

# Cancer

## Overview

1. The CCG Improvement and Assessment Framework provides information to health care organisations, professionals and patients about how their local NHS services are performing and is used by national teams to drive organisational improvement through focused support. The cancer independent advisory panel has a role in advising on assessment methodology, reviewing and moderating the data, and providing guidance on communication to CCGs and the public. The panel has not personally inspected CCGs (indeed inspection is not part of the CCG IAF process at all) or moderated any of the individual CCG ratings in the current year.
2. The NHS Cancer Strategy for England, published in July 2015, sets an ambitious vision for cancer care in England. Specifically, it sets the following ambitions in relation to the cancer indicators measured in the CCG IAF:
  - One-year survival should reach at least 75% by 2020/21 for all cancers combined
  - At least 62% of cancers should be diagnosed at stage 1 or 2 by 2020/21<sup>1</sup>
  - At least 85% of patients should meet the 62 day target from urgent referral by a GP or from screening, to start of treatment each year
  - Continuous improvement in overall patient experience with a focus on reduction in variation
3. CCG performance has been assessed against these ambitions – trajectories have been set to indicate where performance should be each year to reach the 20/21 targets. These were bold targets and it was always apparent that significant focus and support would be needed. However implementing the cancer strategy in full would save an additional 30,000 lives a year as well as delivering significant financial savings to the NHS in the longer term.
4. The 2016/17 assessment shows the progress made against the four metrics, providing a snapshot of the current state of cancer services across England<sup>2</sup>. There has been some improvement overall, which we welcome as a panel. However, improvement has not been seen in all areas, and there remains a

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<sup>1</sup> Note that this year's assessment does not measure against this ambition, but rather against the national average

<sup>2</sup> It is also important to remember that this assessment is relative: a CCG might make improvements on all metrics, but if all CCGs improve then the overall cancer rating for that CCG might not change. Equally, a CCG's performance might worsen but this might not be immediately apparent if performance has declined across the board that year. We encourage patients and the public to look at each individual metric in turn and to remember that this assessment will be used to tailor the intensity of support offered to CCGs.

step change required in the years ahead. Our advice is that these results are used by NHS England to tailor and focus support to those CCGs in greatest need of improvement. We expect this support to be channelled through the Cancer Alliances that are now established across the country, working closely with the 44 Sustainability and Transformation Partnerships (STPs). We strongly encourage NHS England and the Cancer Alliances to proactively involve patients in development and implementation of the support needed to transform performance.

5. In future years it will be increasingly important for CCGs to prioritise reducing health inequalities across their population if they are to keep pace with the required improvement trajectory. Cancer Alliances will be key to understanding the challenges within their population, and sharing best practice and innovative approaches across the CCGs they cover.

### **Performance on individual metrics**

6. There are four key metrics, which have been selected for their alignment with the priorities outlined in the cancer strategy. NHS England has provided full detail of the methodology of assessment in an annex. For each of the metrics, with the exception of 62 day, there is a time lag in the data being available. This means that it doesn't completely reflect more recent work underway within the NHS to improve cancer services.
7. **Survival:** At a national level, one-year survival has improved from 69.6% to 70.4%, which is very welcome. However the pace of improvement will need to accelerate to meet the ambitious 20/21 target.
8. **Stage:** Stage of cancer at diagnosis has improved from 50.7% to 52.4% of patients being diagnosed at stage 1 or 2. In future years, progress in early diagnosis will be measured against the ambitious targets set through the Strategy. The panel made this decision in order to ensure that the improvement trajectory was assessed meaningfully, based on service performance since the Strategy was published.
9. **62 day:** There has not been significant improvement against the 62-day operational performance target – it remains the case that this is an area where many CCGs are failing to meet the target. Furthermore, whilst the average performance for the year is similar to that seen last year, recent months have shown a further decline in performance. Significant and sustained improvement is therefore still required. It is essential that CCGs and Cancer Alliances, supported by NHS England, are able to meet this standard across the country by improving the way in which patient care is managed

and delivered. Cancer Alliances in particular are well placed to work across their populations.

10. The assessment this year has changed compared to the baseline approach so as to distinguish between CCGs in which the target has been significantly breached and those where it has been narrowly breached. This will allow for closer monitoring of progress and improvement.
11. This metric is as near to 'real time' as possible, and provides an indicator of where performance in the other three metrics may be in months to come. It will therefore be important to monitor the distribution of CCGs across the four bands in the coming years, since poor performance could be a predictor of poor future performance in the other three metrics.
12. **Patient experience:** there is little apparent change to overall patient experience performance, which was already acknowledged as being at a high level at the time of the Strategy publication. However, in addition the survey has been substantially redeveloped since the previous survey. It will be important to monitor patient experience in future years and ensure that we are reducing variation in performance across the country.

### **Overall cancer rating**

13. We would like to highlight and congratulate the six CCGs who have been consistently rated 'outstanding' across both the baseline and 2016/17 year-end assessment:
  - NHS Stockport CCG
  - NHS Leeds North CCG
  - NHS Harrogate and Rural District CCG
  - NHS Solihull CCG
  - NHS Wiltshire CCG
  - NHS South Devon and Torbay CCG
14. It is equally important to recognise, and warmly congratulate, the four CCGs who have made the most improvement in their overall cancer rating between the baseline and 2016/17 year-end assessments:
  - NHS Bradford City CCG
  - NHS Bromley CCG
  - NHS Haringey CCG
  - NHS East Surrey CCG
15. However, there are 12 CCGs which have consistently been rated in the lowest category. We strongly encourage the central team within NHS England to provide tailored and extensive support to those CCGs. It should be a key

focus of the cancer programme that these areas are fully supported to improve within the next year. This should mean that patients in these areas will receive improved cancer services. We encourage patients covered by these CCGs to visit [MyNHS](#) to better understand performance and contact their CCG if they have questions.

16. Due to changes between the methodology used for the baseline assessment, and this 2016/17 year-end assessment, a significant number of CCGs have moved from 'requires improvement' to 'good'. We encourage all CCGs to focus on their own performance and the actions that will be needed to maintain and improve performance.

17. NHS England should also provide an effective mechanism for CCGs and Cancer Alliances to share best practice through national meetings and a central repository of case studies. In addition, we recommend the development of a buddying scheme to enable CCGs with similar populations to learn from each other's improvement programmes.

### **The role of Cancer Alliances**

18. Over the next twelve months Cancer Alliances will become the main driver of transformational change in cancer services. Recognising that Cancer Alliances are not yet fully established, they are not being formally assessed at this stage – however in this round of assessment we have classified them into three broad categories based on the performance of their constituent CCGs:

- Cancer Alliances in which a significant proportion of the constituent CCGs have been rated 'good' or 'outstanding'
- Cancer Alliances in which the constituent CCGs have received a mixed picture of ratings;
- Cancer Alliances in which a significant proportion of the constituent CCGs have been rated 'requires improvement' or 'greatest need of improvement'.

19. At present there is a roughly even split of Cancer Alliances across the three categories. In next year's assessment we will publish the names of the Cancer Alliances together with a breakdown of their performance.

A handwritten signature in black ink, appearing to read 'Harpal', with a large, sweeping flourish extending to the right and a horizontal line underneath.

**Sir Harpal Kumar, Cancer Independent Clinical Panel Chair**