

POLICY UPDATE

MACMILLAN CANCER SUPPORT

July 2019

Welcome to 'Policy Update', a monthly bulletin on the latest policy developments of relevance to those with an interest in cancer.

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If you would like any further information or have any questions or comments about 'Policy Update', please contact Charlotte Wickens on 0207 091 2439, cwickens@macmillan.org.uk.

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United Kingdom

Living wage foundation research draws attention to insecure work

According to research published by the Living Wage Foundation, over 5 million (5.1m) workers earn less than the real Living Wage and are in a form of insecure work, 2 million of which are parents. The report draws attention to the fact that insecurity is not just a problem for young people – 1 in 2 employed people (46%) experiencing insecurity and low pay at work are over the age of 35. Geographically, Wales, the North East and the West Midlands have the highest rates of low paid, insecure work. Those from black and minority ethnic backgrounds are disproportionately affected: 15% of white people in work are experiencing low pay and insecurity in comparison to 17% of workers from mixed/multiple ethnic groups, 17% of Asian/Asian British workers and 17% of Black/African/Caribbean/Black British workers. The Foundation are using this research to campaign for the adoption of their 'Living Hours' scheme which requires organisations to pay the real Living Wage and commit to provide workers with at least four weeks' notice of shifts, a contract that accurately reflects hours worked, and a contract with a guaranteed minimum of 16 hours a week.

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MND and Marie Curie running #Scrap6months campaign

The Motor Neurone Disease Association are campaigning with Marie Curie to change the law on Special Rules for Terminal Illness (SRTI) process. This currently operates as a fast-track process for claiming benefits, meaning people do not have to go through a long and stressful assessment process. However, the SRTI requires a 'reasonable expectation of death within six months', which they argue excludes many people with an unpredictable terminal illness like MND. Their campaign is aimed at changing the law for the whole of the UK, drawing on work that the Scottish Government has recently done, to move away from the 6 months definition towards a decision made by a clinician.

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NHS data is worth billions – but who should have access to it?

An opinion piece in the Guardian examines the tensions between the health service's role as a collective national endeavour and its potential as a source of private sector profit. It argues that Donald Trump's claim, later retracted, that the NHS would be "on the table" in US-UK trade talks underlined the organisation's enduring appeal to the private sector. The article draws attention to the lure of the data held by the NHS, with its database holding the comprehensive medical records of 65 million people which go back decades. Commercial businesses are vying to develop health mobile phone apps that perform a host of tasks from monitoring vital organs to carrying out an initial diagnosis. Issues around this have already begun to

emerge, evident when last July the Information Commissioner's Office found the Royal Free hospital broke data protection rules when it gave details from 1.6 million patients to DeepMind, who used it to test an app they developed, without informing patients adequately. Other companies coming into the lucrative health technology market include apps such as Babylon Health, Push Doctor and Now GP, which offer video consultations with GPs.

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Chair of BMA warns of Tory candidates of no deal Brexit impact on the NHS

Dr Chaand Nagpaul said, on the eve of the BMA conference, that [a no deal Brexit would be disastrous for the health service](#), leading to potentially thousands of EU doctors leaving the country. He stated that even if either Boris Johnson or Jeremy Hunt secures a new deal with Brussels, which is supported by Parliament, European health staff will still consider walking away among other risks to the NHS. Dr Nagpaul drew attention to the fact that a no deal Brexit would effectively end the mutual recognition of professional qualifications, which means that doctors from the EU can come here to work immediately. He argued that this would exacerbate the NHS workforce crisis. The impact of no deal on the regulation of medicines, the movement of specialist drugs like radioisotopes, and reciprocal healthcare also featured as top concerns.

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England

ONS article considers which cancers would benefit most from earlier diagnosis

The ONS considers, in an article, new data which reveals that colorectal and kidney cancer patients would see the greatest increase in their chances of survival if they were diagnosed at an earlier stage. Cancer patients with colorectal cancer have an overall net-survival of 59.1% (the survival of cancer patients compared to the general population) for the 5 years following diagnosis. At stage 1 this is 93.4%. For patients with kidney cancer, overall net-survival is 63.3%, compared with 88.9% at stage 1. The ONS stresses that this new data helps build understanding about how the stage of diagnosis affects health outcomes and provides evidence for where health intervention resources should be concentrated to reach targets.

[Click here for the report >](#)

Pulse figures show more surgeries than ever closed last year

Figures obtained by Pulse, through FOIs sent to all CCGs, health boards and trusts in the UK, alongside NHS England, showed that almost 140 surgeries closed last year. This is estimated to affect half a million patients – more closures than in any

previous year and almost eight times the number seen in 2013. In addition, provisional data revealed 12 more closures in the first month of 2019, compared with eight at the same time the previous year. NHS Digital figures released yesterday showed that the number of full-time-equivalent qualified GPs fell by 441 between March 2018 and March 2019. As part of the new five-year GP contract, NHS England is hoping that the move to larger groupings of practices through the primary care networks - serving between 30,000 and 50,000 patients - will promote 'resilience'.

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ComRes poll of MPs looks at crisis in social care

A poll of 138 MPs conducted by ComRes and commissioned by the NHS Confederation, which leads Health for Care, a coalition of 15 organisations, found that three out of five politicians say people in their constituencies are suffering because of cuts to social care, with three quarters saying there is a crisis in care in England. Two thirds (65%) of MPs say the number of people in their constituencies coming to them with concerns over social care has increased during their time in office, with nearly half (46%) saying it has increased significantly. Concern was highest among MPs in the north of England and there is little faith among MPs that the green paper will improve standards of social care provision – only half (49%) agree it will. In terms of solutions, Conservative MPs are most likely to support the option of an auto-enrolment insurance system (30%) and Labour MPs are most likely to support the introduction of free personal care (40%).

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CPP publish final report into future of health and social care

Centre for Progressive Policy's (CPP) report comes at the close of their yearlong inquiry into the future of health and social care in England. CPP argue that 10 years on from Marmot report bringing the inequalities of health and its social determinants into the public consciousness the picture has not improved. CPP analysis of healthy life expectancy estimates 170m years of healthy life are being lost, or 3.2 years per person, by socioeconomic inequalities. The report focuses attention on the social determinants of health as evidence shows healthcare is only responsible for between 15% and 43% of health outcomes. The report provides suggestions of how to better integrate the socioeconomic within health policy making, through a social model of health. One of these suggestions is that there must be more government spending on non-health related functions, and part of the health prevention budget ringfenced for addressing the social determinants of poor health.

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Interim NHS People Plan published

As well as growing staff numbers, the NHS needs to rapidly become a much better place to work says the new Interim NHS People Plan. The interim plan acknowledges the scale of the workforce challenge facing the NHS, with a specific

acknowledgement that nursing is the key area where staffing shortages most need to get addressed. It sets out how the NHS needs to recruit, retain and develop more staff to meet rapidly growing demand. It contains some immediate 2019-20 actions ahead of a promised 5-year plan, to follow on from the spending review. These actions include immediately increasing the number of undergraduates studying nursing with an offer to universities of more than 5,700 extra hospital and community placements for student nurses this year. There is a commitment to increase international recruitment of nurses significantly via a new approach that will agree national “lead recruiter” agencies with the expertise to support the local NHS with international recruitment.

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Nuffield briefing released on Immigration and Social Security Co-ordination

The Nuffield Trust have published a briefing which examines the potential impact of the Immigration Bill on the NHS and social care. Given that social care and the NHS are both experiencing staffing pressures that obstruct vital care, the end of free movement poses some risk of worsening this in. The Trust argues that the measures in the Immigration White Paper would considerably worsen the situation. They highlight that 72% of nurses, 70% of scientific, therapeutic and technical staff and 36% of ambulance staff earn less than the required amount according to proposed measures. Furthermore, the blanket application of the proposed £30,000 salary threshold for nurses entering the UK as skilled migrants would cause a significant problem, ruling out one nurse in twenty of all those joining English trusts. In terms of social care, the low skilled migration route proposed in the White Paper is poorly suited because it is temporary and much less appealing than current options. Nuffield state that any further strain on this workforce will create a real risk that local authorities would not be able to meet their statutory requirements to provide care.

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Public Accounts Committee publish 100th Report on NHS waiting times for elective and cancer treatment

The Committee report on the NHS’s failure to meet key waiting times standards for cancer and elective care and continued decline in performance. It highlights that the NHS has not met the 18-week waiting times standard for elective care since February 2016 and it has not met the 62-day standard from urgent referral for suspected cancer to treatment since 2013, with only 38% of trusts meeting this standard in November 2018. The Committee call on NHS England to set out, by December 2019, how, and by when, it will ensure that waiting times standards for elective and cancer care will be delivered again. The report also argues that the Department of Health & Social Care has allowed NHS England to be selective about which standards it focuses on, reducing accountability. It seeks to ensure that accountability around waiting times is firmly put back in place for NHSE and NHSI. There is also a reflection that national health bodies lack curiosity about the impact for patients of longer waits and how often this leads to patient harm. This draws on

evidence that when waiting times are longer, patients may experience additional pain, anxiety and inconvenience and the risk that longer waiting times may lead to patient harm through, for example, the deterioration of a medical condition. The Committee recommend that data on patient harm resulting from waiting times should be routinely collected and acted upon. The report also highlights the workforce issues which are impacting on waiting times, in terms of available capacity across settings, and specifically diagnostics. They also make clear concern that it will be difficult for local partnerships to plan effectively when they already face considerable uncertainties, for example, in their local budgets for capital, education and training, and adult social care. They state that the Department, NHSI and NHSE should, by December 2019, clarify how they are going to develop a fit-for-purpose workforce to ensure that the ambition to reduce face-to-face appointment by one-third is going to be achieved.

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Sheffield council backs universal basic income trial

Sheffield has moved closer to becoming one of the first UK cities to trial universal basic income after the council formally lent its support to the idea. Last month, the shadow chancellor, John McDonnell, confirmed a Labour government would pilot UBI if it won a general election, identifying Liverpool and Sheffield as potential areas for pilot schemes. On Wednesday, senior city councillors agreed to work to ensure a UBI “can be implemented successfully in Sheffield”. This was off the back of a detailed proposal put forward by [UBI Lab Sheffield](#), a grassroots group of researchers and activists. The proposals involve three separate options for pilots which vary in ambition and funding requirements. In each of these pilots, about 4,000 people will receive the UBI for 3 years, there will also be a control group of similar people to quantify the effects on a range of different outcomes. Previous pilots have tended to focus on ‘objective’ socio-economic outcomes (including objective health measures), the Sheffield pilot will also include a range of more subjective wellbeing measures, including life satisfaction. The first of the three options, which would cost the least to run, £18 million, is the ‘Tweak’ which would remove conditions and sanctions from a specific set of employment-related illness and disability benefits and these benefits would become a basic income that ill or disabled people would receive irrespective of their financial situation or work status. The second, costing around £23 million, is the ‘Top-up’, which would be a non-means-tested payment to everyone that might be funded from a Sovereign Wealth Fund or similar. The pilot would include a range of residents, with a flat-rate payment to all adults on the order of £130 per month (£1,560 per year). The third, costing around £60 million, as the most ambitious is the ‘Replacement’, which replicates a full re-organisation of the tax and benefit system. The pilot would include a range of residents, with a standard payment of £6,000 per year plus additional components for people who are disabled, with children, and over retirement age. Payments would be adjusted for projected changes in income tax.

[Click here for the report >](#)

Comprehensive spending review likely delayed

In comments to the Economic Affairs Committee, Liz Truss MP, Chief Secretary to the Treasury stated that the expected comprehensive spending review planned for Autumn was unlikely to happen at this time. She argued that while *the plan had been to launch the spending review and the zero-based capital review process just before the Summer Recess, this was now unlikely to happen, given the current timetable for the Conservative leadership election.*

NHS prepares to fast-track ‘game changing’ cancer drugs that target genetic mutations

The NHS is preparing to fast-track the introduction of ‘game changing’ new cancer drugs that target tumours according to their genetic make-up rather than where they originate in the body, Simon Stevens announced last week. The treatments – known as ‘tumour agnostic’ drugs – can be used against a wide range of cancers and could offer hope to patients with rare forms of the disease that may previously have been untreatable. Detecting cancer early when it is easier to beat and providing the latest treatments is a central part of the NHS Long Term Plan. The first of the new cancer drugs, which target genetic mutations that accelerate the growth of many types of tumours and have particular benefits for children, are set to come on to the market within months. Molecular testing therefore becomes a first and essential element of treatment planning. NHS England has committed to working with the industry to step up preparations to embed the tests for these genomic mutations within existing cancer pathways.

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The Health Select Committee publish report from inquiry into the proposed legislative reforms following the LTP

The report states that proposed reforms are ‘pragmatic’ ones *which remove barriers to integrated care*. The Committee states that it warmly welcomes the intention behind the proposals to promote collaboration and lessen the role of competition in the NHS, especially the proposal to repeal section 75 of the Health and Social Care Act 2012 and revoke the regulations made under it. However, the report stresses that the proposals are in many ways too NHS-centric, with too little consideration for the wider system with which the NHS seeks to integrate. The report argues that the Department of Health and Social Care, NHS England and NHS Improvement should be clearer about the input and roles local government, the voluntary and wider community sector, as well as independent providers, are expected to have in the future of the NHS. The Committee also draw attention to the degree of central control that could result from the merger of NHSE and NHSI, and argue that an exploration of the consequences of this is needed. They also highlight concerns around the governance and accountability of ICSs.

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Scotland

More financial support for carers in Scotland

More than 83,000 carers in Scotland will this year get an extra £452.40 in Carer's Allowance Supplement as a result of Scottish Government spending. Carer's Allowance Supplement is a social security payment made to people who provide regular and substantial care to disabled people in their own homes. The supplement was introduced by the Scottish Government last year and this year it will increase by 2.4%. The majority of carers will get their next payment on 24 June. The increase means that carers in Scotland will receive £452.40 more this year than equivalent carers in the rest of the UK. Importantly, the increase means that Carer's Allowance combined with Carer's Allowance Supplement payments in Scotland are now higher than Jobseeker's Allowance. Whereas in the rest of the UK it remains the case that carers get less support than people in receipt of Jobseeker's Allowance.

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Macmillan mentioned in Health and Sports Committee Pre-Budget Scrutiny meeting

The committee met, along with witnesses to for pre-budget scrutiny, following on from the meeting they had two weeks ago, which is directed at the budget for 2020-21, and to build on the approach that they have taken in previous years to highlight issues around integration and integration authorities. In a discussion about anticipatory care planning and avoiding emergency admissions in to hospital towards the end of life, Alan Gilmour from the Glasgow City Integration Board, referenced Macmillan stating that *'we have a palliative care pathway on which we work very closely with Macmillan Cancer Support. That is very much a community, home-based package. I reiterate that the big win here is around anticipatory care and that is about having all the stakeholders signed up to that understanding and being aware of that process, so that everybody is clear what to do in the event of somebody deteriorating.'* He also commended Macmillan on the response and support and the availability of our community support prevents people from going into hospital unnecessarily.

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Universal Credit responsible for increasing rent arrears, says Holyrood Committee

The introduction of Universal Credit has greatly increased rent arrears and a Scottish Parliament Committee has called for immediate action to tackle this issue. The Social Security Committee has recommended that the DWP pay the housing element of Universal Credit (UC) directly to landlords as a default and says the minimum five-week delay for tenants receiving their first UC payment must change to help combat rent arrears. A widening gap between private sector rents and the amount provided by the social security system is also highlighted in the report. The Committee wants an urgent review of the Local Housing Allowance (LHA) so that rates are increased as required to help tenants afford rents in the private rented sector.

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Wales

The Health, Social Care and Sport Committee hold a scrutiny session with Velindre NHS Trust

When discussing the Transforming Cancer Services Programme, Steve Ham, chief executive officer, said work on the programme has been continuing for the past three years, working with partners from the third sector. He said a key aim to bring care closer to home. This aim was highlighted throughout the session for its impact on the workforce and the centre's finances. The committee heard that 40% of care is delivered close to home with the intention of pushing that towards 60%. Witnesses said patients are engaged in designing the model and that a patient leadership group has been established. Talking about primary care and prevention, Carl James, director of strategic transformation, said there is engagement with the health boards around early detection and prevention, with chief executives agreeing to set up a commission leadership group which will consider these issues across south-east Wales. He said one of the aims is to decrease the number of cancer patients presenting at A&E and to deliver objectives in '[A Healthier Wales](#)' and the Well-being of Future Generations (Wales) Act 2015.

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The culture committee takes evidence on Welsh language in primary care regulations

One of the key concerns that witnesses raised in response to the regulations was their impact on recruitment, with the British Medical Association (BMA) and British Dental Association (BDA) saying that it could potentially become harder to recruit dentists and GPs. The BMA said that general practice is already in crisis and that any move towards greater Welsh language provision must be done sensitively to avoid further closures. Witnesses from the BMA said it was important to encourage health boards to provide translation services and training so more people are able to provide the Welsh offer. They also stated that clinical language is not the barrier it is perceived to be and there are options for bespoke language line services if a monoglot approach is needed. Representatives from Cymdeithas yr Iaith Gymraeg stressed throughout the session that it is the rights and experiences of the patient that must be placed at the forefront, when the concerns of professional organisation were raised. They also took evidence from the Welsh Language Commissioner's office and Community Pharmacy Wales and Optometry Wales.

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The Health Committee holds scrutiny sessions with Hywel Dda University Hospital Board and Powys Teaching Hospital Board

Steve Moore, chief executive of Hywel Dda University Health Board, said the steps being taken to achieve the Welsh Government's wider strategic goals set out in Healthier Wales through the transformation fund. He explained how international best practice had been sought and projects to reduce admissions had been designed with a view to saving money in the long term.

Jayne Bryant asked what the most significant workforce challenge was. Steve Moore said high vacancy rates for nurses remained a major problem citing a 40% vacancy rate in Bronglais. He added this was a UK-wide issue, exacerbated by Hywel Dda's location. Mr Moore outlined the healthcare apprenticeship scheme. He said this was a completely new offer which offered training on the ground and progression in to nursing. Currently, there were 40 places and social media reaction had been very positive. On the same issues in Powys Teaching Hospital Board, Carol Shillabeer, chief executive said that Powys Teaching HB has set out to engage patients and stakeholders on its transformation agenda, with resources dedicated to engagement. In terms of workforce, nursing was also flagged as an issue, with witnesses stating the area is unique in the make-up of its workforce. Carol Shillabeer said funding had been allocated to develop a joint health and care planning manager.

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Northern Ireland

Health bosses admit stroke and breast cancer services not adequate

Stroke and breast cancer services are not meeting the needs of the population, the medical directors of NI's health trusts have said. Their comments came ahead of a series of public discussions on Department of Health proposals to re-shape stroke and breast assessment care. Under new proposals, [Northern Ireland could have between three and five hyper-acute stroke units](#). Currently, services are spread across 11 hospital sites. Specialists have argued expertise is being spread too thinly and that it is denying some people access to the best of care. Breast cancer assessment services [would be consolidated on three hospital sites](#), with centres in Belfast's City Hospital and Craigavon Area Hospital closing.

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Stakeholders gather for Making Life Better conference

A conference to discuss the overarching policies and actions needed to improve health and wellbeing and reduce health inequalities for the people of Northern Ireland drew almost 200 participants from across the region. The impact of economic factors on health and wellbeing, as well as reframing the conversation around what the determinants of health are, were just two topics under the spotlight at the *Making Life Better (MLB) – Creating the Conditions for Collaboration Conference*. The event was organised by the Public Health Agency and Department of Health. As part of the day-long event a range of stakeholders from statutory and non-statutory sectors gathered to facilitate learning, and encourage partnership working and cross-

collaboration. *Making Life Better*, published in June 2014, is the Northern Ireland Executive's 10-year overarching strategic framework for Public Health. It is believed that achieving a healthier Northern Ireland hinges largely on what is done collaboratively through both policy and practice to influence the wide range of factors that influence lives and choices. The event was also used to launch a brand new Making Life Better 'network'. The conference was also used by the Public Health Agency to announce a brand new MLB seminar series, starting in autumn 2019, covering a diverse range of subject areas including addressing wellbeing as part of palliative care.

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NHS will require entire NI budget by 2039, health chief warns

The health service will need Northern Ireland's entire government budget to function in 20 years' time unless there is urgent reform, a powerful civil servant has warned. Richard Pengelly, permanent secretary at the Department of Health, said the sector "cannot continue on this trajectory" in terms of hospital and community care. The lion's share of the Executive's departmental budget is allocated to health, at around £5 billion per year. Speaking in a BBC documentary 'Spend it Like Stormont' - which breaks down the cost of public services in the absence of an assembly - Mr Pengelly said funding is only part of the problem and all services require change in how they are set up and delivered.

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