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To: Health Overview and Scrutiny Committee

Subject: Improving Outcomes: A Strategy for Cancer

1. Introduction

(a) *Improving Outcomes: A Strategy for Cancer* was published by the Department of Health in January 2011. The aim of the outcomes strategy was to save 5,000 lives each year by 2014/15 along with reducing the inequalities gap. The following is a summary of some of the main features in the document.¹

2. Improving Outcomes: A Strategy for Cancer

(a) Key facts:²

- More than 250,000 people in England are diagnosed with cancer each year; 130,000 die of the disease. 1.8 million are living either with or beyond cancer.
- Cancer survival rates at the European average would save 5,000 lives/year. Cancer survival rates at the European best would save 10,000 lives/year.
- The estimated cost of cancer services in 2008/09 was more than £5.1 billion (perhaps as much as £6.3 billion) and the cost to the economy as a whole, £18.3 billion.

(b) Lifestyle and Occupation³

- Changes to lifestyle behaviours could cut the number of cancers in half. Lifestyle changes can also prevent recurrence.
- Smoking is the major preventable risk of cancer. Those who are overweight or obese are more likely to develop cancer and more likely to die from it.
- According to the Health and Safety Executive, 8,000 cancer deaths in Britain each year are due to occupational exposure.

¹ Department of Health, *Improving Outcomes: A Strategy for Cancer*, January 2011, http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_123394.pdf Page numbers in references to this document unless stated. Supporting documents to the cancer strategy available at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123371

² Pp.7-8

³ Pp.36-7

(c) Patient Choice⁴

- Assisted by accessible and relevant information, in cancer services the following areas of choice are given as relevant in cancer services:
 - when to have treatment;
 - where to have treatment (some treatments can be given in hospital or in the community);
 - which organisation delivers treatment and care;
 - which team delivers the treatment; and
 - what form of clinically appropriate treatment to have.

(d) Outcomes Frameworks⁵

- The high level set of national outcomes against which the NHS Commissioning Board will be held to account is structured around five domains. A number of the indicators relate directly to, or include reference to, cancer. For reference, a summary of the 2012/13 NHS Outcomes Framework is appended to this Note.⁶
- The Social Care Outcomes Framework also contains a range of measures relevant for patients with cancer and their carers.⁷
- Similarly, the Public Health Outcomes Framework contains a number of indicators directly related to cancer.⁸ The two high-level outcomes for the public health framework are:
 1. Increased healthy life expectancy.
 2. Reduced differences in life expectancy and healthy life expectancy between communities.⁹

(e) Waiting Times¹⁰

- In summer 2010 National Cancer Director was asked to review cancer waiting time standards. The review concluded that the standards should remain.
- The review considered the following waiting time standards introduced by the NHS Cancer Plan (2000) and Cancer Reform Strategy (2007):¹¹

⁴ Pp.21-3

⁵ Pp.26-33

⁶ Taken from: Department of Health, The NHS Outcomes Framework 2012/13 At a Glance, http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_131724.pdf

⁷ For the full Social Care Outcomes Framework see: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_133334

⁸ For the full Public Health Outcomes Framework see: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132358

⁹ Ibid., p.5.

¹⁰ P.31

- Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP;
- Maximum one month wait from urgent GP referral to treatment for acute leukaemia and children's and testicular cancers;
- Maximum one month wait from date of decision to treat to first treatment for breast cancer;
- Maximum two month wait from urgent GP referral to first treatment breast cancer;
- Maximum one month wait from date of decision to treat to first treatment for all cancers;
- Maximum two month wait from urgent GP referral to first treatment for cancer.
- Maximum 31-day wait for subsequent treatment where the treatment is surgery;
- Maximum 31-day wait for subsequent treatment where the treatment is an anticancer drug regimen;
- Maximum 62-day wait from a consultant's decision to upgrade a patient's priority to first treatment for all cancers;
- Maximum 62-day wait from a referral from an NHS screening service to first treatment for all cancers; and
- Maximum two-week wait for first outpatient appointment for patients referred with breast symptoms, where cancer was not initially suspected.

(f) Screening.¹²

- The UK National Screening Committee will continue to provide advice to Ministers. PHE will set screening policy and the NCB will commission services on its behalf.
- 5% of cancers are currently diagnosed via screening, with the number set to rise as screening expands. One-third of breast cancers are diagnosed via screening.
- The national HPV immunisation campaign began in 2008. 80% of 12-13 year old girls received three doses of the vaccine in 2008/09.
- There are three nationally coordinated cancer screening programmes in England:
 - NHS Breast Cancer Screening Programme;
 - NHS Cervical Screening Programme;
 - NHS Bowel Screening Programme.¹³
- Prostate cancer screening was reviewed in 2009/10 with a decision not to introduce a programme. This decision will be reviewed in the

¹¹ Department of Health, *Review of Cancer Waiting Times Standards*, January 2011, http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_123395.pdf

¹² Pp.38-42.

¹³ NHS Cancer Screening Programmes, <http://cancerscreening.nhs.uk/>

future. An informed choice programme, Prostate cancer Risk Management, has been introduced.¹⁴

(g) Early Diagnosis¹⁵

- Nearly a quarter of all cancers are diagnosed through an emergency route.
- The DH began a £10.75m “signs and symptoms” campaign consisting of 59 local campaigns targeting awareness of the three cancers accounting for the greatest number of deaths.¹⁶
- A GP will on average see 8-9 new patients with cancer each year.
- The DH believes GPs should be able to directly refer to the following diagnostics (where the two week urgent referral pathway is not appropriate): Chest x-ray; non-obstetric ultrasound; flexible sigmoidoscopy/colonoscopy; Magnetic Resonance Imaging (MRI). Guidance was published in April 2012.¹⁷
- Work is ongoing about raising awareness of rarer cancers.

(h) Living with cancer, survivors and carers¹⁸

- By 2030 it is estimated that 3 million people will be living with or beyond cancer. Nearly two-thirds of cancer survivors are over 65 years old.
- A number of different actions to improve the quality of life of survivors and carers are given in the strategy.
- A national survey of cancer survivors is being piloted in 2011 to help improve services.
- 28% of all deaths are due to cancer. Reference is made to the End of Life Care Strategy of 2008.¹⁹

(i) Improving treatment²⁰

- Three measures are listed to improve access to high quality surgery.
 1. promote the uptake of the latest surgical techniques, ensuring that the existing surgical workforce receives appropriate training to do this;
 2. reduce regional variation in access to surgery; and

¹⁴ Ibid.

¹⁵ Pp.43-6

¹⁶ An evaluation of the 2010/11 pilots as published by the Department of Health on 26 June 2012, <http://www.dh.gov.uk/health/2012/06/evaluation-cancer-pilot/>

¹⁷ Department of Health, *Direct access to diagnostic tests for cancer: best practice referral pathways for general practitioners*, 12 April 2012, http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_133510

¹⁸ Pp.47-54

¹⁹ Department of Health, *End of life care strategy*, 16 July 2008, http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_086277

²⁰ Pp.55-63.

3. improve intervention rates for older people who could benefit, ensuring that age alone is never a barrier to the most appropriate treatment.

- Modelling suggests 52% of cancer patients should receive radiotherapy. In 2007, only 37% did.
- Additional investment is being made in radiotherapy. Options for developing Proton Beam Therapy are being explored. The Strategic Outline Case for the National Proton Beam Therapy Service Development Programme was published by the Department of Health on 12 October 2012. Proton Beam Therapy is not currently available in the country and patients travel overseas for treatment. The Strategic Outline Case sets out plans for the first one to be operational in 2017.²¹
- Value based pricing for drugs, including cancer drugs, will be introduced in 2014. In the interim, the Cancer Drugs Fund has been introduced.
- The average length of stay for cancer inpatient admissions varied from 5.1 to 10.1 days between PCTs.

(j) Commissioning and Cancer Networks²²

- Cancer networks, like other clinical networks, bring together clinicians from different sectors to improve pathways of care and integration.
- In the future a number of cancer services will be classed as specialised commissioning and commissioned by the NCB.
- A large amount of cancer care needs commissioning for populations of 1.5-2 million.
- The cancer strategy discusses the role of cancer networks in the future. One of the first four strategic clinical networks which will be established by the NHS Commissioning Board will focus on cancer.²³
- In 2012/13 cancer networks are funded by the Department of Health. From April 2013, the funding of clinical networks will be through the NHS Commissioning Board.
- £42 million has been allocated by the NHS Commissioning Board to support Strategic Clinical Networks and Clinical Senates in 2013/14. 12 support teams will be hosted the NHS Commissioning Board Local Area Teams.
- A range of tariffs will be developed to incentivise quality treatment.

²¹ Department of Health, *Developing a national proton beam therapy service*, 12 October 2012, <http://www.dh.gov.uk/health/2012/10/proton-beam-therapy/>

²² Pp. 19, 71-74.

²³ NHS Commissioning Board, *The Way Forward: Strategic Clinical Networks*, 26 July 2012, <http://www.commissioningboard.nhs.uk/files/2012/07/way-forward-scn.pdf>

3. Annual assessment of the cancer strategy

(a) The first annual report into *Improving Outcomes: A Strategy for Cancer* was published in December 2011.²⁴ The achievements are given as including:

- improved data collection and analysis,
- expansion of the cancer screening programmes,
- campaigns to improve the public's awareness of cancer symptoms and to encourage them to present promptly to the doctor,
- surgical training programmes, and
- reducing inpatient bed days.

(b) The following were highlighted as challenges for the subsequent year:

- moving forward on piloting flexible sigmoidoscopy bowel screening,
- a national awareness campaign on bowel cancer,
- improving diagnostic capacity and productivity,
- the needs of survivors in different post-treatment phases,
- providing information to commissioners and providers about patients' experience of care, and
- giving support to tackle issues such as information provision and better communication.²⁵

(c) The second annual report was published on 11 December 2012. This states that the data to assess whether the goal of saving an additional 5,000 lives will be met is not yet available, but that there have been improvements in survival rates. The further work to be done includes:²⁶

- Raising awareness of the role lifestyle changes can have on preventing cancer.
- Improving cancer survival rates through, for example, extending breast and bowel screening programmes, and introducing flexible sigmoidoscopy bowel screening.
- Improving the quality of life for cancer survivors.²⁷
- Improving patient experience.

²⁴ Department of Health, *Improving Outcomes: A Strategy for Cancer - First Annual Report 2011*, 13 December 2011, http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131690

²⁵ Department of Health, *Assessment of strategy for improving cancer outcomes published*, 13 December 2011, <http://www.dh.gov.uk/health/2011/12/cancer-annual-report/>

²⁶ Department of Health, *Improving Outcomes: A Strategy for Cancer Second Annual Report 2012*, 11 December 2012, pp.7-8, <https://www.wp.dh.gov.uk/publications/files/2012/12/cancer.pdf>

²⁷ For further information on this point see: Department of Health, *Cancer survivors give their views in pilot survey*, 11 December 2012, <http://www.dh.gov.uk/health/2012/12/cancer-proms/>