The National Cancer Programme

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Introduction

- Recap the independent Cancer Taskforce
- The national cancer Programme Strategic Priorities
- Updates on progress so far
- An introduction to Cancer Alliances and Vanguards
Background

• The NHS Five Year Forward View (FYFV) identified cancer as a priority area.

• The Independent Cancer Taskforce was established in January 2015 to produce a new five-year vision for cancer services in England.

• Report *Achieving World-Class Cancer Outcomes* published in July this year.

• Implementation plan *Taking the Strategy Forward* published in May 2016.
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

• The independent Cancer Taskforce was established in January 2015 to produce a new five-year national cancer strategy for England, delivering this vision

• Chaired by Harpal Kumar, Chief Executive of Cancer Research UK, but drawing representatives from right across the health system.
The National Cancer Programme
Governance

Five Year Forward View Board

National Cancer Advisory Group
National Cancer Transformation Board

National Cancer Senior Management Team

Prevention workstream
Early Diagnosis workstream
Patient experience workstream
Living With and Beyond Cancer workstream
High Quality Modern Services workstream
Commissioning, Provision and Accountability workstream
Six strategic priority areas to 2020/21 – key initiatives

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

- New tobacco control plan
- National childhood obesity strategy
- Alcohol evidence review

- National Diagnostic Capacity Fund
- Pilot multi-disciplinary diagnostic centres
- Implement Faster Diagnosis Standard

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

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

- National Cancer Patient Experience Survey
- Patient online access to test results
- Access to Cancer Nurse Specialist or other key worker
Six strategic priority areas to 2020/21 – key initiatives

Transform our approach to support people living with and beyond cancer

• Roll out Recovery Package
• Risk-stratified follow-up pathways
• New Quality of Life measure

Modernise radiotherapy equipment
• Improve access to molecular diagnostics
• Focus on workforce capacity

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

Overhaul processes of commissioning, provision and accountability

• Launch integrated Cancer Dashboard
• Cancer Alliances nationwide
• National Cancer Vanguard
Some specific updates on implementation
Cancer dashboard

- Approximately 20 indicators, cut nationally and by CCG and provider
- Easy visualisation and track progress towards taskforce ambitions
- Show how local areas are contributing to taskforce priorities
- Phase 1 launched in May
- Ongoing process - future phases are currently being planned to improve functionality and include new metrics
National Diagnostic Capacity Fund - Introduction

• Immediate £12m investment in diagnostic capability and capacity
• First year of multi-year programme
• Aim:
  • Improve performance against 62-day cancer waiting time standard
  • Improve patient experience
  • Reduce variation in 62-day performance
  • Support performance across RTT and other diagnostic pathways
• Focus in two areas:
  • Existing projects that can be scaled up or improved
  • New projects where demonstrable benefit will be delivered in-year
National Diagnostic Capacity Fund - Approach

• Working through regions to identify suitable projects
• Regions score and assess bids
• National assessment panel review and moderate regional scores
• Final allocations should be confirmed soon, and we will begin planning for future years of the fund.
28 Day Faster Diagnosis Standard - Introduction

- Key taskforce recommendation that all patients should receive a ‘definitive’ diagnosis of cancer or have cancer ‘definitively’ ruled out within 28 days of an initial referral (and 50% within 14 days)
- Aim to speed up access to diagnosis and ensure that patients who aren’t diagnosed do not wait and worry
- ‘Early priority’ and a Secretary of State commitment
- Initially test in five areas of the country – at least one in each region (two in the North)
- Full roll out by 2020
28 Day Faster Diagnosis Standard – Approach

- Have selected four sites (still seeking one in the Midlands and East region):
  - Leeds
  - East Lancs
  - Kingston
  - Bournemouth
- Two main objectives:
  - Robustly test and develop rules
  - Explore impact on services of delivery of the FDS
- Work collaboratively across five sites to develop approach
  - Shared learning
  - Build new standard from the ground up
  - Develop and streamline good practice – set standard on that basis
- Have begun to work with sites to explore practical and operational realities
  - Clock start/stop
  - Data items for collection
  - Data collection strategy
  - Agreed financial allocations
The ACE programme

• 60 projects exploring a range of innovative concepts
• Wave 2 launched July 2015
• Comprises a cohort of 6 projects
• Focussing on multi-disciplinary diagnostic centres
• Patients with non-specific or vague but concerning symptoms
• The programme is currently in the design and planning stage
• Wave 2 is currently timed to report by end 2018
Look ahead

• Annual report scheduled for Autumn 2016; will include a look ahead to next year
• A number of crucial recommendations this year will have big impact over future years:
  • Alliances
  • 28 Day Faster Diagnosis Standard
  • Diagnostic Capacity Fund
  • Vanguard
  • Prevention strategies
• Through business planning, we will be establishing a more concrete view of what we can deliver next year
Cancer Alliances – objectives

• Planning and leading the delivery of the transformation required to **implement the Cancer Taskforce strategy locally**, taking a whole-pathway and cross-organisational approach.

• **Reducing variation in outcomes** and access to high-quality, evidence-based interventions across whole pathways of care and for the Alliance’s whole population.

• Exploring the potential to take on **devolved responsibilities for outcomes and funding** across pathways for their local populations, based on learning from the National Cancer Vanguard.
Cancer Alliances

• This is not separate to the STP process. Alliances will be producing delivery plans to add the next layer of detail on STPs.

• Alliances will need support – this will be determined locally, but we expect this will be provided in part by Clinical Network staff.

• The establishment of Alliances does not change the statutory responsibilities of individual members.

• The progress made by Cancer Alliances in leading improvements in cancer outcomes will be highlighted by performance against:
  • the integrated cancer dashboard
  • metrics associated with Alliance action plans
Cancer Alliances and vanguards

Cancer Alliances
- National Cancer Transformation Board
- National Cancer SMT
- Oversight Group

Cancer Vanguard
- Royal Marsden
- Christie
- UCLH

Cancer Alliances
Responsible for:
- Planning and leading delivery of the Cancer Taskforce strategy locally, taking a whole-pathway and cross-organisational approach.
- Working across and with STPs to provide the detail on cancer.
- Reducing variation in outcomes and access to high-quality, evidence-based interventions across whole pathways of care.
- Explore the potential to take on devolved responsibilities for outcomes and funding across pathways.

Stepping stone to a new way of commissioning and delivering cancer services which is being tested in the Cancer Vanguard.

Five Year Forward View
Cancer Alliances – how are they different?

- Specific focus: implementation of Cancer Taskforce strategy
- Whole population and cross-organisational approach: in line with current policy direction (e.g. STPs, new care models)
- New Cancer Dashboard: supports Alliances to look across whole pathways of care
- Development over time: Alliances will explore implementing new commissioning and provider models, including those being tested by the Cancer Vanguard. At the same time, our ambition is, over the coming years, to give Alliances more and more levers and control over budgets
National Cancer Vanguard – objectives

- To refocus funding and activity across pathways, shifting from treatment of late stage cancers to prevention and early diagnosis
- To reduce unwarranted variation by implementing best practice solutions across whole pathways, from prevention through to end of life.

This will be achieved by:
- Transforming the system architecture, e.g. putting in place robust governance models, creating sector-wide single cancer budgets and lead provider models
- Workforce enablers, e.g. sharing capacity and capability across organisations
- Digital/information sharing enablers, e.g. ensuring that patient records are available in all settings
- Outcomes/analytics enablers, e.g. establishing a centre for cancer outcomes across the three Vanguard localities
Accountable Care Organisations:

- Current system is a barrier to integrated care – payment incentives are misaligned and reinforce organisational boundaries
- Aim of ACO model is to incentivise collaborative working through risk sharing, outcomes focus and use of financial incentives
- ACO model can be a key enabler for taking a whole-pathway focus, shifting resources and therefore improving outcomes
Questions Welcome!