

CANCER SERVICES: REVERSE, PAUSE OR PROGRESS?

**The NHS reforms and efficiency savings: an early assessment
of the impact on cancer services in England**

Cancer Research UK recommendations

December 2012

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**CANCER
RESEARCH
UK**

CANCER RESEARCH UK RECOMMENDATIONS

PERFORMANCE MEASURES

1. The NHS Commissioning Board should continue to uphold diagnostic and treatment waiting times and, where necessary, improve levels of performance.

EXPENDITURE ON CANCER SERVICES IN ENGLAND

2. The current level of spend on cancer services should be maintained in real terms and regularly monitored to ensure funding reaches the front line and benefits cancer patients.

CANCER NETWORKS AND STRATEGIC CLINICAL NETWORKS

3. Cancer networks have been helpful vehicles for planning and supporting commissioning cancer services on behalf of their populations. As they merge and move into Strategic Clinical Networks (SCNs), the expertise, resources and knowledge that have been developed about commissioning and delivery of seamless patient pathways must be maintained and improved.
4. Safeguards should be put in place to stem the loss of expertise of cancer services staff which has been built up in cancer networks.

CLINICAL COMMISSIONING GROUPS

5. Clinical Commissioning Groups (CCGs) should collect feedback from users of cancer services alongside outcomes data to guide the commissioning of services that meet the needs of the local population.

6. The NHS Commissioning Board should publish good practice guidelines to ensure that CCGs fulfil their new duty to obtain appropriate advice for cancer commissioning from cancer networks and other sources and commission for improving outcomes for cancer patients.
7. CCGs should be required to demonstrate in their annual review how and where they obtain advice to commission cancer services. This should include identifying a clinical cancer lead in each CCG responsible for liaising with SCNs and Local Authorities to ensure a coordinated approach to commissioning cancer services across the pathway.

INFORMATION AND DATA COLLECTION

8. The collection and analysis of cancer data is an integral part of delivering a world-class cancer service. There needs to be a continued effort to improve the coverage and quality of data collection, including staging and emergency presentation data.
9. As outcomes data become available from the NHS, Public Health and the Commissioning Outcomes Framework, commissioners should be ready to act on this information and put in place initiatives to promote improved cancer outcomes for patients.
10. Local Authorities should collate and analyse cancer-specific data to inform and develop Joint Strategic Needs Assessments. The data should be used to inform commissioning arrangements and services to improve awareness and early diagnosis of cancer.

CLINICAL NURSE SPECIALISTS

11. Clinical Nurse Specialists play an important role in providing support for cancer patients. CNSs roles should be maintained by commissioners to ensure good quality care for cancer patients.

INCENTIVES

12. Joint incentives should be developed requiring Clinical Commissioning Groups to work with Local Authorities to input into services to promote prevention, awareness and early diagnosis of cancer.

RESEARCH

13. The NHS Commissioning Board needs to set out the metrics necessary to ensure that they, together with Clinical Commissioning Groups and Foundation Trusts, embed research as a core function of the NHS.

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