

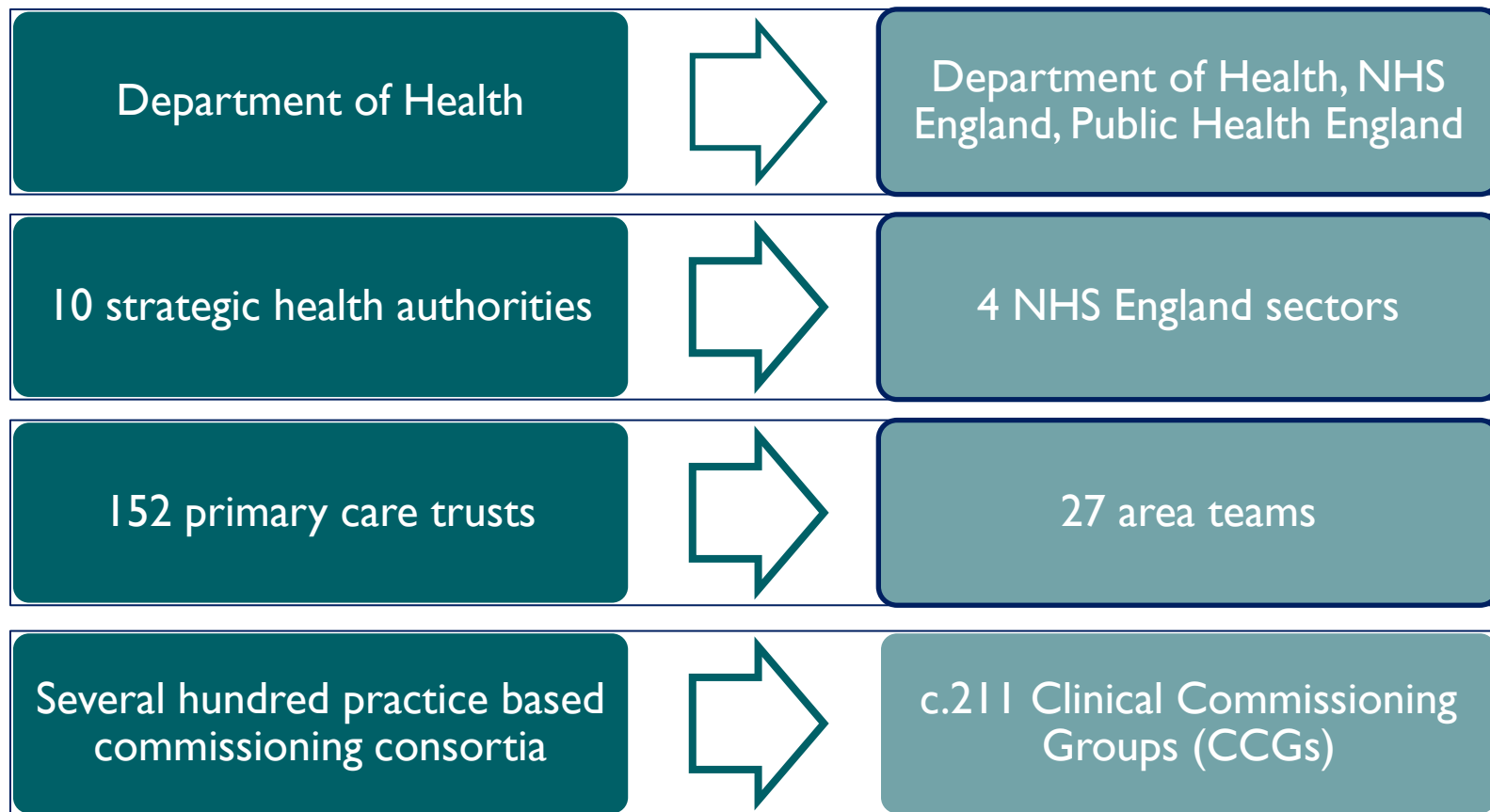
The New NHS – What does this mean for the patient pathway?

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In general,

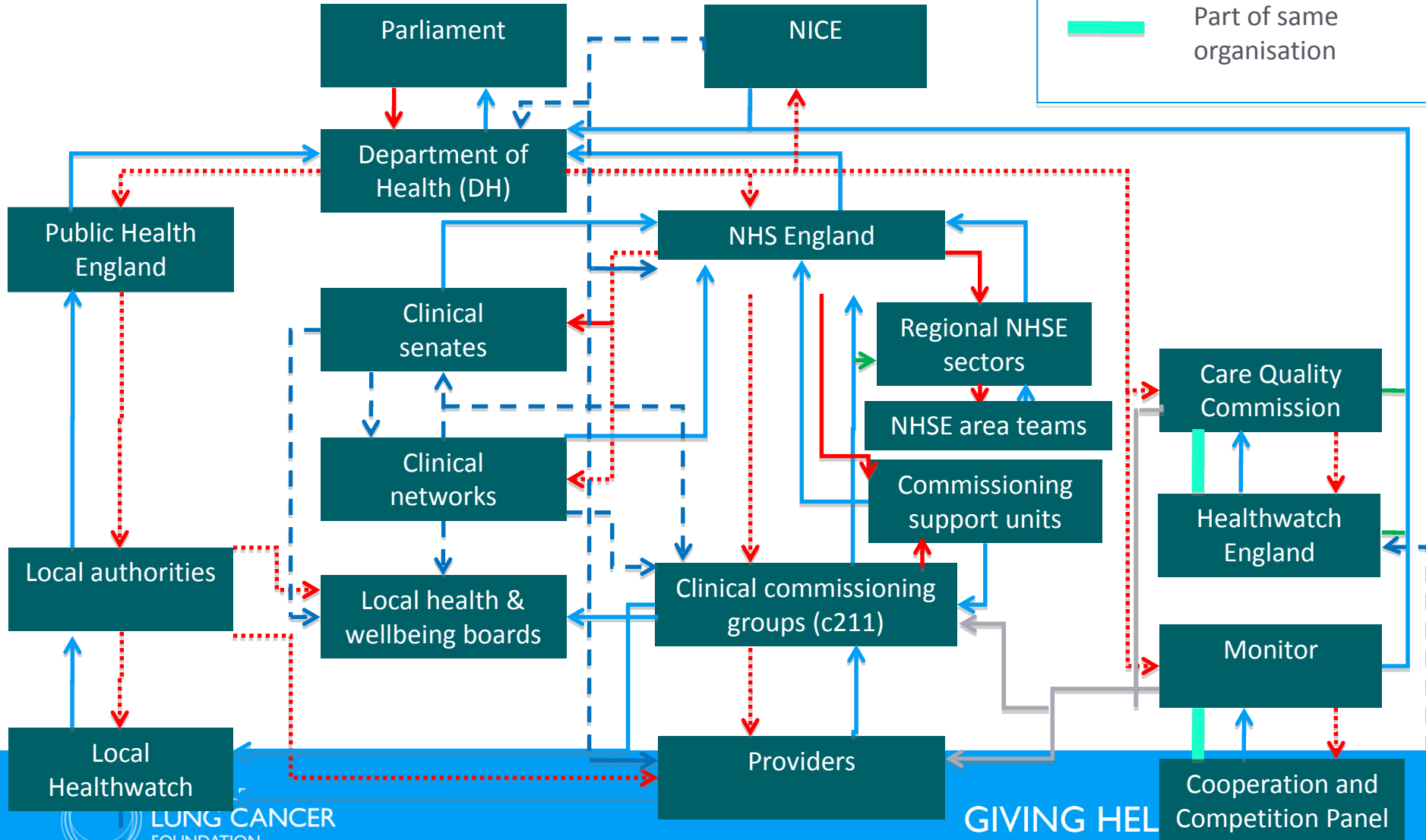
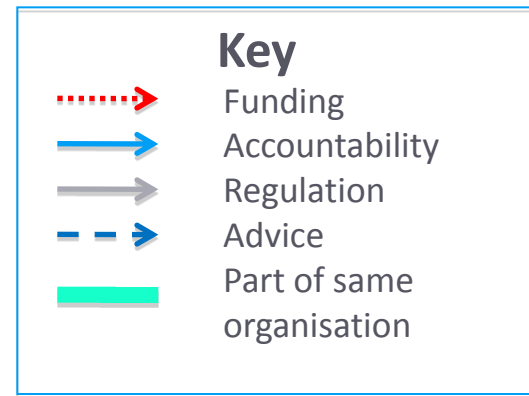
- Patients haven't noticed – yet!
- Much anxiety / suspicion about quality of NHS care
 - (Mid Staffs etc...)
- Focus should be on clinical leadership and outcomes
- An apparent 'downgrading' of the cancer agenda
 - Cancer is 'done'!
- New systems
 - Many uncertainties
 - Difficult to navigate
 - New stakeholders (CCG,s LAs, Clinical Networks, Senates etc...)
 - Where are the 'levers'?

The changing environment



c.170 acute trusts, 58 mental health trusts, 8,000 GP practices

The overarching structure



Prevention and Early diagnosis

Prevention

- Public Health England
 - Publish evidence on what works in prevention
 - Invest effectively in prevention and health promotion so that people can live healthier lives
 - Held to account through the Public Health Outcomes Framework
- Local Authorities
 - Responsible for tobacco control, smoking cessation services, alcohol and drug misuse services and interventions to tackle obesity
 - Undertake behavioural and lifestyle campaigns to prevent cancer
 - Involved in development of joint strategic needs assessment and joint health and wellbeing strategies
 - **Will tobacco control be a priority?**
- Current key topics in tobacco control
 - E-cigarettes
 - Standardised Packaging

Early diagnosis

Public Health England

- Responsibility for campaigns promoting early diagnosis

NHS England

- Responsibility for campaigns promoting early diagnosis
- Commissions primary care services
- Held to account on one and five year survival rates through the NHS Outcomes Framework

Clinical commissioning groups

- Held to account on one and five year survival rates through the CCG Outcome Indicator Set

Local authorities

- Identify areas of unmet need in early diagnosis through joint strategic needs assessment
- Could deliver campaigns on areas of particular local need

Prevention and Early diagnosis

Early Diagnosis

- What will happen to the NAEDI initiative?
- How will awareness raising initiatives be coordinated and funded?
- What will happen to the 'Be Clear on Cancer - Lung Cancer' initiative?

Treatment

- Surgery
- Radiotherapy
 - Cancer Radiotherapy Innovation Fund – access to IMRT. Variation in access?
- Chemotherapy
 - What will happen to the CDF?
 - What is VBP?
 - Current NICE issues
 - Target Therapy Appraisals / Crizotinib rejected
 - Reappraisal of Erlotinib in second line
- Palliative and Supportive Care
 - Concern about LCNS posts

- How will commissioning be coordinated?
- What of the Integrated Care agenda?

eg - Radiotherapy

NHS England

- Commission radiotherapy services
- Led by 10 local area teams of NHS England

Clinical commissioning groups

- Commission patient support services, including survivorship and patient transport

Strategic clinical networks

- Provide advice to NHS England and CCGs on the commissioning of services
- Help to identify and address areas of unwarranted variation

Local authorities

- Involved in development of joint strategic needs assessment and joint health and wellbeing strategies

- **Communication and Information**
 - What has happened to the Patient Choice agenda?
 - Where is the Patient Voice?
 - Evolving role of Senates
 - Patient Information
 - Information Standard accreditation?
 - Information Prescription agenda?
- **The need for quality, timely data – SHOULD BE A POSITIVE!**
 - Ensuring an annual NLCA is crucial
 - Retain the Cancer Patient Experience Survey

NB.....

- King's Fund
 - Quarterly monitoring report, September 2011
 - Survey of Finance Directors and CCG Financial Leads
 - Over past year,
 - 1 in 7 felt Patient Care had improved
 - Half thought Patient Care was much the same
 - 31% thought Patient Care deteriorated (compared with 17% in 2012)

In short,

- More questions than answers at present
- Need to ensure ‘cancer’ agenda at all levels
- Need to ensure data monitoring
 - Annual NLCA
- It will be some time, before new structures and systems become embedded