

**CANCER
ALLIANCES:
A CRUCIAL
FIRST STEP**

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Executive summary

Cancer Alliances are a priority for Macmillan. We view Alliances as a vital enabler for delivering better outcomes for people affected by cancer.

This paper is intended to stimulate discussion and progress thinking on the function Alliances should have, and where they will add the most value. Specifically, this paper explores how appropriately resourced and properly developed Cancer Alliances 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
- ensure meaningful user involvement takes place.

Cancer Alliances will enable a number of outcomes. Alliances will deliver Achieving world-class cancer outcomes: a strategy for England 2015-2020 (the Cancer Strategy), and the Five Year Forward View. They will support vanguards and the new models of care and ensure equity across areas, as well as integrating across boundaries of care and acting as the 'glue' in local systems. Introducing alliances will be fundamental to the ability of local systems to respond to the increasingly complex needs of the growing number of people affected by cancer. It will also be important for catalysing the transformational and transitional change we need over the coming years.

The need to develop and implement Alliances is urgent. Missed targets for cancer waiting times and poor patient experience are symptoms of a system under strain. We also continue to see variations in service quality and access, and need to respond to the challenge of limited resources available to the health and social care sectors as a whole.

This paper asserts the need for Alliances to develop flexibly, with a focus on function not form. Some areas will require large-scale changes to develop the functions we should expect of Alliances, however others will not. Some regions, for example London and Manchester, have well-established networks and effective infrastructure. This paper sets out the need to build on and learn from high-performing regions rather than dismantle them.

To progress the Alliances' development and move us closer to better patient outcomes, Macmillan is calling on NHS England, with support from arm's-length bodies and local systems, to:

- commit to the full implementation of alliances in April 2016
- develop and commit to a detailed implementation plan, including plans for how to engage with local areas and enable locally led co-design
- ensure Cancer Alliances are fully funded.

1. Introduction

In July 2015, an independent cancer taskforce published *Achieving world-class cancer outcomes: a strategy for England 2015-2020 (the Cancer Strategy)*. A set of 96 recommendations to the health system, the report proposes a strategy to radically improve the outcomes the NHS delivers for people affected by cancer.

This paper focuses on recommendation 78¹:

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. We advise that Cancer Alliances should be co-terminus with the boundaries of Academic Health Science Networks (AHSN), although in some large AHSN geographies there may be a need for two alliances.

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.

Cancer Alliances will be an essential part of delivering the other 95 recommendations and filling the current void in cancer-specific expertise in many parts of the system.

The changing story of cancer

By 2020, 2.5 million people will be living with a cancer diagnosis in England², and more than 300,000 people will receive a cancer diagnosis each year³.

Not only does this represent a challenge in terms of the numbers of people affected by cancer, but many of these people will have more than one condition. These people are also likely to have more complex needs while those who live longer after cancer may not necessarily be living well. We need systems that are able to plan services around these needs, creating links between primary and secondary care, across specialties and across health, public health and social care. We also need a greater focus on the role of local authorities, with a more holistic approach to the wider determinants of health such as housing.

While we have seen dramatic improvements in new treatment options and technology, outcomes still lag behind the best in Europe. Furthermore, patients continually report unmet needs in relation to their holistic needs and experiences of care – this affects patients and services in the long term.

2. Current state

Poor performance

A number of key cancer targets are being consistently missed in England. The 62-day waiting target was missed for the whole of 2014/15, and we are still seeing poor performance in areas of patient experience such as care planning. We know that people's holistic needs also often go unmet⁴, and that care pathways are often not joined up.

Local systems are not able to meet current targets and ambitions, let alone drive the improvements set out by the Cancer Strategy. We need Alliances as the local mechanisms to address this challenge.

Fragmentation and duplication

Cancer commissioning is fragmented. With responsibilities spread across NHS England, Clinical Commissioning Groups and local authorities, no one organisation has oversight of or accountability for the whole cancer pathway.

There is also duplication in function and roles between Strategic Clinical Networks, Academic Health Science Networks, the Trust Development Authority and, on occasion, the Care Quality Commission. There is a lack

of clarity around roles, variations in effectiveness and function from place to place, and variations in capacity between organisations.

At the moment, many parts of the country don't have the capacity to collect and analyse data, meaningfully engage patients, clinicians and providers, or support commissioners with complex cancer issues. These are all essential functions, most impactful when carried out by a single organisation.

Existing and developing programme areas

The current landscape is full of innovative approaches to commissioning and service delivery – for example the vanguards, new models of care, and population-based commissioning. The complexity of this constantly evolving landscape presents commissioners, providers and NHS England centrally with real challenges. Local capacity is needed to coordinate and support the design, implementation, and oversight of pilots and new programmes in local health economies. That way, we can ensure best practice is shared, duplication is avoided, and programmes and projects are aligned.

3. Learning from Cancer Networks and Strategic Clinical Networks

To inform the development of Cancer Alliances we must learn from Cancer Networks and Strategic Clinical Networks. While a new type of body is required to address new challenges, it will be important to learn lessons from these organisations.

Cancer Networks

The 2012 Health and Social Care Act saw Cancer Networks disbanded. Macmillan still feels the following functions carried out by Cancer Networks were essential to enabling high-quality, joined up cancer services and should inform the development of Cancer Alliances:

Driving forward local strategy

Cancer Networks were equipped with the local knowledge, relationships and cancer expertise to support the implementation of national strategy at a local level.

Driving service redesign and integration

Cancer Networks provided a whole-pathway perspective – working across boundaries to implement best practice and integrated services.

Vital source of expertise on cancer

This included an awareness of local population needs gained through collecting and analysing data, awareness of gaps in service provision particularly in relation to inequalities, and meaningful user engagement.

Monitoring performance and supporting providers

Commissioners reported the value of Cancer Networks in local quality assurance and monitoring standards.

We can learn from what Cancer Networks did well, however it is equally important to note the ways in which networks were limited and challenged.

Variation

Cancer Networks had a high level of variation in their effectiveness and function. Some were very proactive and highly effective but in other cases it was unclear what the role and value of Cancer Networks was.

Accountability

Related to issues of variation, there was a lack of clear accountability and demonstration of impact.

Authority

A lack of authority was a major challenge for many Cancer Networks and must be a major consideration for Alliances.

Resources

Cancer Networks were expensive – a major challenge given the large variation between them and their lack of accountability.

Strategic Clinical Networks for cancer

The 12 Strategic Clinical Networks established following the 2012 reforms have also had varied levels of effectiveness. Cancer Alliances should have a much clearer and more substantive role in local health economies than these networks. However, Alliances should also address the following areas which affected Strategic Clinical Networks' efficacy:

Resources

Even the most effective of Strategic Clinical networks have been undermined and extremely limited in delivery due to a lack of resources.

Focus and remit

Since the introduction of Strategic Clinical Networks there has been a lack of clarity around the specific role they should have. This lack of clarity has meant a lack of accountability and huge variation in their effectiveness and function.

Authority

The most effective Cancer Networks and Strategic Clinical Networks gained some authority through their clinical credibility. Alliances will need to build local relationships and effective partnerships to achieve this, and be supported centrally to give them the right amount of authority.

4. What can Cancer Alliances offer?

Implementation of national priorities and strategies

The first step to achieving the outcomes and ambitions set by the Cancer Strategy must be to create Alliances as the local mechanisms for delivering national strategies and priorities as a whole. The capacity, expertise and focus Alliances should bring to local systems will underpin the national ambition of improving services and outcomes for people affected by cancer by 2020.

The central ambition of the Cancer Strategy, which has been endorsed by the Secretary of State for Health, is to transform our approach to supporting people living with and beyond cancer. This is an example of where an alliance could be an enabler. A Cancer Alliance will need to stratify pathways and roll out the Recovery Package, as well as oversee the delivery of holistic and outcomes-focused services. Its capacity and leadership will be required locally to convene stakeholders across the system and support thinking at a system level rather than in current silos. It will also share and spread best practice, engage patients and support implementation.

Support cost-efficiency

Alliances should be able to make the most of existing resources. They will be able to do this by focusing on what works – creating a forum for a range of local actors to share best practice. They will also achieve this using their own expertise and experience to help local health economies make the most of what they've got. Alliances will provide commissioners with vital expertise and advice for planning big investments and recurrent spending, for example in the investment of diagnostic equipment. They should also enable local areas to make the most of what they've got where this capacity doesn't already exist.

Cancer Alliances can also:

- reduce duplication of functions
- support the work of national statutory organisations such as the Care Quality Commission at a local level
- coordinate decision making, planning, and assurance
- create oversight of the entirety of cancer within a local area where it doesn't otherwise exist.

Crucially, Alliances can also have a multiplier effect – providing a focal point to attract expertise, resources, and capacity from the charity and private sectors, and statutory bodies.

Organisations from these sectors can provide specialist support and expertise, as well as financial investment, to local health economies via Cancer Alliances. Macmillan sees effective alliances as a key means to investing funds and resources in local areas. Every pound invested in Cancer Alliances will be an investment in a local organisation able to access further resources.

Capacity and whole-system coordination

Effective Cancer Alliances should be able to provide a health economy wide view of capacity and performance, gathering and using data and insight to shape service redesign and quality improvement.

Acting independently but working closely with regulatory bodies and existing local architecture, Alliances should harness the patient voice to drive and support quality improvement. The challenges of the current state and changing cancer story, including missed targets and poor performance, require capacity to bring local stakeholders together to drive

improvement. Patient experience is an example of where Alliances could add this capacity. They could:

- monitor performance
- work with providers and patients to identify issues
- support the development of an improvement plan
- share best practice
- develop integrated patient pathways in partnership with clinicians
- challenge commissioners to incentivise improvement and hold providers to account.

Strategic support and leadership

Alliances will have the most impact if they provide local leadership for cancer and strategic support to local health economies. This may include a formal role in shaping big strategic decisions and investments using clinical expertise and experience, but shouldn't encroach on formal commissioning responsibilities. While it is important to address the gap in local cancer specific leadership, Alliances mustn't lose their ability to act locally as honest brokers.

As explored in the development of the Cancer Strategy, strong clinical leadership is an essential component for improving outcomes and should be at the heart of Alliances. To deliver outcomes-based commissioning across

populations, or create innovative ways of setting financial incentives, a single-sector leader able to set a clear focus and vision will be essential. They will also need to work across organisational boundaries.

Facilitation and support for local provider landscapes

Alliances should be able to facilitate joint working and alignment between providers, and help coordinate the delivery of integrated services across local areas. They should improve efficiency and effectiveness across health economies by supporting providers to work better not only with commissioners and patients but also other providers. Transition points within and across boundaries of care are often the most problematic and affect patient outcomes the most. Effective Alliances should have the focus and capacity to address issues such as this – supporting the provision of holistic care that is organised around people rather than organisations.

Involving people affected by cancer

To deliver the outcomes that matter most, the NHS needs to involve people affected by cancer in designing local service delivery. User involvement drives improvement, holds organisations to account, and ensures services are based on local need.

An alliance should engage with networks of patients and third sector partners to prioritise locally, gather insight, and assure quality. Patients need to be at the heart of local cancer systems, and Cancer Alliances offer a vehicle for ensuring this happens across the country.

5. Development and implementation of Cancer Alliances

The development of Cancer Alliances needs to reflect the varying levels of maturity in different local health economies' infrastructure. To create an Alliance some places may require large-scale change, others small adaptations. What will be essential is locally led co-design. This allows all relevant local and national stakeholders to input into the form their Alliance will take rather than imposing a single organisational form.

During the Cancer Strategy's development, an independent cancer taskforce workshop – supported by Macmillan – discussed a number of possible models for organising local cancer infrastructure. Set out below, these extend beyond alliances and are examples of models local areas could use to develop an Alliance, or an Alliance could align with and support.

Demonstrative list of potential models Cancer Alliances could support or adopt

Single organisation with oversight of the whole pathway

This model would see a single body with the ability to support and oversee the design, commissioning, and delivery of whole person and high-quality

cancer services. They would act as a local leader and the hub for user engagement, facilitating coordinated working across a health economy.

Lead provider

A lead provider creates alignment of priorities and accountability for whole pathways. Many of an Alliance's functions could be carried out by a lead provider, although an Alliance could also supplement the role of the provider.

Population-based commissioning

A lead commissioner is made accountable for the whole cancer pathway, aligning incentives and activity based on population outcomes. The commissioner will collaborate across the whole health and social care system to design and assure services are appropriate for local populations. The resource of an Alliance would be essential to this.

Distributed clinical leadership

There should be a formal approach to the role of clinicians as local leaders. This would empower clinicians to drive transformational change, set priorities and work with local stakeholders to improve service quality. Distributed clinical leadership could be a major theme within Alliances.

6. What needs to happen next?

The health and social care community needs to address the challenge of a fragmented commissioning landscape, changing story of cancer and ongoing underperformance. Furthermore, there is a need to respond to the emergence of new strategies, local landscapes and national priorities. To do this, Macmillan is calling on the NHS, with support from arm's-length bodies, to:

- commit to full implementation of Alliances in April 2016
- develop and commit to a detailed implementation plan up to April 2016
- ensure Cancer Alliances are fully funded.

By April 2016, we want to see a clear definition of the function of Cancer Alliances, and proposals for how local areas will implement them. We also expect clarity on how Alliances will be held to account and funded, and what level of authority they will have. Macmillan has the expertise and resources to support every stage of this process, and we hope to play a prominent role in developing and implementing Alliances.

References

- ¹ Independent Cancer Taskforce. Achieving world-class cancer outcomes: a strategy for England 2015-2020. (the Cancer Strategy).
- ² Macmillan Cancer Support 2015 estimate based on Maddams J, et al. Projections of cancer prevalence in the United Kingdom, 2010-2040. *Br J Cancer*. 2012. 107: 1195–1202.
- ³ Mistry M, et al. Cancer incidence in the United Kingdom: projections to the year 2030. *Br J Cancer*, 2011. 105: 1795–1803.
- ⁴ Macmillan Cancer Support. Hidden at Home. www.macmillan.org.uk/Documents/GetInvolved/Campaigns/Carers/hidden-at-home.pdf (accessed 1 October 2015).

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**

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