

Cancer Research UK submission to the Public Accounts Committee's inquiry on NHS Specialised Services

May 2016

Cancer Research UK welcomes the opportunity to respond to the Public Account Committee's inquiry on NHS specialised services. Cancer survival in the UK has doubled over the last 40 years, with 1 in 2 people now surviving cancer for 10 years or moreⁱ. Cancer Research UK has an ambition to accelerate that progress and get to 3 in 4 patients surviving cancer within the next 20 years. The gap in survival between the highest performing countries (Australia, Canada and Sweden) and the lowest (England, Northern Ireland, Wales and Denmark) remains largely unchanged, except for breast cancer, where the UK is narrowing the gap. We must do more to ensure our cancer patients get the best care possible. A well-functioning NHS, providing high quality cancer services, is crucial if we are to improve patient outcomes, and specialised services undoubtedly play a critical role.

As set out in the new cancer strategy for England^v, specialised services will play a central role in service delivery. Cancer Research UK recognises that specialised services can be expensive to provide, and that for such expenditure, it's essential to provide consistent, effective, and efficient services for cancer patients that represent value for money. This means an approach to specialised services which enables sustainability through long term national planning for cancer services across the NHS in England.

Radiotherapy

Second only to surgery in its effectiveness in treating cancer, experts suggest around 4 in 10 patients whose cancer is cured receive radiotherapyⁱⁱ. As a result, Cancer Research UK is committed to driving improved radiotherapy services in the UK, so that all patients can access the best treatment for their conditions. A national approach for radiotherapy services as a specialised service enables planning to target investment and innovations in order to benefit the whole population. Innovation in radiotherapy is moving at pace, and therefore national leadership is needed to ensure service developments lead to patients receiving high quality care. The recent restructure to the Clinical Reference Groups (CRGs) will hopefully result in more support for the planning of radiotherapy services.

NHS England should provide strong national leadership to ensure that the radiotherapy service is developed in a coordinated manner.

As radiotherapy becomes more sophisticated using cutting-edge imaging and computing technology, there will be increased need for support and investment in equipment, software and trainingⁱⁱⁱ. Cancer Research UK therefore supports recommendation 29 of the 2015 Cancer Strategy, maintaining that in the interest of patient safety and cost-effectiveness LINACs be replaced after 10 years with a rolling programme of replacements across England^v.

The National Cancer Transformation Board should ensure a co-ordinated approach to the procurement of radiotherapy equipment, encouraging earlier uptake of new radiotherapy techniques as well as effective use of the radiation oncology workforce.

Local leadership is essential if expertise and direction from CRGs is to be translated into clinical practice at a local level. At present local leadership is variable, with some radiotherapy centres making

big steps towards improvements, while others lag behindⁱⁱⁱⁱ. A lack of infrastructure to share information across centres hinders collaboration as well as the sharing of best practice making it challenging to have joined up local leadership. As outlined in the Cancer Research UK and NHS England 'Vision for Radiotherapy 2014-2424'ⁱⁱⁱ, we would stress the importance of partnership working across radiotherapy centres, especially to encourage the evaluation of more specialised treatments.

Chemotherapy

As we move towards a more personalised approach to healthcare, NHS specialised services need to carefully support the adoption of new drugs for patients. We believe NHS England, NICE, the pharmaceutical industry, government as well as cancer charities all need to work in partnership to define a sustainable solution for access to new cancer drugs. The recent announcement by NHS England and NICE of a new 'managed access' approach to drug appraisals is welcomed. The new system will provide an opportunity for promising drugs to be made available to patients while data collection on effectiveness can be collected. This approach offers greater certainty of treatment options for patients. We hope that in the coming months we, along with other stakeholders, can shape discussions around NICE reforms with the aim of making NICE processes more flexible for cancer drugs, allowing specialised services to ultimately support cancer patients in an era of drug innovation^{iv}.

Currently a range of delivery models for chemotherapy are employed across the NHS in England, one model in development is that of community delivery, where possible, offering chemotherapy services closer to home for patients. Though patient safety must of course remain paramount, and not all cancer drugs will at present be able to be delivered in a community setting, we would nevertheless still like to see consideration given to this model of care.

The relevant CRGs should publish a list of drugs which are safe to give in community settings as outlined in recommendation 33 of the Cancer Strategy^v.

With the emergence of immunotherapies it is crucial that specialised services are supported in the adoption of this promising but complex way of fighting cancer. There is potential for these new therapies to redefine how we treat cancer.

The chemotherapy CRG should use expert members to monitor emerging evidence and advice on the use of immunotherapies in different types of cancer, considering the impact for funding, implementation and NHS workforce as stated in recommendation 32 of the Cancer Strategy^v.

Molecular Diagnostics

Commissioning of a molecular diagnostic service for cancer should be coordinated on a national level, with a clear opportunity to ensure equal access to the best treatments for patients. There has been recent progress in this area, with national commissioning policies developed for a number of key molecular diagnostic tests, however more work is needed to develop a comprehensive service approach.

NHS England should nationally commission access to molecular diagnostic tests to guide treatment as part of the specialised commissioning process, in line with recommendation 37 of the 2015 Cancer Strategy for England^v.

Clinical Reference Groups

Clinical reference groups (CRGs) bring together groups of clinicians, commissioners, public health experts, patients and carers to offer clear direction to NHS England on the delivery of specialised services^{vi}. Cancer Research UK very much welcomed the recent announcement of increased support

and resource to the CRGs infrastructure in order to deliver the functions set out in the new Cancer Strategy.

As a representative charity we have played a crucial role informing and supporting the Radiotherapy CRG since 2013. Within the newly restructured CRGs, Cancer Research UK will be applying for membership across cancer related CRGs to bring our clinical and research expertise to the table.

NHS England should ensure that sufficient resourcing, expert contribution and co-ordination between CRGs and stakeholders is provided to support the delivery of objectives set out in the new Cancer Strategy^v.

Data

If we are to bring cancer outcomes in the UK in line with the best in Europe, it is vital that we have an in-depth understanding of how to optimise treatment pathways and how to improve access to treatments. Both of these aspects require details of patients' treatment regimens to be linked to other datasets. For example, being able to link radiotherapy information to readmission rates and survival allows us to assess which radiotherapy regimen is most suitable for each patient. And insight into the demographics of patients undergoing different treatments can allow us to examine the causes of inequalities and the barriers to improving access, allowing us to act accordingly.

There is a lack of collected data on secondary and recurrent cancers. Despite being mandated, it has been estimated that only roughly one in four cases are properly recorded. This means that primary treatment cannot be effectively evaluated, making it difficult to plan and resource services for these patients. These issues can be partly attributed to a lack of clarity on the definition of recurrence.

Finally, no data is collected on the use of molecular diagnostic testing. As ambitions towards more personalised medicines are realised, it is crucial that high-quality data is collected so that new programmes can be thoroughly evaluated.

The National Cancer Transformation Board should ensure adequate resources are applied to collect comprehensive cancer data, linking it across the whole cancer pathway and analysing it through a centralised data system, as outlined in recommendation 90 of the 2015 Cancer Strategy for England^v.

About Cancer Research UK

Cancer Research UK is the world's largest independent cancer charity dedicated to saving lives through research. It supports research into all aspects of cancer and this is achieved through the work of over 4,000 scientists, doctors and nurses. In 2014/15, we spent £434 million on research in institutes, hospitals and universities across the UK. We receive no funding from the Government for our research and are dependent on fundraising with the public.

For further information please contact Kirsty Henderson on Kirsty.Henderson@cancer.org.uk or on 0203 469 8362

ⁱ Cancer Research UK (2016) *Cancer Survival Statistics*, available: <http://www.cancerresearchuk.org/health-professional/cancer-statistics/survival> (accessed 11.04.16)

ⁱⁱ Department of Health (2012) *Radiotherapy Services in England 2012*, available: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213151/Radiotherapy-Services-in-England-2012.pdf (accessed: 09.05.16)

ⁱⁱⁱ CRUK and NHS England (2014) *Vision for Radiotherapy 2014-2424*, available: https://www.cancerresearchuk.org/sites/default/files/policy_feb2014_radiotherapy_vision2014-2024_final.pdf (accessed: 09.05.16)

^{iv} Cancer Research UK (2016) *Cancer Research UK response to the Cancer Drugs Fund Reform Consultation*, available: https://www.cancerresearchuk.org/sites/default/files/feb16_cancer_research_uk_cdfresponse_final_0.pdf (accessed: 10.05.16)

^v Independent Cancer Taskforce (2015) *Achieving World-Class Cancer Outcomes: A strategy for England 2015-2020*, available: <http://www.cancerresearchuk.org/about-us/cancer-strategy-in-england> (accessed: 10.05.16)

^{vi} NHS England (2016) *Revisions to Clinical Reference Groups in Specialised Commissioning Engagement period outcome report*, available: <https://www.england.nhs.uk/commissioning/spec-services/npc-crg/group-b/> (accessed: 09.05.16)