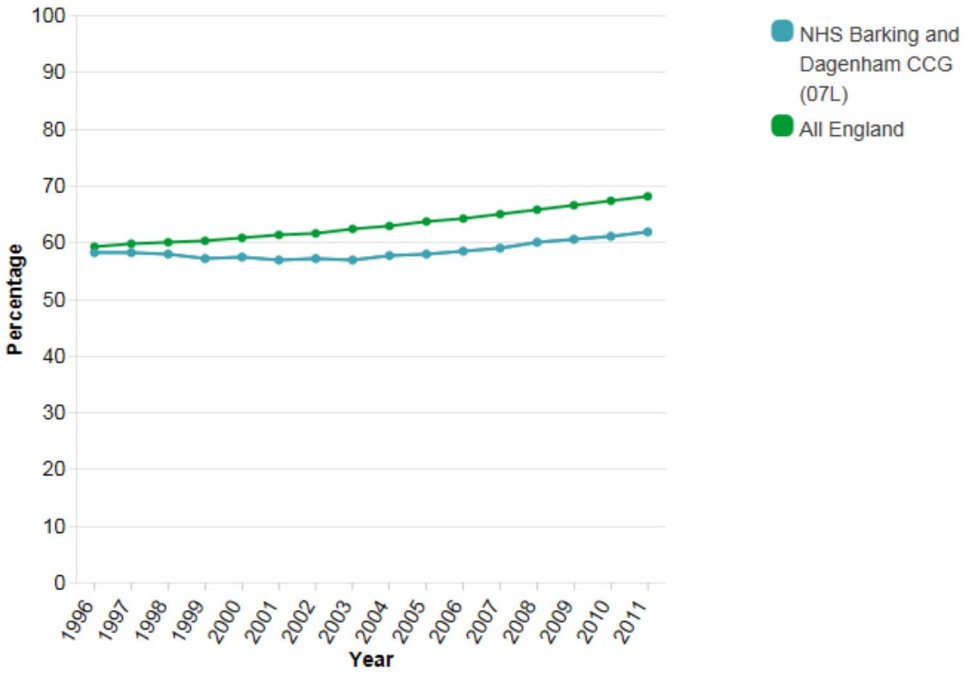
Sourced from Cancer survival in Australia, Canada, Denmark, Norway, Sweden, and the UK, 1995–2007 Lancet (2011)[5]

Annex 3: One-year survival in England (continued)

The Local Cancer Intelligence tool, developed by Macmillan, Public Health England and the National Cancer Intelligence Network provides useful information about your local cancer population. You can **access one-year survival at CCG level**, as illustrated through the Barking and Dagenham CCG example below.

NHS Barking and Dagenham CCG one-year survival rates relative to All England[6]

One-year survival index for all cancers combined



Sourced from http://lci.cancertoolkit.co.uk/Survival[6]

Annex 4: Routes to diagnosis

Examples of national routes to diagnosis data can be seen in Figure 7 for breast and lung. These are available for all tumour groups **here**.

England cancer diagnoses (Breast and Lung) by route

Percentage of diagnosis by route, for those diagnosed between 2006 and 2010, England

Female breast cancer	All routes		Screen detected		Two Week Wait		GP referral		Other Outpatient		Inpatient Elective		Emergency presentation		Unknown	
Route	-		28%		43%		16%		3%		0%		5%		5%	
Confidence interval	-		*28%*	*29%*	*43%*	*43%*	*15%*	*16%*	*3%*	*4%*	*0%*	*0%*	*5%*	*5%*	*5%*	*5%*
1-year survival	96%		100%		98%		96%		91%		85%		50%		95%	
Confidence interval	*96%*	*97%*	*100%*	*100%*	*98%*	*98%*	*96%*	*96%*	*90%*	*92%*	*81%*	*88%*	*49%*	*52%*	*94%*	*95%*

Source from National Cancer Intelligence Network. Routes to diagnosis (2006–2010). Extracted June 2014 from the Cancer Commissioning Toolkit

Percentage of diagnosis by route, for those diagnosed between 2006 and 2010, England

Lung	All routes		Two Week Wait		GP referral		Other Outpatient		Inpatient Elective		Emergency presentation		Unknown	
Route	-		24%		21%		10%		2%		38%		3%	
Confidence interval	-		*24%*	*24%*	*21%*	*22%*	*10%*	*11%*	*2%*	*2%*	*38%*	*39%*	*3%*	*3%*
1-year survival	29%		42%		38%		42%		32%		11%		23%	
Confidence interval	*28%*	*29%*	*41%*	*42%*	*38%*	*39%*	*41%*	*43%*	*30%*	*33%*	*11%*	*12%*	*22%*	*25%*

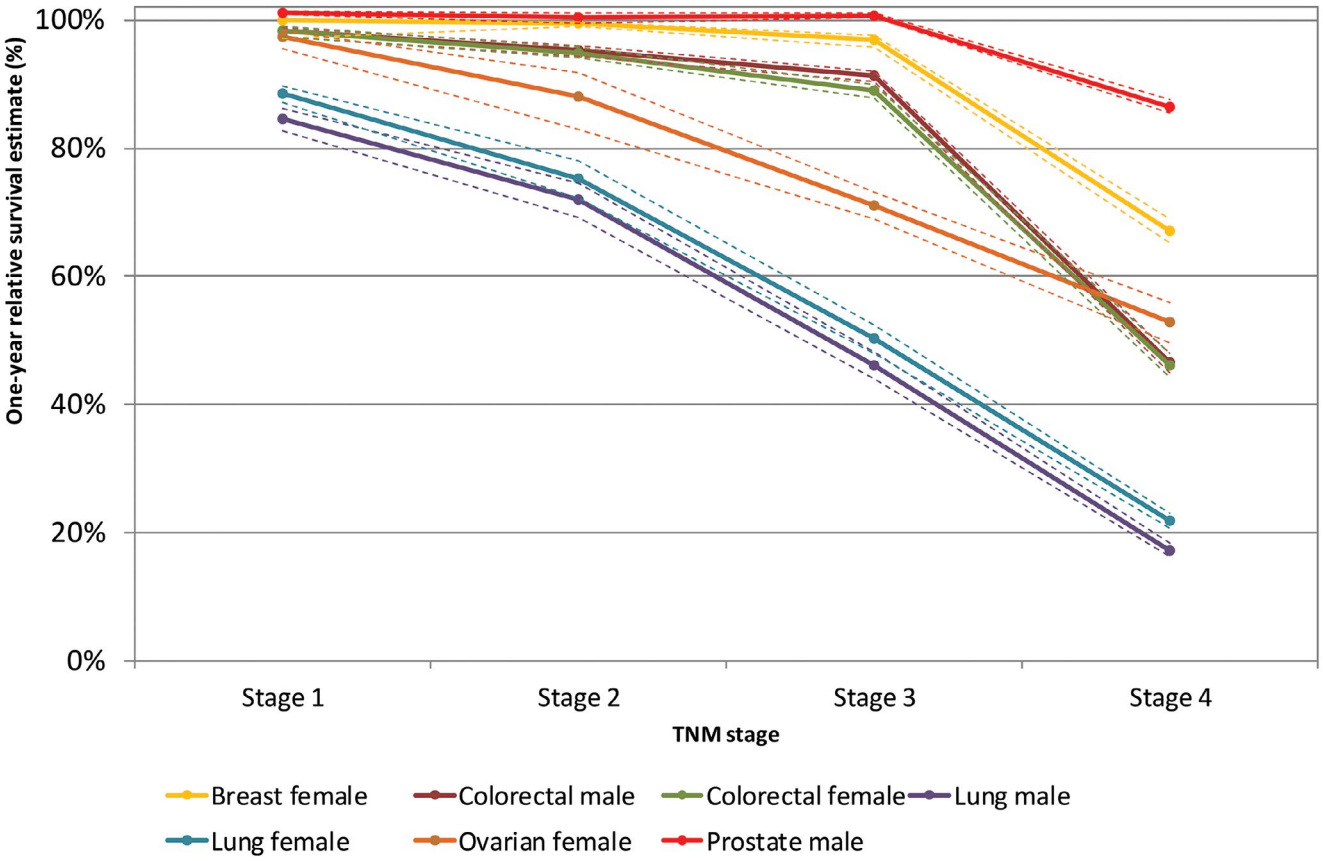
Source from National Cancer Intelligence Network. Routes to diagnosis (2006–2010). Extracted June 2014 from the Cancer Commissioning Toolkit

Annex 5: Staging at diagnosis

The proportion of newly diagnosed cancers with staging data in the National Cancer Registration Service improved from 33% to 62% of cases between 2007 and 2012. For the four most common types of cancer, 84% of cases had staging data in 2012. However, separate commissioner-level data shows that coverage varied substantially by CCG area (from 24% to 83%)[7].

The graph below shows **NCIN analysis** of England staging data at diagnosis which can be used to assess the impact of early diagnosis campaigns, screening programmes and improvements in healthcare.

Age-standardised one-year relative survival estimates by TNM stage at diagnosis, cancer site, sex, England 2012[8]



Sourced from National Audit Office 'Progress in improving cancer services and outcomes in England' December 2014[7].
http://www.ncin.org.uk/publications/survival_by_stage[8]

Annex 6: Supporting people living with and beyond cancer

There are currently more than 2.5 million people living with or beyond cancer in the UK; this will rise to 4 million by 2030. In 2012 almost 340,000 people were diagnosed with cancer in the UK and over 160,000 people died of cancer. By 2020 almost one in two people in the UK will develop some form of cancer during their lifetime but over half of people living with or beyond cancer will have had the diagnosis for over five years.

Further information about supporting people who are living with and beyond cancer is available from the **Macmillan Cancer Support website**. This includes information on the Recovery Package, stratified pathways of care, assessment and care planning, treatment summaries, cancer care reviews, health and wellbeing clinics, dealing with consequences of treatment, work and finance, vocational rehabilitation, supported self management and physical activity.

Further information about supporting people at the end of life to die a 'good death' is available at **Macmillan's website**.

Number of patients in the phases of the cancer pathway by cancer type

Figure 3: Cancer care pathway – estimating the number of people in the UK, by cancer type, 2010

As a GP, you know that cancer doesn't just affect the people you support physically. It can affect everything – their relationships, finances and careers.

We want to work with you to help you provide the best support possible for people affected by cancer and their families. So as well as offering resources for your role, we can provide information to the people you support, so they know they'll never have to face cancer alone.

Together, we can help make sure people affected by cancer get the support they need to feel more in control – from the moment they're diagnosed, through treatment and beyond.

To find out more about all the ways we're here for you and the people you support, visit **macmillan.org.uk/profs**

WE ARE MACMILLAN. CANCER SUPPORT