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NHS ENGLAND – BOARD PAPER

Title: Taking the cancer strategy forward: programme update
Lead Director: Professor Sir Bruce Keogh, National Medical Director Cally Palmer, National Cancer Director
Purpose of Paper: To update the Board on progress on implementation of the cancer strategy.
The Board invited to: Note the update provided.

Taking the cancer strategy forward: programme update

Purpose

1. This paper provides an update on progress on implementation of the Cancer Taskforce strategy, '[Achieving World-Class Cancer Outcomes: A Strategy for the NHS 2015-2020](#)'.

Background

2. The independent Cancer Taskforce published their cancer strategy in July 2015. The strategy set an ambitious task for the NHS: to make significant progress in reducing preventable cancers, increasing cancer survival and improving patient experience and quality of life by 2020.
3. Survival rates for cancer in this country have never been higher. We are seeing more people than ever come forward with symptoms – over 1.7 million referrals for urgent investigation were made by GPs last year – while the proportion of cancers diagnosed as an emergency has fallen to 1 in 5, the lowest level recorded. We are treating more people with cancer – with 134,000 radiotherapy treatment episodes, and over 150,000 patients receiving chemotherapy last year – and, overall, patients continue to report a very good experience of care.
4. While inequalities are narrowing, there is further opportunity to reduce variation in outcomes across England, as highlighted by the recent CCG Improvement and Assessment Framework ratings.
5. We published our initial [implementation plan](#) in May 2016 to set out our approach to delivering the strategy in the coming years, and in October 2016 released our 'One Year On' report, detailing the progress we have made since the five year strategy for cancer was published.

Summary of progress towards implementation of the cancer strategy

6. As set out in One Year On report, in the last year we have:
 - a. Announced a £130m investment in new radiotherapy equipment over the next two years, which will see us over half way through the modernisation programme the Taskforce called for by October 2018;
 - b. Brought together GPs, hospital clinicians and other local leaders to establish 16 Cancer Alliances across England to lead implementation of the strategy locally and, together with the National Cancer Vanguard, test more effective and efficient ways to plan, pay for, direct and deliver services for patients. They will support the new Sustainability and Transformation Plans (STPs) being developed in 44 areas across the country;
 - c. Begun to test rules for a new 28-day Faster Diagnosis Standard in five areas of the country, and awarded funding to support long-term change in diagnosing cancer earlier;
 - d. Started to pilot multi-disciplinary diagnostic centres at six sites, to speed up early diagnosis for patients;

- e. Together with NICE, launched a new approach to funding cancer drugs through the Cancer Drugs Fund. The first new drug, Osimertinib has now come through the new system, benefiting lung cancer patients;
- f. Made available as standard an additional six genetic diagnostic tests, to ensure each patient can access the best personalised treatment;
- g. Supported the launch of a new national Be Clear on Cancer campaign for lung cancer symptoms;
- h. Begun to develop a Quality of Life indicator for the first time, so we can ensure we improve quality of life for patients after treatment;
- i. Launched a new [Cancer Dashboard](#), which gathers together all data and intelligence about performance and patient outcomes in one place, enabling the new Cancer Alliances to see where improvements need to be made in the patient pathway; and
- j. Announced £608m for the next four years to further support implementation of the strategy in addition to baseline allocations for cancer services.

Further detail and priorities

7. The following section provides further detail on some of the key areas of progress in the last year and our priorities in the coming years to implement the cancer strategy.

Cancer Alliances to make step change in cancer survival and quality of life

8. This year we established 16 Cancer Alliances across England to drive implementation of the strategy locally. The footprints for these new Alliances are shown in Appendix A.
9. Cancer Alliances will have four key roles in helping to deliver the cancer strategy:
 - a. Coordinating a new way of collaborative working across their locality which will be aligned with STPs and focused on whole population and place-based approaches. In this way, Alliances will seek to maximise the benefits from CCGs' and providers' baseline investments in improving cancer outcomes;
 - b. Managing and directing Transformation Funding in areas where the Cancer Taskforce identified that funding would be required over and above baselines, specifically: driving earlier diagnosis, implementing the Recovery Package and rolling out stratified follow up pathways [see paragraph 13 below];
 - c. Aligning with new service models for cancer, for example radiotherapy provider networks as they are developed; and
 - d. Working with the National Cancer Programme team on particular national initiatives, such as development of a national framework on roll out of the 28 day faster diagnosis standard; helping to coordinate targeted support to CCGs, in particular on improving performance against the 62 day standard (more information on this initiative will follow soon); and engaging with the 100,000 Genomes Project.
10. Over £200m is being made available in the Transformation Fund for Cancer Alliances over the next two years, specifically in order to:
 - a. **Drive faster and earlier diagnosis** so that people are able to access treatment that is more likely to enable them to live longer;
 - b. **Implement the Recovery Package** so that patients have personalised care and support from the point they are diagnosed to improve their quality of life; and

- c. **Roll out stratified follow up pathways** so that people have the right care and support for them after treatment.

11. Cancer Alliances will need to bid for this funding, with funding decisions made using the Best Possible Value framework. The call for bids was launched at Britain Against Cancer.

Improving performance

12. Working together with NHS Improvement, NHS England will establish an intensive support team to work with the 29 most challenged CCGs to bring about rapid and sustainable improvement specifically by focussing on how we can support providers to achieve the cancer wait times and especially the 62 day wait. We are establishing the team now, and they will work over the next two years to bring to these CCGs interventions and service models which we know will have a positive impact on services.

Modernising radiotherapy services

13. NHS England has committed £130m over the next two years to enable a programme of radiotherapy equipment modernisation to take place. It will be funded from the NHS England capital mandate and issued to providers as Public Dividend Capital (PDC) by the Department of Health. This investment programme will ensure:

- a. All new radiotherapy equipment is of a high-quality, modern standard, with greater treatment accuracy and increased productivity;
- b. Any existing equipment not due for renewal is upgraded to the same specification;
- c. Maximum value is obtained for taxpayers and patients;
- d. The link between cost of delivering radiotherapy treatment and Tariff price is restored; and
- e. Resource allocation is fair, non-discriminatory and transparent to all Trusts.

14. The hospitals which will receive funding in the first wave of the investment are named in Appendix B.

15. Alongside this investment programme in new and upgraded equipment, we are working to ensure that services are configured to ensure equal access to high-quality, modern radiotherapy services across the country. This year, the NHS England Specialised Commissioning Directorate convened a Radiotherapy Expert Advisory Group (EAG) to make recommendations on a new clinical service model for radiotherapy services, with fourteen radiotherapy networks proposed across the country.

16. An engagement document setting out the new service model proposal was published on 28 October 2016. We will be engaging with radiotherapy teams on the proposal, and a revised service specification based on the new model will be formally consulted on in the New Year. The radiotherapy networks will work with Cancer Alliances and STPs to ensure most effective delivery and reduce any possible duplication.

Cancer Drugs Fund

17. Following an extensive consultation and engagement exercise, the new arrangements for the Cancer Drugs Fund (CDF) launched on 29 July 2016. The key objectives of the new arrangements are that:
 - a. Patients have faster access to the most promising new cancer treatments;
 - b. Taxpayers get better value for money in drug expenditure; and
 - c. Pharmaceutical companies that are willing to price their products responsibly can access a new, fast-track route to NHS funding for the best and most promising drugs.
18. New financial control mechanisms ensure that the £340m budget cannot overspend and does not, therefore, divert resources away from other important areas of care.
19. Since the introduction of the new arrangements, more than 75% of treatments in the Cancer Drugs Fund (CDF) which have been reappraised by the National Institute for Health and Care Excellence (NICE) have received positive recommendations for routine use in the NHS.
20. A key aspect of the new arrangements is the provision of interim funding from the point at which NICE publishes positive draft guidance. Under the old arrangements patients usually had to wait for up to 90 days after final NICE guidance was published before new drugs were made available to them. So far, every eligible drug has received interim funding and has been immediately available for use.
21. On 4 October 2016, NICE recommended the new drug Osimertinib be made available through the Cancer Drugs Fund to treat a particularly aggressive form of lung cancer. This was the first drug to go through the revised CDF process and means patients can now access the drug whilst further evidence is collected.

Evaluation

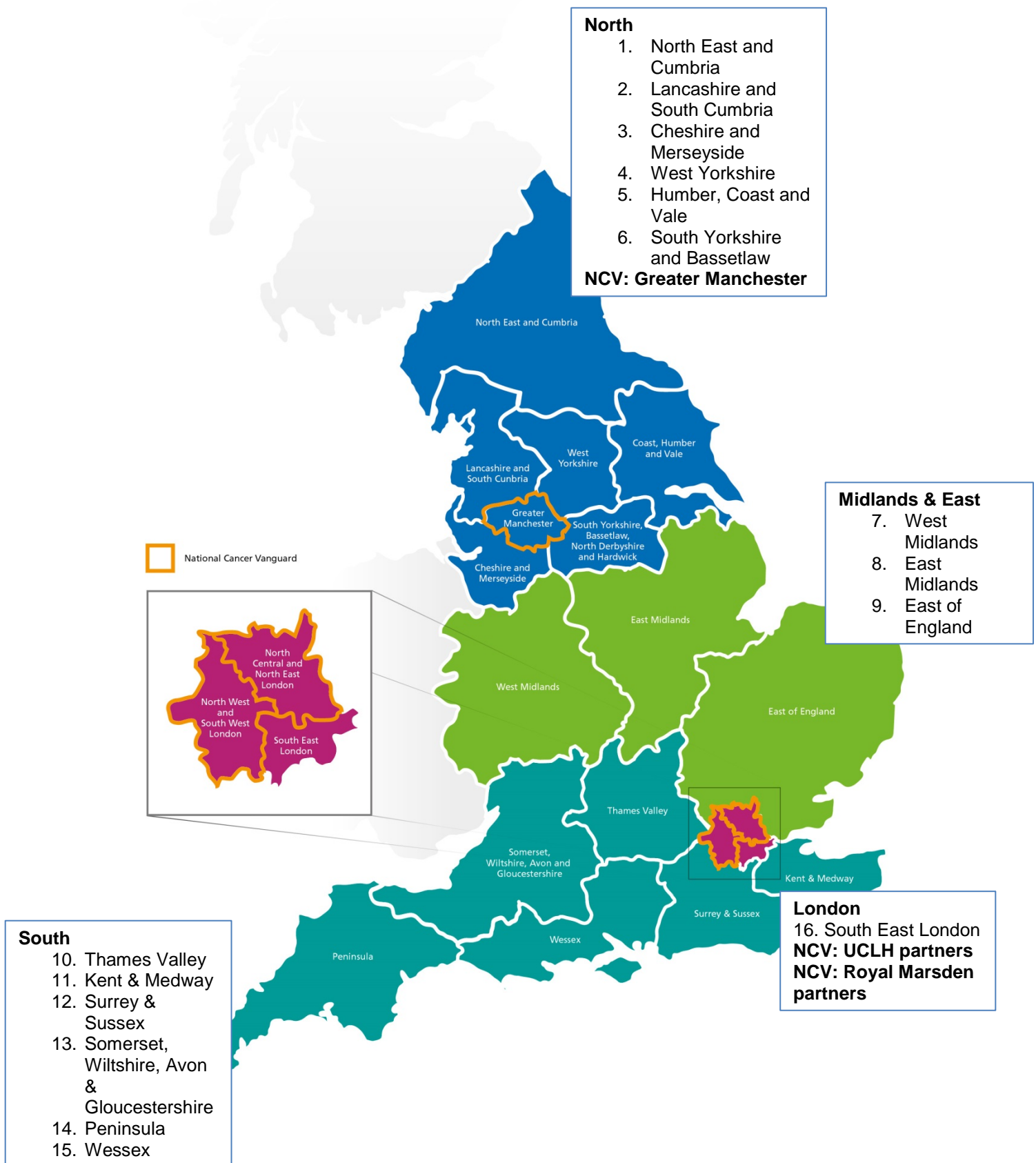
22. Our One Year On report, summaries in Appendix C, also sets out how we are planning to measure our progress towards achieving the ambitions of the Cancer Taskforce:
 - a. Fewer people getting preventable cancers;
 - b. More people surviving for longer after a diagnosis, with 57% of patients surviving ten years or more;
 - c. More people having a positive experience of care and support; and,
 - d. More people having a better long-term quality of life.

Recommendations

23. The Board is asked to note the update provided.

Author **Joanna Cottam, Cancer Programme Lead**
Date: **December 2016**

Map of Cancer Alliances



APPENDIX B

First wave of Trusts to receive funding for radiotherapy equipment

1. North Cumbria University Hospitals NHS Trust
2. The Newcastle-upon-Tyne Hospitals NHS Foundation Trust
3. Lancashire Teaching Hospitals NHS Foundation
4. The Clatterbridge Cancer Centre NHS Foundation Trust
5. University Hospitals Birmingham NHS Foundation Trust
6. University Hospitals Coventry and Warwickshire NHS Trust
7. Maidstone and Tunbridge Wells NHS Trust
8. University Hospital Southampton NHS Foundation Trust
9. University Hospitals Bristol NHS Foundation Trust
10. Torbay and South Devon NHS Foundation Trust
11. Royal Surrey County Hospitals NHS Foundation Trust
12. University College London Hospitals NHS Foundation Trust
13. University Hospitals of Leicester NHS Trust
14. Hull and East Yorkshire Hospitals NHS Trust
15. Sheffield Teaching Hospitals NHS Foundation Trust

Evaluation of progress towards Cancer Taskforce ambitions

	Cancer Taskforce stated ambition for 2020/21	Position in 2015 (when the Strategy was published)
Prevention	Fall in age-standardised incidence and a reduction in the number of cases linked to deprivation	Data for 2015 are expected to be published in February 2017. Latest available data (2014): males - 670.8 per 100,000 females - 546.1 per 100,000
	Fall in smoking rates to 13%	16.90%
	Fall in smoking rates to 21% amongst routine/manual workers	26.50%
Early diagnosis	75% one-year survival	Latest available data (2014 diagnosis): 70.4%
	Increase in five and ten-year survival, 57% surviving ten years or more	Latest available data (five-year survival, 2010 diagnosis): 49.9% Latest available data (ten-year survival, 2005 diagnosis): 40.3%
	Reduction in survival deficit for older people.	Latest available data (one-year survival, 2014 diagnosis): Age 55-64 - 77.9% Age 75-99 - 58.2%
	62% of staged cancers diagnosed at stage 1 or 2	Data for 2015 are expected to be published in Summer 2017.
	Increase in proportion cancers staged	Latest available data (2014): 57.8% of staged cancers diagnosed at stage 1 or 2 87.6% of cancers staged
	85% starting treatment within 62 days of first GP referral	2014/15: 82.4%
28 days from referral to definite diagnosis	Indicator in development: metric tested in five sites, roll-out from 2017/18	

Treatment and care	75% one-year survival, and reducing variation	Latest available data (2014 diagnosis): 70.4% 85 out of 209 CCGs identified as outliers
	Increase in five and ten-year survival, 57% surviving ten years or more	Latest available data (five-year survival, 2010 diagnosis): 49.9% Latest available data (ten-year survival, 2005 diagnosis): 40.3%
	Reduction in survival deficit for older people.	Latest available data (one-year survival, 2014 diagnosis): Age 55-64 - 77.9% Age 75-99 - 58.2%
	96% started treatment within 31 days from decision to treat	97.60%
	85% starting treatment within 62 days of first GP referral	2014/15: 82.4%
	Continuous improvement in patient experience, with reduced variation	Average rating of overall experience 8.7 out of 10, with 10 being very good. 27 out of 209 CCGs and 19 out of 148 Trusts identified as outliers with poorer reported experience.
Long-term quality of life	Continuous improvement in long-term quality of life	Indicator development: new metric to be tested from April 2017 onwards, for roll-out in future years.