



National Cancer Action Team
Part of the National Cancer Programme

National Cancer Update

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Cancer Update: An Overview

- **The new NHS landscape**
- **Progress on cancer**

The new landscape

- The Health and Social Care Act
- New Ministerial Team
 - Jeremy Hunt
 - Earl Howe
 - Anna Soubry
 - Norman Lamb
 - Dan Poulter

Organisations in the new NHS

- Department of Health (much smaller)
- Public Health England (PHE)
- NHS Commissioning Board
 - National support centre
 - 4 Regions
 - 27 Local Area Teams (LATs)
- new Improvement Body (nIB)
- CCGs (212?)
- Commissioning support services
- Local Authorities
 - Health and Wellbeing Boards (HWBs)
- Senates and networks (12 hubs)

Public Health England

- Duncan Selbie appointed as Chief Executive
- Key Directorates
 - Knowledge and Intelligence (including NCIN)
 - Health Improvement and population health (including cancer screening and campaigns/comms)
 - Health protection

(plus Ops, Strategy, Programmes, Corporate Services etc)

New Improvement Body

- Will bring together several legacy organisations
 - NHS Institute
 - NHS Improvement
 - National Cancer Action Team
 - End of Life Care Programme
 - NHS Diabetes and Kidney
 - National Technology Adoption Centre
- Work programme will be based around priorities identified by the 5 Domain Directors
- Julian Hartley appointed as Interim Managing Director

Senates and Networks

- Clinical Senates and Strategic Clinical Networks (SCNs) will be supported by the NHS Commissioning Board (£42m pa)
- SCNs will cover
 - Cancer
 - Cardiovascular
 - Mental health, dementia and neurological conditions
 - Maternity and children
- 12 hubs, mapping onto the same territories as those covered by Local Education and Training Boards (LETBs) and Academic Health Science Networks (AHSNs)
- Denise McLellan has been asked to lead implementation of SCNs

The Outcomes Frameworks

Three Outcomes Frameworks

- Public Health Outcomes Framework
- Social Care Outcomes Framework
- NHS Outcomes Framework

Public Health Outcomes Framework

Domains

1. Improving wider determinants of health
2. Health Improvement
3. Health Protection
4. Healthcare Public Health and preventing premature mortality

NHS Outcomes Framework

Five domains

1. Preventing people from dying prematurely
2. Enhancing quality of life for people with long term conditions
3. Helping people to recover from episodes of ill health or following injury
4. Ensuring that people have a positive experience of care
5. Treating and caring for people in a safe environment and protecting them from avoidable harm

Focus on Outcomes

- What would you want if you had a serious illness?
Probably
- To have your life saved if at all possible (Domain 1)
- To have as good a quality of life as possible if you do have a long term condition (Domain 2)
- To recover from acute episodes of illness (e.g. surgery etc) as quickly as possible (Domain 3)
- To be treated with dignity, respect, compassion and to be given the information and support you need (Domain 4)
- To be treated safely, within minimum risk of VTE, infection etc (Domain 5)

Reducing premature mortality

- Cancer mortality is a key indicator in both the PHOF and the NHS OF
- Earlier diagnosis is a key priority in both outcomes frameworks
- Proportion diagnosed at stage 1 and 2 (PHOF)
- One year survival rates (NHS OF)
- A level of ambition for cancer was set in 'Improving Outcomes: a strategy for cancer'
- Halving the gap between England and the best
- 'Saving 5000 lives pa'

Screening

- Breast screening
 - Results of independent Marmot Review now published
 - 76% of units now in randomisation trial
- Cervical screening
 - HPV triage well underway, test of cure to follow
 - HPV as primary screening pilots to start shortly
- Bowel screening
 - 71% of screening centres age extended to 75
 - 6 flexi-sig pilots to begin March 2013 with Wave 1 of roll-out October 2013. 60% coverage by March 2015

NAEDI: Be Clear on Cancer campaigns

The approach

- A key part of NAEDI's role is to create a sustainable NHS campaign to raise public awareness of cancer symptoms and prompt earlier presentation to primary care
- Be Clear on Cancer campaigns so far have been tumour site specific, symptom based campaigns, prioritised by the potential number of lives saved
- In 2013 we will be testing a “constellation of symptoms” campaign which is not site specific, and so would cover a number of the rarer cancers

NAEDI: Be Clear on Cancer campaigns

- Many of the campaigns target over 55s from lower socio-economic groups, who currently have particularly low awareness of cancer symptoms but are high risk (although the target audience differs for some campaigns, eg breast and ovarian)
- The Doctor has been at the heart of the campaigns. Real doctors are used in campaign materials and the messages reinforce that your GP wants to see you if you have the symptoms
- NAEDI is testing different mixes of interventions to identify the most cost effective, long lasting solutions. These include some or all of the following; broadcast media including TV, radio and press advertising, events, PR and community engagement

Be Clear on Cancer: campaigns to date

If you've had blood in your poo or looser poo for 3 weeks, your doctor wants to know.

BE CLEAR ON CANCER

Has someone you know stopped noticing their cough?

BE CLEAR ON CANCER

If you notice blood in your pee, even if it's 'just the once', tell your doctor.

BE CLEAR ON CANCER

Difficulty swallowing?

If food is sticking when you swallow, tell your doctor.

BE CLEAR ON CANCER

1 in 3 women who get breast cancer are over 70, so don't assume you're past it.

BE CLEAR ON CANCER

NAEDI: Be Clear on Cancer campaigns

Lessons learned

- Be Clear on Cancer campaigns are improving the public's awareness of cancer and cancer symptoms, also prompting more people to act and see their GP
- They are strongly supported by the public and professionals
- These campaigns lead to increases in activity in secondary care, activity in primary care is manageable
- Too early to know if these campaigns are leading to better outcomes for the majority of patients
- Need to sustain cancer awareness campaigns and other initiatives in the longer term to bring about the desired behaviour change more widely and achieve better outcomes in cancer

NAEDI: Treatment

- Best practice referral pathways for GPs published – designed to support GPs with direct referral to specific diagnostic tests for assessment of particular symptoms where cancer may be suspected but urgent GP referral (2ww) is not applicable
- Cancer decision support tools
- Endoscopy - develop models to increase capacity in a sustainable way

Radiotherapy

- Cancer Radiotherapy Innovation Fund - £15 million - to speed up the use of IMRT across the NHS by April 2013
- Radiotherapy experts will work with Cancer Research UK and the relevant professional bodies to help designated radiotherapy centres to adopt IMRT by providing support and training and helping them to bid for funding that can be used to deliver the services safely and at the right levels.
- From April 2013, aim is guaranteed access to innovative radiotherapy where clinically appropriate, safe and cost effective. For the first time cancer patients will be considered for the most appropriate radiotherapy treatment regardless of where they live. E.g. all patients with brain tumours who needed stereotactic radiosurgery will have equal access to this treatment.

Domain 2: Quality of Life

National Cancer Survivorship Initiative : A new report is currently in development

- “Taking Action to Improve Outcomes”
- This will build on the NCSI vision (2010)
- Incorporates new evidence from research, NHS Improvement and Macmillan pilots etc
- Aim is to publish by end 2012

NCSI : Taking Action to Improve Outcomes

Five Key elements

- Support through primary treatment from point of diagnosis
- Promoting recovery
- Sustaining recovery
- Reducing the burden of consequences of treatment
- Support patients with active and advanced disease

Five key challenges

- A culture shift is still needed
- Further testing is needed for some proposals
- Costing, costing, costing (influence commissioners)
- Metrics for survivorship
- IT for remote surveillance

Domain 3: Recovery from episodes of ill health

- Laparoscopic Surgery - Nationally 40% of colorectal resections are now undertaken laparoscopically - Central funding for Lapco programme will end in March 2013
- Enhanced Recovery - Good progress on adoption of ER as standard practice. Extending to new elective operations and also emergency operations. Formal endorsement of Royal Colleges to principles of ER. New guidance available on spreading ER beyond initial four specialities and also a leaflet for patients on improving their recovery

Domain 4 : Improving Patients' Experience of Care

Cancer Patient Experience Survey

- 2011/12 reports published August 2012
- 160 Trusts, 71,793 patients – 68% response rate
- Scores improved on most questions since 2010, particularly around information and communication:
 - Told could get free prescriptions – 68% 2010, 73% 2011/12
 - Given written information about operation – 68% 2010, 73% 2011/12

Cancer Patient Experience Survey

- New questions in 2011/12:
 - 88% rated care *excellent or very good* (range 94% to 64%)
 - Taking part in research discussed with 33% of patients
 - However, only 24% reported having a care plan, and 56% were asked what name they prefer to be called
- Survey being repeated for 2012/13 – inpatients and day cases between September and November 2012. Reports summer 2013
- NHS CB responsible for patient surveys from April 2013

Peer Review Programme

- The NCPR Report for 2011/2012 is now available on the CQuINS website
- There were 1245 MDT assessed of which 70% achieved greater than 75% compliance.
- There remains a few teams (19) - which had less than 50% compliance many of which also had immediate risks or serious concerns raised about their service.
- The NCPR programme now reviews 1841 Clinical teams/services
- Measures for Cancer of Unknown Primary have now been published and revised Haematology will be published shortly.

Summary

- **Transition** : many parts of the NHS are changing, with consequent uncertainties for staff at many levels
- **Financial austerity** : The £20bn challenge continues
- We have achieved a huge amount on cancer, but we also have a huge amount still to do
- Thanks to staff at national and network levels for all that has been accomplished and for their continuing professionalism