

Achieving World-Class Cancer Outcomes: A Strategy for England 2015-2020



Progress Report 2016-17

NATIONAL CANCER TRANSFORMATION PROGRAMME

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Foreword

The independent Cancer Taskforce set an ambitious aim for the NHS to make significant progress in reducing preventable cancers, increasing cancer survival and improving patient experience and quality of life by 2020.

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In this second year of a five year programme to implement the cancer strategy, we have made rapid progress in a number of key and high-impact areas. This includes working with colleagues across the country to establish the infrastructure and environment to deliver transformation in outcomes that will benefit all patients, regardless of their age or ethnicity, where they live or what type of cancer they have.

Survival rates for cancer in this country have never been higher, and overall patients report a very good experience of care. However, we know there is more we can do to ensure patients are diagnosed early and quickly and that early diagnosis has a major impact on survival. We also know that patients continue to experience variation in their access

to care, and this needs to be addressed. Early diagnosis, fast diagnosis and equity of access to treatment and care are central to the National Cancer Programme and the transformation of services we want to achieve by 2020/21.

Progress during the year has been significant. We have made a commitment of £130m for technology and equipment to ensure all patients have access to the best and latest radiotherapy treatment, wherever they live. We are also investing £200m to accelerate the rapid diagnosis and assessment of patients and to enhance their quality of life.

This is a time of unprecedented advance in our knowledge and understanding of the causes of cancer and ways to treat it more effectively.

We have a new generation of smarter, kinder treatments which target cancer more precisely to improve survival and minimise the side-effects of treatment. It is our responsibility to ensure that we can embed these new treatments in routine healthcare as quickly as possible, and we are working with the National Institute for Health and Care Excellence and the Cancer Drugs Fund to ensure we are able to do so.

We have established Cancer Alliances across the country to bring clinical leaders and teams together to transform diagnosis and treatment in their local areas. Cancer Alliances are already testing new models of rapid diagnosis and assessment which are scalable and can be rolled-out more widely for patient

benefit. This includes nine multidisciplinary diagnostic centres and the development of diagnostic networks.

While we increase the numbers of people surviving cancer, we must make sure the quality of their lives following cancer is as good as it can be. Providing a Recovery Package and moving to personalised follow-up care after treatment is crucial, and part of our £200m investment over the next two years will enable us to achieve this. The world-leading work we are undertaking to develop a long-term quality-of-life metric will be piloted in five areas from October 2017. For the first time, this will allow us to assess the quality of survival alongside survival rates, so that we can identify where additional support is needed.

Since the publication of the Cancer Taskforce strategy, we have continued to see increasing demand on services, with one of the eight cancer waiting times standards not having been met for several years. We are focusing specifically on the cancer 62-day referral-

to-treatment standard ahead of the introduction of a new standard to give patients a definitive diagnosis within 28 days by 2020. We know that meeting this standard will depend on doing things differently so that we can use precious resources wisely.

Delivery of the cancer programme depends on the people working within it; our workforce is crucial. We must make sure that while we address gaps in provision now, we are investing in the future shape of the workforce to meet the new demands of a personalised cancer service. Health Education England has been working with Cancer Alliances, charities, healthcare professionals and others to develop a cancer workforce strategy for publication by the end of the year.

We appreciate the support of all our colleagues on the Cancer Transformation Board and National Cancer Advisory Group in helping us to make significant progress this year, and particularly want to thank all staff working throughout the NHS who show their expertise, commitment and dedication every

day in caring for cancer patients. We believe the NHS is in a good position to achieve the Taskforce recommendations by 2020/21 and to improve prevention, survival and quality of life, and provide the very best cancer services to patients everywhere.



Cally Palmer

Cally Palmer CBE
National Cancer Director



Chris Harrison

Chris Harrison
National Clinical Director
for Cancer

Highlights of the Year

More than

£200m investment



in cancer services over the next two years to accelerate rapid diagnosis and enhance quality of life.



Five

Faster Diagnosis Standard

pilot sites have started testing new clinical pathways to ensure that patients find out within 28 days if they have cancer.

£130m

commitment for new technology and equipment to ensure patients have access to the best and latest radiotherapy treatment, wherever they live.



23 NHS trusts

have now received new and upgraded radiotherapy machines. 50 more new radiotherapy machines to be rolled-out in at least 34 hospitals.



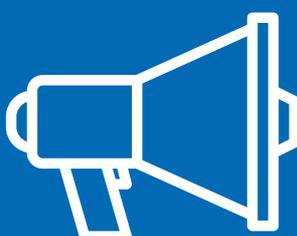
19 Cancer Alliances

now fully established, with the first wave of funding allocated to local areas.



A NEW Be Clear on Cancer campaign

pilot launched in February 2017, in east and west Midlands, to encourage early diagnosis of cancers.



Speeding up access to endoscopy services by training more non-medical endoscopists – on track to meet the target of achieving

200 new trainees

by the end of 2018.

7

More new cancer drugs

have been made available through the Cancer Drugs Fund, benefiting more than 15,000 patients since July 2016.



The National Cancer Patient Experience Survey shows continuing

positive patient experiences

of care overall.



Greater focus on the

62-day

cancer waiting time target with investments in pathway coordinators and redesigned, quicker clinical pathways.



Five Cancer Alliances have started to pilot a

new quality of life metric

to measure long-term outcomes for patients after cancer treatment.



Coordinating cancer care

Cancer care in England is better than it's ever been, with more people surviving cancer and more people satisfied with the treatment they receive. When the independent Cancer Taskforce developed recommendations to achieve world-class cancer outcomes, one of its main priorities was to make cancer care more coordinated.

It noted that care for cancer patients often involved a number of different organisations, and that patients had to repeat their story to many different professionals. To tackle this, the Taskforce recommended a more joined up approach across larger geographical areas. As a result in the last year, we have seen Cancer Alliances established across the country.







Alliances are working with their stakeholders to look at cancer outcomes for their populations and to identify where and how they can work together more effectively to provide services which meet patients’ needs and achieve better results. They have been tasked with ensuring world-class cancer outcomes across the country.

In March 2017, the Cancer Alliances finalised delivery plans showing how they will:

- ensure collaborative working across their locality
- align with local Sustainability and Transformation Partnerships

- focus on place-based approaches to improving cancer outcomes
- implement the recommendations of the Cancer Taskforce
- use additional transformation funding to achieve earlier and faster diagnosis
- roll-out personalised care and support for people during and after their cancer treatment.

The Cancer Vanguard

Three Cancer Alliances were set up a year early and joined together to form the Cancer Vanguard to test ways of working and models of care that

could be rolled-out by the other Alliances. The Cancer Vanguard acts as a test-bed and blueprint for future care across the rest of the NHS, and has already developed models of care now being adopted across the country.

The Cancer Vanguard has also established tools to measure cancer outcomes consistently across the NHS. It has developed information sharing systems, which formed the basis of the Cancer Dashboard – an online resource that aims to present important cancer-related data and information in one accessible place – and it has implemented a



Cancer Vanguard Pharma Challenge

pan-Alliance analytical function, which will be rolled-out nationally in the new Cancer Alliance Data, Evidence and Analysis Service. Working in partnership with the charity iWantGreatCare, it has also developed an innovative cancer patient feedback system which is now being used by many organisations that provide cancer care. This new system collects real-time patient feedback at key points in the patient care pathway so that it can be fed back and used by those redesigning services to put patient experience at the heart of service improvement.

The Pharma Challenge, organised by the Cancer Vanguard, saw 22 companies from the pharmaceutical industry present ideas for improving patient outcomes to a panel of cancer experts. Six of these ideas were chosen for implementation.

These included Sandoz's biosimilar educational materials which have already improved healthcare professionals' understanding of medicines, resulting in the introduction of the first biosimilars in haematology and oncology. Biosimilar medicines are biological medicines which are highly similar to another biological medicine already licensed for use. More than 50% of all Rituximab medication in the NHS is now using a biosimilar and it is anticipated that the NHS could save around £65m a year through its use.

Other chosen projects included new chemotherapy medicines from biotechnology firm Amgen that can be delivered closer to home in local hospitals and GP surgeries or in patients' homes, and a toolkit enabling NHS organisations to deliver out-of-hospital administration of denosumab, a medication used to help prevent serious bone problems that sometimes affect breast cancer patients.



Cancer Alliances

North

Cheshire and Merseyside
Humber, Coast and Vale
Lancashire and South Cumbria
North East and Cumbria
South Yorkshire, Bassetlaw, North Derbyshire and Hardwick
West Yorkshire

Midlands and East

East of England
East Midlands
West Midlands

London

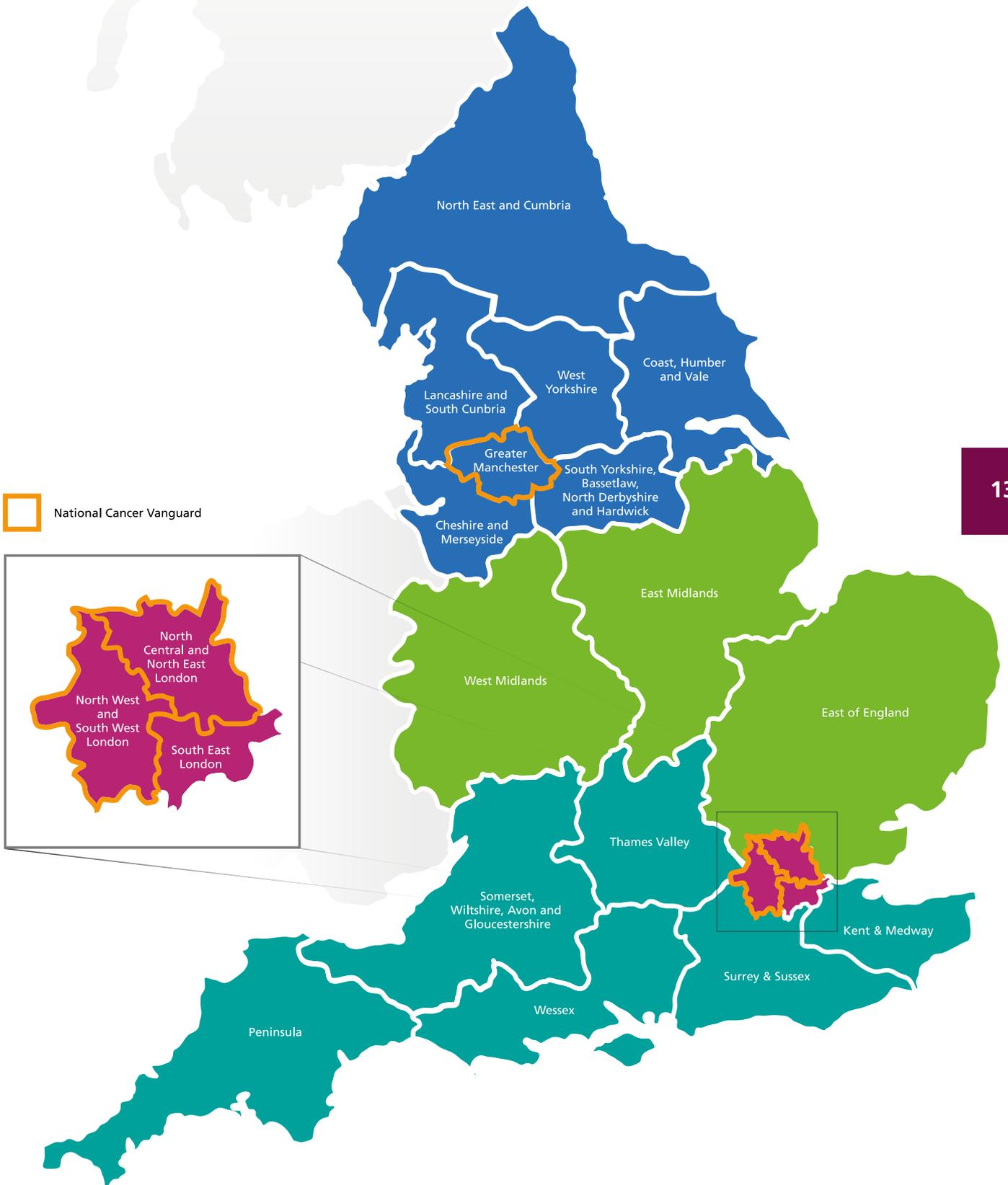
South East London

South

Kent and Medway
Peninsula
Somerset, Wiltshire, Avon and Gloucestershire
Surrey and Sussex
Thames Valley
Wessex

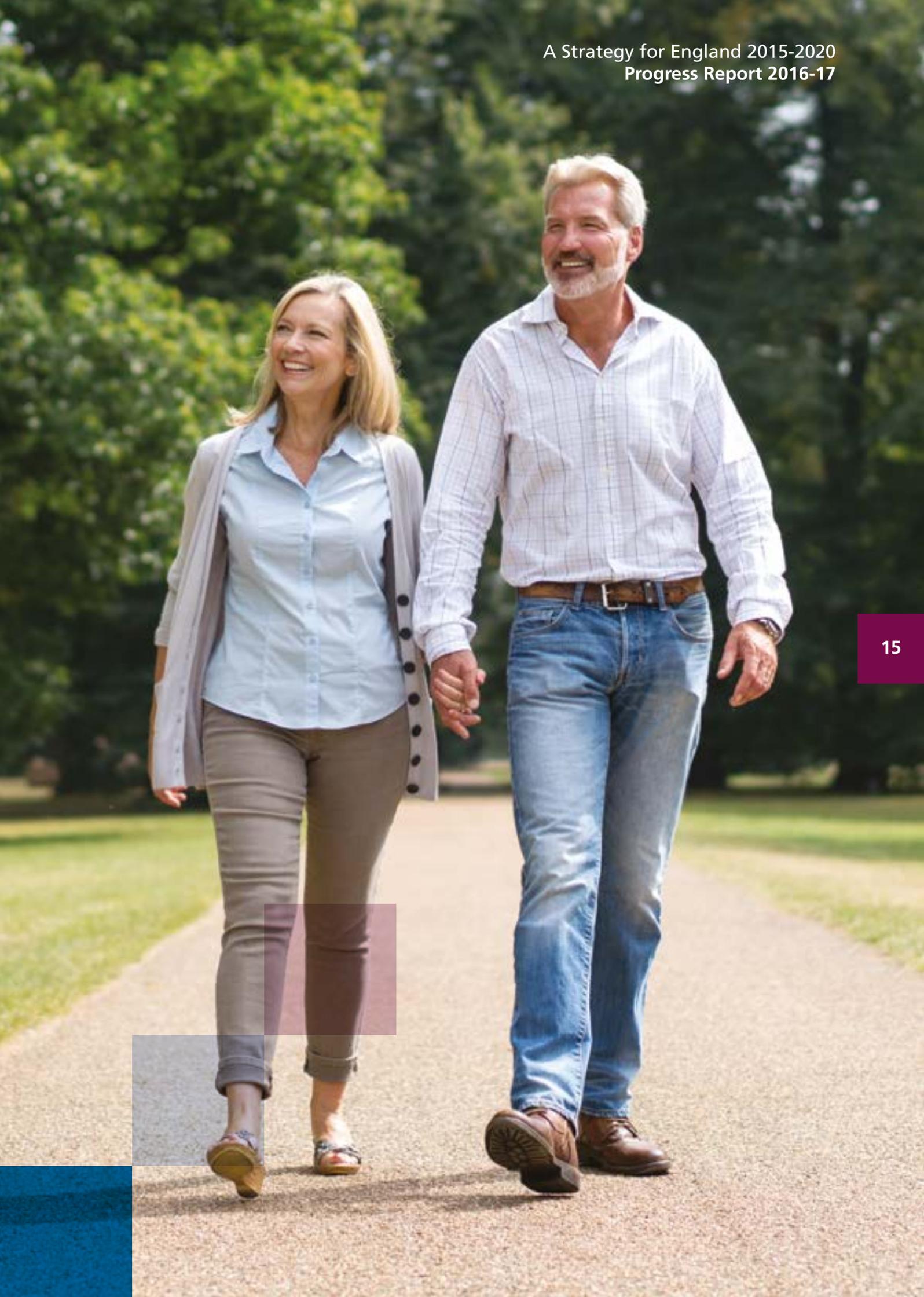
National Cancer Vanguard

Greater Manchester
North Central and North East London
North West and South West London



Preventing cancer

New cancer tests and new cancer drugs are helping to transform cancer diagnosis and treatment. Exciting developments in cancer genomics will have an increasingly positive impact upon outcomes and survival rates. But we want to build on the progress we have made in helping to prevent cancer by encouraging people to change their behaviour in relation to diet, exercise, smoking and alcohol.





Public health

In leading the cancer prevention and public health work-stream of the national strategy, Public Health England (PHE) is working with partners across the system to reduce the incidence of cancer by changing behaviours through eliminating or reducing harm, and improving protection. Current programmes focus on reducing childhood obesity, through the Childhood Obesity Plan, facilitating steps towards a smoke-free generation and supporting the implementation of evidence-based interventions and policies to reduce alcohol-related harm.





Tobacco Control Plan

Smoking is the leading cause of preventable illness and premature death in England, which is why there has been a significant focus on prevention plans since the National Cancer Programme was established. Over the past three years, we have seen 300,000 fewer smokers in England – the lowest smoking rate since records began.

Our vision is to create a smoke-free generation, reducing smoking prevalence to 5% or less.

In July 2017, the government published 'Towards a smoke-free generation: Tobacco Control Plan for England', which sets out the national ambition to deliver this vision. The latest Tobacco Control Plan aims to:

- reduce the number of 15-year olds who regularly smoke from 8% to 3% or less
- reduce smoking among adults in England from 15.5% to 12% or less
- reduce the inequality gap in smoking prevalence between those in routine and manual occupations

compared to the rest of the population

- reduce the prevalence of smoking in pregnancy from 10.5% to 6% or less.

A whole-system approach is being taken to achieve these ambitions by 2022. The plan sets out the roles of PHE and NHS England in providing national leadership, and the need for close working across local healthcare systems to deliver targeted, evidence-based interventions to support smokers to quit.

Alcohol

In December 2016, PHE published the Alcohol Evidence Review. It provided an overview of alcohol-related harm including links between alcohol and cancer in England and the effectiveness of alcohol control policies.

PHE continues to provide advice to the Department of Health and Home Office on how alcohol harm evidence should be interpreted, in order to develop policies to reduce it.

Diet and obesity

Evidence shows that obese people are at increased risk of developing certain cancers; for example, being three times more likely to develop colon cancer. It is therefore vital that we continue to develop holistic and broad approaches to tackling diet and obesity if we are to prevent more cancers in the future.

Reducing obesity, particularly among children, is one of the priorities of PHE. Its aim is to increase the proportion of children leaving primary school with a healthy weight, therefore reducing the risk of children developing a number of diseases later in life, including cancer.

In August 2017, a year after the launch of 'Childhood obesity: a plan for action', the Department of Health commissioned PHE to develop a programme to remove excess calories from the foods children consume the most. This will involve consulting with key businesses in the food industry, trade bodies and health NGOs to develop the ambition and timeline for the programme, which will be published in early 2018.

HPV primary screening

In 2015, the Cancer Taskforce recommended changes to the national cervical screening programme to prevent more cervical cancers.

More than 99% of cervical cancers are caused by Human Papilloma Virus (HPV), so the National Cancer Transformation Programme is going to introduce primary HPV testing for cervical cancer which will see more than three million women a year tested and could prevent around 600 cancers a year. The new cervical screening programme is on course to be introduced from April 2019 and will mean women will be tested first for the Human Papilloma Virus (HPV), and then, if the virus is detected, will be monitored more closely to prevent the virus developing into a cancer.

NHS England has been working with Public Health England and others to assess the workforce impact of this new approach to cervical screening, to develop commissioning and procurement strategies for the reconfiguration of laboratories and to produce guidance for a new call/recall system.





Diagnosing cancer **earlier** and faster

Cancer survival rates in England are higher than they have ever been and earlier diagnosis is the key to improving survival rates further. Early diagnosis means patients can receive treatment when there is a better chance of achieving a complete cure.







New models of care

We are shifting to earlier and faster diagnosis by increasing public awareness of the signs and symptoms of cancer, by encouraging people to seek medical advice if they have concerns and by making sure health services act swiftly to ensure rapid diagnosis.

The independent Cancer Taskforce Strategy contained specific recommendations on early and rapid diagnosis, including:

- piloting and rolling-out new evidence-based models of care to diagnose cancer earlier
- introducing a new standard that would ensure patients received a cancer diagnosis or an 'all clear' message within 28 days of being referred by their GP for cancer tests
- the introduction of a new test to diagnose bowel cancer earlier
- national publicity campaigns to encourage those with symptoms to seek medical advice.

In 2016, NHS England made more than £200m available to Cancer Alliances over the period 2016-2018 to help develop new models of care that will transform services by speeding up diagnosis. The Cancer Alliances have developed bids for funding in four areas:

- Whole pathway redesign
- Early access
- Rapid Diagnostic and Assessment Centres
- Secondary care networks



Earlier cancer diagnosis thanks to digital technology

A pioneering project in Leeds to speed up cancer patients' test results and diagnoses is to be rolled-out in hospitals across West Yorkshire and Harrogate.

The Leeds Teaching Hospitals NHS Trust (LTH) is one of a small number of cancer centres to establish a digital pathology centre of excellence. With investment from LTH's Charitable Trustees, the NHS Trust has piloted the use of digital technology to scan specimen slides produced in their laboratory. Pathologists make diagnoses on a high-resolution computer display, speeding up the process and enabling the results to be stored and accessed securely online.

The technology can improve survival rates through earlier diagnosis and it paves the way for experts worldwide to collaborate on complex or rare cases.





Early Access

Early Access interventions are designed to increase the number of early cancer diagnoses at stages 1 and 2 and reduce the number of late cancer diagnoses that are often made in emergency settings.

We are improving early access by...

- Using more low-dose computerised tomography for diagnosing lung cancer
- Increasing the uptake of bowel cancer screening
- Putting in more support and training for GPs



Whole Pathway Redesign

Whole pathway redesign is intended to reduce the time taken to diagnose cancer and reduce variations in access and outcome across the country.

We are improving patient pathways by...

- Standardising and streamlining the diagnosis and treatment for lung, prostate, and upper and lower gastrointestinal cancers (these account for about a third of new cancer diagnoses every year.)
- Greater use of MRI – magnetic resonance imaging – for prostate cancer patients
- Use of FIT (the faecal immunochemical test) for patients with symptoms of upper and lower gastrointestinal cancer



Rapid Diagnostic and Assessment Centres

Rapid Diagnostic and Assessment Centres are being established as “one-stop shops” for cancer diagnosis to reduce time-to-diagnosis and time-to-first treatment.



Secondary Care Networks

Secondary Care Networks are being set up to share new ways of improving patients’ experience of cancer care and to make the very best use of the cancer workforce.

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Supermarket scans boost early lung cancer diagnoses



A Manchester lung cancer pilot, offering smokers and ex-smokers free health checks and on-the-spot scans, has proved so successful it is being rolled-out more widely.

A pilot programme that scanned more than 2,500 people in three deprived areas of Manchester, where lung cancer is more prevalent, discovered 46 cases of cancer. Of these, 80% were early stage one and two diagnoses. This pilot programme quadrupled the early diagnosis rates for lung cancer in Manchester.

Now the scheme, funded by Macmillan Cancer Support and the Manchester Clinical Commissioning Groups through the Macmillan Cancer Improvement Partnership, is being rolled-out across the whole of north Manchester, an area which has the highest number of lung cancer deaths among the under-75s in England.

Michael Brady, 64, was one of the people diagnosed with early stage lung cancer after having a scan while out shopping. "I wasn't there long – only 20 minutes – and within a week I had an appointment at the hospital," he said. "This lung scan saved my life."

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Early diagnosis

In February 2017, Public Health England launched the latest Be Clear on Cancer campaign, a new regional pilot focusing on abdominal symptoms such as persistent diarrhoea, bloating or discomfort. This involved a new approach, which aimed to move the campaign from focusing on a single sign or symptom, to communicating a range of symptoms that could be experienced in a single area of the body, which may indicate a range of cancers.

The messaging was developed in collaboration with clinicians and the relevant charities and was tested extensively with the target audience of adults aged 50 or over from lower socio-economic groups.

Feedback has been positive, with more than 90% of the target audience saying the adverts made them realise certain symptoms could be a sign of something serious and well over 80% saying the adverts made them more likely to go to a GP.



Opticians fast-tracking tumour diagnoses



A new initiative allowing optometrists to make direct patient referrals to specialist neuroscience services is leading to earlier diagnoses of brain and central nervous system tumours in the north east of England.

Opticians that detect specific changes in patients' neural pathways during routine eye examinations, including swelling of the optic nerve or changes in vision, can now make direct referrals for consultation with a specialist. Previously, they would advise patients to see their GPs, who would then refer them to outpatient clinics lengthening the time to diagnosis and treatment. This inevitably meant poorer outcomes for patients.

The South Tees Optical Referral project – a unique partnership between local optometrists, Macmillan Cancer Support and the South Tees Hospitals NHS Foundation Trust – has already led to one patient, who was referred by their optician after a routine examination, undergoing life-saving cranial surgery to remove a tumour just eight days later.

Having been adopted by 27 optician practices, treating more than 200,000 people in Middlesbrough and Redcar and Cleveland, the initiative will soon expand into north Yorkshire to cover 44 practices serving a population of 341,000 people.



Supporting earlier diagnosis of bowel cancer

Bowel cancer is the fourth most common cancer in the UK. If it is detected at an early stage, before symptoms even appear, it is easier to treat and there is a better chance of survival.

From 2018, NHS England will be introducing a new bowel cancer screening test for over 4 million people that is easier to use than the current test. The faecal immunochemical test for haemoglobin (FIT) will replace the faecal occult blood test (FOBT) and is expected to increase the take up of bowel cancer screening by around 7%. With up to a third-of-a-million more people expected to self-administer the test, it will increase the number of early-stage bowel cancers that are detected.

Since the UK National Screening Committee recommended the replacement of FOBT with FIT in 2016, NHS England has been working with Public Health England and others to develop the plan for implementing FIT as part of the NHS Bowel Cancer Screening Programme. In 2018, that plan becomes a reality.





Rapid Diagnostic and Assessment Centres

The NHS Five Year Forward View Next Steps document calls for the introduction of 10 new multidisciplinary rapid diagnostic and assessment centres across England by March 2018. These centres are designed to speed up cancer diagnosis, presenting many patients with test results the very same day. Cancer Alliances across the country are now making great progress in meeting this commitment.

Through the ACE (Accelerate, Coordinate, Evaluation) Wave 2 programme, a partnership between NHS England, Cancer Research UK and Macmillan Cancer Support, nine centres have been set up and have begun to take patients with complex symptoms through to diagnosis. GPs, hospital doctors, radiologists and other healthcare professionals can refer patients to these centres if they suspect cancer and a multidisciplinary clinical team undertakes the

necessary investigations all at the same time and in the same place. Cancer Alliances are also developing and establishing similar centres for specific conditions, such as prostate cancer. In all variants of the model, patients are met by a senior member of the clinical team who screens referrals to help speed up the process. Clinic staff coordinate care, organise tests and ensure good communication every step of the way.



Nine rapid diagnostic and assessment centres have already been set up

Patients who are diagnosed with cancer are rapidly referred to specialists, while those with other conditions receive appropriate treatment and tailored advice about prevention.

Not only will these rapid diagnostic and assessment centres deliver better care for patients, they will increase diagnostic capacity and ease pressure on GPs and accident and emergency teams who might otherwise have to organise multiple referrals.

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Support boosts uptake of bowel cancer screening by patients with learning disabilities

More people with learning disabilities in the North East and Cumbria are taking up bowel cancer screening thanks to a local project aimed at improving their access to cancer services.

Nearly 30% more people with learning disabilities have taken up bowel screening since the initiative started, providing them with the specialist help and support they need to make clear choices about their participation in screening. It was launched by the North East and Cumbria Learning Disability Network, local GPs, the NHS bowel cancer screening hubs and community-based learning disability teams, and is part of a wider commitment to improve NHS cancer services in the region for people with learning disabilities.

Research indicates that people with learning disabilities have poorer general health, and are more likely to die younger than the general population. Their uptake of cancer screening is lower and they have a higher risk of gastrointestinal cancer.

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Research set to revolutionise prostate cancer treatment

A pilot programme that uses high-definition magnetic resonance imaging (MRI) scans is reducing average prostate cancer diagnosis time to just eight days and referral-to-treatment time to 20 days.

The new process sees patients receiving an MRI scan and report, a clinical review and, if necessary, a targeted biopsy all on the same day. It is also more accurate, with studies suggesting that the new approach almost doubles the chance of finding important life-threatening prostate cancers.

Funded by the National Cancer Transformation Programme, the project is based on ground-breaking research into the benefits of using MRI scans before consultation with patients who have abnormal results from a PSA test – the blood test currently used by GPs to diagnose prostate problems.

The research shows up to a third of patients who receive an MRI scan which indicates nothing suspicious could be safely discharged back to their GP without undergoing an invasive biopsy. Patients whose MRI was reported as 'suspicious' have targeted biopsies on the same day, and within a week they see a specialist consultant to discuss the results.

Three NHS Trusts in west London are piloting this new model of care and they are working with Prostate Cancer UK and others to develop a set of standards for the new model.





Five pilot sites are testing a new 28-Day Faster Diagnosis Standard

28-Day Faster Diagnosis Standard

Another major step in the transformation of cancer services and a shift towards earlier and faster diagnosis will be the introduction of a new cancer diagnosis standard, designed to ensure that patients find out within 28 days whether or not they have cancer.

In 2016, we announced five pilot sites to test how this new standard might be delivered. These pilots have now been established in NHS trusts in Bournemouth, East Lancashire, Ipswich, Kingston and Leeds. The sites are currently piloting the new 28-day standard across six cancer pathways – gynaecology, urology, head and neck, lung, lower and upper gastrointestinal.

From April 2018, the new Cancer Waiting Times system will be able to measure the new standard. We will begin full monitoring against the standard from April 2020.

Ensuring the **best** treatment and care

Everyone diagnosed with cancer deserves to be treated with the latest state-of-the-art technology and the most promising new treatments and drugs. We have made significant progress in reducing the variation in treatment across the country, which is helping to save more lives.









Radiotherapy services across England are being transformed thanks to a £130m investment

Modernising radiotherapy

We have invested in a major modernisation of radiotherapy services and streamlined the process for bringing new drugs to market. We are also improving patient access to, and experience of, cancer care, so the care an individual patient receives is the very best, no matter where they live or their background.

Radiotherapy services across England are being transformed thanks to a £130m investment over the two years to October 2018. This is the largest single modernisation and upgrade of cancer treatment equipment for 15 years.

We are upgrading or replacing older radiotherapy machines, and investing in new treatment systems such as proton beam therapy. With access to the most modern, innovative techniques, in every part of the country, cancer patients will have a better

experience of cancer care and better health outcomes no matter where they live.

Radiotherapy remains one of the most effective cancer treatments available. The new radiotherapy machines use leading-edge technology to target radiation doses more precisely and can reduce treatment time from weeks to days. They also employ a specialist technique that reduces the chances of breast cancer patients experiencing long-term side-effects from radiotherapy exposure.

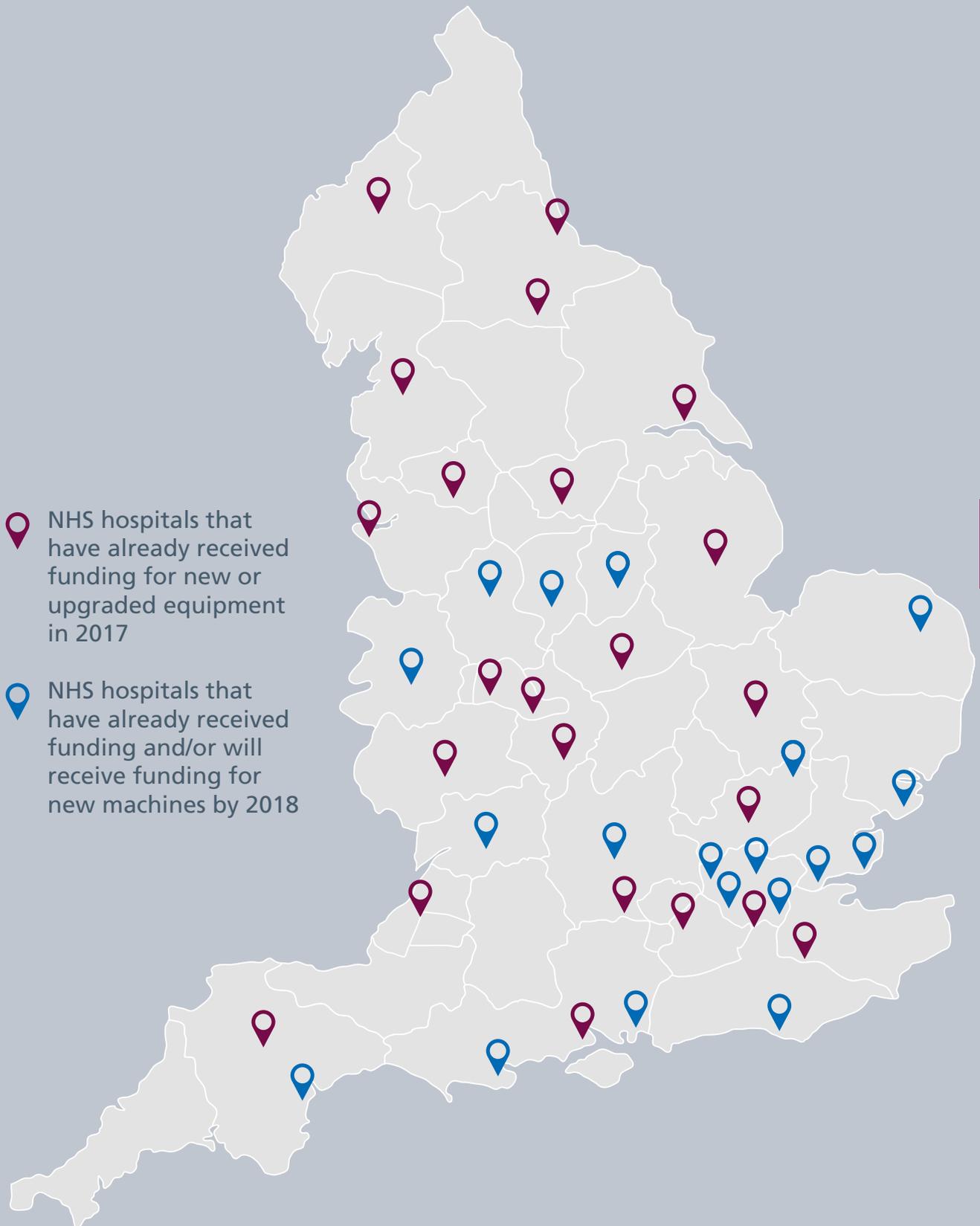
In the first tranche of the £130m investment up to March this year, 23 hospitals received new or upgraded linear accelerator radiotherapy machines. The Next Steps on the Five Year Forward View set out our commitment for the next tranche of funding – for a further 50 new radiotherapy machines in at least 34 more hospitals by October 2018. We are already almost half way through this second tranche, with funding for 23 new machines in 20 hospitals committed.

Everyone who needs radiotherapy treatment should have access to safe, efficient and high-quality care, leading to higher cure rates and fewer side-effects. So that we maximise the benefit of the £130m investment programme for all patients who need radiotherapy, alongside this progress report we have launched a consultation on the establishment of 11 radiotherapy networks across England, creating a new way of collaborative working that delivers joined-up, sustainable services.

These networks will make best use of clinical expertise, new technology and treatment techniques and the wider cancer workforce, with:

- improved access to modern, innovative radiotherapy techniques, enabling more patients to benefit from cutting-edge technology and treatments
- up to 15% more patients treated within a clinical trial framework over three years, through improved patient referral between centres within networks, aiding faster development of new treatments for patients
- reduced mortality and morbidity from adverse side-effects and the introduction of nationally-developed treatment protocols
- around a 15% increase in equipment utilisation for England as a whole over the next three-year period
- patients with less common and rarer cancers benefiting from improved access to innovative and specialist high-quality radiotherapy, treated by expert clinicians who will have regular experience of treating their condition.

The new radiotherapy machines use leading-edge technology to target radiation doses more precisely and can reduce treatment time from weeks to days



 NHS hospitals that have already received funding for new or upgraded equipment in 2017

 NHS hospitals that have already received funding and/or will receive funding for new machines by 2018



New LINAC for Leicester

Cancer patients in Leicester will see treatment times reduced thanks to a new True Beam Linear Accelerator (LINAC) machine, installed as part of the £130m investment in radiotherapy services.

The University Hospital of Leicester NHS Trust was among the first to receive a new LINAC, which replaced an older model that had been in place for 10 years.



Lorraine Williams, Head of Radiotherapy at the University Hospitals of Leicester NHS Trust, said: "The new equipment has made a huge difference to our patients, of whom there are 120-155 daily.

Making the latest technology in this field available to patients is vital, as 40% of those diagnosed with cancer will undergo radiotherapy as part of their treatment."





17 drug indications previously funded via the Cancer Drugs Fund have been approved for routine commissioning within the NHS

Improving access to cancer drugs

In July 2016, NHS England and the National Institute for Health and Care Excellence (NICE) in partnership launched a new approach to the appraisal and funding of cancer drugs in England, which has already benefited 15,000 patients.

This new approach encompasses both the NICE appraisal process and the Cancer Drugs Fund administered by NHS England. NICE assesses treatments and makes recommendations on what should be funded

routinely within the NHS; the Cancer Drugs Fund provides an additional budget to fund treatments that look promising, but have not yet completed the NICE appraisal process.

Under the new approach, eight new treatments have been added to the Cancer Drugs Fund, benefiting 800 patients. More drugs are in the pipeline and the number of patients who benefit will continue to grow.

The NICE process on what should be funded routinely within the NHS now also starts much earlier, with publication

of final guidance within 90 days of marketing authorisation. Interim funding is now provided for all cancer drugs from the point which NICE publishes positive recommendations, even if these are part of draft guidance. Seventeen new cancer drugs have received this interim funding so far, which has enabled more than 2,300 patients to start treatment many months earlier than under the old arrangements. A further 17 drug indications previously funded via the Cancer Drugs Fund have now also been approved for routine commissioning within the NHS.

Improving patient experience

Cancer patients are receiving better and more effective care, but it's important we continue to improve their experience of care. In 2016, we surveyed 118,253 people in the annual National Cancer Patient Experience Survey.

The detailed information and feedback we received is helping to inform the way hospital trusts and clinical commissioning groups achieve further

improvement for patients. The latest local and national survey data will be included in our Cancer Dashboard.

Key 2016 survey findings:

- 94% of respondents said hospital staff told them who to contact if they were worried about their condition or treatment after they left hospital
- 90% of respondents said they were given the name of a clinical nurse specialist who would support them throughout their treatment

The feedback has helped:

- commissioners to focus more consistently on improving people's experience of care, treatment and support, and reducing variation
- ensure that more patients have access to a clinical nurse or other specialist from diagnosis onwards to guide them through treatment options and ensure they receive appropriate information and support.





Ensuring equity in cancer care delivery

We need to tackle inequalities. This includes tackling inequalities that adversely affect the delivery of cancer care to those living in deprived UK communities where, for example, there is a higher prevalence of smoking.

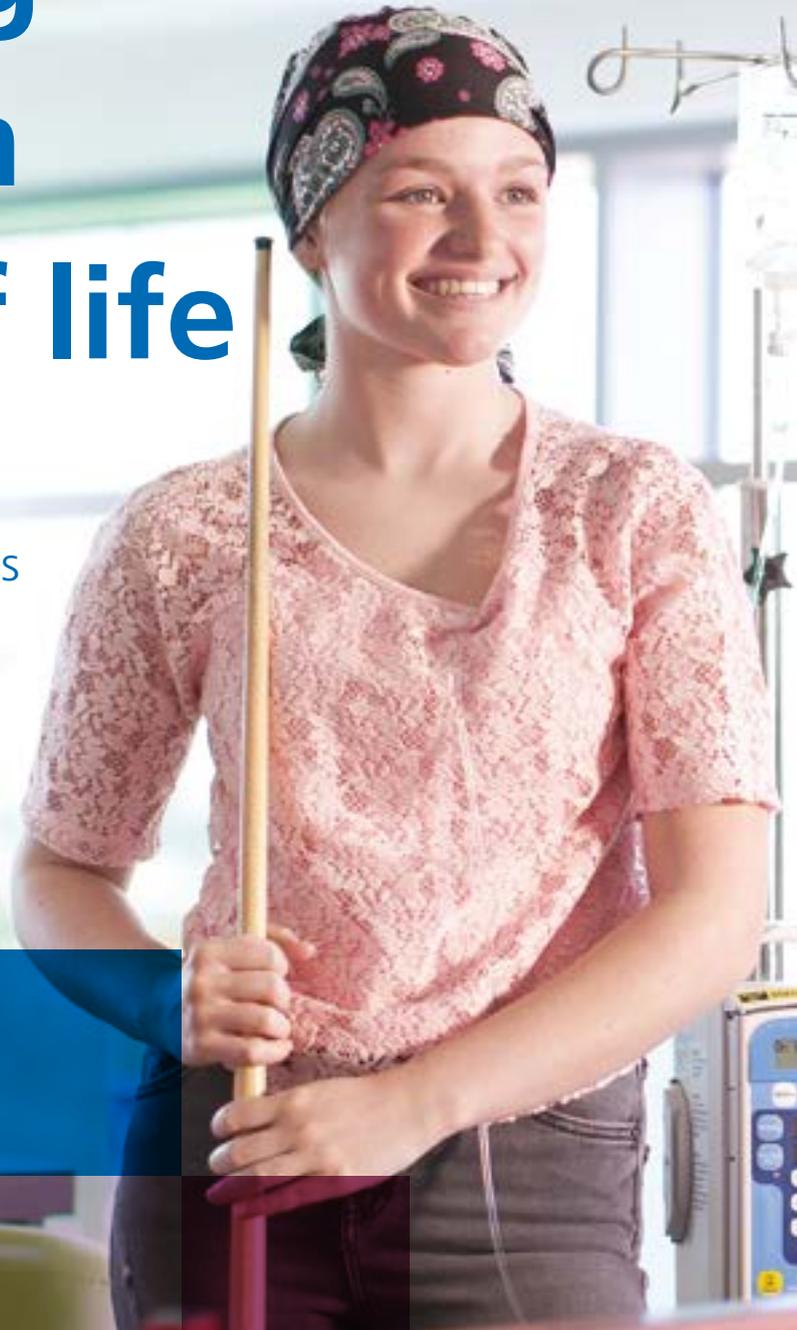
We are also improving access to information on reducing cancer risk, access to screening to increase earlier diagnosis, and access to the Recovery Package which aims to address the longer-term physical, financial and psychological impact of cancer.

The National Cancer Patient Experience Survey tells us that Black, Asian and minority ethnic communities report poorer experiences of cancer care. We are therefore working with clinical commissioning groups to ensure they use the very best evidence when planning, commissioning and monitoring services for these communities.

Improving long-term quality of life

More people are now surviving cancer. World-class cancer care is not just about ensuring people live longer, it's also about ensuring they live as well as possible.

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Recovery Package

From the moment they are diagnosed, patients benefiting from the Recovery Package receive personal care and support. With their care team, patients develop a comprehensive plan that not only outlines their physical needs, but also identifies any other support they may require, such as help at home or financial advice.

By 2020, we want all patients in England to have access to the Recovery Package. That would mean every person diagnosed with cancer in England would have access to a:

- holistic needs assessment and care plan, both within 31 days of diagnosis and at the end of their treatment and at other moments of significant change to their health, or when requested by the patient
- treatment summary, provided at the end of each acute phase of their treatment
- cancer care review, which enables them to identify, with a GP or nurse, what care and support they may need to maintain their quality of life and wellbeing during treatment
- health and wellbeing event – or similar – empowering patients to independently manage their own health, with advice and support.





Personalised follow-up care

Caring for and supporting cancer patients should not end when treatment ends. As the needs of each person varies, we should work with them to develop a bespoke support plan that suits them.

Personalised follow-up is one approach, ensuring cancer patients receive the right support after treatment, taking into account the complexity of their needs, as well as their ability to manage their own care.



We have developed the world's first quality of life metric, which is now being piloted across five Cancer Alliances

Measuring quality of life

To better understand, and respond to, the long-term impact of cancer on people's lives, we must measure the quality of their survival. We want to measure not just the clinical impact and how long people live once treatment has successfully taken place, but how well they are living. This means looking at long-term impact on finances, the ability to maintain social networks and psychological wellbeing.

Over the past 12 months, we have been developing the world's first cancer quality of life metric, which is now being piloted across five Cancer Alliances. It uses patient questionnaires to see how people are doing in a range of ways – from how well they can keep up with their daily life, to their psychological wellbeing.

This is a world-leading project and no other comparable health system is embarking on

something on this scale. What's more, patients, in collaboration with academics and health professionals, have played a key role in developing the metric, sharing their views on what it should measure, as well as when and how.

Findings from the metric will be used to make sure patients receive better informed, personalised support – which will revolutionise the way we provide this. The metric could even reduce pressure on the NHS, as it will show where and when services and support are needed, allowing Cancer Alliances, providers and commissioners to plan and use resources more effectively. It will also help them identify areas that need to improve and to share best practice.

Piloting of the questionnaires will start among patients who are between 12 and 24 months post treatment. Findings will be published on the Cancer Dashboard,

alongside other information that will improve understanding of the ongoing impact of cancer and its treatment.

National roll-out of the metric is expected to start from 2019.

Cancer Alliances piloting the cancer quality of life metric

- Alliance: Cheshire and Merseyside – NHS trusts: Aintree, Southport and Ormskirk, St Helens and Knowsley
- Alliance: Northern Cancer Alliance – NHS trusts: Gateshead, Northumbria, Newcastle upon Tyne
- Alliance: East of England – NHS trust: Ipswich
- Alliance: NC and CE London – NHS trusts – UCLH, Barts
- Alliance: Wessex – NHS trust: Southampton

Developing our **expert** cancer workforce

We have better tests and treatments, and more effective care for our patients. We need to develop our expert cancer workforce.

This means ensuring we have the right number of skilled health professionals to deliver care, while also giving them access to the data and evidence that enables them to make the right decisions about how to improve services.



Developing our cancer workforce

The care our patients receive is only as good as the people who deliver it. That's why it is vital that we support our existing workforce, as well as lay the foundations for the next generation of doctors, nurses and specialist health professionals to enter the profession.

Health Education England (HEE) will publish a workforce strategy in

December 2017 that will assess the capacity and capability across the NHS to deliver world-class cancer care, and outline plans for training and development where required.

HEE is working with partners, including Macmillan Cancer Support, Cancer Research UK and professional bodies, to understand where the priority areas are and what needs to be done to ensure we have the right workforce for the future.

HEE's Accelerated Training Programme for clinical endoscopists has been running for more than a year, following a pilot phase in 2016. The programme has just seen its fifth cohort of endoscopists start their new roles. Three more trainee cohorts are planned for 2018, with additional measures, such as information webinars on the role, in place to help us meet our target of 200 new trainee endoscopists by the end of 2018.



Alliance bursaries will help speed up cancer diagnosis

A new bursary scheme, funded by the National Cancer Transformation Programme, aims to speed up cancer diagnoses for patients in Yorkshire by encouraging excellence and innovation.

The £150,000 initiative by West Yorkshire and Harrogate Cancer Alliance and Yorkshire Cancer Research gives 30 professionals, who are training to become clinical endoscopists or reporting radiographers, access to a £5,000 bursary. This bursary can be used to support developments in cancer diagnoses – from initiatives that promote patients' involvement in care improvements through to developing informative resources that empower patients to make decisions about their care.

Prompt access to diagnostic tests and swift consultations are vital to diagnose cancer earlier. As up to 85% of patients on 'two-week wait, suspected cancer' referrals will not be diagnosed with cancer, prompt removal prevents unnecessary worry and means those who are diagnosed with cancer can begin treatment earlier.





Timeline of progress

Completed

New and upgraded radiotherapy machines in 23 Trusts

Cancer Alliances established

Rules for new Faster Diagnosis Standard developed

Four key approaches to earlier and faster diagnosis agreed

New Cancer Drugs Fund launched

New molecular tests available on NHS

Tobacco Control Plan published

Childhood Obesity Plan published

Approach for measuring long-term quality of life agreed

National Cancer Transformation Board and National Cancer Advisory Group established

Cancer Dashboard published

Digital pathway analysis completed

Underway

Preparing for roll-out of FIT (faecal immunochemical test) in bowel cancer screening from April 2018

Cancer Alliances testing roll-out of early and fast diagnosis models

Ongoing investment in modernised radiotherapy equipment and networked services

Workforce analysis and development of strategy

New Faster Diagnosis Standard piloting in five sites and roll-out

'ACE' (Accelerate, Coordinate, Evaluate) pilots to diagnose those with vague symptoms underway

Be Clear on Cancer campaigns running

New quality of life metric piloting in five areas and being rolled-out

New Cancer Waiting Times system from April 2018

Preparing to introduce HPV (human papilloma virus) test in cervical screening from April 2019

Cancer Alliances roll-out of Recovery Package and stratified follow-up pathways

Work to improve multi-disciplinary teams

National Cancer Patient Experience Survey run annually

Training 200 new clinical endoscopists

Work to increase participation of Black, Asian and minority ethnic cancer patients in Cancer Patient Experience Survey

Establishing Cancer Alliances Data, Evidence and Analysis Service

Next phase

Nationwide genetic laboratory procurement

Review of cancer services for children and young people

Care Quality Commission inspections of cancer services

Collecting patient experience for under-16s

Focus on research priorities

Online access to test results

Workforce strategy implemented

Investment

2016/18	£130m in new and upgraded radiotherapy equipment
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Additional cancer transformation investment:

2017/18	£123m
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2018/19	£140m
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2019/20	£154m
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2020/21	£190m
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National Cancer Programme

governance

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During the past 12 months, the National Cancer Transformation Programme has strengthened its governance structure to establish clearer lines of responsibility and accountability. This has seen us bring together NHS England and NHS Improvement to oversee delivery of improved cancer care through the Alliances.

National Cancer Transformation Board: chaired by Cally Palmer, with cross-ALB (arm's-length body) and clinical representation. To strategically oversee delivery.

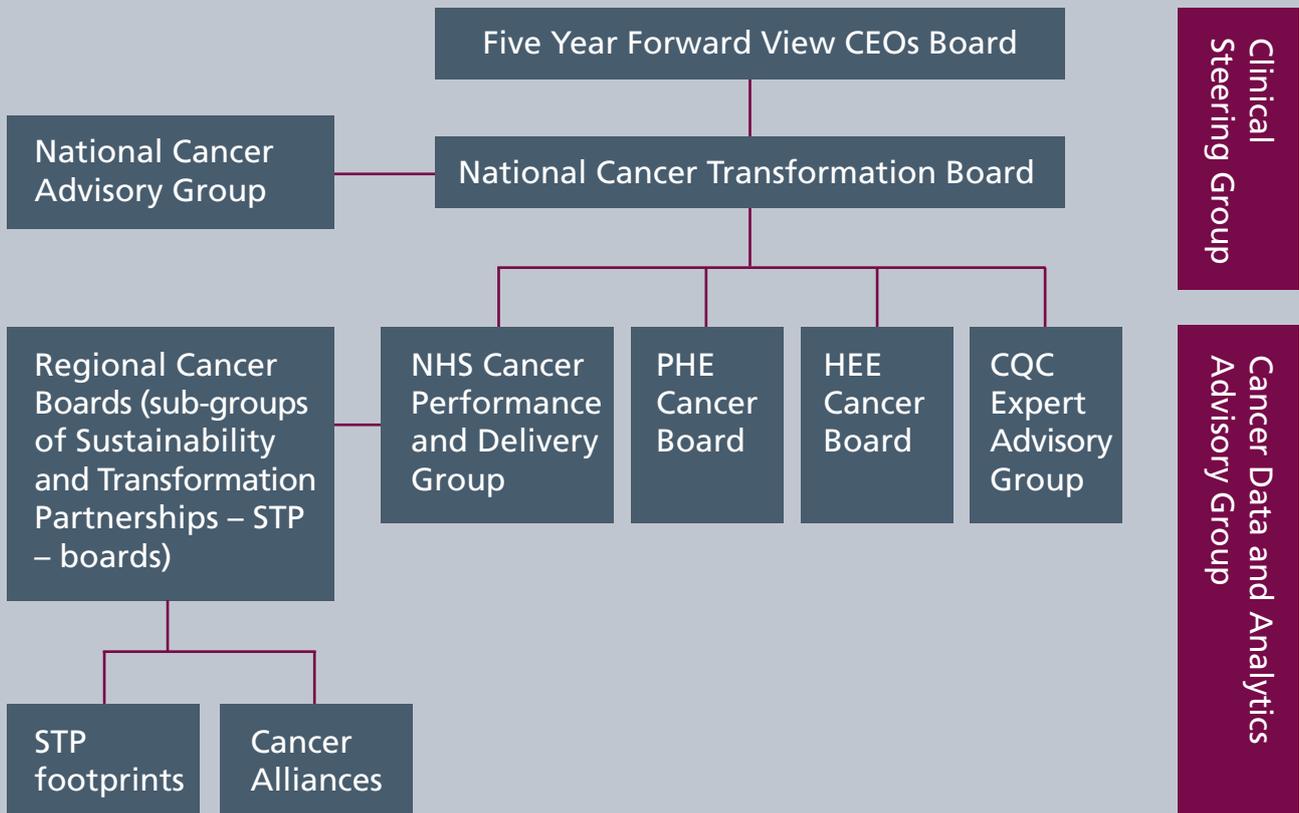
National Cancer Advisory Group: chaired by Sir Harpal Kumar, with charity, professional bodies and patient representation. To advise and challenge delivery.

NHS Cancer Performance and Delivery Group: co-chaired by Cally Palmer and Kathy Mclean, Executive Medical Director at NHS Improvement, with regional representation from NHS England and NHS Improvement. To monitor and support operational delivery and transformation in the NHS.

Regional Cancer Boards: to monitor and support delivery in the region and Cancer Alliances.

Clinical Steering Group: chaired by Professor Chris Harrison, the National Clinical Director for Cancer, with representation from across different clinical specialties.

Data and Analytics Advisory Group: chaired by Jem Rashbass, National Director for Disease Registration and Cancer Analysis at Public Health England, with cross-ALB, regional and charity representation.



With special thanks to all the NHS trusts and Cancer Alliances that provided the case studies and photographs that appear in this report.

