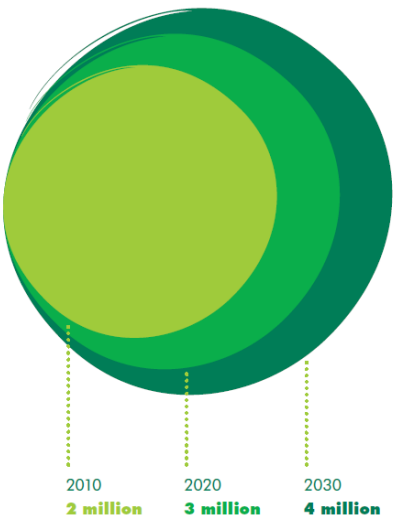
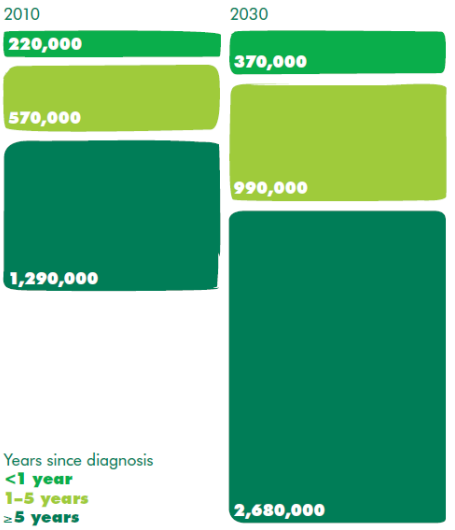
How evidence influences policy

Ciarán Devane
Chief Executive

WE ARE MACMILLAN. CANCER SUPPORT

The number of people living with cancer is set to double by 2030





Source: Maddams J, Utley M, Møller H. Projections of cancer prevalence in the United Kingdom, 2010-2040. Br J Cancer 2012; 107: 1195-1202.

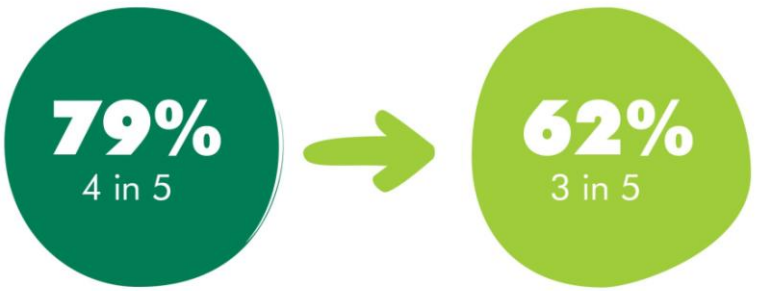
INCIDENCE

32%
1 in 3

→

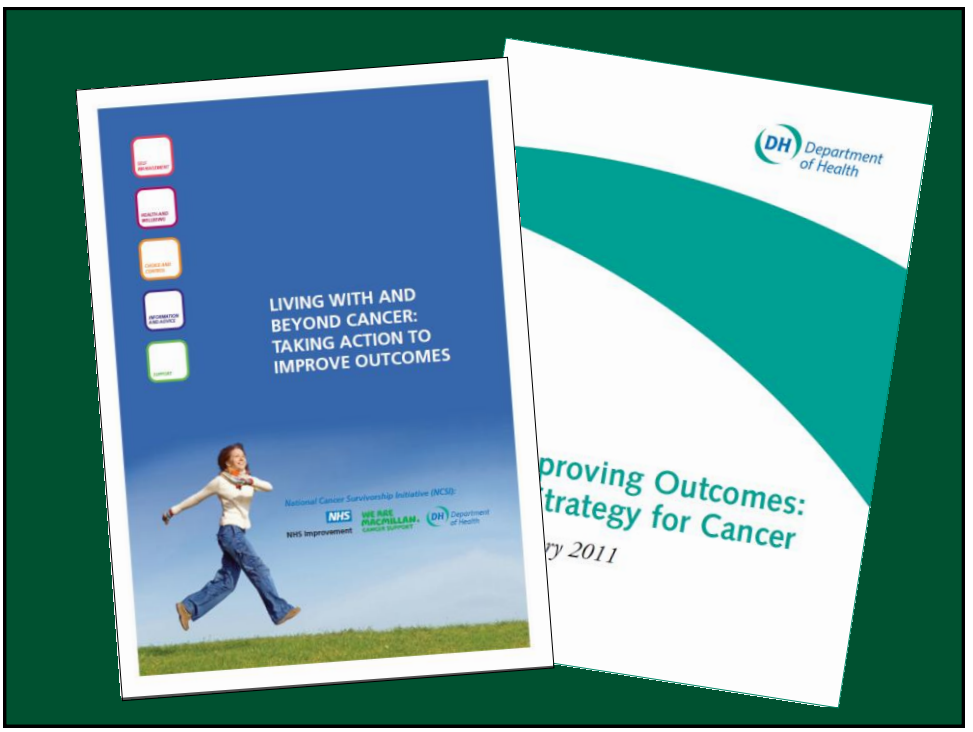
47%
1 in 2

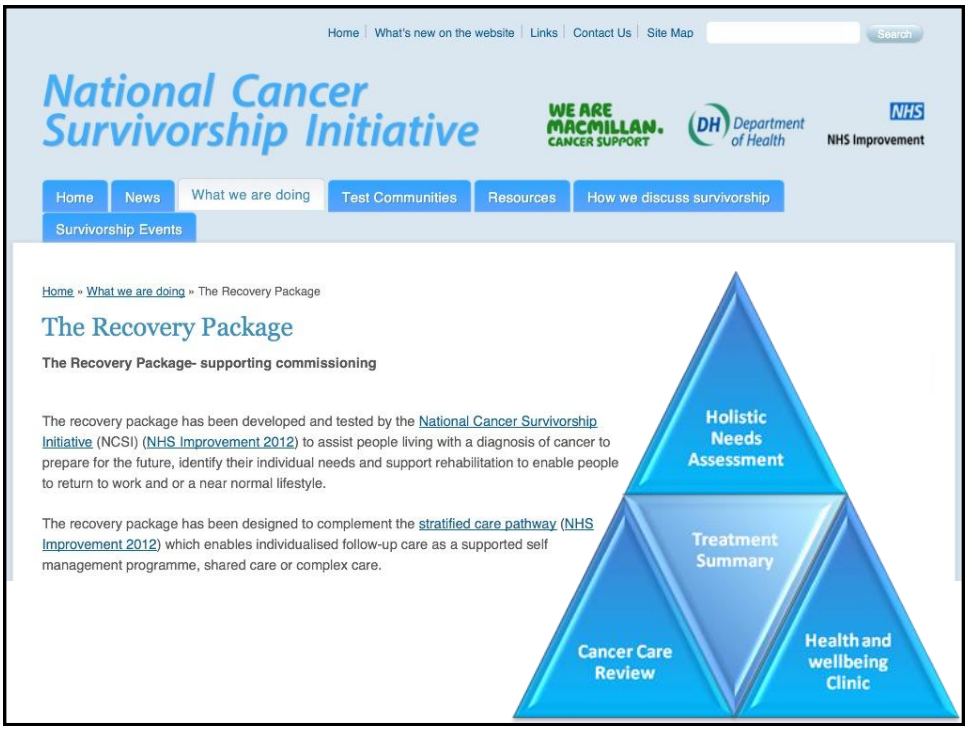
MORTALITY



SURVIVAL

I was diagnosed early	I understand, so I make good decisions	I get the treatment and care which are best for my cancer, and my life
Those around me are well supported	I am treated with dignity and respect	I know what I can do to help myself and who else can help me
I can enjoy life	I feel part of a community and I'm inspired to give something back	I want to die well

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National Cancer Survivorship Initiative
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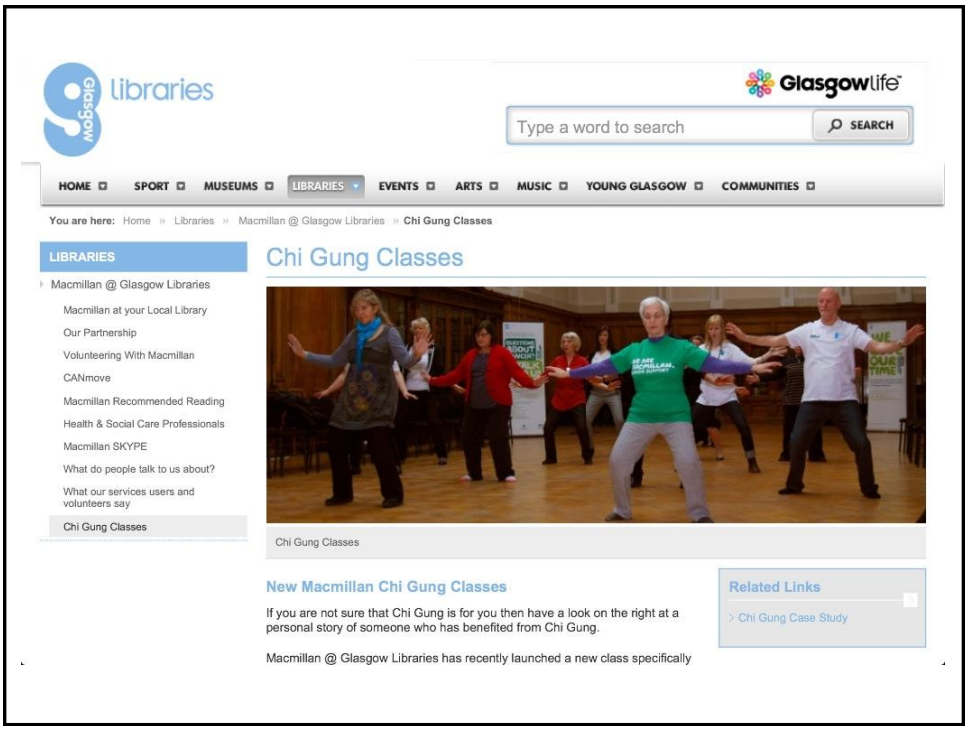
Survivorship Events
Home » What we are doing » The Recovery Package
The Recovery Package
The Recovery Package- supporting commissioning
The recovery package has been developed and tested by the National Cancer Survivorship Initiative (NCSI) (NHS Improvement 2012) to assist people living with a diagnosis of cancer to prepare for the future, identify their individual needs and support rehabilitation to enable people to return to work and or a near normal lifestyle.
The recovery package has been designed to complement the stratified care pathway (NHS Improvement 2012) which enables individualised follow-up care as a supported self management programme, shared care or complex care.
Holistic Needs Assessment
Treatment Summary
Cancer Care Review
Health and wellbeing Clinic

NHS
Cancer Patient Experience Survey 2011/12
National Report
DH Department of Health
WE ARE MACMILLAN. CANCER SUPPORT
CANCER'S HIDDEN PRICE TAG
Revealing the costs behind the illness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What our services users and volunteers say
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Chi Gung Classes
Chi Gung Classes
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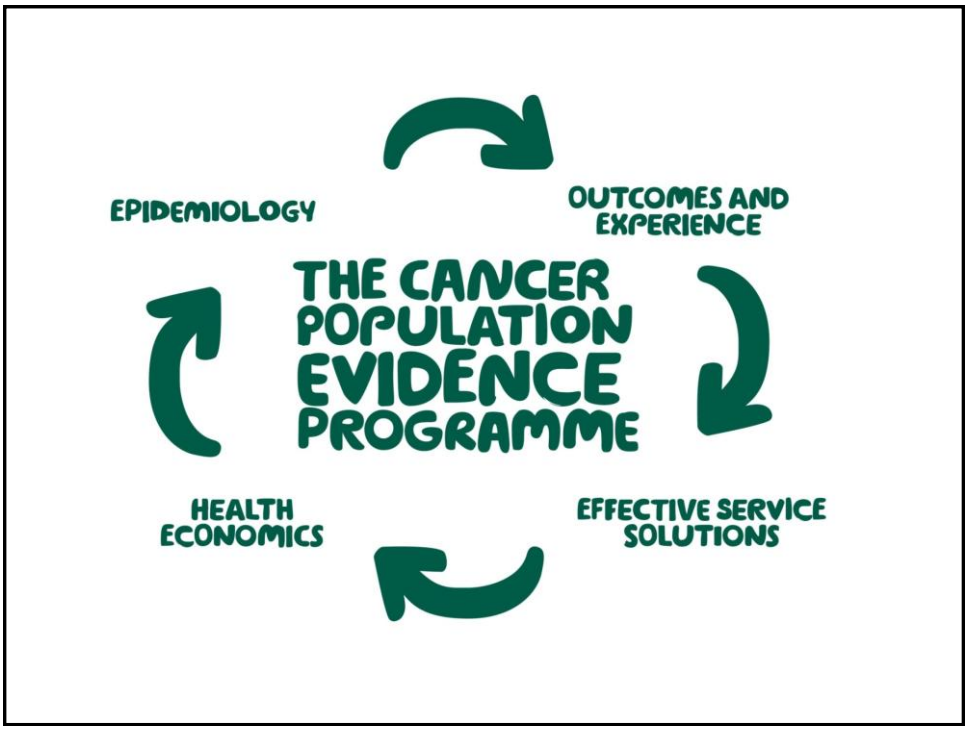
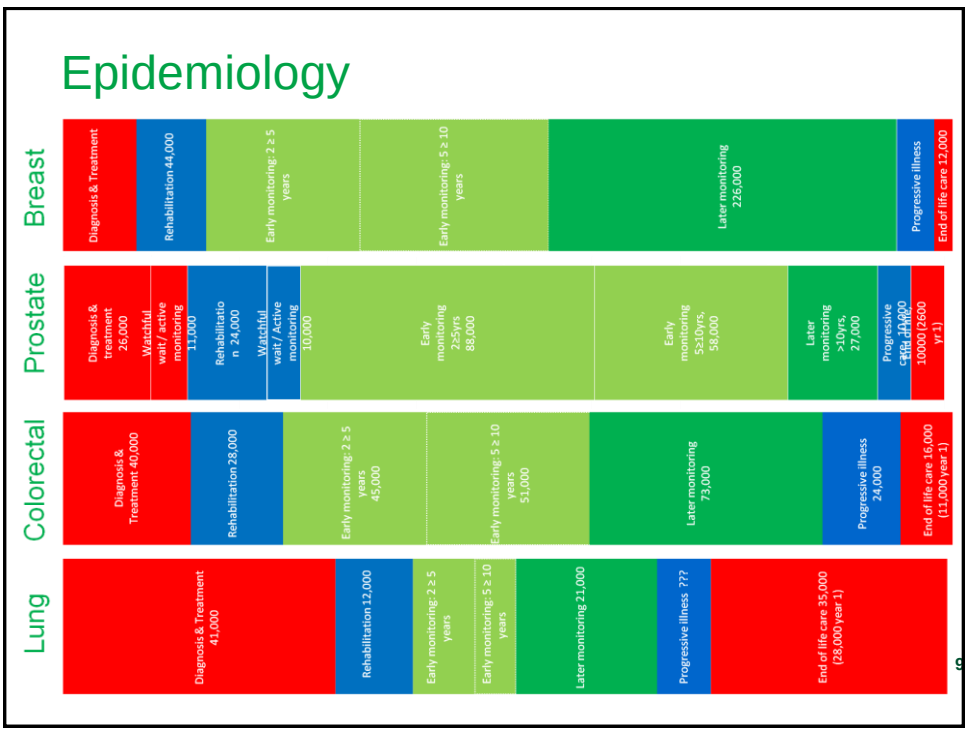
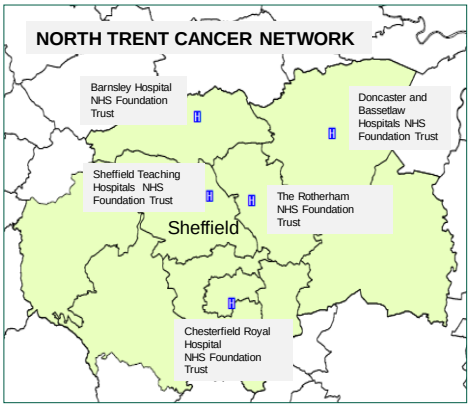
Scottish Cancer Taskforce
The Scottish Cancer Taskforce (SCT) oversees the actions outlined within Better Cancer Care, An Action Plan. Progress made in delivering the commitments set out in Better Cancer Care was published in Better Cancer Care Progress Report 2010.
The progress report also identified a number of areas where further work was needed. These areas are set out in the Scottish Cancer Taskforce's workplan and are reported against at each SCT meeting.
The Taskforce is chaired by Dr Aileen Keel, Deputy Chief Medical Officer, Scottish Government and includes representatives from Cancer Area Networks, NHS Chief Executives' Group, NHS Directors of Nursing Group, NHS Information Services Division and from the voluntary sector.
Minutes from SCT meetings
Once approved by the Group, SCT minutes are made available online. Minutes from earlier meetings are available on request. Please note that there is a delay in publishing action notes, since notes taken from a meeting must be formally agreed by the group at the subsequent meeting before they become a public document.

2 MILLION

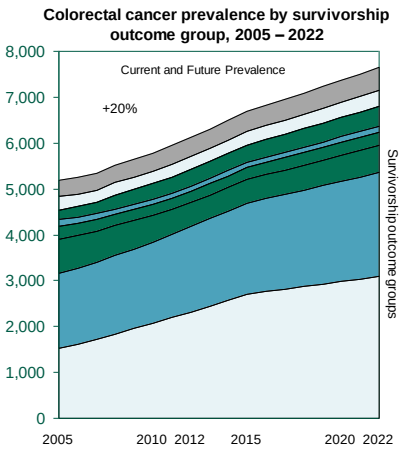

EPIDEMIOLOGY
OUTCOMES AND EXPERIENCE
THE CANCER POPULATION EVIDENCE PROGRAMME
HEALTH ECONOMICS
EFFECTIVE SERVICE SOLUTIONS


Epidemiology
Lung
Colorectal
Prostate
Breast
Diagnosis & Treatment 41,000
Rehabilitation 12,000
Early monitoring: 2 ≥ 5 years
Early monitoring: 5 ≥ 10 years
Later monitoring 21,000
Progressive illness ???
End of life care 35,000 (28,000 year 1)
Diagnosis & Treatment 40,000
Rehabilitation 28,000
Early monitoring: 2 ≥ 5 years 45,000
Early monitoring: 5 ≥ 10 years 51,000
Later monitoring 73,000
Progressive illness 24,000
End of life care 16,000 (11,000 year 1)
Diagnosis & treatment 26,000
Watchful wait / active monitoring 13,000
Rehabilitatio n 24,000
Watchful wait / Active monitoring 10,000
Early monitoring 2≥5yrs 88,000
Early monitoring 5≥10yrs, 58,000
Later monitoring >10yrs, 27,000
Progressive
10000 (2600 yr 1)
Diagnosis & Treatment
Rehabilitation 44,000
Early monitoring: 2 ≥ 5 years
Early monitoring: 5 ≥ 10 years
Later monitoring 226,000
Progressive illness
End of life care 12,000

Epidemiology – a local case study



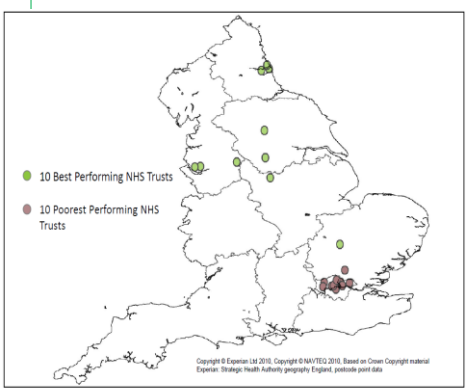
Around **62,000** people living with cancer today rising to around **115,000** by 2030



Around **9,800** new cases and **5,000** cancer deaths annually

Sources: NCIN, Maddams et al, ONS, Monitor Deloitte & Macmillan Cancer Support

Patient experience and outcomes

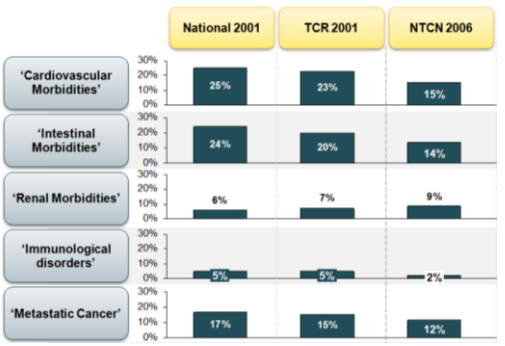


Source: Analysis based on Department for Health - National Cancer Patient Experience Survey 2011.

Sources: DH & Macmillan Cancer Support

Patient experience and outcomes – a local case study

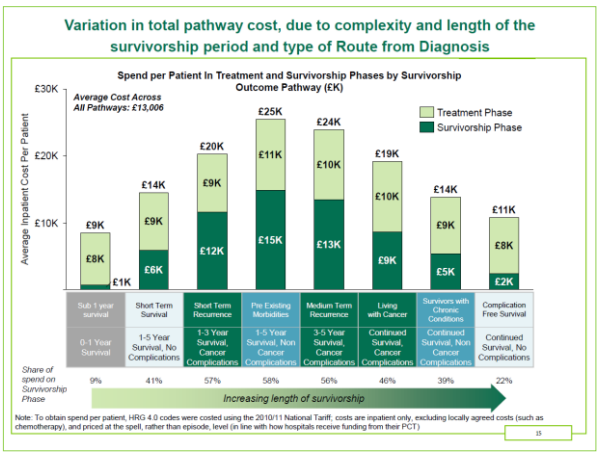
Royal Hallamshire Hospital	Weston Park Hospital	Northern General Hospital
Glossop Road, Sheffield, South Yorkshire, S10 2JF	Whitham Road, Sheffield, South Yorkshire, S10 2SJ	Herries Road, Sheffield, South Yorkshire, S5 7AU
Patient experience		
8 out of 10 people said they were treated with dignity and respect by staff at this hospital.	8 out of 10 people said they were treated with dignity and respect by staff at this hospital.	8 out of 10 people said they were treated with dignity and respect by staff at this hospital.
7 out of 10 people said they were involved as much as they wanted to be in decisions about their treatment.	7 out of 10 people said they were involved as much as they wanted to be in decisions about their treatment.	7 out of 10 people said they were involved as much as they wanted to be in decisions about their treatment.
9 out of 10 people said they were given the name of a clinical nurse specialist in charge of their care.	9 out of 10 people said they were given the name of a clinical nurse specialist in charge of their care.	9 out of 10 people said they were given the name of a clinical nurse specialist in charge of their care.



Sources: DH, Monitor Deloitte & Macmillan Cancer Support

Health Economics

Understanding costs to the system and costs to individuals

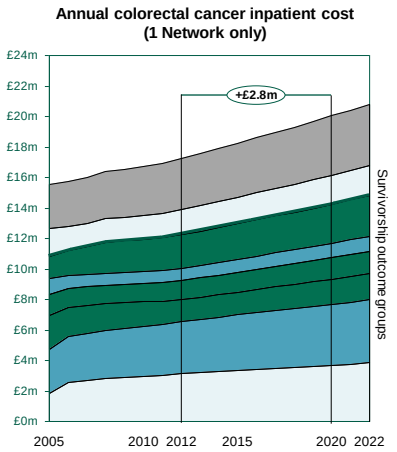


Sources: Monitor Deloitte & Macmillan Cancer Support

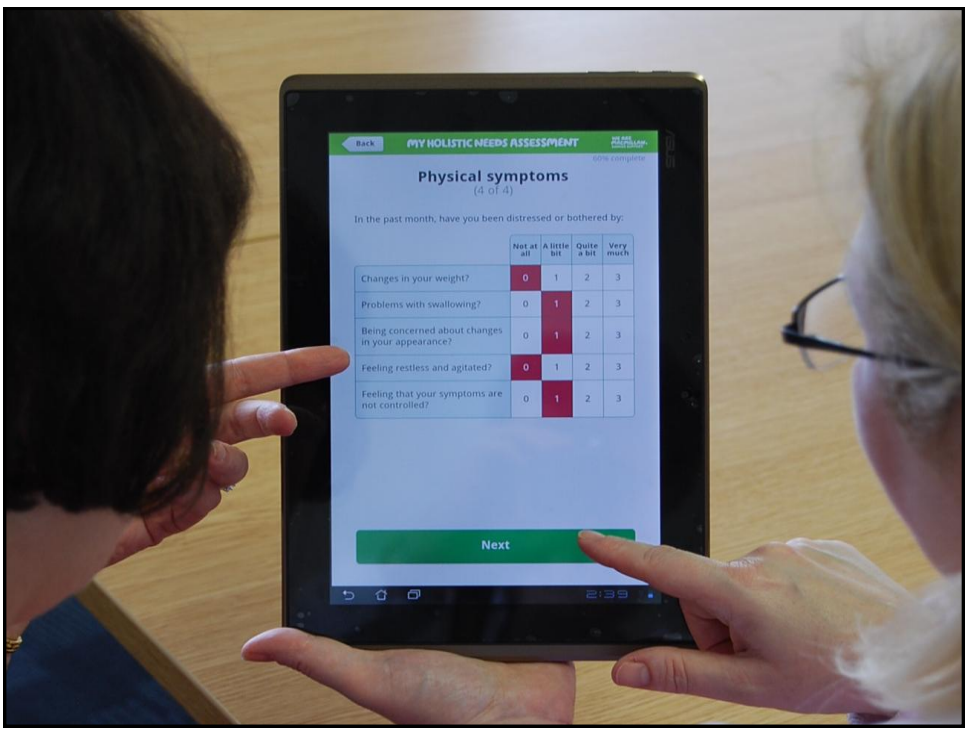
Health Economics – local case studies

Increased survival is a success, but this also brings real cost-pressure

EVALUATING MACMILLAN'S SYSTEM REDESIGN PROGRAMME

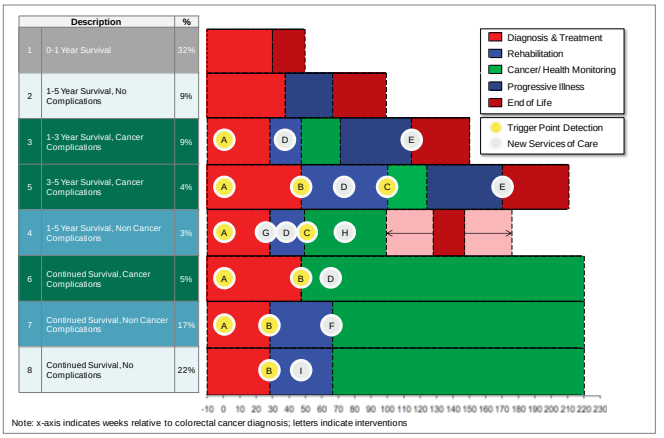


Sources: Monitor Deloitte & Macmillan Cancer Support



Effective Solutions – redesigning local pathways

To unlock resources, it is necessary to identify the points at which it is possible to intervene

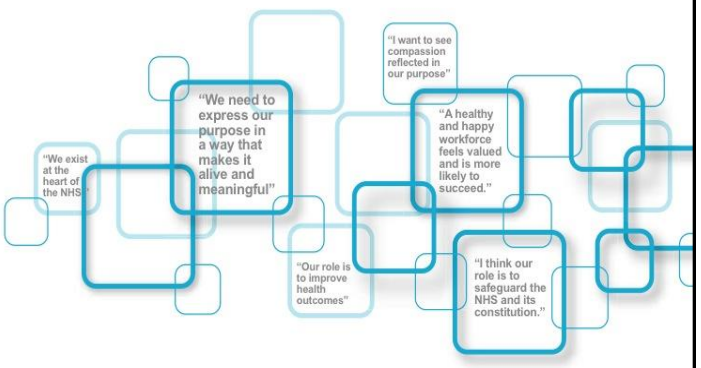


Note: x-axis indicates weeks relative to colorectal cancer diagnosis; letters indicate interventions

Source: Monitor Deloitte & Macmillan Cancer Support

4 MILLION

NHS England



NHS England

A guide to our vision and purpose

"We exist to deliver high quality care for all, for now and for future generations."

NHS England

Our vision

We work to improve the lives of individuals, local communities and the population as a whole

We have a single, common definition of high quality care: it is safe, effective and a positive patient experience

Everyone has greater control of their health and their wellbeing, supported to live longer, healthier lives by high quality health and care services that are compassionate, inclusive and constantly-improving.

We tackle inequalities, we listen, we are open and transparent and we work with patients, the public and partners to get the best outcomes

We are committed to a dynamic and innovative NHS

Our purpose

Including: a world-class customer focus; openness and transparency; genuine patient and public participation; empowering clinical leaders; evidence-based decision making; promoting innovation; working across organisational boundaries

NHS England

We create the culture and **conditions** for health and care services and staff to deliver the highest standard of care and ensure that valuable public **resources** are used effectively to get the best outcomes for individuals, communities and society for **now and for future** generations.

Not only money, but our people, our knowledge and skills

We are committed to ensuring our resources secure a sustainable NHS

14

I was diagnosed early	I understand, so I make good decisions	I get the treatment and care which are best for my cancer, and my life
Those around me are well supported	I am treated with dignity and respect	I know what I can do to help myself and who else can help me
I can enjoy life	I feel part of a community and I'm inspired to give something back	I want to die well