

NHS CANCER PROGRAMME

UPDATE REPORT
APRIL TO SEPTEMBER 2019



INTRODUCTION

The NHS Cancer Programme leads the delivery of the NHS Long Term Plan ambitions for cancer. Leading change at the local level are Cancer Alliances, who work in collaboration with their local Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs).

This report provides an update on what we have achieved so far to deliver on our NHS Long Term Plan ambitions in quarters one and two for 2019/20.

NHS Long Term Plan ambitions for cancer:

- By 2028, 55,000 people each year will survive their cancer for at least five years after diagnosis.
- By 2028, the proportion of cancers diagnosed at stage one and two will rise from just over half now to three quarters of cancer patients.

Earlier and Faster Diagnosis

Diagnosing people earlier and faster is one of the most effective ways to improve cancer survival. It means that patients can get more treatments and start sooner, making it more likely that cancer can be cured.

The NHS Cancer Programme is working with partners to modernise screening and prevention services, introduce new approaches for referring and diagnosing cancer more quickly and prioritising the rapid adoption of new techniques and treatments.

HPV Vaccine

From September 2019, the human papillomavirus (HPV) vaccine is now available to all 12 and 13-year-old boys, as well as to girls, in school year eight. Women who missed their HPV vaccination while they were at school can also continue to have the vaccine up to their 25th birthday.

....by 2058 in the UK the HPV vaccine will have prevented up to 64,138 HPV-related cervical cancers.

Men aged 45 or under who have sex with men can also access the HPV vaccine from a sexual health or HIV clinic.

The vaccine helps to protect against cancers caused by the HPV virus, including cervical, oral and neck cancers.

Modelling produced for Public Health England* estimates that by 2058 in the UK the HPV vaccine will have prevented up to 64,138 HPV-related cervical cancers.

*https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/818215/PHE_Vaccine_Update_HP_vaccine_July_2019.pdf

New bowel screening test

In June, we introduced the new Faecal Immunochemical Test (FIT) into the NHS Bowel Cancer Screening Programme in England.

FIT is more accurate than the previous test, is easier for people to use and should help increase uptake of screening. Pilot data from Public Health England shows that FIT can increase uptake by around 7% and potentially double uptake in groups that have previously not taken part in bowel screening.

NHS England and Public Health England are now working on plans to lower the screening age from 60 to 50 and to increase the sensitivity of FIT so screening can find even more cancers earlier.

Earlier and Faster Diagnosis

Rapid Diagnostic Centres

Plans are in place across the country for the delivery of over 40 rapid diagnostic cancer pathways by the end of 2019/20.

Each Cancer Alliance is leading on taking forward these new approaches to diagnosing patients across the NHS. It will mean that for the first time there will be a route of referral for patients with non-specific symptoms that could indicate cancer.

Cancer Alliances are also using the Rapid Diagnostic Centre (RDC) model to improve the diagnostic experience for patients who are suspected of having particular cancers including pancreatic, head and neck, and skin cancers.

RDCs will provide a single point of access for people to the latest diagnostic equipment and expertise, which will ensure they receive a clear and prompt diagnosis and appropriate onward referral for treatment, whether they have cancer or not.

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A Task and Finish Group, chaired by Liz Bishop, the Chief Executive of Clatterbridge Cancer Centre, is guiding development of the RDC model.

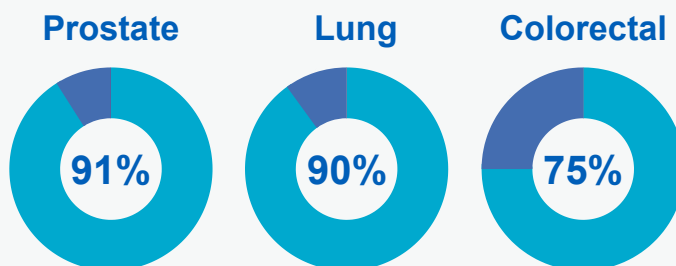
Faster Diagnosis Standard

This year, trusts across England are collecting data for a new performance standard for cancer called the Faster Diagnosis Standard (FDS). For the first time, the NHS will measure how long it takes for a patient to receive a diagnosis or an all clear for cancer - aiming to do so within 28 days of referral.

The FDS will reduce anxiety for patients, speed up time from referral to diagnosis, and reduce variation in patient experience by helping the NHS to pinpoint where it needs to speed up the process. Performance management against the standard will start in April 2020.

Cancer Alliances are leading implementation of new guidelines* which bring together the latest clinical best practice and set out how to meet the FDS for three common cancers - lung, prostate and colorectal.

The percentage of trusts that have implemented the key pathway changes from the guidelines (based on second quarter reporting from Cancer Alliances) are:



Guidelines for oesophago-gastric cancer were published in the summer. Roll out figures will be available by the end of the financial year.

Spotlight on delivery

Targeted Lung Health Checks

Lung cancer can be cured if found early enough, but there are usually no signs or symptoms in the early stages.

Targeted Lung Health Checks offer people aged 55-74 and who have ever smoked a free lung health check closer to where they live - for example at a local supermarket.

They may then have a lung cancer screening scan, if the check shows they need it.



A mobile CT scanner

Residents in Widnes and Runcorn were the first to have their lung health checks in October 2019. The project, run by Cheshire and Merseyside Cancer Alliance with Halton and Knowsley CCGs, is in a part of the country that has almost double the mortality rate from lung cancer compared to England as a whole (96 deaths per 100,000 each year compared to 59.1 for England).

Once fully up and running, the project plans to invite more than 60,000 people for a check over the next four years, and expects to diagnose over 300 cancers - many at a much earlier stage. It will also offer stop smoking support to thousands of current smokers.

Halton and Knowsley is one of 10 project sites covering 14 CCGs that will be running lung health checks until 2023. The evaluation of these projects will form the basis for wider roll out across the country. In total we expect to find around 3,400 cancers.



Runcorn Railway Bridge in Halton (Picture from Wikipedia: https://commons.wikimedia.org/wiki/File:Runcorn_Railway_Bridge.jpg)

Other project sites are based in the following CCGs:

Blackburn and Darwen with Blackpool; Corby with Mansfield and Ashfield; Doncaster; Hull; Newcastle and Gateshead; North Kirklees; Southampton; Tameside and Glossop; and Thurrock with Luton.



Click to see how a similar project in Leeds made a difference to a local patient

Personalised Care and Support

It is estimated that around 2.4 million people* will be living with and beyond cancer in 2020. The NHS is leading the way in cancer care by recognising that quality of life outcomes are as important to people as survival.

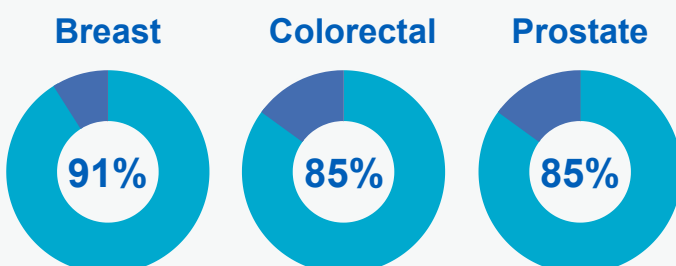
The NHS Cancer Programme is working with Macmillan Cancer Support and other partners to ensure that people get the support they need. These include putting key personalised care interventions in place, reforming follow-up care and measuring how well people are living after cancer treatment through the Quality of Life Metric.

Personalised care

Cancer Alliances are working with trusts and local partners to ensure people have the right care and support in place for them from diagnosis to aftercare.

By March 2021, trusts will offer personalised care interventions to all breast, colorectal and prostate cancer patients and then extend access to all cancer patients, where clinically appropriate, by March 2022.

The latest figures below from Cancer Alliances show the excellent progress trusts are making with the first phase of this work by offering patients three key interventions (holistic needs assessment, care plan and health and wellbeing information and support) for breast, colorectal and prostate patients:



Follow-up support

Cancer Alliances data show that 88% of trusts had a clinical protocol in place setting out how follow-up care for breast cancer patients will work.

This new approach ensures that follow-up support is tailored to individual needs. Where it is right for them, patients are empowered to manage their own care, while also having rapid access to their clinical team if they notice any worrying signs their cancer could have recurred.

Latest figures from Cancer Alliances also show that almost half of trusts are now supporting at least 60% of people who finish treatment for breast cancer in this way.

Trusts and Cancer Alliances are working together to redesign follow-up pathways so that they are in place for prostate and colorectal cancer patients by March 2021.

Personalised Care and Support

Quality of Life Metric

By October 2019, over 2,500 patients had completed questionnaires as part of the world-leading Quality of Life Metric pilot project.



The new metric will mean that, for the first time, quality of life outcomes can be considered alongside survival. It will help to inform improvements both to follow up support for patients and for treatment itself.

The NHS Cancer Programme is working with pilot sites on plans to scale up for national roll-out for breast, colorectal and prostate cancer patients in 2020.

After this, work will start on other cancer types - brain, gynaecological, head and neck, and blood cancers - with the long term goal to extend the metric to all cancers. No other health system in the world is planning to measure quality of life after cancer diagnosis at this scale and depth.

The metric will also empower patients to use their answers to have meaningful conversations with their health professional teams about their quality of life and the support they can access.

Patient experience surveys

Cancer patients rated their care with an average score of 8.8 out of 10 in the latest National Cancer Patient Experience Survey (NCPES) for 2018.

This matches the highest score on record. Over 73,000 patients responded to the survey from a sample size of over 115,000 - a response rate of 64%.

NCPES only collects feedback from patients aged 16 and over so the NHS Cancer Programme is now developing a new patient experience survey for children and young people under 16-years-old.

An advisory group which includes children and parents, stakeholders and the survey supplier has been set up to develop the questions with a view to testing launching the survey next summer.

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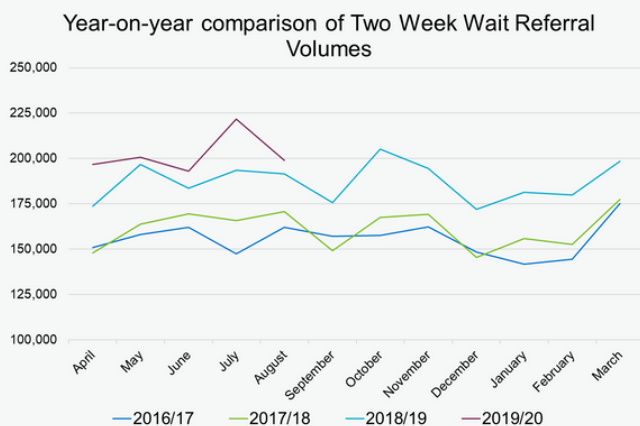
There is a two year exemption from the national data opt-out policy, meaning that all children under 16 who have been diagnosed with cancer will receive the survey, rather than needing to opt in.

This same exemption applies to the NCPES and ensures more accurate data collection and comparison.

Operational Performance

Performance figures

Latest official performance statistics* show that the numbers of people being referred urgently for suspected cancer are at record levels (see graph below).



This is good news as it is vital that more people come forward if they suspect cancer so that the NHS can start treatment early when it is more likely to be successful.

The numbers of people starting treatment, measured through the 62-day standard performance data, is also high as the system responds to increasing demand. However, meeting increased demand remains a challenge.

The NHS Cancer Programme is continuing to work with its partners to support colleagues across the NHS to meet the increases in demand.

*<https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/>

Clinical Review of Standards

Professor Steve Powis, NHS England's Medical Director, is currently reviewing NHS access standards to ensure they are informed by the latest clinical practice.

His interim report recommended streamlining the number of cancer standards and, as we implement the Faster Diagnosis Standard (see page 4 above), testing the suspension of the two week wait standard.



From August 2019, 11 trusts across the country have started to test the new approach. The trial will run until the end of March 2020.

*<https://www.england.nhs.uk/clinically-led-review-nhs-access-standards/>

World leading treatment

Proton Beam Therapy

October 2019 saw the 100th patient undergo Proton Beam Therapy (PBT) at the first NHS PBT centre at Manchester's Christie Hospital.

PBT is a type of radiotherapy that uses a beam of high energy protons. Compared to standard radiotherapy, PBT can be much more closely targeted at a tumour, so there is less damage to surrounding tissue.

This is particularly important for treating certain cancers (such as head and neck), and certain groups of patients, including children.



By September 2019, 55 paediatric patients had already benefited from the centre in Manchester.

CAR-T therapy

CAR-T (Chimeric Antigen Receptor T-cell) is a new type of cancer treatment which programmes a patient's immune system to find and attack cancer cells. It has been available on the NHS since November 2018 with Great Ormond Street the first hospital to offer it.

So far, 31 leukaemia and 175 lymphoma patients have been approved for CAR-T treatment.

While it is a highly complex treatment, it has been shown in trials to cure some patients - even those with quite advanced cancers and where other available treatments have failed.

It is now available at nine hospitals for certain types of lymphoma and a specific form of leukaemia (relapsed or refractory B-cell Acute Lymphoblastic Leukaemia - ALL) in patients up to the age of 25.

So far, 31 leukaemia and 175 lymphoma patients have been approved for CAR-T treatment.

Workforce

Cancer Workforce Plan

Health Education England's (HEE) Cancer Workforce Plan 2017-21* set out specific local and national actions to increase staff levels in six priority cancer professions.

The ambition - reaffirmed by the NHS Long Term Plan - is to increase the medical and clinical workforce by an additional 1,490 Full Time Equivalent (FTE) posts by 2021.

HEE has worked with Cancer Alliances and other partners to deliver local actions to improve recruitment and retention for these six professions. While there is a lot more to do, this work is beginning to bear fruit:

Profession	Percentage increase (FTE)
Gastroenterology	20%
Medical and Clinical Oncology	13%
Clinical Radiology	10.8%
Diagnostic Radiography	10.6%
Therapeutic Radiography	8%
Histopathology	2%

*<https://www.hee.nhs.uk/our-work/cancer-workforce-plan>

Workforce Task and Finish Group

The first meeting of the Cancer Workforce Task and Finish Group took place in September this year.

The Group was jointly established by the NHS Cancer Programme, the NHS People Plan Programme and Health Education England (HEE) following publication of the NHS Long Term Plan and the Interim People Plan* in June 2019.

It brings together representatives of charities including Macmillan Cancer Support, Cancer Research UK (CRUK) and Breast Cancer Now, with colleagues from Cancer Alliances and the wider NHS.

The role of the Group is to identify the key priority areas for cancer in the context of the development of the full NHS People Plan.



*<https://improvement.nhs.uk/resources/interim-nhs-people-plan/>

Leadership update

NHS Cancer Programme appoints new National Clinical Director



We are delighted to announce that Professor Peter Johnson has been appointed to the role of National Clinical Director for Cancer at NHS England and Improvement.

Peter is a highly-regarded clinical researcher in the field of oncology and his current roles include Professor of Medical Oncology at the University of Southampton and Director of the Southampton Cancer Research UK (CRUK) Centre. Since 2018, he has also been Director of the Francis Crick Institute cancer research network – promoting collaboration between research groups at the institute and at CRUK's other research centres.

Previously, Peter was Chief Clinician for CRUK from 2008 to 2017. He established the stratified medicine programme which piloted the use of genomic analysis as part of routine care and led on to the 100,000 genomes project.

Although he trained broadly in medical oncology, Peter's clinical work now specialises in haemato-oncology, and his research is in cancer immunology. He has led many clinical studies, from first-in-human testing to practice-changing international randomised trials.

Peter's first priorities in his role as National Clinical Director will be to forge links with the clinical leaders at Cancer Alliances and to chair the Clinical Advisory Group and the Cancer Programme of Care in Specialised Commissioning, to ensure that the best clinical expertise continues to inform the work of NHS England and NHS Improvement.

He will also finalise and promote new guidance supporting multi-disciplinary teams (MDTs) to respond to the changing landscape in cancer care, as recognised in the NHS Long Term Plan and the Independent Cancer Taskforce Report.

We are really pleased to be able to welcome such an experienced clinical and research leader from the world of cancer to the Programme.

Governance

This section provides updates on the main discussions and actions from our key governance groups. For more information about our governance arrangements please visit the NHS England and NHS Improvement website:

<https://www.england.nhs.uk/cancer/strategy/our-governance/>

National Cancer Board

The National Cancer Board provides strategic leadership across the NHS and its partner arm's length bodies in the delivery of the cancer ambitions in the NHS Long Term Plan. It is chaired by Cally Palmer, National Cancer Director, and brings together delivery partners from across the cancer sector.



At its meeting on 11 September, the Board covered the following topics:

Early diagnosis

The Board discussed the actions required to deliver the NHS Long Term Plan early diagnosis ambition, building on analysis by Cancer Research UK (CRUK). The Board agreed that the current work programme includes the right early actions to improve early diagnosis, but that further work is required through the Early Detection Task and Finish Group and the Innovation Fund to identify the next set of early diagnosis priorities.

Capital

The Board agreed that upgrading diagnostic equipment is the most pressing priority for capital, followed by further investment in treatment equipment to build on the Radiotherapy Modernisation Fund that was completed earlier this year. The government has since announced a £200m capital investment to overhaul cancer diagnostic equipment.

Five year planning for delivery of the NHS Long Term Plan

Five year planning for cancer is currently being led by Cancer Alliances. The Board supported the Programme's approach to working with Cancer Alliances on planning, including development of planning resources and tools to enable local trajectory setting.

Workforce Task and Finish Group

The Board discussed and agreed the scope of this new group's work (see page 10).

The next meeting of the National Cancer Board is on 18 December 2019.

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Cancer Charity Forum

The Cancer Charity Forum brings cancer charities together to advise on and guide the delivery of NHS Cancer Programme work. It is chaired by Lynda Thomas, Chief Executive of Macmillan Cancer Support.

The inaugural meeting of the Forum took place on 22 July with over 40 members in attendance. The agenda covered the following:



Primary Care Networks

NHS England and NHS Improvement's Deputy Director for Primary Care Strategy gave an overview of the introduction of Primary Care Networks (PCNs). Early diagnosis of cancer will be one of seven priorities for the PCNs.

Through table discussions, members set out what they would like to see the PCNs do to support GPs on cancer.

Personalised Care

The NHS Cancer Programme's Living With and Beyond Cancer team gave an overview of the work the NHS Cancer Programme is doing to roll out personalised care interventions across the country.

Members fed back to the Programme giving their experiences of the impact of this work on patients.

The next meeting of the Cancer Charity Forum is on 20 November 2019.

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Patient and Public Voices Forum

This Forum brings together patient representatives from Cancer Alliances to provide advice on the design of new NHS Cancer Programme systems, policies, procedures and guidelines to ensure the Programme is informed by and delivers for patients. The Forum is chaired by a patient, Ceinwen Giles (who is also Director of Partnerships and Evaluation for the Shine Cancer Charity).



The first meeting of the Forum took place on 21 May and the agenda covered the following:

Role of the group and terms of reference

Members agreed to co-produce and approve a final version of the terms of reference for the Forum based on discussions at the meeting. These are now available on the NHS England website using the link above.

Key work areas to get involved in

Following presentations by the Programme's national team, table discussions looked at five key areas of work: Targeted Lung Health Checks, Rapid Diagnostic Centres, the Clinically-led Review of NHS Access Standards, personalised care and addressing variation in cancer patient experience through a Cancer Improvement Collaborative.

Members gave their insights on specific aspects of each project and on the best way to continue to engage with Forum members. Many have continued to engage with these projects since the meeting.

The next Patient and Public Voices Forum is on 22 November 2019.

