

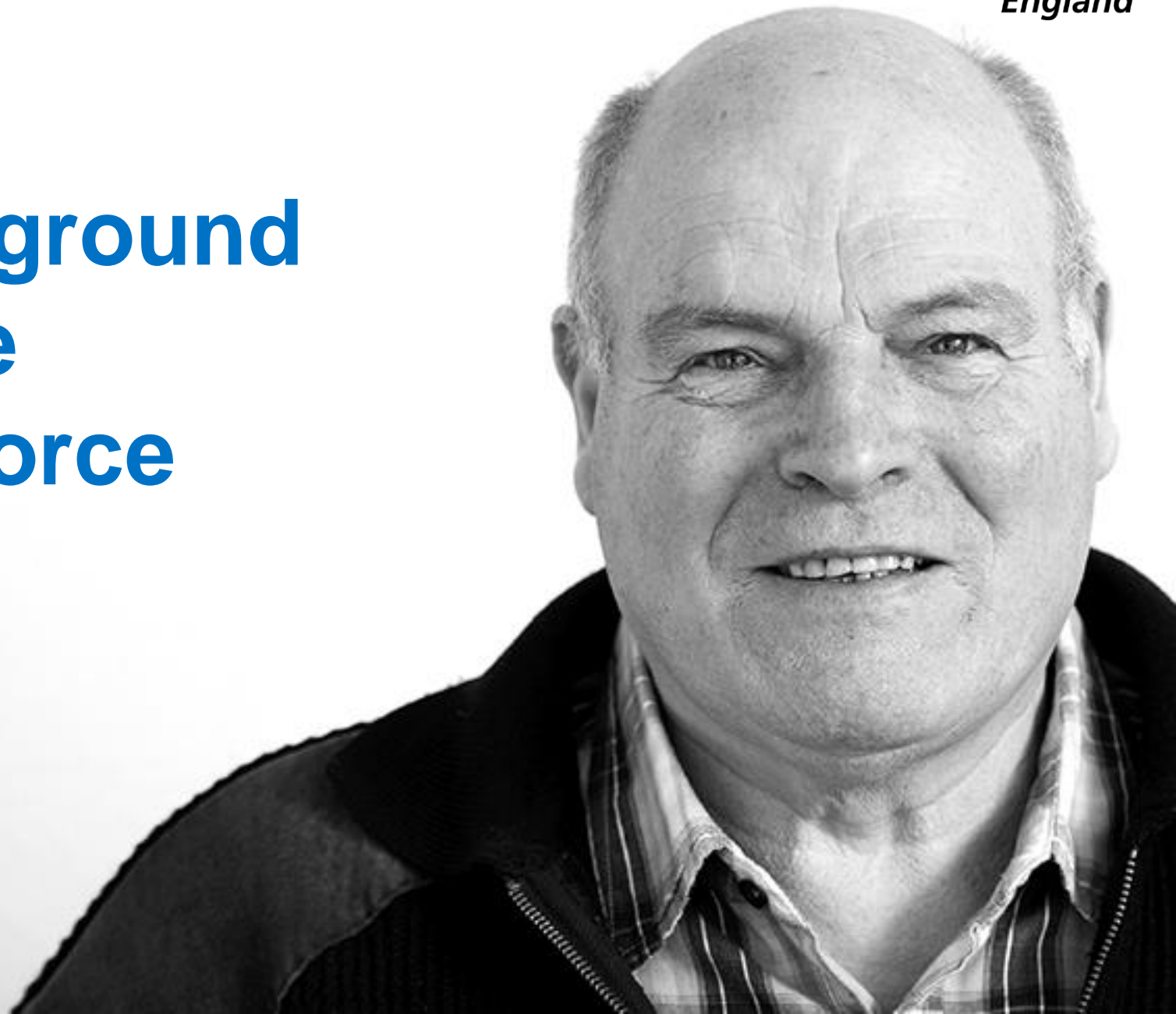
Implementing the Cancer Taskforce Report

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Background to the taskforce



Independent Cancer Taskforce

- The NHS Five Year Forward View (FYFV) presents a vision for improving health, including for all those diagnosed with cancer:
 - better prevention
 - swifter diagnosis
 - better treatment, care and aftercare
- Taskforce established in January 2015 to produce a new five-year national cancer strategy for England, delivering this vision
- Taskforce recommended that this strategy is adopted by the FYFV Board: Care Quality Commission, Health Education England, Monitor, NHS England, NICE, Public Health England, Trust Development Authority

Methodology

Independent taskforce:

- Representatives from across the cancer and health community, met monthly

Written submissions:

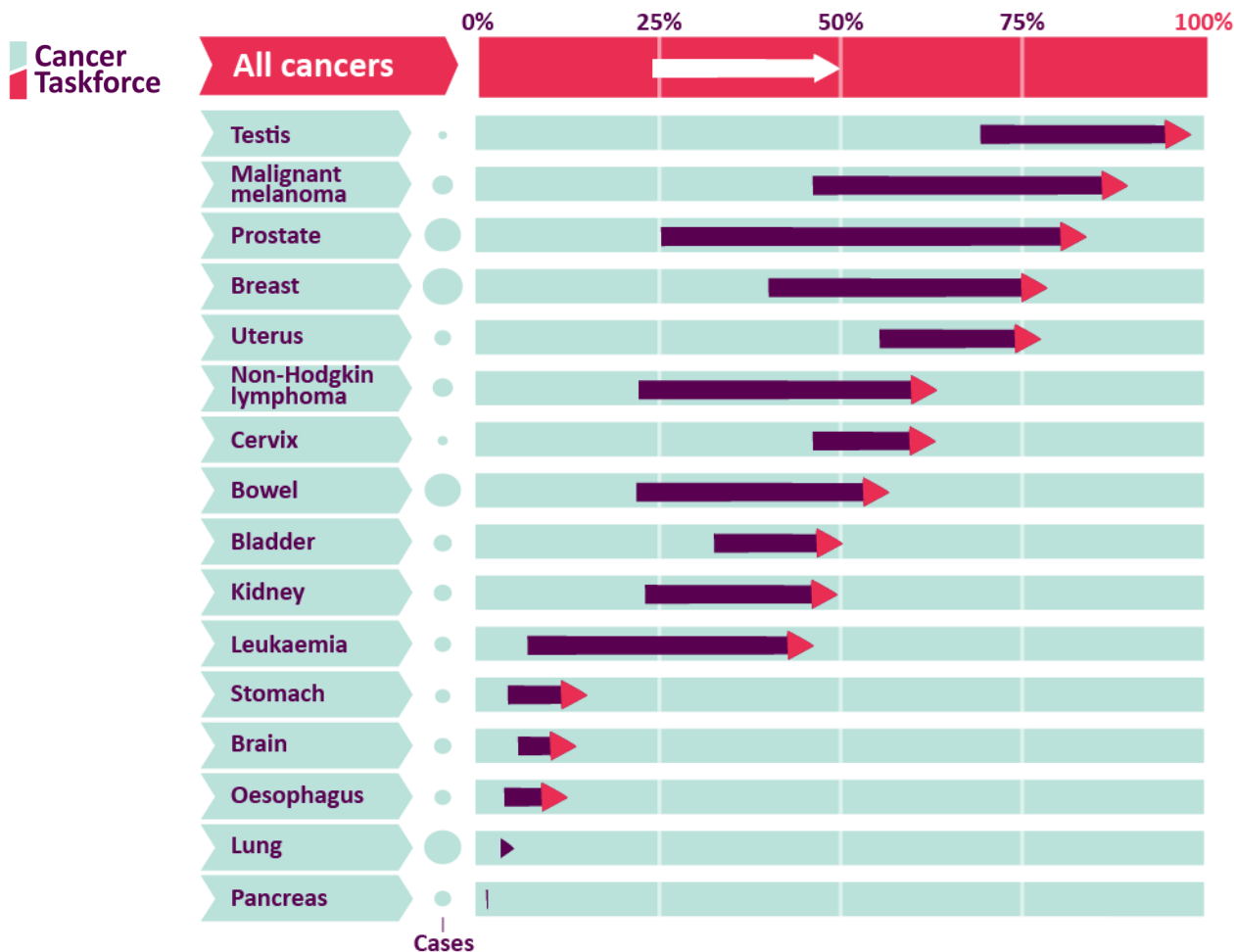
- 226 responses, 44% from public, 42% from organisations, 13% from professionals

Workshops and meetings:

- Held nearly 100 meetings, involving around 600 participants, including over 100 patients and around 30 cancer charities

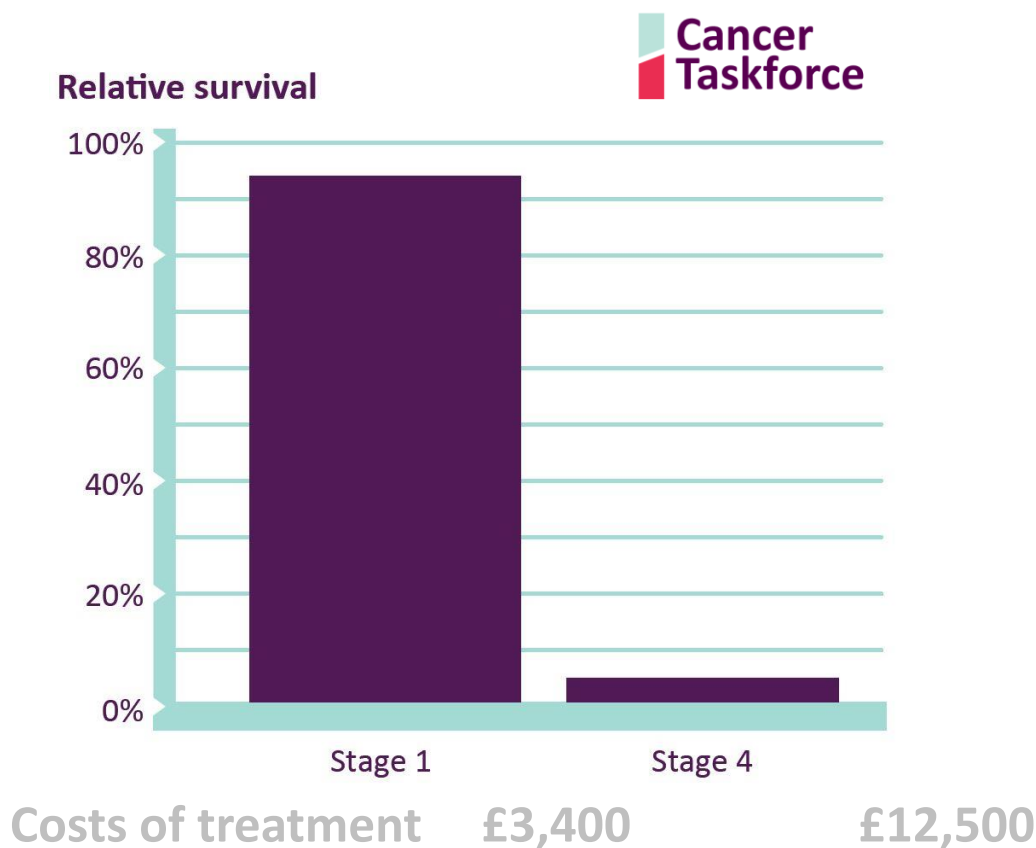
Current landscape: improvements in survival

10-year survival changes, since 1971



Overall, half of people with cancer now survive 10 or more years, but progress hasn't been uniform

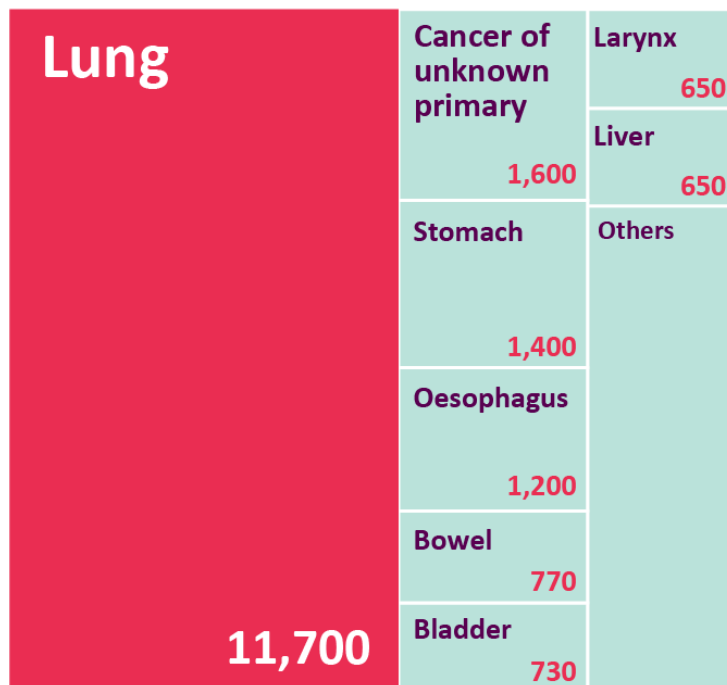
Earlier diagnosis



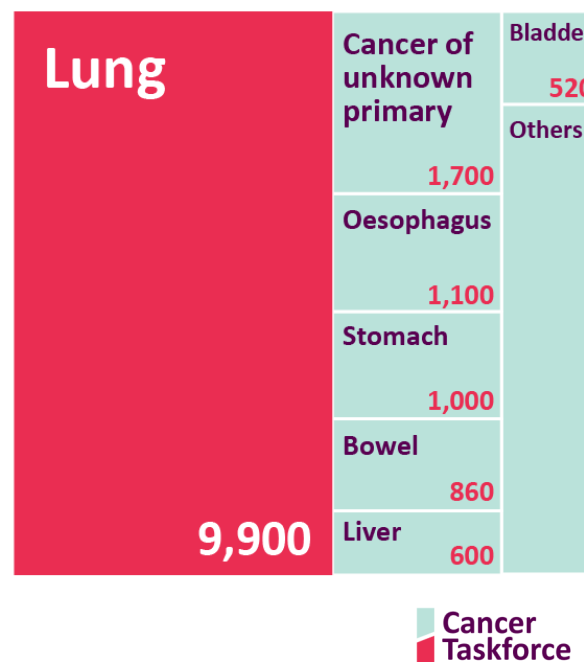
When bowel cancer is diagnosed at the earliest stage, **more than 9 out of 10** people survive at least 10 years. But **fewer than 1 in 10** people with bowel cancer are diagnosed at the earliest stage.

Inequalities

Avoidable cancer cases due to deprivation



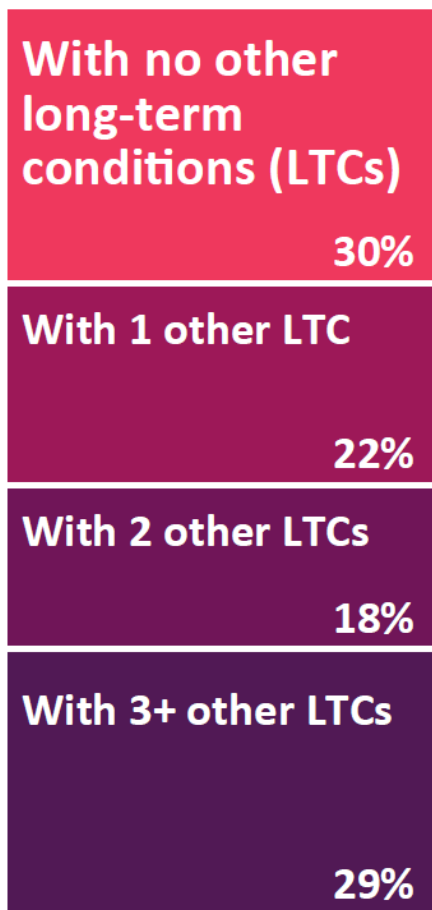
Avoidable cancer deaths due to deprivation



Cancer Taskforce

Long-Term Conditions

Cancer
Taskforce



Because the majority of cancer patients are over the age of 65 many have multiple morbidities

Ambitions and strategic priorities



Ambitions

Incidence

Discernible fall in age-standardised incidence

Adult smoking rates should fall to 13% by 2020

Survival

Increase in five and ten-year survival, with 57% of patients surviving ten years or more

Increase in one-year survival to 75%, with a reduction in CCG variation

Reduction in survival deficit for older people

Patient experience and quality of life

Continuous improvement in patient experience with a reduction in variation

Continuous improvement in long-term quality of life

Overview: six strategic priorities

Spearhead a radical upgrade in **prevention and public health**

Drive a national ambition to achieve **earlier diagnosis**

Establish **patient experience** on par with clinical effectiveness and safety

Transform our approach to support people **living with and beyond cancer**

Make the necessary **investments** required to deliver a modern, high-quality service

Commissioning, accountability and provision

Prevention and public health

- A new tobacco control strategy to reduce adult smoking prevalence to less than 13% by 2020
- A plan to tackle obesity, with a strong focus on children

Earlier diagnosis

- More investigative testing, quicker
- New NICE guidelines
- New time to diagnosis or ruling out of cancer standard – four weeks from referral
- Testing new diagnostic models
- Investment to increase diagnostic capacity
- Direct GP access to key tests
- Enhanced screening programmes

Patient Experience

- Patient experience to be given equal priority to clinical outcomes
- Online access to test results and treatment records
- Access to a Clinical Nurse Specialist or other key worker
- Experience measured and results used to drive improvements in the system as part of accountability framework

Living with and beyond cancer

- Every patient should have access to recovery package interventions
- Stratified follow-up after treatment should be rolled out for breast cancer, and piloted in other tumour types
- New metric should be developed to measure quality of life

Modernising cancer services

- Fix immediate/acute workforce deficits and undertake strategic review of future cancer workforce
- Update radiotherapy machines
- Streamline access to new cancer drugs
- Implement molecular diagnostics
- Support a broad portfolio of cancer research

Commissioning, accountability and provision

- New Cancer Alliances to be set up to support commissioning, drive improvement and address variation
- Cancer dashboards of data for CCGs, providers and Alliances
- New models of provision and commissioning – testing ‘accountable clinical network’ model. Includes
 - Testing new funding models, potentially capitated budget
 - Testing new workforce models, sharing capacity and capability across organisations
 - Testing new IT infrastructure models, digital solutions and integrated informatics systems.

Governance



National Cancer Transformation Board

- Brings together senior representatives from across the health and care system, including from the relevant arm's-length bodies, to:
 - Provide the focal point for system-wide leadership on implementation of the Cancer Taskforce's report; and
 - Enable a joined up and coherent approach to implementation of the Taskforce's report.
- Chaired by Cally Palmer, National Cancer Director and Chief Executive of the Royal Marsden
- First meeting on 25th January

Governance

Chair: Cally Palmer, National Cancer Director

Membership: ALBs and DH, clinical reps and Chair of Advisory Group

Purpose:

- 1) To provide the focal point for system-wide leadership on implementation of the Cancer Taskforce's report; and
- 2) To enable a joined up and coherent approach to implementation of the Taskforce's report.

National Cancer Advisory Group

Chair: Dr Harpal Kumar

Membership: Patients, charities, Royal Colleges

Purpose:

- 1) To scrutinise and advise the National Cancer Transformation Board and implementation of the Taskforce report

Five Year Forward View Board

National Cancer Transformation Board

National Cancer Senior Management Team

National Cancer Programme Team

PMO

Cancer Transformation Workstream Groups (tbc)

Prevention

Early Diagnosis

Patient Experience

Living with and beyond cancer

High quality services

Commissioning, provision and accountability

Delivery Management

Next steps?

- Initial thoughts
- Questions and discussion invited