



National Cancer Action Team  
Part of the National Cancer Programme

# **Developing Key Messages on Cancer for Commissioners**

# Overarching messages (1)

1. NCIN/NCAT working with local cancer networks are keen to support GP commissioners to:
  - Save lives
  - Improve patients' quality of life and experience of care
  - Get optimal value for money
2. We can supply benchmarking information, together with expert interpretation, advice and support for implementation – we are developing “profiles” at network, CCG, GP practice and Trust/team levels. We have a track record for delivery

## Overarching messages (2)

3. Cancer patients are dying unnecessarily in all parts of the country (not just deprived areas). 10,000 deaths could be avoided each year in England if survival matched the best in Europe. The government has set a goal to “save 5,000 lives p.a. each year by 2014/15”.
4. On average a consortium serving 200,000 population would save 40 lives p.a. if our survival rates matched those in Australia, Sweden or Canada.

# Overarching messages (3)

5. The NHS spends £6bn on cancer each year. Half of all expenditure relates to inpatient care (exclusive of surgery and exclusive of chemotherapy costs).
6. Investment in cancer services is currently inefficient – we should redirect resources from inpatient care to earlier diagnosis.

# Key recommendations for disinvestment

- Reduce emergency admissions by providing better proactive support (e.g. for patients on chemotherapy) and ambulatory services (e.g. for symptom control)
- Increase day case surgery
- Reduce lengths of stay through introduction of enhanced recovery programmes
- Reduce follow up through promotion of supported self management following primary treatment

# Key recommendations for investment

- Invest in early diagnosis, especially:
  - Public awareness campaigns
  - Improved access to flexible sigmoidoscopy for patients with bowel symptoms – which has been shown to prevent cancer and to be cost saving
  - Improved access to chest xray (lung cancer) and ultrasound (especially pelvic for ovarian cancer)

# Myths about cancer (1)

1. **Myth 1:** Cancer has had more than its fair share of the growth in NHS funding in recent years

**Wrong:** cancer accounts for 6% of NHS budget and this has remained static

2. **Myth 2:** Too much attention has been given to cancer. We should turn our efforts to other conditions.

**Wrong:** Survival rates following a diagnosis of cancer remain poor in England. Earlier diagnosis of cancer could save thousands of lives p.a.

# Myths about cancer (2)

- 3. Myth 3:** Cancer is a secondary and tertiary issue. It has little to do with primary and community care.

**Wrong:** primary care has major roles in early diagnosis, ongoing support and end of life care for cancer patients.

- 4. Myth 4:** All cancer interventions are highly expensive.

**Wrong:** Many interventions with the greatest impact are highly cost effective (e.g. smoking cessation, screening, early diagnosis, surgery, radiotherapy and some curative chemotherapy). It is true that some chemotherapy given at the end of life is much less cost-effective.

- 5. Myth 5:** Interventions for cancer only prolong life by a few months.

**Wrong:** “Upstream” interventions (screening, early diagnosis and primary treatment) can make the difference between a long life and an early death.



# What can commissioners do now?

- Invest in earlier diagnosis
- Ensure providers record stage (e.g. no staging, no payment!)
- Monitor the number of new cancer patients presenting as emergencies (currently 23%) and incentivise reductions
- Reduce emergency admissions of existing cancer patients through funding of proactive support. This will save money quickly.
- Seek advice from their cancer network

# What can providers do now?

- Ensure diagnostic capacity, especially in endoscopy
- Establish proactive support (e.g. telephone contact) with patients on treatment
- Reduce lengths of stay for elective cancer surgery
  - Day case/overnight breast surgery
  - Enhanced recovery programmes

# What can NCIN, NCAT and Networks do now?

- Provide intelligence and advice to commissioners
- Engage with providers on behalf of commissioners
- Take on direct commissioning functions for some aspects of cancer care (e.g. possibly RT and CT)

# General messages on cancer (1)

- 1. The Incidence is rising:** - 250,000 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

# General messages on cancer (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 (23% 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

# Messages about individual cancers/interventions

E.g.

- Breast cancer
- Bowel cancer
- Lung cancer
- Prostate cancer
- ? Other cancers
- Radiotherapy
- Chemotherapy