

# POLICY UPDATE

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## October 2017

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

If you are reading this document on screen, the web addresses are hyperlinks which will take you directly to the relevant web pages or documents. If you would like any further information or have any questions or comments about 'Policy Update', please contact Emer Sheehy on 02070912487, or [emsheehy@macmillan.org.uk](mailto:emsheehy@macmillan.org.uk).

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# United Kingdom

## **Safe and effective staffing: Nursing against the odds**

The Royal College of Nursing (RCN) have published the results of a survey of nursing and midwifery staff in the UK. The findings provide a strong voice from nursing staff, clearly describing the impact that poor staffing has on both patient care and their own wellbeing.

Commenting on the findings, the Nuffield Trust said: 'This report reveals what was sadly all too predictable: NHS staff and their patients are bearing the brunt of an abject and long-term failure to plan the nursing workforce.'

As well as tackling workforce shortages through attracting nurses to the profession, it is vital to hang on to the committed and talented staff we already have. [This report] reveals a worrying disregard for the existing nursing workforce, making it likely – and understandable – that many nurses will vote with their feet.'

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## **Trainee recruitment crisis 'deeply concerning' says BMA.**

Patient safety could be put at risk by significant shortages facing most medical specialties, a review of recruitment has indicated.

Training places across three in four medical specialties were unfilled last year, analysis by the BMA has found. It also found that fewer people are picking medicine as a career and staying on as doctors in the NHS at each stage of training.

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# England

## **CQC 'State of Care' report shows good, safe care but future quality is precarious.**

The Care Quality Commission has published their annual 'State of Care' report. The report shows that the quality of health and social care in England has been maintained despite very real challenges and the majority of people are receiving good, safe care.

However, it also warns that the health and social care system is at full stretch and struggling to meet the more complex needs of today's population, meaning that maintaining quality in the future is uncertain.

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## **National Voices research into person-centred care shows ‘worrying trend’.**

New research by National Voices has found that NHS services still do not give people adequate control over their own health and care, and there is no reporting of whether people's care is coordinated across health and social care.

Responding to the study, Niall Dickson, Chief Executive of the NHS Confederation said: 'This report shows that person centred care is alive and well in both health and social care – but it does reveal a worrying trend which reflects the relentless pressure under which many services are operating.'

'In short the health and care system is short of money and people and that can make it increasingly difficult to give patients the time and attention they need. As well as focussing on long waits we also need to understand how the quality of care is affected by overstretched staff.'

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## **90% of health and care leaders ‘concerned’ about the NHS’ ability to cope this winter.**

A poll by the NHS Confederation shows that more than 90% of health and care leaders across England are “concerned“ about their organisation's ability to cope this winter, with 62% of these “extremely concerned“.

Niall Dickson, the Chief Executive of NHS Confederation said that effective planning at a local level was now key to dealing with the challenges faced by services:

"NHS trusts, health service commissioners and health and care providers are increasingly facing difficult choices over service provision and staff capacity. We will continue to push the Government for a comprehensive review looking at which services are needed, where they are needed, how much they will cost and how they will be funded."

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## **Pressure on GPs not to refer impacting diagnosis of colorectal cancer.**

A new study published in the British Journal of General Practice has found that one of the barriers to urgent referral of patients with suspected colorectal cancer is concern about over-referral among GPs.

Responding to the research, Professor Helen Stokes-Lampard, Chair of the Royal College of GPs, said: 'GPs are doing an excellent job of referring patients with suspected colorectal cancer earlier – and partly because of this, survival rates are increasing year on year, which is great news.'

'GPs will always act in the best interests of the patient in front of us – taking into account their unique circumstances. But we do face considerable pressure not to refer patients to secondary care, so it's unsurprising that some GPs are cautious about making a referral unless they are confident that a patient clearly meets all the necessary criteria.'

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### **The future of NHS commissioning: no map or clear destination.**

The King's Fund has joined the debate on the future of commissioning, asking how the current gap in the policy landscape will be filled. A new article asks how CCGs will be affected as new integrated provider models such as accountable care organisations (ACOs) emerge and STPs and accountable care systems are layered on top of an already complex NHS landscape.

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## **Scotland**

### **First Minister: we will look at Macmillan's calls.**

During First Minister's Questions yesterday, Alex Rowley MSP asked the Scottish Government to use its powers to reverse benefit cuts introduced in Westminster, stating: "we have learned from Macmillan Cancer Support that cuts to employment and support allowance (ESA) are affecting nearly 300 people in Scotland who are living with cancer."

Nicola Sturgeon replied saying that, although ESA is not a devolved benefit, the Government would "look carefully at the case that Macmillan Cancer Support has made today; indeed, as we heard just before First Minister's questions started, the draft budget of the Scottish Government will be published in December, and we will consider the matter in line with the other decisions that we have to consider."

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### **Scotland's cancer waiting times figures published.**

The Scottish Government has released cancer waiting times figures, which show that waiting times in Scotland are worse than 10 years ago.

Across Scotland, 86.9% of patients started treatment within 62 days between April and June this year, missing the Scottish Government target of 95%, and down from 88.1% in the previous quarter. Three NHS boards met the target: Dumfries & Galloway, Lanarkshire and Orkney. Only one of the ten cancer types, successfully met the 95% standard: breast cancer.

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## **Exploring differences in cancer patient experience.**

Scotland's Chief Statistician today released additional analysis on the responses to the Scottish Cancer Patient Experience Survey 2015/16. This secondary analysis examines the relationship between the self-reported experiences of service users and a range of factors.

The report shows that:

- Having an easy to contact Clinical Nurse Specialist (CNS) has a significantly positive relationship with an individual's experience of cancer care.
- There is a significantly positive relationship between knowing you have a care plan and having a positive experience of cancer care.
- A person's experience of cancer care may be more negative if their cancer has remained or spread following treatment.
- The type of tumour a person has will affect their experience of cancer care.

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## **Improving cancer diagnosis and treatment in Scotland.**

A new delivery group will drive forward improvements in waiting times for diagnosis and treatment for cancer patients in Scotland.

Health Secretary Shona Robison will chair the group, which will include clinicians, cancer coalition representatives, and staff from NHS Boards who are leading best practice. £1 million of new funding will support the group's efforts to improve diagnostic performance across the country.

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## **Scottish Government announces £5m to support NHS winter plans.**

The Scottish Health Secretary Shona Robison has announced an additional £5 million to be given to NHS boards to support winter resilience across health and social care. This builds on the £9 million being invested to improve A&E performance, and £50 million support to improve waiting times performance.

Health Secretary Shona Robison said: 'We are working hard to ensure our NHS is as prepared as it can be for the extra demands on services over the winter, which is why we are working closely with health and social care services to ensure they have the right plans in place.'

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## **More support for young carers in Scotland.**

A new Young Carer Grant – worth £300 a year – will be part of a new package of support for young carers, First Minister Nicola Sturgeon announced today on a visit to the Edinburgh Young Carers Project.

The grant will be awarded to young carers aged 16 to 18 who do at least 16 hours of caring a week, but do not qualify for Carer's Allowance. It will help to improve young carers' quality of life, assisting them to take part in employment, social or leisure opportunities.

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## **Wales**

### **Welsh NHS Confederation respond to the Welsh Government's draft budget.**

NHS Leaders in Wales have welcomed the Welsh Government's Draft Budget, which proposes an increase of 0.8% in real terms to the overall health budget.

Responding to the proposals, Vanessa Young, Director of the Welsh NHS Confederation said: 'We recognise that the Welsh Government has to live within the settlement it receives from the UK Government, but we also need to acknowledge that as a nation the UK spends a smaller proportion of its GDP on health care than many other developed countries and for what we spend the value we extract is high.'

Despite the increase in the Draft Budget and the NHS making savings of around £150 million each year, NHS organisations will continue to find it hard to meet patient demand and public expectations in the next two years within the budget proposed.'

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### **Call to explain full extent of GP services in Wales.**

GP leaders in Wales have welcomed a new report by a health watchdog which praises the work of practices.

HIW's (Healthcare Inspectorate Wales) annual report into GP services was positive overall, with practices working hard to provide safe and effective care to patients. During their inspections, patients told HIW they valued the care they received from their GP practices and feedback from patient questionnaires was generally positive. However, the watchdog said health boards and GPs need to do more to help patients understand how other services could help.

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## **Welsh NHS Confederation respond to the Government White Paper on Health and Care in Wales.**

The Welsh NHS Confederation has responded on behalf of its members to the Services Fit for the Future, Quality and Governance in Health and Care in Wales white paper.

Proposals in the white paper include: the strengthening of local health boards so they function as integrated, accountable, population based organisations; new duties of candour and quality; areas where health and social care can act more collaboratively; and more effective inspection, regulation and capture of citizens' voices.

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## **Northern Ireland**

### **Cancer waiting times published.**

The Department of Health has published the latest cancer waiting times statistics for Northern Ireland. The release gives details of the waiting times for patients accessing cancer services at hospitals during April, May and June 2017.

The report shows that in June 2017, 387 patients commenced first treatment for cancer following an urgent referral for suspect cancer. Of these 69.0% (267 patients) started treatment within 62 days, compared with 68.9% (224 out of 325 patients) in April 2017. This compares with 71.9% (277 of the 385 patients) in June 2016.

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