

# Macmillan's priorities for the NHS long-term funding settlement in England

## Background

In June 2018, the Prime Minister announced that the NHS will receive a 3.4% average annual increase over the next five years for the NHS, as well as a new long-term plan. Macmillan Cancer Support welcomes this announcement as a step in the right direction, however it is vital that this is now turned into practical action right across the health and care system. Our research reveals that the number of people living with a cancer diagnosis in the UK is 2.5 million and is set to rise to four million by 2030. An individual is now twice as likely to survive for at least 10 years after a cancer diagnosis compared to 40 years ago. But living longer does not mean living well, with many struggling to cope with the impact of cancer on their lives. This means that from the moment of diagnosis, the NHS needs to focus not just on treatment but also on supporting people to maintain their quality of life.

The NHS must now produce a clear plan to address future challenges and achieve world-class cancer outcomes for everyone affected by cancer. With individuals' needs becoming more complex and a rise in people living with multiple health conditions, we will need strong leadership at a national, regional and local level throughout the lifetime of the long-term plan, to ensure that we are meeting the changing needs of people affected by cancer, including those with rare and less common cancers.

The principles below set out Macmillan Cancer Support's priorities for the long-term plan for the NHS. Based on our vast experience of working with health professionals and patients, we believe these must be taken into account at every level of the NHS – nationally, regionally and locally – where relevant.

## Macmillan believe that a long-term plan must:

### **1** Strategically address the challenges facing the cancer workforce to deliver high-quality patient care for all.

The new funding settlement for the NHS will only be effective if it is underpinned by a clear, costed plan for the health and care workforce. Macmillan Cancer Support's census shows startlingly broad variation across the country in the number of newly diagnosed patients per specialist cancer nurse. We need to see the workforce expanded and supported to confidently deliver high-quality care. However, a growth in numbers alone won't be enough. The workforce needs access to training and continuing professional development to

remain sufficiently skilled, as medical and scientific advances require new approaches to patient care. We need to see innovative approaches to workforce, enabling staff to deliver holistic, patient-centred care and support that is centred around the needs of the individual person living with cancer. This will need to involve moving towards a better mix of skills in multi-disciplinary teams. The plan must also consider how we can best support carers, whilst recognising that carers also need support from professionals and are not a substitute for the paid workforce.

### **2** Ensure the NHS in England can both meet existing commitments as well as transform cancer services for the future.

Significant progress has been made in cancer care over the last few years. Treatments are advancing, survival rates are improving, and we've seen important developments such as the piloting of a new metric on quality of life. However, there are many commitments in the 2015–20 England Cancer Strategy that have not yet been fulfilled. Commitments to ensure that all people living with cancer have access to a recovery package are still far away from being met. Core performance targets such

as the 62-day wait target from referral to treatment continue to be breached, and on a national level have not been met for three years. We also need to see the government reach its target that all people living with cancer should have access to a cancer nurse specialist or support worker by 2021. The new long-term plan must consider how the NHS can achieve operational targets and existing commitments as well as setting out ambitious plans for future transformation.

### **3 Take a long-term view to enable effective planning for changing demographics and deliver sustainable allocation of resources to meet future demands.**

The long-term plan must acknowledge the length of time required to drive sustainable reforms that will enhance the quality and efficiency of health and care services. The demographics are clear. The number of people living five or more years after an initial cancer diagnosis is predicted to more than double to 2.7 million between 2010 and 2030. Therefore,

the long-term plan needs to be based on an independent analysis of future growth in the cancer population and the changing needs of cancer patients. The new funding settlement will go some way to address this, however we are concerned that it will not be enough to sustainably meet this growing demand.

### **4 Look at how both health and social care can be sustainably funded to ensure one integrated health and care system.**

The long-term plan must transform services so they are designed to support people living with cancer as a long-term condition. People living with cancer can experience severe levels of need. The number of older people (aged 65 and over) living with cancer is set to treble between 2010 and 2040. Older people will account for more than three-quarters of all people living with a cancer diagnosis. Worryingly, one in four (25%) people in the UK already face poor health or disability after receiving treatment for cancer. Many

face uncertain prognoses or have to plan for life after being told their cancer is incurable. The plan must recognise people of all ages are living with the physical and emotional consequences of cancer as a long-term condition. Integration within and across health or social care settings is a necessity to deliver better coordinated care. Whilst the new NHS funding settlement is very welcome, it is unlikely to be sustainable if not accompanied by a significant increase in social care funding.

### **5 Deliver personalised care to improve quality of life for people receiving treatment and beyond.**

A personalised care approach is necessary throughout a person's cancer journey to improve cancer outcomes and quality of life. This involves looking at the contribution of services, within and crucially, outside the NHS, so people can live their lives as fully as they can. People living with cancer need to be given the information and resources to access all the relevant support they may

need. Social prescribing should become the norm. Support for people to effectively self-manage their health and care needs, where appropriate, will become increasingly important in a digital age. End of life care needs particular attention so individuals' choices and preferences can be recorded and acted upon.

## **6 Harness technological advances and medical and scientific innovation to benefit people living with cancer in the shifting landscape of healthcare delivery.**

The long-term plan must create the conditions for full uptake of proven technologies and testing so we can drive productivity and strive for the earliest possible diagnosis of cancer. Genomics will come to the fore but to pave the way we need comprehensive, costed plans so personalised medicine is universally available for all. The plan should prioritise

upgrading current technology and digitising cancer services across health and social care. It also needs to recognise the huge cultural shift and changes in training and workforce development that will be needed so patients are provided with all the information and support they need to weigh up new treatment options.

## **7 Tackle health inequalities by reducing variation, ensuring equity in cancer care delivery and improving cancer patient experience.**

The long-term plan must recognise that health is determined by a wide range of social, economic and environmental factors. This includes but is not limited to health inequalities driven by age, disability, socioeconomic status, income and ethnicity and how this affects access to information, treatment and support. Targeted work needs

to take place to improve cancer outcomes and quality of life for those experiencing the worst outcomes, who if not prioritised, risk falling further behind. NHS and care services need to engage effectively with their local population to ensure that services are designed in line with – and are responsive to – the needs of the individuals who use them.