

NHS

National Cancer Action Team
Part of the National Cancer Programme


The Priorities for Cancer Services

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Director

What are we aiming for?

“Our aspiration is that England should achieve cancer outcomes which are comparable with the best in the world”

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Outline of Presentation

Addressing Priorities within the context of:

- NHS Reforms
- Financial challenge
- The Information Revolution
- NHS Outcomes Framework

Health Service Reforms

- Parliament: The Bill
- NHS Commissioning Board
- Public Health England
- CCGs
- Networks and Senates
- The “Improvement Body”

Financial Challenge

The need to achieve efficiency savings of up to £20 billion, to be reinvested in services to provide high-quality care.

NAO commented on a lack of understanding of what drives costs in cancer care, particularly in radiotherapy, chemotherapy and the location of care.

There is a need:

- for better information on the cost of services
- to identify areas for investment
- to identify areas for disinvestment

The Information Revolution and Cancer (1)

- We are giving high priority to
 - Measuring outcomes
 - Measuring processes linked to outcomes
 - Making information widely available
- Cancer Registry Modernisation Programme
 - A single system (Encore) across England by end 2012
 - This will improve both timeliness of registration and completeness of case ascertainment
 - Accurate/comparable staging to be available on at least 70% of cancer patients (over 90% of cases for those cancers deemed “stageable”)

The Information Revolution and Cancer (2)

- Improved data collection
 - e.g. Cancer outcomes and services dataset
 - chemotherapy dataset
- New analyses
 - e.g. Emergency presentations; survivorship; costs; mental health and cancer
- Improved outputs
 - e.g. PCT profiles; GP practice profiles; service profiles (breast, colorectal, RT)

NHS Outcomes Framework

5 Domains:

1. Reducing mortality and improving survival
2. Improving quality of life
3. Enhancing recovery
4. Improving patients' experience of care
5. Improving safety

Save Lives (1)

1. **The Incidence is rising:** - 265,000 new cases p.a. now; 300,000 by 2030.
2. **Cancer services and outcomes (survival and mortality) have improved** over the past 10–15 years. Much of the improvement has been in the hospital sector (MDTs etc).
3. Despite this, **survival for many cancers remains poor** in comparison with other developed countries.
 - 5000 lives a year could be saved if we matched the European average.
 - 10,000 lives a year could be saved if we achieved the level of the best.
4. **Late diagnosis** is the major factor underlying the poor survival rates in this country.

Save Lives (2)

5. This is not simply a matter of patients living a few extra months. It can often be the difference between early death and long term survival/cure.
6. Initiatives to promote early diagnosis are likely to be highly cost effective.
7. Particular attention should be given to:
 - Reducing emergency presentations (around 25% of all cancers) as these have very poor survival
 - The elderly – who often present late
 - Ensuring that providers record staging and report this to their cancer registry

Reducing mortality and improving survival (1)

NAEDI

- Awareness campaigns
- Supporting GPs on earlier diagnosis
- Improving access to diagnostics
- Endoscopy, endoscopy, endoscopy
- Focus on emergency presentations

Reducing mortality and improving survival (2)

- National lung campaign - May and June
- Top-up of national bowel campaign – September
- National work to support primary care/diagnostics, etc
- Regional campaigns - January to March 2013:
 - Blood in urine
 - Either breast cancer in over 70s or oesophagogastric
 - Trial a regional campaign without TV?

Reducing mortality and improving survival (3)

Proposed Local Activities

- GP leadership and engagement
- Additional resources for each Network to support national and regional campaigns
- New "sites" for bids:
 - ovarian
 - constellation of symptoms
- Increase stretch of national and regional campaigns, e.g. to run local activity after the bursts of TV advertising have finished
- New approaches to raising awareness on any of the tumour sites that have already been covered

Improving quality of life (1)

We want to see improvements in the outcomes which are particularly relevant for people living with and beyond cancer, such as:

- reducing ill health associated with cancer treatment;
- reducing risks of recurrent cancer;
- reducing the proportion of people who report unmet physical or psychological support needs following cancer treatment;
- increasing the proportion of cancer survivors of working age who are able to work who are in work;

Improving quality of life (2)

Ongoing work

- Treatment summaries and care plans (tailored/risk stratified)
- Health and well being clinics
- Rehabilitation and exercise programmes
- Support for self management
- Alternatives to routine follow up (e.g. Remote monitoring for patients in clinical remission)
- Late effects services
- New models for active and advanced disease
- Costing studies

Enhancing recovery

- Ensuring that all cancer patients receive the appropriate treatment, delivered to a high standard, is critical to improving cancer outcomes
- Promote the uptake of the latest surgical techniques, ensuring that the existing surgical workforce receives appropriate training to do this e.g. Laparoscopic colorectal surgery
- Improve intervention rates for older people who could benefit, ensuring that age alone is never a barrier to the most appropriate treatment
- Enhanced Recovery Programmes – spreading good practice
- Increased day/overnight breast surgery
- Reducing unnecessary admissions (emergency and elective) and reducing length of stay have the greatest potential to improve quality and productivity

2010 Cancer Patients' Experience Survey

Cancer Type	Patient	SUPPORTIVE CARE		HOSPITAL STAY		POSTCAST - PRIOR		POSTCAST - POSTER		POINTS OF DELIVERY		USERS OF DELIVERED		USERS OF DELIVERED		USERS OF DELIVERED	
		SCORE	PERCENTAGE	SCORE	PERCENTAGE	SCORE	PERCENTAGE	SCORE	PERCENTAGE	SCORE	PERCENTAGE	SCORE	PERCENTAGE	SCORE	PERCENTAGE	SCORE	PERCENTAGE
All	Mean score	78.7	78.7	78.7	78.7	78.7	78.7	78.7	78.7	78.7	78.7	78.7	78.7	78.7	78.7	78.7	78.7
	Standard deviation	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0
Breast	Mean score	78.7	78.7	78.7	78.7	78.7	78.7	78.7	78.7	78.7	78.7	78.7	78.7	78.7	78.7	78.7	78.7
	Standard deviation	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0
Colorectal	Mean score	78.7	78.7	78.7	78.7	78.7	78.7	78.7	78.7	78.7	78.7	78.7	78.7	78.7	78.7	78.7	78.7
	Standard deviation	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0
Lung	Mean score	78.7	78.7	78.7	78.7	78.7	78.7	78.7	78.7	78.7	78.7	78.7	78.7	78.7	78.7	78.7	78.7
	Standard deviation	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0
Prostate	Mean score	78.7	78.7	78.7	78.7	78.7	78.7	78.7	78.7	78.7	78.7	78.7	78.7	78.7	78.7	78.7	78.7
	Standard deviation	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0

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Improving patients' experience of care

- Multiple actions are needed at MDT level to address deficiencies identified by the Cancer Patient Experience Survey
 - Information prescriptions
 - Communication skills training
 - Better MDT working (MDT-FIT)
 - Important role of clinical nurse specialists
- Need to turn "Red" teams "Green"
 - This has implications for all cancer types (and beyond cancer)

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Improving safety

- Measuring safety (e.g. 30 day mortality after surgery, radiotherapy, chemotherapy)
- Ensuring safety e.g. Chemotherapy
 - Elective chemotherapy (NRAG report)
 - Acute oncology services
- Peer review
 - e.g. Acting on immediate risks and serious concerns

Summary

- We are making steady progress on cancer generally
- However we still have a long way to go
- We have to retain a focus on the key priorities to ensure that we continue to make progress despite all the uncertainties and the financial constraints