

BOARD PAPER - NHS ENGLAND

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| Title: Report of the Independent Cancer Taskforce - 'Achieving World-Class Cancer Outcomes: A Strategy for the NHS 2015-2020' |
| From: Professor Sir Bruce Keogh |
| Purpose of Paper: To advise the Board about the recommendations of the Cancer Taskforce following publication of the Taskforce's Strategy on 19 July 2015. |
| Key Issues and Recommendations <ol style="list-style-type: none">1. The Strategy makes a large number of recommendations across the cancer pathway, many of which will fall to NHS England to support.2. Our view is that we can support the overall Strategy and the principle behind the recommendations the Taskforce makes.3. In the longer-term it should deliver significant benefits and more sustainable cancer services.4. We plan to develop a detailed implementation plan in the second half of the year. |
| The Board is invited to: <ul style="list-style-type: none">• Note the key recommendations of the Cancer Strategy and that, as many of these recommendations fall to NHS England we propose to develop an implementation plan during the second half of 2015/16. |

Report of the Independent Cancer Taskforce - *Achieving World-Class Cancer Outcomes: A Strategy for the NHS 2015-2020*
NHS England Board - 23 July 2015

1.0 PURPOSE

- 1.1 This paper is intended as an update for the Board. It sets out a high level overview of the recommendations made in the report of the Cancer Taskforce [*Achieving World-Class Cancer Outcomes: A Strategy for the NHS 2015-2020*](#).

2.0 BACKGROUND

- 2.1 Cancer was flagged up as a clinical priority in the Five Year Forward View and an independent Cancer Taskforce was convened in January 2015 under the chairmanship of Harpal Kumar, Chief Executive of Cancer Research UK to define a new cancer strategy for the healthcare system. *Achieving World-Class Cancer Outcomes: A Strategy for the NHS 2015-2020* was published on 19 July and sets out a proposed new five-year cancer strategy for the NHS. Whilst the Taskforce was independent, the Department of Health and all of its Arm's Length Bodies were represented on it and contributed to development of the strategy.
- 2.2 The report builds on the themes of previous cancer strategies and makes the case for a much greater emphasis on earlier diagnosis and living with and beyond cancer. The Cancer Taskforce has estimated that implementation of the Cancer Strategy could deliver around 30,000 additional patients surviving cancer every year and a step-change in patient experience and quality of life.
- 2.3 The report has been informed by hundreds of written submissions, nearly 100 workshops and meetings, involving around 600 participants, the proactive involvement of patients, and consultation with around 30 cancer charities and almost all relevant professional groups. The Taskforce considers that it has achieved a broad consensus on the content of the strategy and the most important priorities within it.

3.0 RECOMMENDATIONS IN THE STRATEGY

- 3.1 The Strategy includes over 100 recommendations of which many will either fall to NHS England to deliver. The following provides an overview of the key recommendations made.

Strategic Priority 1: Spearhead a radical upgrade in prevention and public health

- 3.2 The Strategy sets out the need to take a much more proactive approach to public health, with a view to reducing the growth in the number of cases of cancer in the future. There are opportunities to address the range of lifestyle risk factors and also to boost efforts in prevention of secondary cancer. Notwithstanding the reductions over the past decades, smoking remains responsible for more than 50,000 new cases of cancer every year, disproportionately affecting those from lower socio-economic backgrounds and people with mental health problems. The Taskforce therefore recommends that:
- i. There should be an ambition to reduce adult smoking prevalence to less than 13% by 2020, that the NHS should work with Government to deliver and implement a new tobacco control strategy within the next 12 months; and
 - ii. There should be a national action plan on obesity.

Strategic Priority 2: Drive a national ambition to achieve earlier diagnosis

- 3.2 The Taskforce considers that earlier diagnosis is pivotal, as it enables more patients to access potentially curative treatment options, such as surgery. It makes the case that while England's primary care services are world-leading in their 'gate-keeping' function, in applying resources to those patients presenting with the most acute needs and constraining costs, it is not an approach that optimises expedited diagnosis of cancer, resulting in poorer cancer outcomes than countries of similar wealth. The impacts are felt further down the cancer pathway, with

England allocating an increasing share of the cancer budget to treatments that are less cost-effective, towards the end of life.

- 3.3 The Taskforce recommends that earlier diagnosis will only be achieved through a less restrictive approach to investigative testing and that the NHS should require GPs to refer patients for investigative tests if they present with symptoms that represent a 3% level of suspicion or above, i.e. in line with the new NICE guidelines. 3% is higher than the level adopted in many other countries, but the Taskforce considered that it is a suitable aspiration for the next five years. Delivering early diagnosis will require the NHS to improve access to diagnostic services, which it considers require investment in both people and equipment. The Taskforce proposes:
- i. A national fund is created and used flexibly to enable local health economies to unlock local diagnostic solutions – much of which could potentially be delivered through the new models of care set out in the FYFV.
 - ii. A new metric for 95% of patients to receive a definitive cancer diagnosis or cancer exclusion within 4 weeks by 2020.
 - iii. Improved GP direct access to a range of tests.

Strategic Priority 3: Establish patient experience as being on a par with clinical effectiveness and safety

- 3.4 The Taskforce has indicated that it heard from patients and their carers about poor communication and suboptimal coordination of care and proposes that a step-change is needed to establish patient experience as being on a par with clinical outcomes. The Strategy therefore aims to revolutionise the way services communicate with and provide information to cancer patients using digital technologies and the Taskforce recommends:
- i. Giving all consenting patients online access to test results and other communications involving secondary or tertiary care providers by 2020.
 - ii. That the NHS should systematise patients having access to a Clinical Nurse Specialist or other key worker to help co-ordinate their care.
 - iii. Development of a set of meaningful metrics to encourage providers to focus on patient experience, including the annual Cancer Patient Experience Survey, which should be embedded across the NHS accountability framework to drive further improvement.

Strategic Priority 4: Transform our approach to support people living with and beyond cancer

- 3.5 Many cancer patients suffer long-term consequences from their cancer or their treatment and are at higher risk of cancer recurrence. Many will suffer psychological or financial hardship and most will have another long-term condition in addition to their cancer. The view of the Taskforce is that the highest priority should be to accelerate the roll-out of stratified follow up pathways and the commissioning of holistic packages of support. The aim should be that:
- i. By 2020 every person with cancer will have access to relevant elements of the Recovery Package and that stratified follow-up pathways should be in place for the common cancers.
 - ii. NHS England should develop a national quality of life metric – ideally by 2017 – to ensure that we monitor and learn lessons to support people better in living well after treatment has ended.
 - iii. The NHS should also ensure that end of life care planning and choices are made available to all who have a terminal diagnosis, without delay.

Strategic Priority 5: Make the necessary investments to deliver a modern high-quality service

- 3.6 The view of the Taskforce is that in a number of areas access to treatment is currently not optimal. This is, in part, caused by workforce and equipment deficits - eg the number of oncologists and CT machines per head of population, in England, lags considerably behind other countries. Further, the view of the Taskforce is that the NHS needs to upgrade its radiotherapy machines, around half of which are reaching the end of their useful life, to deliver safer care and enable more widespread use of modern radiotherapy techniques which spare normal tissue and the associated adverse consequences. The Taskforce recommends that:

- i. There is a real opportunity through a centralised procurement process to get a much better deal for the NHS on radiotherapy equipment (as recommended in the Carter review).
- ii. The NHS needs to address acute workforce deficits, particularly in oncology, radiology, radiography and endoscopy, as well as in specialist nursing provision and that there is a strong case to undertake a strategic review to determine future workforce and skills mix.
- iii. NHS England should progress with establishing a modern molecular diagnostics service.
- iv. NHS England needs to establish a more sustainable model for access to novel cancer drugs. The new system should be co-designed in a way that does not allow the budget to grow any further, since other areas of investment will deliver greater benefits.

Strategic Priority 6: Overhaul processes for commissioning, accountability and provision

3.7 In January 2015 the National Audit Office in its review of 'Progress in improving cancer services and outcomes' highlighted unacceptable variation in outcomes across the NHS and concluded that:

"The commissioning arrangements for cancer services are now more complex, and are still bedding in following the reforms to the health system in 2013. It is unclear how in practice NHS England is monitoring performance against the outcomes indicators relating to cancer. Fewer dedicated resources are now available to support the improvement of cancer services...."

3.8 The Taskforce has made a number of recommendations about commissioning arrangements and structures to support delivery of cancer services. It considers that whilst the NHS's best Centres provide care comparable with anywhere in the world, quality is far from uniform and therefore tackling variation represents a top priority for progress over the next five years. This needs to start with appropriate commissioning to defined national standards. It also considered that the current payments by results systems encourage fragmentation and struggle to keep pace with progress. The Taskforce has recommended that:

- i. While some services can be commissioned at CCG level, particularly where these services are also relevant for other disease areas, much of cancer care needs to be commissioned across larger populations than would be typical for a CCG.
- ii. NHS England needs to establish sub-regional alliances or networks that provide a forum to bring providers and commissioners together with patients, so that they can co-design services to optimise pathways, ensure effective integration and address variation.
- iii. NHS England should develop standard dashboards of key metrics, which highlight variation both within a health economy and compared to the national average.
- iv. NHS England should pilot new models of care and commissioning which should include, in at least one area, the entire cancer pathway with full devolved budget over multiple years, based on achievement of a pre-specified set of outcomes (across a population of 1-2 million or more).

4.0 DELIVERY OF THE STRATEGY

4.1 The Cancer Taskforce considers that the Strategy will make a significant contribution towards implementation of the FYFV and it considers that four enablers will be critical to delivery.

- i. Properly resourced leadership, with change management skills, to work effectively across the ALBs and support the sub-regional networks;
- ii. Transparent data and intelligence – the NHS needs to rebuild confidence in its ability to deliver the data that is needed to drive improvement or facilitate research.
- iii. The NHS must continue to lead the world in cancer clinical research, enabling evaluation of new technology and to offset NHS costs, for example in free drugs provided in trial settings.
- iv. An independent advisory group to provide an annual objective assessment of progress at a national level, together with patient representatives on the sub-regional networks, to provide accountability at a local level.

5.0 COSTS

- 5.1 The Taskforce has estimated that the cost of cancer to the NHS would rise from £6.7bn in 2012/13 to £13bn by 2020/21, due purely to demographic changes and specialised health cost inflation. This strategy proposes a number of measures to better manage spend on cancer, including better focussing spending on prevention, earlier diagnosis and living with and beyond cancer, which would improve outcomes for people with and at risk of cancer in England.
- 5.2 The Taskforce have estimated that the strategy could cost between £667m and £1,362m over 5 years, although it would also unlock savings which could bring down this net cost. We broadly agree with the cost-estimates the Taskforce has made.
- 5.3 The view of the Taskforce is that once implemented, the Strategy should release in excess of £400m per annum towards the current “Funding” gap. We have not yet had time to assess the proposed benefits in detail, or to assess what a realistic timeframe for benefits realisation would be, the Taskforce’s estimates of benefits therefore need to be considered in that context.

5.0 NEXT STEPS AND ACTION REQUIRED FORM NHS ENGLAND

- 6.1 The NHS England Cancer Programme Board is considering the recommendations set out above, working in partnership with the other ALB’s and wider stakeholders. The Board will now give careful consideration to how the recommendations can be implemented in the context of the overall funding for the NHS, with a view to developing more detailed delivery plans later this year. We would expect these plans to be reflected in the forthcoming Planning Guidance.

Author: Sir Bruce Keogh, National Medical Director
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