



National Cancer Action Team
Part of the National Cancer Programme

Improving Outcomes: A strategy for cancer

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What is meant by an “outcome strategy”

- There is a major focus on outcomes! Outcome strategies will set out:
 - Ambitions for service quality
 - The ways in which services will be held to account for the outcomes they deliver
 - The support which Government will provide to help services deliver these outcomes
- Outcome strategies will cover topics (e.g. cancer) which require action from Public Health England, the NHS and/or social care (i.e. not simply the NHS)
- Cancer is the first topic to have an outcome strategy. An outcome strategy for mental health is currently being developed

Alignment with NHS reforms

'Improving outcomes: A strategy for cancer' sets out how the future direction for cancer will be aligned with:

- Equity and Excellence: Liberating the NHS
- Healthy Lives; Healthy people
- The new emphasis on:
 - Patient information and choice
 - Outcomes not process targets
 - Stronger commissioning
 - New arrangements for public health and local democratic legitimacy

New evidence

The strategy takes account of a wide range of new evidence, including:

- Findings from the International Cancer Benchmarking Partnership – showing one year survival rates in the UK remain poor in comparison with other countries (Lancet Jan 2011)
- International variations in drug usage (July 2010)
- Routes to diagnosis – 23% of cancer patients present as emergencies (NCIN 2010)
- A review of cancer registration
- National overview of cancer peer review 2009/10
- Cancer patient experience survey (December 2010)
- New research on screening
- NAO report on cancer (November 2010)

Information and choice

- Information will be central to the drive for better outcomes
- Presumption of patient choice – informed by reliable information on services and on outcomes
- The new strategy recognises the progress that has been made on information through the National Cancer Intelligence Network (NCIN) and through the Information Prescriptions partnership, but recognises that further work is needed on:
 - data collection (e.g. stage; chemotherapy; date of recurrence)
 - making information available in appropriate formats for patients, clinicians and commissioners

Improving outcomes: Emphasis on one year survival

- One year survival will be a key indicator of progress on the strategy. This will require action from both public health and the NHS
- There is a time lag in collecting one year survival, so proxy measures will be introduced
 - The proportion of cancers diagnosed at stages 1 and 2
 - The proportion of cancers diagnosed through emergency routes
 - GP usage of diagnostic tests
- Providers will have a duty to include staging data in the information they supply to registries
- Publication of data by cancer registries will be speeded up

Improving outcomes: Level of ambition

- “Our aspiration is that England should achieve cancer outcomes which are comparable with the best in the world”
- We believe that by 2014/15, 5000 additional lives can be saved each year. It is now for the NHS, working with PHE to deliver this ambition
- Note: The “additional 5000 lives” will require England to match the European average. Approximately 10,000 additional lives would be saved if England was to match survival achieved in Sweden (and Australia and Canada)

“Outcomes not process targets”

- A review of the cancer waiting times standards was undertaken in parallel with development of the new strategy
- After extensive consultation it was concluded that these standards remain relevant to patient care and should be retained
- The strategy confirms that the waiting time standards should be retained

Early diagnosis: The NHS role

- GPs will continue to have an important role in encouraging patients to present early and to communicate benefits of screening
- A risk assessment tool to support GPs is being developed
- GPs will be given better access to diagnostic tests (e.g. chest xray, ultrasound, lower GI endoscopy, brain MRI). This should reduce the need for referrals to secondary care. Guidelines will be developed, together with benchmarking data

Improving outcomes: Quality of life and patient experience

- The new strategy builds on existing initiatives including:
 - The Advanced Communication Skills Training Programme (Connected)
 - The information prescriptions partnership
 - The National Cancer Survivorship Initiative
 - The Cancer Patient Experience Survey
 - New modelling on the costs/benefits of one-to-one support
- Results of the cancer patient experience survey can be used to incentivise improvements – An aggregate score will be derived for each Trust
- Patient Related Outcome Measure (PROMs) will be piloted for cancer survivors
- New tariffs will be developed to incentivise better ‘aftercare’ for cancer patients

Improving outcomes: Better treatment (1)

- Surgery
 - Promoting uptake of proven new techniques. Training programmes such as Lapco will continue to be supported
 - Variations in intervention rates, especially in older people, will be monitored and published
- Radiotherapy
 - Additional investment to expand radiotherapy capacity
 - Increased funding to send appropriate patients abroad for proton beam therapy
 - Tariff for IMRT

Improving outcomes: Better treatment (2)

- Implementation of NCAG report on quality and safety of chemotherapy remains a priority – including acute oncology services. Note: This should reduce unnecessary emergency admissions
- Improve collection and publication of chemotherapy data – by April 2012
- Cancer Drugs Fund: £200m p.a. from April 2011. Details will be formulated following consultation and learning from experience with the interim fund
- Targeted/stratified medicine: Further work is needed to determine how best to undertake molecular testing

Inpatient stays and emergency admissions

- The large majority of cancer patients do not want to be admitted to hospital unless absolutely necessary and wish to be in hospital for as short a time as possible when this is necessary
- NAO report highlights scope to reduce inpatient admissions and average length of stay. Taken together this could save over £200 million per annum
- DH Impact Assessment for the new strategy indicates that it should be possible to go further

Supporting quality services

- The strategy reinforces ongoing commitments to multidisciplinary team working
- Cancer peer review provides important assurance on the quality of services and will continue. However, the aim is to reduce the burden on the NHS by around 40%
- Current national clinical audits will be maintained. We would expect new audits to be introduced over time (e.g. prostate cancer)

MDT development

- 'Characteristics of an effective MDT' published in Feb 2010
- 2000 Featurette DVDs have been produced - pursuing the idea of the MDT Discussion Roadshow
- MDT FIT – self assessment tool – Green Cross have already identified a number of issues: leadership, training in data collection/analysis/audit and team-working
- MDT exchange programme

Improving outcomes: Reducing inequalities

- Outcomes which match the best in Europe/the World will only be achieved if action is taken to improve outcomes for disadvantaged groups in this country (e.g. older people; BME groups; socio-economically deprived)
- Future action will build on recommendations made by the National Cancer Equality Initiative
- Priorities for 2011 will include:
 - Improved data dissemination, to enhance local action
 - Integration of equalities work with other cancer initiatives
 - Pilots of interventions for older people

Improving outcomes: Commissioning

- Cancer commissioning is complex and will involve NHS Commissioning Board (specialised services), GP consortia and local health and well-being boards
- Stronger commissioning will be supported by the development of NICE quality standards
- NCAT will work with networks and GP consortia (pathfinders) to develop commissioning support packs
- Cancer networks will be funded during the transition. Thereafter, it will be for the GP consortia and the NHS Commissioning Board to determine how support should best be provided

Improving outcomes: Rewarding high quality care

- DH will investigate the potential development of a range of tariffs to incentivise high quality, cost-effective services including:
 - Breast screening
 - Bowel screening
 - Day case and 23 hour surgery
 - New surgical techniques (to incentivise training and spend)
 - Avoidance of emergency admissions
 - New radiotherapy techniques
 - Personalised pathways for cancer survivors
 - Services for patients with late effects of cancer

Funding the new strategy

- An economic impact assessment was published alongside the new cancer strategy
- The Government has committed a total of over £750m over the Spending Review period to achieve the outcomes set out in this strategy
- The main areas requiring increased expenditure will be:
 - Increased access to diagnostics for GPs
 - Flexible sigmoidoscopy screening
 - Public awareness campaigns
 - Radiotherapy (including proton beam therapy)
 - Increased use of surgery as more patients present with operable disease
- Much if not all of this increased expenditure can be balanced against potential savings on inpatient care
- The £750 m does not include the £200m for the Cancer Drugs Fund

National support for implementation

- National leadership through the National Cancer Director will remain important to deliver this ambitious strategy
- An Implementation Advisory Group comprising key stakeholders will be established
- NCAT, NHS Improvement and NCIN will support the implementation of the first phase of the strategy. Future arrangements remain to be determined. Consideration will be given to establishing social enterprise(s)
- Annual reports on progress will be published

Summary

- “Improving outcomes: A strategy for cancer” builds on Calman-Hine, The NHS Cancer Plan and the Cancer Reform Strategy
- The new strategy is ambitious and is the first to quantify the expected additional lives to be saved
- Information, choice, stronger commissioning and new incentives/tariffs will be critical for delivery
- The expertise built up over the past decade will be critical to success, but we will all have to work in different ways

Thank you