

# ACHIEVING WORLD-CLASS CANCER OUTCOMES

A STRATEGY FOR ENGLAND  
2015-2020  
Executive Summary



# EXECUTIVE SUMMARY

Over the next five years, we can improve radically the outcomes that the NHS delivers for people affected by cancer. This report proposes a strategy for achieving this.

It includes a series of initiatives across the patient pathway. These emphasise the importance of earlier diagnosis and of living with and beyond cancer in delivering outcomes that matter to patients. The report recognises that no two patients are the same, either in their cancer or their health and care needs. At its heart, it sets out **a vision for what cancer patients should expect from the health service**: effective prevention (so that people do not get cancer at all if possible); prompt and accurate diagnosis; informed choice and convenient care; access to the best effective treatments with minimal side effects; always knowing what is going on and why; holistic support; and the best possible quality of life, including at the end of life. It is crucial that patients are treated as individuals, with compassion, dignity and respect throughout. The strategy seeks also to harness the energy of patients and communities and encompass their responsibilities to the health service. This means taking personal ownership for preventing illness and managing health; getting involved in the design and optimisation of services; and providing knowledge as experts through experience.

For the NHS, there is the opportunity to **deliver the vision set out in the Five Year Forward View (FYFV)**. Because of the strong evidence base that exists, cancer is uniquely placed to be an early exemplar. Success in delivering the aspirations of this strategy will depend on devolved decision-making, agility, and new models of care, within a framework of national standards and ambitions. In turn, this will be reliant on research and intelligent use of data to drive continuous improvement, as well as a “test and learn” approach in areas where the evidence of what works is immature. It will also be reliant on the culture and attitude of health care professionals in embracing partnership working with patients, seeing them as equals in decisions about their treatment and care.

Over the last ten years, we have been able to fill critical gaps in our knowledge about cancer. We have begun to understand its intricacies better as well as the short and long term impacts it can have on patients. This has enhanced our ability to address these impacts and deliver improved outcomes for patients, their carers and their families, as well as limit the burden that cancer places on society.

However, the number of people diagnosed and living with cancer each year will continue to grow rapidly, even with major improvements in prevention. The primary reasons for this are our ageing population and our success in increasing survival. This will place significant additional demand on health and social care services. Cancer survival in England has improved significantly over the last 15 years. More than half of people receiving a cancer diagnosis will now live ten years or more. But our mortality rates are higher than they could be. In addition, unacceptable variability exists in access to and experience of care across different areas, sub-groups of the population and cancer types. There is much we could do to improve patient experience and long-term quality of life, and to make our care more patient-centred.

The Independent Cancer Taskforce has consulted widely to determine how the NHS can deliver a step-change in outcomes. It has identified where opportunities exist for improvement, and how resources can be used differently and in a more targeted way. Realising the potential will require a broad set of approaches, including more integrated pathways of care and increased investment. It will need the active involvement of a range of individuals and organisations beyond the NHS. Many of these approaches will deliver benefits not just for cancer patients, but for people with a range of other conditions. They will also deliver financial savings in the medium to long term.

This report encompasses a large number of recommendations. However, we propose that the six strategic priorities over the next five years should be:

- **Spearhead a radical upgrade in prevention and public health:** The NHS should work with Government to drive improvements in public health, including a new tobacco control strategy within the next 12 months, and a national action plan on obesity. We should aim to reduce adult smoking prevalence to less than 13% by 2020 and less than 5% by 2035;
- **Drive a national ambition to achieve earlier diagnosis:** This will require a shift towards faster and less restrictive investigative testing, quickly responding to patients who present with symptoms, by ruling out cancer or other serious disease. We recommend setting an ambition that by 2020, 95% of patients referred for testing by a GP are definitively diagnosed with cancer, or cancer is excluded, and the result communicated to the patient, within four weeks. Delivering this will require a significant increase in diagnostic capacity, giving GPs direct access to key investigative tests, and the testing of new models which could reduce the burden and expectation on GPs;
- **Establish patient experience as being on a par with clinical effectiveness and safety:** We have the opportunity to revolutionise the way we communicate with and the information we provide to cancer patients, using digital technologies. From the point of cancer diagnosis onwards, we recommend giving all consenting patients online access to all test results and other communications involving secondary or tertiary care providers by 2020. We should also systematise patients having access to a Clinical Nurse Specialist (CNS) or other key worker to help coordinate their care. We should continue to drive improvement through meaningful patient experience metrics, including the annual Cancer Patient Experience Survey, which should be embedded in accountability mechanisms;
- **Transform our approach to support people living with and beyond cancer:** We recommend accelerating the roll-out of stratified follow up pathways and the “Recovery Package”. The aim should be that by 2020 every person with cancer will have access to elements of the Recovery Package, and stratified pathways of follow-up care will be in place for the common cancers. A national quality of life measure should be developed by 2017 to ensure that we monitor and learn lessons to support people better in living well after treatment has ended. We also recommend that CCGs should commission appropriate End of Life care, in accordance with the NICE quality standard, and taking into account the independent Choice Review and forthcoming Ambitions;
- **Make the necessary investments required to deliver a modern high-quality service, including:**
  - o Implementing a rolling plan to replace linear accelerators (linacs) as they reach 10-year life and to upgrade existing linacs when they reach 5-6 years;
  - o Working to define and implement a sustainable solution for access to new cancer treatments, building from the Cancer Drugs Fund;
  - o Rolling out a molecular diagnostics service which is nationally-commissioned and regionally delivered, enabling more personalised prevention, screening and treatment;
  - o Implementing plans to address critical workforce deficits and undertaking a strategic review of future workforce needs and skills mix for cancer. The priority deficit areas to address should be radiology, radiography and endoscopy for diagnosis; and clinical oncology, medical oncology and clinical nurse specialists for treatment and care;
  - o Supporting a broad portfolio of cancer research.
- **Overhaul processes for commissioning, accountability and provision.** We recommend setting clearer expectations, by the end of 2015, for how cancer services should be commissioned. For example, most treatment would be commissioned at population sizes above CCG level. By 2016, we should establish Cancer Alliances across the country, bringing together key partners at a sub-regional level, including commissioners, providers and patients. These Alliances should drive and support improvement and integrate care pathways, using a dashboard of key metrics to understand

variation and support service redesign. We should also pilot new models of care and commissioning. For example, the entire cancer pathway in at least one area should have a fully devolved budget over multiple years, based on achieving a pre-specified set of outcomes.

The National Audit Office has estimated cancer services cost the NHS approximately £6.7bn per annum in 2012/13. The Five Year Forward View projections indicate that this will grow by about 9% a year, implying a total of £13bn by 2020/21. The recommendations set out in this report will cost an estimated £400m per annum, of which approximately £300m per annum may already be included within the FYFV baseline projections. However, in the medium term, implementation of these recommendations should contribute substantially in excess of £400m per annum to the projected £22bn funding gap.

If the NHS is successful in implementing the initiatives and ambitions outlined in this strategy, we expect that the most significant benefits will be:

- An additional 30,000 patients per year surviving cancer for ten years or more by 2020, of which almost 11,000 will be through earlier diagnosis;
- A closing of the gap in survival rates between England and the best countries in Europe and elsewhere;
- Better integration of health and social care such that all aspects of patients' care are addressed, particularly at key transition points;
- Cancer patients feeling better informed, and more involved and empowered in decisions around their care;
- A radical improvement in experience and quality of life for the majority of patients, including at the end of life;
- A reduction of the growth in the number of people being diagnosed with cancer;
- A reduction in the variability of access to optimal diagnosis and treatment and the resulting inequalities in outcomes;
- Significant savings which can be re-invested to cope with increases in demand and to achieve further improvements in outcomes.