Cancer Research UK: Our vision and strategy

Sara Hiom, Director of Early Diagnosis and Cancer Intelligence, CRUK
OUR AMBITION:

Accelerating progress to beat cancer sooner

1 in 4 today’s survival rate

2 in 4 survival rate within the next 20 years

3 in 4 1970s survival rate
How we’ll do it – our internal accelerators

In the 1970s, only a quarter of people survived cancer. Today half do. This is good progress, but it isn’t enough. Looking to the future, we want not only to contribute to further progress, but to accelerate it.

1 in 4
1970s

2 in 4
today’s

Picking up the pace
Our new strategy sets out how we will all come together to achieve this challenging ambition. To make it sooner, we need to be stronger, bolder and sharper.

...through our brand
Bringing the stark on

...through fundraising
Innovating, smartly investing in our products so we can grow in the short and long term, building strategic partnerships with new and existing supporters.

...through our research
Innovating research in exciting new ways, targeting early diagnosis and turning scientific knowledge into action.

...with and for patients
Activating long-term relationships with those closest to cancer, meaningfully involving patients across all areas of our work, giving every cancer patient the chance to be well-informed.

...through our campaigning
Making our campaigns count for more, helping people to take action that can reduce their risk, giving our activism its biggest voice.

...through our people
By making leadership a priority, building capability across our teams, while maximising our reach as we work to bring the best into play, sharing momentum and performance.

...through our technology
To maximise the impact of our work, we will utilise digital resources to our advantage and bring science and innovation to our organisational priorities.

...by raising our game
We will take the pace we need to raise more efficiently, thinking bigger and engaging more people, companies, communities and partners to be passionate about everything we do. Working as one team, we’ll be stronger than ever.

Let’s beat cancer sooner.
We want to accelerate progress and see three quarters of people beat cancer in the next 20 years

Bolder...
Bravely tackling the challenges of cancer through our research, partnerships and relationships. An ambition to dramatically accelerate the delivery of breakthroughs and to grow our influence.

Sharper...
All of us contributing and working smarter so we use what we’ve got to maximum impact. An ambition to continually improve so we can reach our potential to accelerate progress.

Stronger...
Strengthening our profit and relationships for our cause. An ambition to grow our fundraising by over 60% in the next ten years.

Making it sooner
Every step we take towards accomplishing this ambition relies on every hour and every person – you are part of the journey that will bring forward the day when all cancers are cured.

3 in 4
within the next 20 years
Opportunities to make a real difference

Organisational ambition to see 3 in 4 patients surviving the disease within the next 20 years

+25%

Potential impact across the patient pathway

Prevent  Diagnose  Treat

+5%  +9%  3 to 4%

Our Statistics team quantified the impact of P&I activity on increasing cancer survival rates by 25% (from 1 in 2, to 3 in 4, as the ambition states). The analysis suggests that policy and information could contribute over half of the progress towards our organisational ambition if we fully achieved our objectives. So our role is vital.
P&I strategy framework

Optimise the wider CRUK environment

Prevent

Diagnose

Treat

Optimise the pathway

Build our brand in order to better deliver impactful health messages

Public

Patients

Key Opinion Leaders

Healthcare Professionals

Audience definitions: KOLs = those making decisions and those who influence those people. HCPs = those working in the healthcare system (can therefore include overlap with KOLs). Patients = Those diagnosed with cancer and their loved ones. Public = everyone else. For further detail on definitions see definitions slide.
ENSURE APPROPRIATE RECOGNITION, MANAGEMENT AND REFERRAL OF PATIENTS IN PRIMARY CARE

- There has been a significant increase in urgent referrals for suspected cancer in recent years
- We’re anticipating that this will increase with changes to referral thresholds recommended by NICE
- Implementation of NICE is at a relatively early stage, and we need greater adoption if the promise of a lower threshold is to be realised
SOME OF OUR ACTIVITY AND ACHIEVEMENTS

• Expansion of facilitator programme and advances in reporting
• Development of resources to support implementation of NICE recognition and referral guidelines
• Planning and delivery of National Cancer Diagnosis Audit
RCGP Vision

‘Excellence in General Practice for Patients Worldwide’
RCGP - Clinical Innovation and Research Centre

- Improves how GPs deliver patient care at an individual and national level. From improving end of life care services to communities in the North East to keeping the population safe from infectious diseases across England.

- Working with our 50,000 members, we are leading on transformative change to ensure that primary care is clinically effective and sustainable for the future.

- Quality Improvement
- Care Planning
- General Practice at Scale (Federation)
- Patient Online
- Research
- Clinical Advisers
- Clinical Priority Programme
Clinical Priority and Spotlight Project applications

Invitations for Expressions of Interest: Clinical Priority Programme and Spotlight Projects

Applications are now open for both the Clinical Priority Programme (projects of three year duration), and the Spotlight Project Programme (projects of one year duration), for a start date of 1 April 2017.

Overview

Each year the College selects a number of new clinical areas or aspects of care to join its programme to raise their profile and increase awareness both within general practice and across primary care. The current programme can be viewed on the RCGP Clinical Priority home page.

All college members, country councils, faculties, committees, boards and groups, as well as affiliated primary care societies, other royal colleges, charities and patient and third sector organisations are actively encouraged to apply.
Current Projects

- Physical Activity and Lifestyle
- Mental Health
- Perinatal Mental Health
- Cancer
- Autism
- Liver Disease

*Ranking as voted by the membership

Examples of OUTPUTS:

- Toolkit – Providing Links, sharing best practice, Recommendations, Templates
- Events – to promote and engagement with clinicians and Organisations
- Position Statement – the College Position on the Clinical Area - Approved by Council

TARGET (Treat antibiotics responsibly, guidance, education tools)
- End of Life Care
- Sepsis
- HIV/Sexual and Reproductive Health
Clinical Advisers

CLINICAL ADVISERS CONSULTATIONS 2016

- 39% Consultations from NICE
- 61% Consultations from other organisations
CRUK and RCGP strategic partnership

Cancer as an enduring clinical priority

Cascade, Manchester, 13 October 2016
BACKGROUND: ENDURING CLINICAL PRIORITY 2012-2017

WHAT IS IT:

- A collaboration between CRUK and RCGP: building on respective strengths/expertise
- First ever ‘enduring priority’ intended to signal recognition of its importance as a clinical issue for GPs

AIMS AND OBJECTIVES:

- Develop and implement a strategy for primary care
- Promote models of best practice and pathways of care and develop learning and educational resources
- Promote high quality care for patients with cancer and those in whom it is suspected through GP curriculum and CPD
- To work effectively with partners and key stakeholders on matters related to cancer care
WHAT DOES THE CLINICAL PRIORITY INVOLVE?

- Strategic partnership steering group
- Clinical champion and clinical fellow
- Work-plan

What’s in our work-plan?

<table>
<thead>
<tr>
<th>2016/17</th>
<th>Cascade &amp; Faculty events</th>
<th>National Cancer Diagnosis Audit</th>
<th>Prevention top tips tweets</th>
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<tbody>
<tr>
<td></td>
<td>Cancer toolkit</td>
<td>E-cigarette position statement</td>
<td>RCGP &amp; medical school curriculum</td>
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<td></td>
<td>E-learning module on VBAs</td>
<td>Community diagnostician role</td>
<td>Joint position statement</td>
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GOING FORWARD

EXTENDING THE PRIORITY STATUS:

- Re-application due end October 2016
- Achievements to date, yet more work to do
- Support from cancer leaders
- Demonstrating impact of Cascade
- Priority areas to focus on
DISCUSSION

EXTENDING THE PRIORITY STATUS:

- Why do you attend Cascade events?
- What has been the impact for you on your clinical practice?
- What have you implemented locally after attending Cascade events?
- Would you support our re-application? Why?
- What should we focus on going forwards? What is the greatest need for cancer champions across the country?
- What would your recommendation to RCGP be?