

1. Introduction

The [independent cancer taskforce](#) report sets out how to achieve world-class cancer outcomes by 2020 across England. Sustainability and Transformation Plans (STPs) should set out how the taskforce's core recommendations will be translated into local action. Due to cancer patient population flows, implementation of some recommendations may need to be done at footprints larger than STPs; Cancer Alliances, which will be formed across the country from September 2016, will spearhead their delivery.

2. Success in 2020

STPs should set out plans to make progress in the following key areas:

- i. **Preventing cancer** by addressing cancer risk factors – especially smoking; all areas should take steps to reduce national rate by the end of the decade.
- ii. **Diagnosing more cancers early**, increasing the proportion of cancers diagnosed at stage 1 and 2. STPs need to improve their cancer pathways as well as substantially increasing diagnostic capacity (especially imaging and endoscopy). These actions will result in fewer cancers diagnosed as an emergency, and an increase in one and five-year survival rates. By 2020, everyone with a suspected cancer should receive a definitive diagnosis or otherwise within 28 days.
- iii. **Improving cancer treatment and care**. By 2020, all patients should have access to high-quality modern therapeutic services, such as personalised treatment informed by molecular diagnostics. They will be cared for during and after their treatment, benefiting from increased support to live well after treatment. Patients will have a better experience of their cancer care, with less variation across the country.

3. How are we going to get there?

Immediate actions – from 2016/17

- Use the new integrated cancer dashboard to monitor cancer outcomes across populations.
- Work with NHS England to set out plans to establish Cancer Alliances by September 2016 and provide clinical leadership on quality and outcomes across health communities. Make sure Alliances work closely with the STP leadership, being clear on respective roles.
- As part of the STP's prevention plans, address cancer risk factors including smoking, alcohol, excess weight, diet and physical activity as identified through your local [Joint Strategic Needs Assessment](#). Work closely with local government through joint planning and/ or commissioning.
- Identify any 2016/17 diagnostic capacity gaps. Improve productivity or implement plans to close these immediate gaps. See [NHS IMAS tools and resources](#) on demand and capacity planning. Increase provision of [GP direct access to key investigative tests](#) for suspected cancer.
- Commission all parts of the [Recovery Package](#) and develop enhanced support for cancer survivors, working closely with patient and voluntary groups. Provide a directory of local support services for patient groups.
- Commission personalised follow-up pathways of care for patients treated for breast cancer, including supported self-management and personal monitoring. Employ technology and 'virtual' clinics where appropriate.

- Commission sufficient capacity to ensure 85% of patients continue to meet the 62 day standard, redesigning pathways as needed. See [NHS IMAS tools and resources](#) on demand and capacity planning.
- Promote breast, bowel and cervical cancer screening programmes, and ensure local services are well placed to respond to [Be Clear on Cancer](#) campaigns.
- Implement [NICE referral guidelines](#), which reduce the threshold of risk which should trigger an urgent cancer referral.
- Ensure GPs prescribe chemo-preventative agents in line with [NICE guidelines](#) to reduce the risk of invasive breast cancer.
- Designate a clinical nurse specialist or other key worker for all patients, helping to improve care and overall experience.
- Ensure coordinated care between health and social care in the delivery of [palliative and end of life care](#). Offer all patients choice of where to die, designing this into pathways, working closely with local patient groups.

By the end of the decade

- Through Cancer Alliances, redesign cancer pathways to increase early diagnosis rates and improve patient care. These plans should improve one-year survival rates, in line with our aim to achieve 75% nationally, and substantially reduce the proportion of cancers diagnosed following an emergency admission.
- Strengthen existing tobacco controls and smoking cessation services, in line with reducing smoking prevalence to below 13% nationally.
- Implement new standard so that patients are informed of definitive diagnosis of cancer or otherwise within 28 days of GP referral.
- To enable quicker diagnosis, invest in imaging and endoscopy capacity. Project future demand for diagnostics. Where this exceeds likely provision, even accounting for productivity improvements; consider developing unbundled local prices to liberate existing spend and divert it to stimulate more productive service models. A national programme will be launched shortly to help STP areas improve their diagnostics.
- Use the experience of the Cancer Alliances and national Cancer Vanguard to consider and develop new whole population health models of care, capable of diagnosing earlier, driving better care quality and better patient experience. Capture economies of scale such as flexible use of capacity (e.g. equipment and workforce) through these models, setting quality and efficiency metrics with Alliances.
- Develop the workforce that is needed to underpin these models. Together with Health Education England train new roles in priority areas (such as radiology, radiography and endoscopy for diagnosis; clinical and medical oncology, and clinical nurse specialists for treatment and care). Identify opportunities to redevelop the existing workforce.
- Enable online patient access to all test results and other communications.