February 2017

WARNING SIGNS

Challenges to delivering the Cancer Strategy for England by 2020

WE ARE MACMILLAN. CANCER SUPPORT

Contents

Foreword

Dr Fran Woodard,
Executive Director of Policy and Impact,
Macmillan Cancer Support

The recommendations of the Independent Cancer Taskforce contained in its July 2015 report, *Achieving world-class cancer outcomes*, are the vision the NHS must now try to deliver by 2020. But how successfully can the Cancer Strategy for England be implemented in the NHS while the latter is under unprecedented pressure?

That is the question this report seeks to explore. Macmillan's insights into the inner workings of the NHS and the practical challenges of redesigning services show that the taskforce's vision will be at risk unless a number of barriers can be overcome.

This insight includes research with local leaders of NHS cancer services (conducted in partnership with the Health Service Journal) as well as our own Macmillan GPs. They agree the vision for cancer is the right one. But what is less certain is whether it can be delivered.

While there is no shortage of ambition at a national level, based on these findings, it is Macmillan's view that the NHS finds itself in the following position:

- **Confidence in delivering the cancer strategy is mixed.** NHS leaders and GPs remain sceptical that meaningful change can be delivered this year across several important areas, including readying the cancer workforce for the future. We are pleased to see a brighter outlook in areas such as supporting people to live well after initial treatment. However, this needs to be informed by a practical understanding of the substantial work required to deliver these improvements.

- **Cancer services are under enormous pressure.** The NHS faces a combination of rising demand for existing services; the need to close the outcomes gap between the UK and the rest of Europe; and the changing needs of the cancer population making new and different services necessary.

This means the NHS is beset by challenges from all sides, both strategic and operational. NHS leaders and GPs paint a picture of cancer services showing the strain.

- **Responsibilities are unclear at a local and regional level.** It is often unclear who is responsible for redesigning cancer services at local or regional level. No single body has overall responsibility for cancer pathways. The creation of Sustainability and Transformation Plans (STPs) has added to that complexity. In addition to the statutory changes made under the 2012 NHS reforms, cancer services are now governed by an additional layer of non-statutory structures and initiatives. There is also a particular problem in decoding mixed signals from the NHS and the government about what they are aiming to do in the prevention and public health spheres.

- **Financial and workforce problems also constrain progress.** These interlinked general pressures on the NHS are already well documented. However, in cancer, demand is rising three times faster than the average for the NHS. A lack of investment in transformation would be a false economy. We were pleased to see NHS England set out funding for the cancer strategy for the next four financial years. We now need to be able to follow this investment to the frontline. On workforce issues, there remains a real risk that the NHS will miss the opportunity to plan strategically for future needs. This includes putting in place essential training and development.

- **The scale of what we expect from the NHS relative to what we put into it has never been higher.** At a time when cancer services are struggling to deliver operational standards – such as timely access to treatment – they are also beset by a number of strategic problems. Chief amongst these is the need for a strategic review of the cancer workforce to ensure it is ready to meet the needs of a changing population. At present it is unclear whether heightening expectations can be achieved with the resources currently available.

- **Navigating this course will require excellent leadership, and not just at a local level.** Cancer Alliances, established in late 2016, need to be equipped to lead implementation of the cancer strategy in their areas. But strong local leadership must be coupled with leadership from national organisations too, particularly Health Education England, the Department of Health and NHS England.

These challenges are not unique to cancer. They speak to the wider challenge of implementing the *Five Year Forward View* – NHS England's transformational vision for the NHS. We believe that difficulties in improving cancer care are likely to be indicative of difficulties in achieving the NHS's broader strategic objectives. However, there are several actions that could be taken to improve the situation:

- Strategic investment to address key 'pinch points' in the system, such as in diagnostics and redesigning follow-up care.
- Most urgently, giving Cancer Alliances the resources and guidance they need to drive improvement and local implementation of the cancer strategy. This would help to create the 'improvement architecture' that is currently lacking for cancer.
- Stronger national leadership to address workforce challenges, and set the NHS on a path towards developing the workforce it will need to support the cancer population of the future.

If the NHS could get it right for cancer – and the estimated 2.4 million people in England who by 2020 will have had a cancer diagnosis at some point in their lives – there would be hope of doing so for other clinical priorities too.

What we did

This report draws upon Macmillan's experiences of working alongside the NHS in England to develop a major new national strategy for cancer. It focuses on the findings of surveys of NHS leaders – conducted in partnership with the Health Service Journal (HSJ) – and Macmillan GPs. These surveys asked respondents for their views on the ability of the NHS to deliver the 2015 Cancer Strategy for England during difficult times.

Our perspective

Macmillan is fortunate to have a unique perspective on the opportunities and challenges facing the health service, and the ways in which its structures either help or hinder improvement:

- Macmillan was a member of the Independent Cancer Taskforce formed in late 2014. We remain involved in work to ensure the cancer strategy becomes a reality. We do this both through our roles in formal governance structures and by working in partnership with NHS England and other national bodies. This involves working on projects such as the development of a quality of life metric.

- Macmillan is recognised for its expertise in service development and system redesign, both nationally and locally. We work with the NHS and local authorities across the UK to change the way cancer care is delivered, supporting the spectrum of service redesign from small tweaks to large-scale whole-system change. Much of this work predates NHS England's vanguard programme, to which we also provide expertise through our local teams.

- We have been monitoring the development of Sustainability and Transformation Plans (STPs) and their implications for cancer services. This work has been carried out by our local teams across the country and via a **commissioning support programme** which we run from our national offices.

- Macmillan provides the secretariat for the All-Party Parliamentary Group on Cancer, which held an inquiry into cancer strategy progress in summer 2016.[1]

Surveys

A year on from the publication of the new national cancer strategy, we conducted three surveys on the state of cancer services today and the impact on people affected by cancer. These surveys also asked how much confidence local NHS leaders and Macmillan GPs had in the NHS's ability to make the strategy a reality:

- In partnership with the Health Service Journal (HSJ), we surveyed 70 local NHS leaders involved in cancer services between 8 June and 18 August 2016. Participants were drawn from both acute provider organisations and clinical commissioning groups, across both management and clinical leadership roles. A summary of the findings was published in the HSJ in September 2016.[2]

- We surveyed 56 Macmillan GPs between 22 July and 11 August 2016. Macmillan GPs are practising GPs who devote an average of a day per week to work with Macmillan and primary healthcare teams to make a recognisable improvement to cancer care across the UK. They are recognised locally as cancer clinical leads. By surveying this group, we were able to gain a frontline perspective on the challenges facing primary care in today's NHS.
- In both surveys, we also asked participants to provide anonymous comments on the opportunities and barriers to implementing the cancer strategy in their area. A number of these comments appear throughout this report.
- Finally, this report also contains some findings from a Macmillan/ YouGov survey of 1,020 people with a previous cancer diagnosis, conducted between 5 and 14 October 2016. This research looked into the effects of waiting for cancer treatment on mental and physical health. The results quoted are based on the 186 respondents in England diagnosed within the last two years.

Mixed confidence in delivering the cancer strategy

The purpose of the cancer strategy was to set out a vision to address the changing story of cancer and the changing demands placed on cancer services.[3]

As part of the Independent Cancer Taskforce, Macmillan, with other national charities, royal colleges and patient representatives, the Department of Health and its 'arms-length bodies', set out plans which included:

- Providing everyone affected by cancer with a tailored recovery package by 2020. This should include a holistic assessment of each person's needs and the creation of a care plan. The GP should carry out a cancer care review within six months of a diagnosis and a summary of their patient's treatment. The package should also include events to help people affected by cancer understand how best to take care of their health and wellbeing. A commitment to this recommendation was made by the Secretary of State for Health.
- Tailoring follow-up care for people with breast cancer, and later colorectal, prostate and other cancers, by introducing 'stratified' pathways of care.
- Routinely measuring quality of life, holding the NHS to account for the outcomes that matter most to people affected by cancer. This also encourages clinicians to talk to patients about the impact of cancer and its treatment on their daily lives.
- Setting up Cancer Alliances. These groups of local cancer service leaders are tasked with implementing the taskforce's report in their area, and providing the capacity to manage improvement programmes.

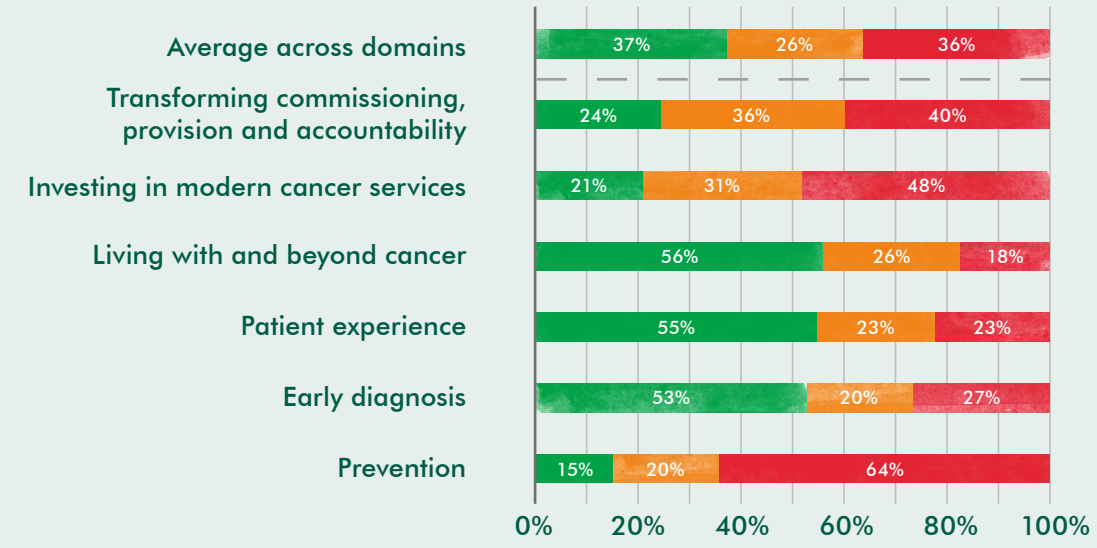
Accepted in full by the government and NHS England, the report now needs to be implemented by the NHS at a local level.

However, our surveys of NHS leaders and Macmillan GPs found a mixed level of confidence in whether progress will be made in 2017.

Nearly two thirds (64%) of respondents said they were not confident that improvements would be made towards more effective prevention of cancer. Around half were also sceptical that they would see investment in the modernisation of cancer services in their area.

'We are seeing some cracks appearing in the system … we will struggle to keep it up at this level.'
Macmillan GP

Figure 1. **Confidence in progress over the next 12 months: local NHS leaders and Macmillan GPs**



Respondents: 125 (combining both surveys.)
Proportions may not add up to 100% due to rounding.

Key

Confident **Don't know** **Not confident**

We believe this may be due to planned real-terms cuts to local authorities' public health budgets, and growing pressure on NHS budgets towards the latter years of this parliament. We also know that a major driver of planning decisions in the Sustainability and Transformation Plan (STP) process is the substantial deficit facing most NHS provider organisations. The vast majority (£1.5 billion) of 2016/17's £1.8 billion Sustainability and Transformation Fund is being spent on plugging holes in budgets rather than upgrading services.

It is more promising that the majority of respondents felt progress would be made in improving early diagnosis. One possible explanation of this higher level of confidence is that a national Diagnostic Capacity Fund was established by NHS England shortly before the survey took place. This also reflects the high level of confidence among the GP participants (66%, compared with 42% among the NHS leaders polled in HSJ's survey), whose exposure to changing referral practices and guidelines may have bolstered their confidence in this area.

Relatively high levels of confidence in improving patient experience and services for people living with and beyond cancer are also welcome. It is not clear why this is the case – we might speculate that commissioners expect these improvements to be cheaper to fund than, for example, replacing radiotherapy equipment. Again, confidence was higher among Macmillan GPs (63% in both areas) than among the HSJ survey respondents (patient experience: 49%; living with and beyond cancer: 51%), who were mostly Clinical Commissioning Group (CCG) and acute trust senior managers and clinical leads.

Cancer services under pressure

The story of cancer is changing. As our society ages and fewer people die of other causes, cancer is becoming increasingly common. Among the generations in the UK born after 1960, one in two people can now expect to be diagnosed with some form of cancer in their lifetime.[4]

But just as the number of people being diagnosed with cancer in England continues to rise each year, so too does the number of people living with and beyond cancer. Survival rates have never been higher. More people are being diagnosed earlier. And even in cases of incurable cancer, people can continue to receive treatment and be supported to live for years after diagnosis.

As a result, the number of people in England who have received a cancer diagnosis at some point in their lives will rise from two million in 2015 to around 2.4 million by 2020, and just over 3.3 million by 2030.

The demands placed on cancer services are changing

These recent improvements in cancer care and survival rates are to be celebrated. A growing cancer population does, however, place the NHS under rising pressure in three key ways:

- Firstly, demand is rising for existing services, making it more difficult to meet existing targets and standards. As the NHS in England has struggled to grapple with increased urgent cancer referrals in recent years, this can be most acutely felt in diagnostic services. At the time of writing, the target to start treatment for 85% of patients within 62 days of an urgent GP referral has been missed in all but four of the past 35 months.[5] And this is despite efforts from bodies such as NHS Improvement, which announced support for struggling trusts in the summer of 2016.

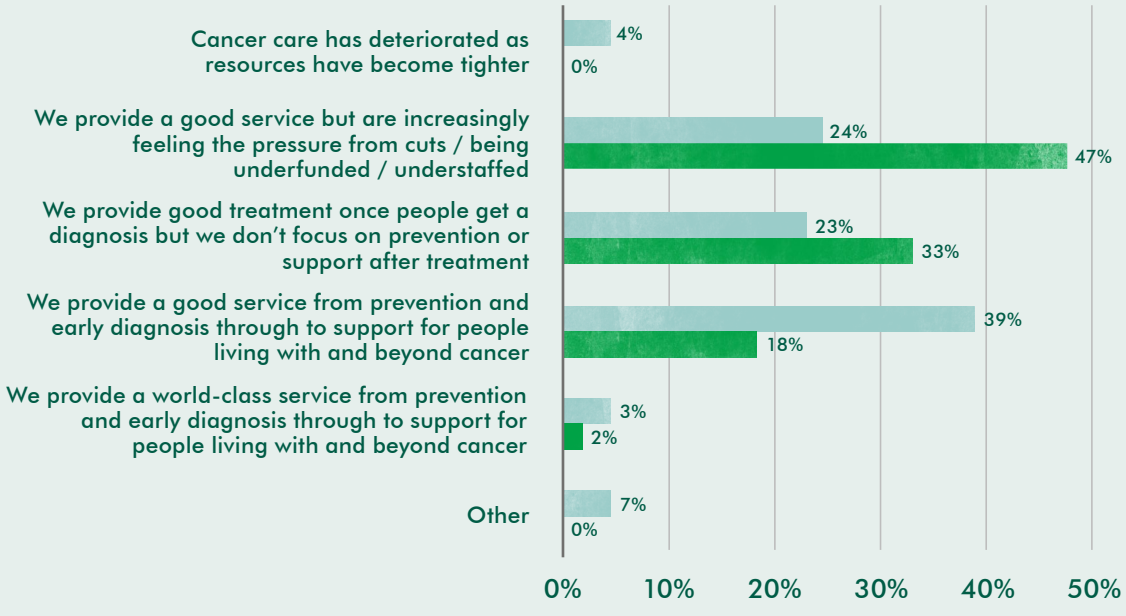
- Secondly, we have much further to go in improving cancer outcomes in this country, with the UK lagging behind the rest of Europe. Survival rates are 'stuck in the 90s', in the sense that they are at or behind a level that many other European countries had already achieved by the late 1990s.[6] People affected by cancer and their families rightly expect the NHS not only to expand access to treatment, but also to modernise.

- Thirdly, surviving cancer does not necessarily mean living well, and many people need ongoing treatment and support long after initial treatment ends. At the moment, a feeling of abandonment after initial treatment is common. Demand, therefore, is not just rising but changing. People affected by cancer need new and different services, not only to bring new technologies to the frontline, but also to support people to live as well as possible after treatment.

Showing the strain

We found that nearly half of Macmillan GPs and a quarter of local NHS leaders believe cancer services in their area are largely good but are increasingly feeling the pressure from cuts, underfunding or understaffing. It is good news that NHS leaders were most likely to say they felt a good service was being provided across the whole cancer pathway. However, Macmillan GPs (who may be closer to frontline services) were around half as likely to give this answer.

Figure 2. **'How would you rate existing cancer care services in your area?'**
Tick the statement that most closely describes services in your area

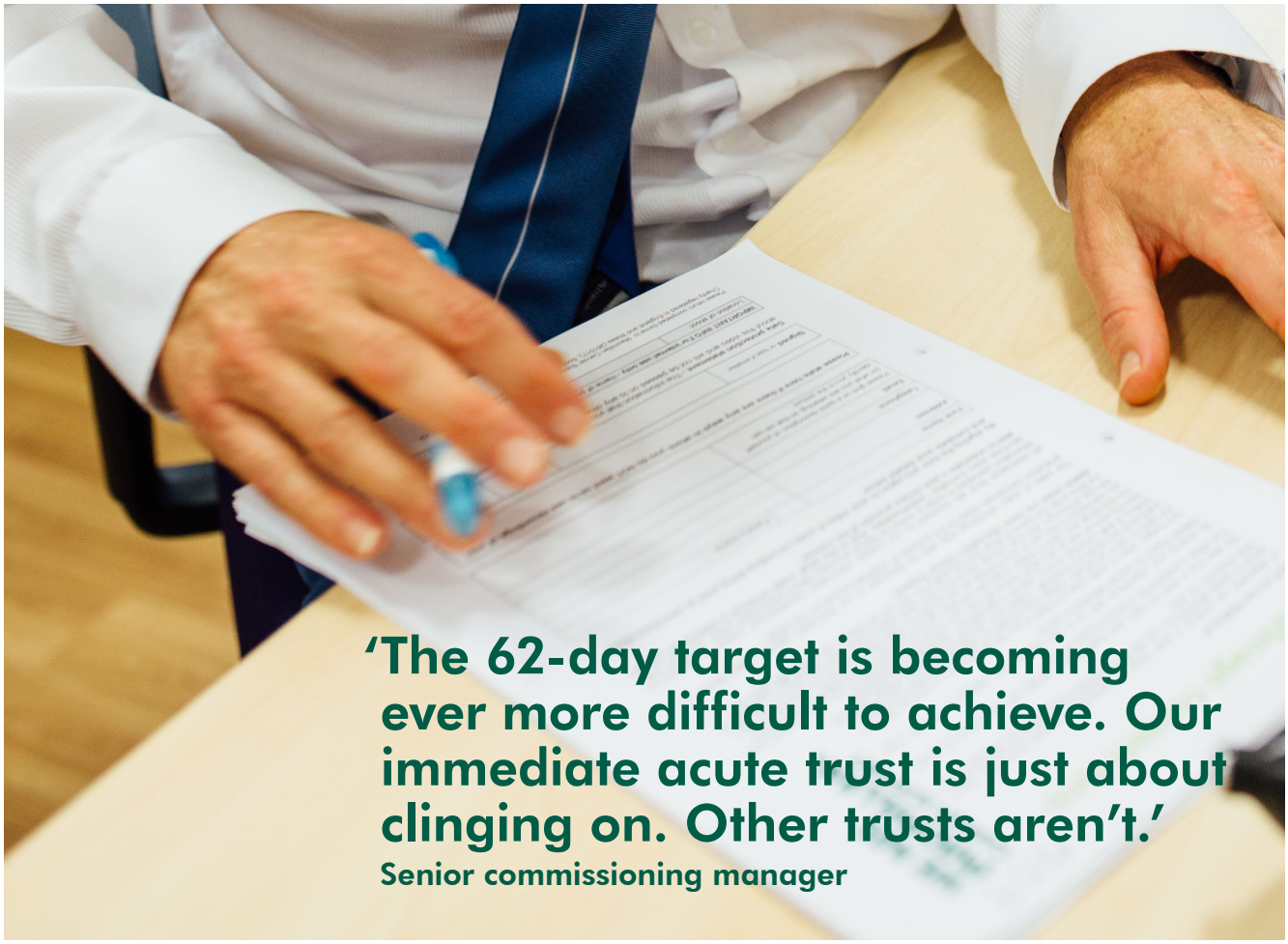


Respondents: Local NHS leaders: 70; Macmillan GPs: 55

Pressure appears to have been most heavily felt in public health and services aimed at the prevention of cancer. As one GP told us, 'Public health has disappeared'. Another said, 'We are getting a reducing amount of support from public health around prevention due to their cuts'. Local NHS leaders noted that complexities in commissioning were also undermining public health efforts. 'Fragmentation of commissioning responsibility has impacted on our approach to prevention,' said one respondent.

There was also a more general sense of strain, with some organisations managing to maintain basic operational standards while a growing number lapsed into missed targets.

'Public health has disappeared.'
Macmillan GP



The impact on people affected by cancer

Local NHS leaders and GPs told us that one effect of this pressure has been to emphasise the short term, and distract from longer-term improvements. As one GP said, this 'compromises the potential for fundamental change and innovation'.

But ongoing missed targets and delays also have a profound impact on the wellbeing of people living with a cancer diagnosis.

In research carried out by YouGov on behalf of Macmillan, we found that nearly two thirds (64%) of people recently diagnosed with cancer in England had reported physical and mental health issues such as anxiety and depression while waiting for their treatment to start.[7] One in eight (13%) people with cancer said their health got worse while they waited for their treatment to start.[8] These findings confirm what we have long known: waiting for treatment can have a huge impact on people's mental and physical wellbeing.

Figure 3. **Of people recently diagnosed with cancer in England...**

The findings of the research also emphasise the urgency of the task at hand. 8% of people reported their existing cancer symptoms getting worse – or said they developed new symptoms – while they waited for treatment, which could equate to almost 25,000 people a year.[9] Just as pressure on the NHS can impede progress towards delivering new strategies, the consequences of this pressure show how important it will be not to lose sight of longer-term change.

Unclear responsibilities, both locally and regionally

Lines of accountability are even more tangled and opaque today than they were following the 2012 NHS reforms. Meanwhile it is not always clear who provides leadership and sets priorities. Contradictions between statements of intent and actions from various parts of the system are common.

These problems are manifested in several ways.

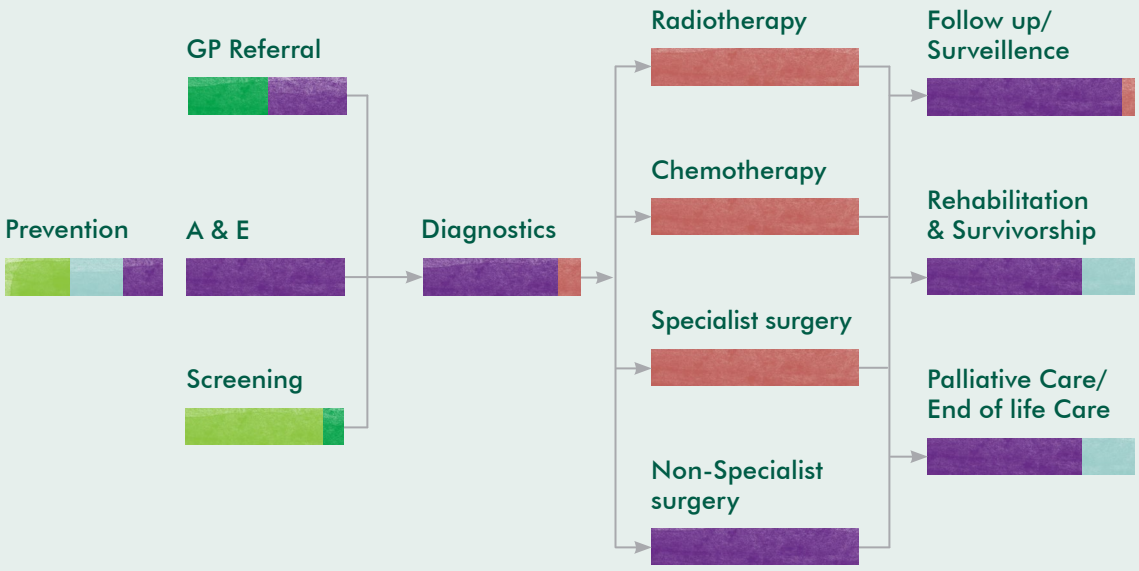
1. Fragmentation of commissioning responsibilities

We wrote in 2014 that cancer care had become fragmented, making it harder to commission joined-up pathways of care for people with cancer.[10]

Efforts have been taken in the past year to introduce more strategic planning over larger geographies, or 'sustainability and transformation footprints'. However, these informal structures are in addition to existing statutory structures.

While decisions might be made collectively, commissioning responsibility still largely rests with the same organisations. This means it can still be difficult to join up care along the pathway (Figure 4, following page).

Figure 4. 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.

2. Difficulty navigating statutory and non-statutory structures and reporting lines

This additional layer of non-statutory structures and initiatives can be difficult to navigate, as it exists in parallel with statutory structures.

Clinical commissioning groups, health and wellbeing boards, academic health science networks, strategic clinical networks, regional teams of NHS England and the various 'arms-length bodies' of the Department of Health are now supplemented by various initiatives. These include STPs, vanguards, the new models of care programme, attempts to create accountable care organisations, and primary care co-commissioning.

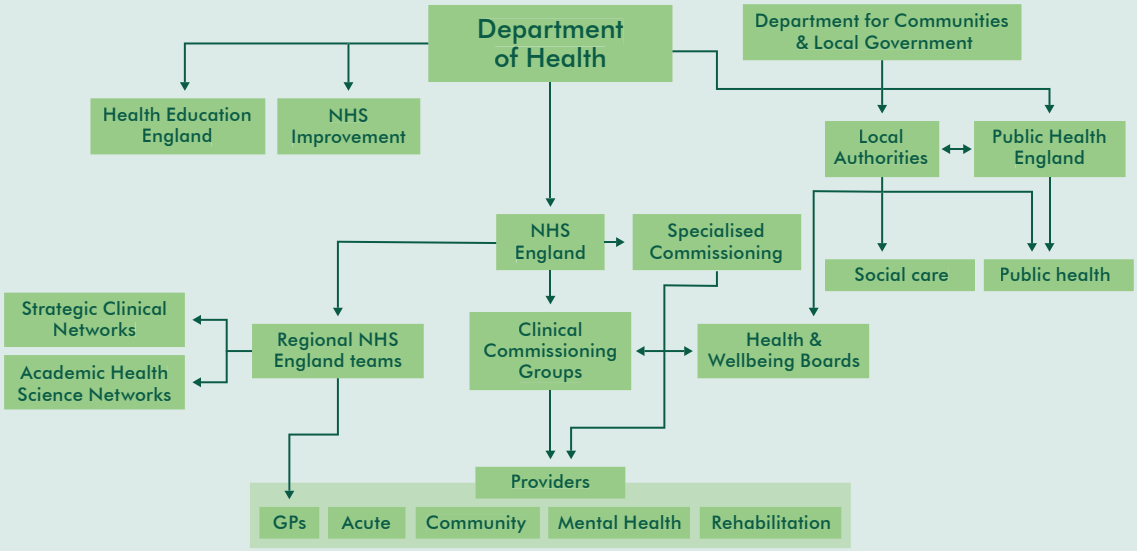
Figure 5 shows the timeline of these new initiatives, while Figure 6 attempts to map the structures relevant to the implementation of the cancer strategy.

Figure 5. **Timeline of new initiatives relevant to delivery of the Cancer Strategy for England**

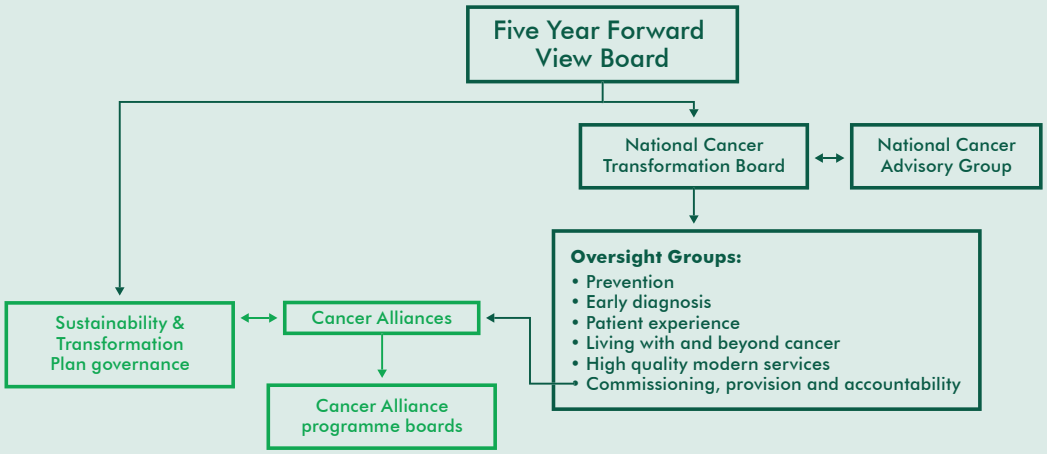
October 2014:	The *Five Year Forward View* introduces the concept of 'new models of care'
July 2015:	The Independent Cancer Taskforce report is published
December 2015:	NHS planning guidance introduces Sustainability and Transformation Plans (STPs)
January 2016:	50 vanguard sites are announced to test five new models of care, including one national cancer vanguard
March 2016:	44 STP geographies and leaders are announced
July 2016:	NHS England publishes its Cancer Strategy Implementation Plan, with a plan to roll out Cancer Alliances
September 2016:	NHS England's two-year planning guidance reaffirms the importance of STPs
October 2016:	16 Cancer Alliance geographies and leads are confirmed
October 2016:	The final draft of STP plans are submitted to NHS England
October 2016:	NHS England publishes *One Year On*, its cancer strategy update report
December 2016:	Transformation funding for cancer is announced
January 2017:	The deadline for Cancer Alliances to apply for funding

Figure 6. **Who's in charge?**
Attempting to map statutory and non-statutory organisations, initiatives and reporting lines affecting the delivery of the Cancer Strategy for England in 2017.

Statutory structures



Non-statutory structures and reporting lines

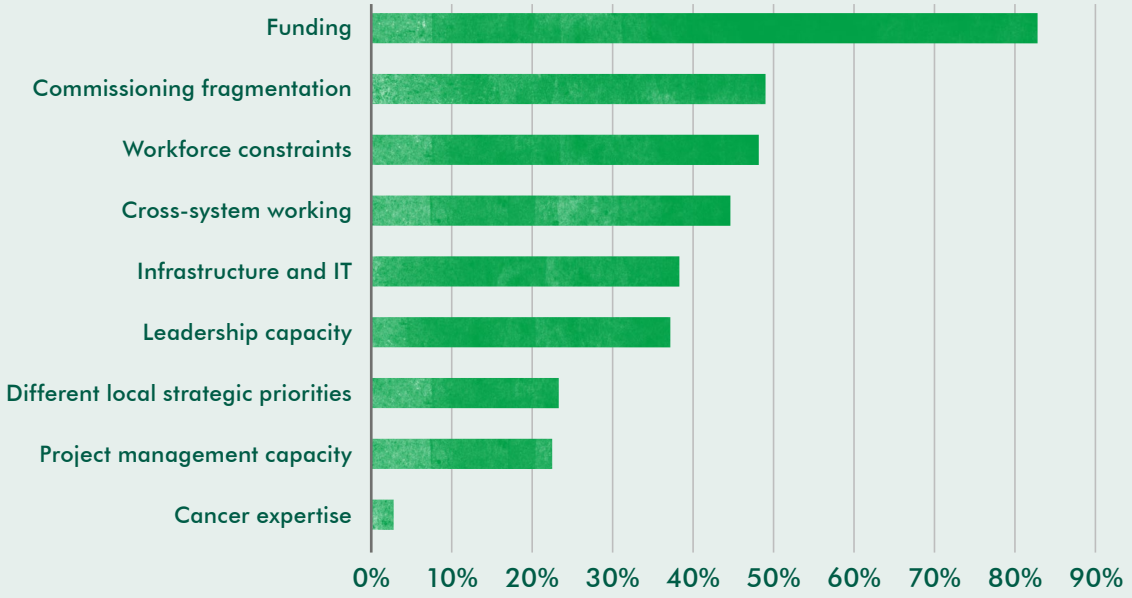


Key

National Regional

As a result, it is not surprising that Macmillan GPs listed commissioning fragmentation and cross-system working among the top barriers to improving cancer services.

Figure 7. **Macmillan GPs: 'What are the potential barriers to improving cancer services in your area?'** (appears in top three concerns)



Based on 56 respondents

3. Mixed messages

There is also a problem at a national level in decoding mixed signals from the different health organisations and the government. The various agendas of NHS Improvement, the Care Quality Commission, NHS England, the Department of Health and Health Education England are not always compatible.

This is seen most visibly in the prevention and workforce spaces. For example, NHS England has said in its *Five Year Forward View* that prevention and public health are a key part of its strategy to reduce demand on the health service. However, the government continues to cut local authority public health budgets in real terms. Meanwhile, Health Education England's budget was reduced following the 2015 Spending Review.

A number of respondents to our surveys said that this lack of clarity, combined with complicated local structures and operational pressure, risked a loss of focus on patients' needs.

4. Mixed priorities

There is a sense among Macmillan GPs that the issues that should be prioritised are not always those at the top of the NHS's to-do list. We asked GPs to compare what *will* take priority in their local areas with what *should*. Concern with meeting targets was ranked lower down in the *should* list, while improving patient experience and prevention were higher.

'CCGs are too busy doing the STP plans and getting distracted, and the acute trusts are too busy attracting more and more work to make more and more money to stay afloat. Where is the patient focus in all of that?'

Macmillan GP

Figure 8. **'In your area, which of the following improvements will take priority for the next 12 months? And which should (in your view) take priority?'***

Will	Should
1 Early diagnosis	**1** Early diagnosis
2 Improving performance against cancer waiting time targets	**2** Improving patient experience
3 Ongoing support and care after initial treatment	**3** Ongoing support and care after initial treatment
4 Improving patient experience	**4** Prevention
5 Screening uptake	**5** End of life care
6 Changes to commissioning / accountability	**6** Screening uptake
7 End of life care	**7** Improving performance against cancer waiting time targets
8 Prevention	**8** Modernising cancer treatment
9 Modernising cancer treatment	**9** Changes to commissioning / accountability

Based on 56 respondents

*Macmillan GP survey only

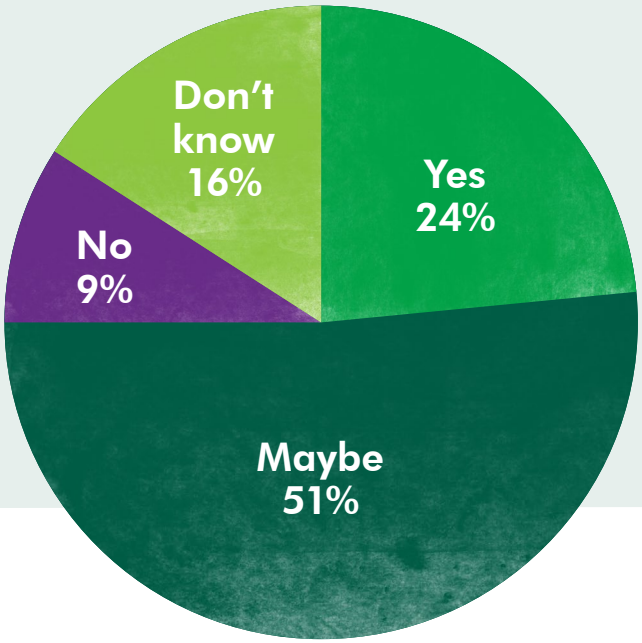
Making the best of it

Despite the confusing state of NHS structures, Macmillan GPs ranked changes to commissioning and accountability lowest in their list of what should take priority. This may be a response to continual upheavals and restructures.

Similarly, we asked respondents to the HSJ survey whether they thought reorganising the way cancer care funding is structured – from tariff-based to population-based funding channelled through networks or providers – would improve cancer care in their area. Just under a quarter (24%) felt that it would, with the remainder of respondents largely unsure. NHS leaders at a local level remain to be convinced that an issue which dominates discussion at healthcare conferences in England is really likely to produce meaningful change. NHS England should bear this in mind, given that it has suggested Cancer Alliances take on responsibility for population budgets.

Figure 9. **Local NHS leaders: Simon Stevens has proposed changing cancer care funding from tariff-based to population-based funding channelled through networks or lead providers.**

'Would this help improve cancer care in your area?'



Based on 68 respondents

Financial and workforce problems constrain progress

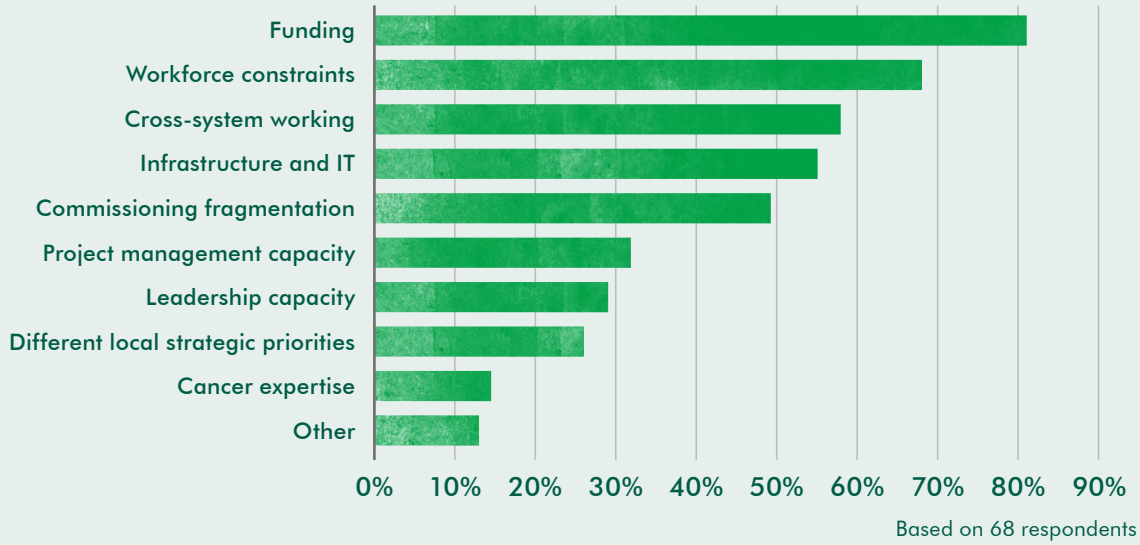
It should come as no surprise that local NHS leaders rank funding and workforce constraints as the top two barriers to improving cancer services.

The 2015 cancer strategy looked at each of these problems in depth:

- On funding, the strategy estimated that significant additional resources would be required to deliver its vision, over and above the funds already assumed to be part of NHS England's planning as part of the *Five Year Forward View*.
- On workforce, the strategy recommended that Health Education England work with the cancer community to deliver a strategic workforce review. This was intended to 'develop a vision for the future shape and skills mix of the workforce required to deliver a modern, holistic patient-centred cancer service'.

More progress has been made on funding than on workforce issues, though both remain a concern.

Figure 10. **Local NHS leaders: 'What are the potential barriers to improving cancer services in your area?'** (select any that apply)



Based on 68 respondents

Funding

We were pleased to see NHS England announce, in its *One Year On* report,[11] a total of £607 million in funding for the cancer programme over the next four financial years.

A bidding process for the first £200 million of this 'transformation' funding – to fund diagnostics, the Recovery Package, and redesigned follow-up care – has just concluded. This is in addition to a two-year £130 million fund to modernise radiotherapy care, and a previously-announced £15 million programme of work to support earlier and faster diagnosis of cancer.

While this is good news, it is essential that we now see this funding make a tangible difference to the frontline care experienced by people affected by cancer. Additional investment must be channelled into the improvement of cancer services, not simply absorbed into plugging NHS deficits.

We also need to understand better the underlying cancer budget.

No up-to-date estimate exists of the total amount spent on cancer care in the NHS – figures beyond 2012/13 are not available. The consultancy Incisive Health estimates that expenditure per newly diagnosed patient had fallen by almost 10% in the preceding three years.[12]

If we are to know whether the additional funding for the cancer strategy will be sufficient to make its vision a reality – at the same time as meeting rising demand for existing services – the underlying budget needs to be set out publicly.

There is also a risk that, even with dedicated funding of the cancer strategy, the wider funding crisis in the health and social care system could jeopardise the strategy's delivery. In January 2017, the Royal College of Surgeons reported that an increasing number of cancer operations were being cancelled at the last minute due to a shortage of post-operative recovery beds.[13] Commentators and think tanks trace this bed shortage back to delayed transfers of care, caused by a lack of social care support to help people return home from hospital. It is clear that cancer services are not immune to the pressure placed on the wider health and social care system.

Workforce

The need for change

Without having the right workforce in place, the NHS will struggle to meet the changing needs and rising demands of the future cancer population.

Over the years, progress towards addressing strategic workforce problems has been slow, and the effects are starting to show. They include:

- gaps in key parts of the workforce, such as in specialist cancer nursing,
- cancer waiting time targets being missed, in large part due to a lack of capacity in the diagnostic workforce, and
- longstanding problems with access to rehabilitation support, poor coordination, and variation in end of life care.

The cancer workforce needs to be equipped to identify and address holistic needs, to tailor follow-up care, and to support people to self-manage.

To achieve this, career paths to and through specialist roles will need to be improved. The mix of skills within a team will need to change, and new roles will need to be created. And the current workforce's skills, confidence and ways of working will need to be enhanced.

Next steps

This new approach to the cancer workforce needs to be owned and driven at national, regional and local levels. A new national strategic vision for the cancer workforce, as recommended in the cancer strategy, is urgently needed. This should set the level of ambition, whilst local organisations and bodies must drive the change needed in each local context.

Deadlines for delivery of the review described in the cancer strategy have been pushed back. In the meantime, there are reports in trade media of NHS providers being challenged to reduce headcounts (the main driver of spending in the health service) as part of the STP process.[14,15]

Doing nothing is no longer an option – without a sustainable cancer workforce, the NHS simply will not be able to deliver high-quality, safe and effective care to everyone living with cancer in the future. It is essential that Health Education England, and the wider accountability structures governing the implementation of the cancer strategy, deliver this work. Otherwise, the likelihood of the NHS being able to deliver the strategy's other recommendations will be put at risk.

Achieving transformation in cancer services will require excellent leadership

In the face of these challenges, we need strong local leadership of transformational changes to cancer services. Cancer Alliances, which were established in late 2016, ought to be part of the solution.

The role of Cancer Alliances

We view Cancer Alliances as a vital enabler for delivering better outcomes for people affected by cancer. The cancer strategy described the purpose of Alliances as follows:

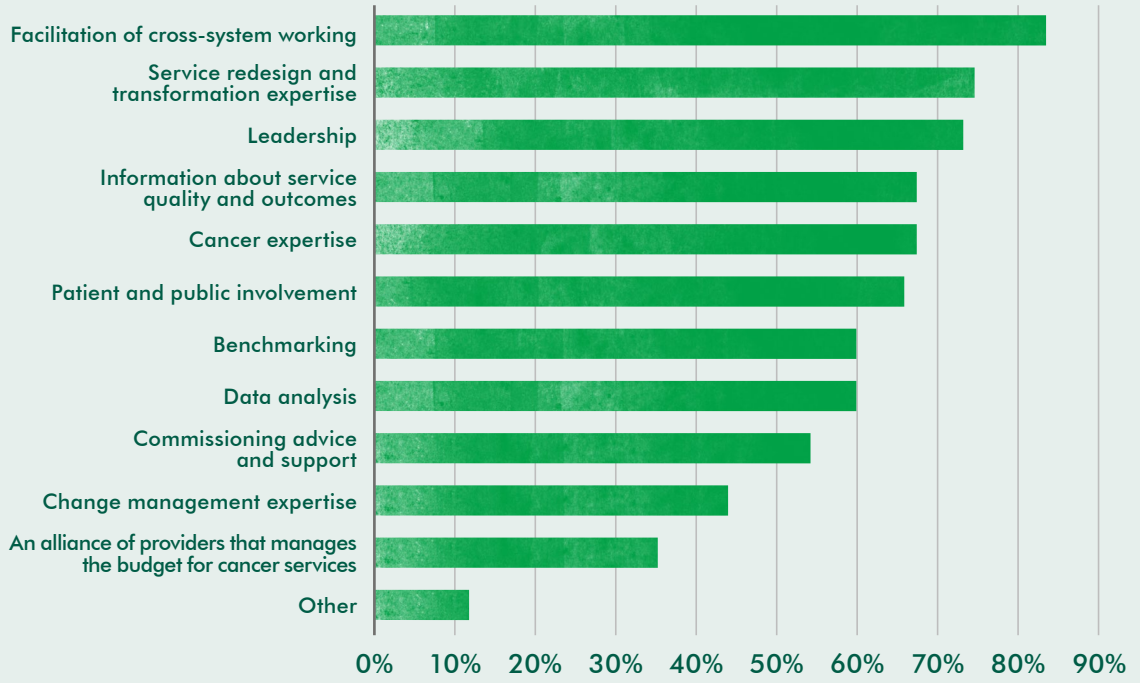
> 'NHS England should set expectations for, and establish, a new model for integrated Cancer Alliances at sub-regional level. They should do this as owners of local metrics and the main vehicles for local service improvement and accountability in cancer. […] Alliances should be properly resourced and should draw together clinical commissioning groups. They should also encourage bi-monthly dialogue with providers to oversee key metrics, address variations and ensure effective integration and optimisation of treatment and care pathways. Cancer Alliances should include local patients, carers, nurses and allied health professionals.'

We have previously set out Macmillan's views of Alliances' core purpose and ways of working.[16] We believe that they should:

- drive the delivery of national strategies and priorities,
- support cost efficiency within local systems,
- add capacity and promote whole-system coordination,
- provide strategic support and leadership,
- facilitate alignment and support local providers, and
- ensure meaningful user involvement takes place.

Respondents to our survey with the HSJ support this view, calling for Alliances to facilitate cross-system working. This would help to address the structural problems we described above.

Figure 11: **Local NHS leaders: 'If a Cancer Alliance existed in your area, what would you like it to provide?'** (select any that apply)



Based on 69 respondents

It remains to be seen whether Cancer Alliances will be set up to succeed. Our experience of implementing large-scale system redesign tells us that they will need:

- dedicated project management capacity,
- the ability to facilitate collaboration across organisational boundaries,
- data analysis capacity, and
- clear authority to lead.

Macmillan's recommendation is that the NHS focuses on the functions Cancer Alliances should perform, rather than the organisational form they take.

As we have seen above, there is a degree of scepticism when it comes to moving toward introducing more complicated funding structures.

As well as implementing some of the more ambitious parts of the cancer strategy, Cancer Alliances should also help fix problems with existing cancer pathways that have led to missed targets and cancelled operations. It is time to rebuild core capabilities, putting back in place some of the infrastructure that was abolished with the introduction of the Health and Social Care Act 2012.

'We've been through a period of losing so much of the cancer infrastructure. I feel the new strategy is kind of putting that back again. Organisations are trying to work together so we're consistent. People are trying their best even though the infrastructure has disappeared.'

Senior commissioning manager

The roles and responsibilities of national organisations

We have described several big, intractable problems with roots that reach beyond cancer. Not all of these are within the scope of Cancer Alliances to fix. For example:

- General pressure on acute and social care services can have a significant impact on cancer pathways.
- The cancer workforce does not work in isolation – any future changes to the cancer workforce need to align with the Department of Health's strategy for the wider NHS workforce.
- Unclear commissioning responsibilities can affect all long-term conditions.
- More generally, the success of the cancer strategy is a test of the NHS's ability to achieve the kinds of transformation described in the *Five Year Forward View*.

For these reasons, national leaders also need to step up.

We need to see national bodies, such as the Department of Health, NHS England and Health Education England, take more responsibility for addressing cross-system problems.

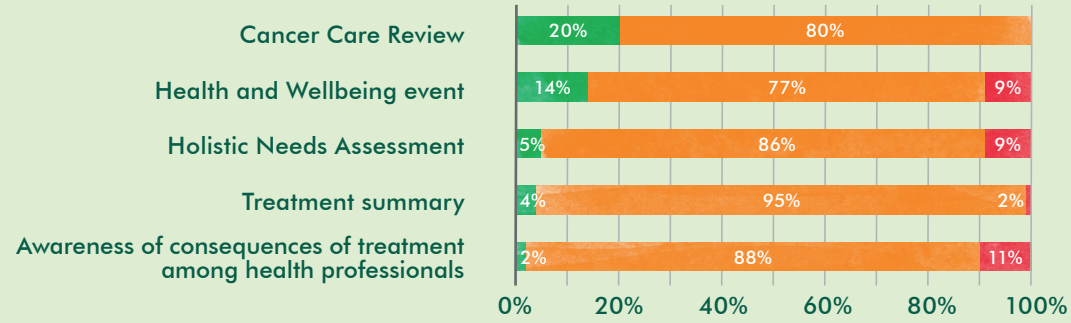
The strategic workforce review described earlier would be a good starting point. System leaders should ensure Cancer Alliances have authority to lead change, and explain how they fit with Sustainability and Transformation Plans.

Simply delegating responsibility to the local level – as is often the case currently – will not result in the change we need.

Case study: Implementing the Recovery Package

The Secretary of State for Health has committed to ensuring everyone affected by cancer receives a tailored Recovery Package by 2020. Our survey of Macmillan GPs reveals the scale of the challenge in rolling this out.

Figure 12. **Macmillan GPs: 'Which of the following elements of the Recovery Package are being implemented in your area?'**



Only one in five Macmillan GPs reported that patients always received a cancer care review – an essential part of the transition from acute to community care. Other parts of the recovery package are being implemented even less frequently.

The scale of this challenge may be in contrast with the level of overall confidence local NHS leaders expressed about improving services in the next 12 months to help people live well after their initial treatment.

Comprehensive roll-out will require:

- national guidelines,
- ring-fenced funding,
- staff with the time and skills to change existing ways of working, and
- improvements to training, technology, and information management between NHS organisations, as well as with community care providers.

This is a whole-system change – and a promise that can only be delivered if local and national leaders take responsibility, and have the resources they need, to drive roll-out.

Conclusion and recommendations

The problems we have identified are long-term and will require a cross-system approach. In many cases, they are not just applicable to cancer but are a window into the struggles facing the wider NHS. However, if the NHS could get it right for cancer, there would be hope of doing so for other clinical priorities.

This report has focused on describing the challenges and opportunities the NHS faces in delivering the cancer strategy's recommendations. We cannot recommend how best to fix all of the NHS's problems, but there are a few things NHS England, the Department of Health and Health Education England can do now:

1. **Invest strategically to address key 'pinch points' in the system,** such as in diagnostics and redesigning follow-up care.

2. **Most urgently, ensure Cancer Alliances have the remit, resources and guidance they need to drive improvement and local implementation of the cancer strategy.** These should act as the 'improvement architecture' that is currently lacking for cancer.

    i. Money needs to be ring-fenced to ensure cancer strategy delivery. The funding allocations set out by NHS England in late 2016 are welcome. We must now see this reach the frontline. The Department of Health should also publish the total amount of spending on cancer services in order for the cancer community to understand whether the NHS has the resources it needs to achieve world-class cancer outcomes.

    ii. NHS England should clarify the fit between Cancer Alliances and Sustainability and Transformation Footprints, giving Cancer Alliances authority and clarity to meet the expectations being placed on them.

3 **Carry out a strategic cancer workforce review.** More than 18 months after the publication of the cancer strategy, we need to see national bodies, such as the Department of Health, NHS England and Health Education England, take more responsibility for addressing cross-system problems. This review should set out how the NHS can deliver a sustainable cancer workforce. It should also look at ways the workforce is equipped to identify and address holistic needs, to tailor follow-up care, and to support people to self-manage.

Macmillan will also continue to work with colleagues in the NHS, the Department of Health, Health Education England and with other charities to make the cancer strategy a reality.

References

[1] Findings and recommendations are summarised in the APPGC's report: 'Progress into implementation of the England Cancer Strategy: One year on', September 2016. http://www.macmillan.org.uk/documents/appgc/appgc-inquiry-report-september-2016.pdf

[2] Alison Moore, 'Cancer Strategy: how to make the vision a reality', Health Service Journal, 30 September 2016. https://www.hsj.co.uk/hsj-knowledge/cancer-strategy-how-to-make-the-vision-a-reality/7010926.article

[3] Independent Cancer Taskforce, July 2015. Accessed November 2016. https://www.cancerresearchuk.org/sites/default/files/achieving_world-class_cancer_outcomes_-_a_strategy_for_england_2015-2020.pdf

[4] Cancer Research UK. Accessed November 2016. http://www.cancerresearchuk.org/health-professional/cancer-statistics/risk/lifetime-risk

[5] NHS England. Cancer Waiting Times – National Time Series October 2009 – November 2016 (Provider based). Available from: https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/ (Accessed 12 January 2017)

[6] Comparison of five-year age-standardised net survival for patients diagnosed in 2005-09 compared to 1995-99. For further details see here: http://www.macmillan.org.uk/Documents/AboutUs/Newsroom/10yearsbehind.doc

[7] Macmillan Cancer Support/YouGov survey of 1,020 adults in the UK with a previous cancer diagnosis. Fieldwork was undertaken between 5 and 14 October 2016. The survey was carried out online. The figures have been weighted and are representative of the living with cancer population. Results quoted are based on the 186 respondents in England diagnosed within the last two years. Respondents were asked to tick all of the following that they experienced while they were waiting for treatment to start:
- Anxiety
- Fear
- Depression
- The symptoms of my cancer got worse
- The symptoms of another health condition got worse
- I developed new symptoms related to my cancer
- None of the above
- Prefer not to say

64% refers to the proportion who ticked at least one of the first three options.

[8] As reference 7; 13% refers to the proportion who ticked at least one of the following:
- The symptoms of my cancer got worse
- The symptoms of another health condition got worse
- I developed new symptoms related to my cancer

[9] As reference 7; 8% of respondents ticked 'the symptoms of my cancer got worse' and/or 'I developed new symptoms related to my cancer'. This was applied to the total number of people diagnosed with cancer in England each year (296,863) to create an estimate of 23,700 people, which we have expressed as 'almost 25,000'. Source: Office for National Statistics. Cancer registration statistics, England: 2014. Available from: www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/cancerregistrationstatisticsengland/2014 (Accessed January 2017)

[10] Macmillan Cancer Support, *Lost in Transition: A Review of Cancer Commissioning*, September 2014. http://www.macmillan.org.uk/documents/getinvolved/campaigns/nhs/cancercommissioningreview-sept2014.pdf

[11] NHS England, *Achieving world-class cancer outcomes: One Year On: 2015–16, November 2016*. https://www.england.nhs.uk/wp-content/uploads/2016/10/cancer-one-year-on.pdf

[12] Incisive Health and Cancer Research UK, *Delivering world-leading cancer services: An analysis of the funding context for cancer services in England*, July 2015. Accessed November 2016. http://www.cancerresearchuk.org/sites/default/files/delivering_world-leading_cancer_services_-_part_1_-_june_2015_final_0.pdf

[13] Denis Campbell, Sarah Marsh and Toby Helm. 'NHS in crisis as cancer operations cancelled due to lack of beds', The Observer, 15 January 2017. Accessed January 2017. https://www.theguardian.com/society/2017/jan/14/health-service-in-crisis-cancer-ops-cancelled-nhs

[14] Crispin Dowler, 'Regulators push for headcount cuts in last ditch drive to curb deficits', Health Service Journal, 15 January 2016. Accessed November 2016. https://www.hsj.co.uk/topics/finance-and-efficiency/regulators-push-for-headcount-cuts-in-last-ditch-drive-to-curb-deficits/7001668.article

[15] Dave West, 'STPs forecast NHS will employ thousands fewer staff', Health Service Journal, 16 January 2017. Accessed January 2017. https://www.hsj.co.uk/topics/workforce/exclusive-stps-forecast-nhs-will-employ-thousands-fewer-staff/7014751.article

[16] Macmillan Cancer Support, Cancer Alliances: a crucial first step, December 2015. http://www.macmillan.org.uk/documents/campaigns/canceralliancesreport.pdf

When you have cancer, you don't just worry about what will happen to your body, you worry about what will happen to your life. At Macmillan, we know how a cancer diagnosis can affect everything and we're here to support you through. From help with money worries and advice about work, to someone who'll listen if you just want to talk, we'll be there. We'll help you make the choices you need to take back control, so you can start to feel like yourself again.

No one should face cancer alone. For support, information or if you just want to chat, call us free on **0808 808 00 00** (Monday to Friday, 9am–8pm) or visit **macmillan.org.uk**

WE ARE MACMILLAN. CANCER SUPPORT