

Sunday 19 July, 2015

TASKFORCE REPORT AIMS TO BOOST CANCER SURVIVAL AND TRANSFORM PATIENT EXPERIENCE

SIX STRATEGIC priorities have today (Sunday) been recommended by the Independent Cancer Taskforce to help the NHS achieve world-class cancer outcomes.

The cancer report* outlines how an additional 30,000 patients every year could survive cancer for 10 years or more by 2020. Of these, around 11,000 would be through earlier diagnosis.

The plan, which aims to make substantial improvements in cancer care in England, comes at a time when cancer cases are increasing. 280,000 people were diagnosed with cancer in England in 2013/14 and this is expected to reach more than 300,000 by 2020, and more than 360,000 by 2030. One in two people will develop cancer at some point in their lives.

With survival rates also increasing each year, more people are living with cancer. The report sets out proposals for how patient experience can be transformed both during and after treatment.

This hike in cancer cases, driven largely by the UK's ageing population, means that NHS cancer services are under unprecedented pressure. Resolving the pressure has been a key focus for the Taskforce.

The six strategic priorities are:

A radical upgrade in prevention and public health. The strategy outlines how the NHS should work with the Government to improve public health, including adopting a new tobacco control strategy within the next 12 months, and a national action plan on obesity. The Taskforce wants to see a reduction in smoking from 18.4 per cent now, to less than 13 per cent by 2020.

A national ambition to achieve earlier diagnosis. The ambition set out is that, by 2020, 95 per cent of patients referred for testing by a GP are definitively diagnosed with cancer, or cancer is ruled out, and that patients get this result within four weeks. This requires a significant increase in diagnostic capacity, giving GPs direct access to key investigative tests, and the testing of new models which could reduce the burden and reliance on GPs. Currently, patients urgently referred for suspected cancer by their GP need to be seen by a specialist within 14 days of referral, but no guidance exists for when patients can expect to get the results.

Patient experience on a par with clinical effectiveness and safety. The strategy recommends giving all consenting patients electronic access to all test results and other communications involving further care by 2020. Patients should also have access to a clinical nurse specialist or other key worker to help coordinate their care. The NHS must continue to develop and adopt meaningful ways to measure a patient's experience, including the annual Cancer Patient Experience Survey.

Transformation in support for people living with and beyond cancer. By 2020 every person with cancer should have access to elements of a 'Recovery Package' – a comprehensive plan that outlines treatment as well as post-treatment support and care. A national quality of life metric should be developed by 2017 to ensure better support for people after treatment has ended. Clinical Commissioning Groups (CCGs) must ensure they commission appropriate End of Life care, in accordance with NICE guidelines and the Choice Review.

Investment to deliver a modern high-quality service, including:

- A replacement plan for radiotherapy machines (linacs) as they reach 10-years and upgrading of existing linacs by the time they have been operational for six years;
- A permanent and sustainable model for the Cancer Drugs Fund to help patients get access to innovative cancer treatments;
- A nationally-commissioned, regionally-delivered, molecular diagnostics service, to guide more personalised prevention, screening and treatment;
- Plans to address critical deficits in the cancer workforce.

Overhauled processes for commissioning, accountability and provision. Clearer expectations need to be set by the end of 2015 for how cancer services should be commissioned, with most treatment then being commissioned at population sizes above CCG level. By 2016, a network of Cancer Alliances should be established across the country. These will bring together key partners at a local level, including patients. The Alliances would use a dashboard of key metrics to address variation and support service redesign.

The Taskforce has recommended that a National Cancer Team (NCT) should oversee the delivery of the Strategy.

Harpal Kumar, chair of the Independent Cancer Taskforce, said: "We have an opportunity to save many thousands of lives from cancer every year. We're better informed than ever about how best to prevent, diagnose and treat the disease, and how to deliver better patient experience and quality of life. What's needed now is action.

"Three previous cancer strategies did a great job of setting England on the path to a world class cancer service. But we are a long way from where we should be. Our expectation is that the Government and NHS will now make the investments required and implement this strategy with commitment and speed."

Simon Stevens, NHS England chief executive, said: "One in two of us will get cancer at some point in our lives, and the good news is that survival rates are their highest ever. But two fifths of cancers are preventable, and half of patients are currently diagnosed when their cancers are advanced. That's why the NHS will be backing this groundbreaking route map for prevention, earlier diagnosis, modern treatments and compassionate care, which the Taskforce estimates could save 30,000 lives a year."

Duncan Selbie, chief executive of Public Health England, said: "Four in ten cancers are preventable and without concerted action on risk factors like smoking, alcohol and diet, cancer will spread even greater misery to those affected. The Cancer Taskforce rightly state that we need a radical upgrade in prevention and public health.

“PHE plays a critical role in the national response to cancer, including providing the data and intelligence on which the NHS depends, and we warmly welcome the Taskforce’s report. We look forward to considering the recommendations, especially the action plans to reduce smoking and tackle obesity, in detail, and working with our partners to realise the vision of a society that is serious about prevention.”

ENDS

For media enquiries contact the Cancer Research UK press office on 020 3469 8300 or, out of hours, on 07050 264 059.

Notes to editor:

* *ACHIEVING WORLD-CLASS CANCER OUTCOMES, A STRATEGY FOR ENGLAND 2015-2020*

Cancer is the biggest cause of death from illness or disease in every age group, from the youngest children through to old age, with mortality significantly higher in men than in women. Death rates in England have fallen by more than a fifth over the last 30 years and by 10 per cent over the last decade. They are expected to continue to fall, with a drop of around 17 per cent by 2030. But 130,000 people still die from cancer each year – a number that has remained relatively constant as incidence has increased.

The Independent Cancer Taskforce was established by NHS England on behalf of the Care Quality Commission, Health Education England, Monitor, Public Health England, NICE and the Trust Development Authority in January 2015 to develop a five-year strategy for cancer services. The Strategy has been informed by responses to a Call for Evidence, the outputs from around 30 workshops, discussions within the taskforce itself, and wider engagement with patients and the broader health community.

Members of the Taskforce

- Harpal Kumar – Chair
- Shafi Ahmed – Royal College of Surgeons
- Jane Allberry – Department of Health
- Maureen Baker – Royal College of GPs
- Juliet Bouverie – Macmillan Cancer Support
- Adrian Crellin – Radiotherapy Clinical Reference Group
- Sean Duffy – NHS England
- Kevin Hardy – St Helens and Knowsley Teaching Hospitals NHS Trust
- Anne-Marie Houlder - NHS Stafford and Surrounds CCG
- Liz Hughes – Health Education England
- John Newton – Public Health England
- Clara Mackay – Cancer 52
- Kathy McLean – NHS Trust Development Authority
- Catherine Oakley - UK Oncology Nursing Society
- Cally Palmer – Royal Marsden
- Martin Reeves – Coventry City Council
- Mike Richards – Care Quality Commission
- Richard Stephens – Patient Representative

- Sarah Woolnough/Sara Hiom – Cancer Research UK

Appendix A – Taskforce committee welcoming statements

Clara MacKay, deputy director of Cancer52, said: “There is much to be welcomed in this strategy for all those affected by cancer. However, for rare and less common cancers the underlying principle that no two patients are the same, either in their cancer or their needs, marks a hugely positive change in approach. I am extremely optimistic about the impact that implementation of the recommendations set out in this strategy will have on the experience of rare and less common cancer patients right from diagnosis through to treatment and support.”

Richard Stephens, patient representative on the Taskforce, said: “I am pleased that this strategy has so much about patients' experience as well as outcomes. The strategy has responded to the submissions and requests we received from patients groups and from individual patients, carers and families. It stresses not only the need to give information to patients and families when and how they need it, but also the need to support patients and families in understanding their situation, and in making informed choices about it. In particular that includes having conversations about participating in research, which we know is an option that is very important to the majority of cancer patients.”

Sara Hiom, Cancer Research UK's director of early diagnosis, said: “England's cancer survival is not what it should be, and our research shows that the health service is struggling. If acted on, this strategy has the potential to transform people's experiences of cancer care as well as their chances of beating the disease. We at Cancer Research UK welcome the continued and detailed focus on earlier diagnosis and access to the best evidence-based treatment. In order for this to happen, it's imperative that the capacity issues for workforce and diagnostic testing and reporting are addressed. Making prevention a priority now will mean much-needed savings down the road for our National Health Service, as well as helping more people avoid a cancer diagnosis in the first place. These recommendations should ensure that best practice is spread across the country more rapidly, while using evidence and high quality data are essential to drive and measure change and provide the best for patients.”

Sir Andrew Dillon, the chief executive of the National Institute for Health and Care Excellence, said: “Improving the prevention of cancer, as well as the diagnosis, treatment and care of people with cancer needs a strategic approach based on solid foundations of research, evidence and expert knowledge. For the past 16 years NICE has been using expertise and evidence to improve public health, establish best practice and ensure drugs and treatments are fairly available. This strategy will help the organisations of the NHS work together to stop people developing cancers, and deliver the best results for patients and their families affected by the disease. It will also help those in the NHS caring for people with cancer – whether in the family doctor's surgery, specialist cancer services, or for those working in end-of-life care. This strategy will help to prevent, treat and manage cancer based on the best evidence and deliver the very best care consistently across the NHS.”

Juliet Bouverie, Director of Services and Influencing at Macmillan Cancer Support, said:

“We warmly welcome the publication of the Independent Cancer Taskforce’s five-year strategy for cancer in England. As one of the organisations on the Taskforce, Macmillan Cancer Support has played a central role in influencing the report. We are pleased that it reflects the issues which matter most to people affected by cancer, including that everyone experiences great treatment, care and support and enjoys the best possible quality of life. In our role, we have particularly pushed for a strong focus on supporting people throughout their treatment and beyond, including at the end of their lives.

“As the number of people living with cancer grows every day, and the NHS is pushed to its limits, cancer care in this country is at breaking point. That’s why it is vital that the government and NHS commit to implementing and fully funding these recommendations with immediate effect.”

Shafi Ahmed, Royal College of Surgeons, said: "The Royal College of Surgeons welcomes and fully supports the vision of the cancer 2020 strategy which if implemented will undoubtedly improve the quality of care for our patients with cancer."

Professor Sir Mike Richards, Chief Inspector of Hospitals at the Care Quality Commission and former National Cancer Director at the Department of Health, said: “The taskforce is an important next step to improve cancer services in England.

“The report’s emphasis on prevention, alongside a renewed focus on early diagnosis and the commitment to improve the overall experience for cancer patients either diagnosed or living with disease, is welcome.

“The report has implications for us, so serious consideration will be given to the way we assess the quality of cancer services on our inspections.”