Achieving World Class Cancer Services for England - from policy to practice

Cascade event
Leeds
11 May 2017
## Route to Diagnosis, England 2006-2008

<table>
<thead>
<tr>
<th>2006-2008</th>
<th>Screen detected</th>
<th>Two Week Wait</th>
<th>GP referral</th>
<th>Other</th>
<th>Outpatient</th>
<th>Inpatient</th>
<th>Elective</th>
<th>Emergency presentation</th>
<th>Death Certificate Only</th>
<th>Only</th>
<th>Unknown</th>
<th>Number of cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>All cancers</td>
<td>5%</td>
<td>26%</td>
<td>21%</td>
<td>10%</td>
<td>6%</td>
<td>24%</td>
<td>1%</td>
<td>8%</td>
<td>739,667</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Breast</td>
<td>28%</td>
<td>43%</td>
<td>11%</td>
<td>3%</td>
<td>1%</td>
<td>5%</td>
<td>0%</td>
<td>9%</td>
<td>110,173</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colorectal</td>
<td>2%</td>
<td>27%</td>
<td>20%</td>
<td>9%</td>
<td>9%</td>
<td>26%</td>
<td>1%</td>
<td>6%</td>
<td>91,416</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lung</td>
<td>24%</td>
<td>17%</td>
<td>10%</td>
<td>4%</td>
<td>39%</td>
<td>1%</td>
<td>5%</td>
<td>96,735</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ovary</td>
<td>23%</td>
<td>20%</td>
<td>12%</td>
<td>5%</td>
<td>32%</td>
<td>1%</td>
<td>7%</td>
<td>16,026</td>
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</tr>
</tbody>
</table>

Over half of lung, upper GI and ovarian cancers were patient initiated A & E attendances.
### Improvements in Survival

#### 10-Year Survival Changes, Since 1971

<table>
<thead>
<tr>
<th>All Cancers</th>
<th>0%</th>
<th>25%</th>
<th>50%</th>
<th>75%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testis</td>
<td></td>
<td></td>
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<tr>
<td>Malignant melanoma</td>
<td></td>
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<tr>
<td>Prostate</td>
<td></td>
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</tr>
<tr>
<td>Breast</td>
<td></td>
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<tr>
<td>Uterus</td>
<td></td>
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<tr>
<td>Non-Hodgkin lymphoma</td>
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<tr>
<td>Cervix</td>
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<tr>
<td>Bowel</td>
<td></td>
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</tr>
<tr>
<td>Bladder</td>
<td></td>
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<tr>
<td>Kidney</td>
<td></td>
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<tr>
<td>Leukaemia</td>
<td></td>
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<tr>
<td>Stomach</td>
<td></td>
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</tr>
<tr>
<td>Brain</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Oesophagus</td>
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<tr>
<td>Lung</td>
<td></td>
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<tr>
<td>Pancreas</td>
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</tbody>
</table>

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

- Discernible fall in age-standardised incidence
- Adult smoking rates should fall to 13% by 2020

Survival

- Increase in five and ten-year survival, with 57% of patients surviving ten years or more
- Increase in one-year survival to 75%, with a reduction in CCG variation
- Reduction in survival deficit for older people

Patient experience and quality of life

- Continuous improvement in patient experience with a reduction in variation
- Continuous improvement in long-term quality of life
Six strategic priorities

- Spearhead a radical upgrade in **prevention and public health**
- Drive a national ambition to achieve **earlier diagnosis**
- Establish **patient experience** on par with clinical effectiveness and safety
- Transform our approach to support people living with and beyond cancer
- Make the necessary **investments** required to deliver a modern, high-quality service
- Overhaul the processes for **commissioning, accountability and provision**
Local Integration – the key
What a Sustainable Transformation Partnership (STP) health economy looks like
Size matters!

- 44 STPs and 16 Cancer Alliances
- 3 Big STPs, all 3 co-terminus with cancer alliance footprint
  - Greater Manchester (2.8m)
  - West Yorkshire & Harrogate (2.6m)
  - Cheshire and Merseyside (2.4m)
• STPs will get 'decision rights' to reorganise Hospital Trusts and Clinical Commissioning Groups
• STP will end purchaser-provider split
• Several STP areas are moving to “accountable care” systems
Cancer as a Trojan Horse

• National mandate (FYFV and AWCCO)
• Data and analytics
  – But very light on ROI
• Political drivers
  – National>>local
• Good example of complex whole pathways (for commissioners and providers)
What now - burning platforms?

- Primary care demand and funding model
  - Scale
  - Co-dependencies
- Social care services / prevention agenda
  - Cost pressures
  - Models of care
- Secondary / tertiary care
  - Demand
  - Stand alone models
Emerging models in England

The Kings Fund

Mainstreaming PACS and MCPs: sharing the learning

Tuesday 21 March 2017
What does a good system look like – my 5 rules?

1. Agreed and adhered to pathways of care from the first attendance with symptoms through to treatment, survival and end of life care.
2. Clinical guidelines that underpin these pathways based on the best available evidence.
3. A mechanism and agreement on the best metrics that ensure compliance with pathways and guidance.
4. A transparent way of describing outcomes to ensure variation is minimized or removed.
5. An ability on the basis of data and outcomes to innovate and change.
The cancer journey
Better cancer services every step of the way

The Lancet Oncology Commission

The expanding role of primary care in cancer control

Lessons to learn – delivery!!

New care models
Emerging innovations in governance and organisational form

Author
Ben Collins
October 2016

Connecting Care in Wakefield
Evaluation report
January 2017
The Bridge

• Evidence accrual essential – the next generation of Outcomes Guidance
• Shift however is to more real time adaptive approaches using “real-time” data on outcomes
• Can we have both?
Logic models – discuss!

The Wisconsin Model

One of the most common formats for logic modelling comes from the University of Wisconsin’s United Way programme which is itself drawn from work on log frames. There are references at the end of this Guide.

Here are the components of the logic model framework:
My parting shot!!

- Experience of care
- 1-year survival (and rolling quarterly update)
  - 1-year survival timed profile
- Curative stage rates at diagnosis
- Emergency presentation rates at diagnosis
- 30-day mortality related following cancer treatment
- Preferred place of death
Questions ?