MEASURING UP?

THE HEALTH OF NHS CANCER SERVICES

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CANCER RESEARCH UK

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EXECUTIVE SUMMARY

Every two minutes someone in the UK is diagnosed with cancer. It remains one of the most devastating diseases, affecting millions of people in the UK each year. More than 331,000 people were diagnosed with cancer in 2011, and this is set to further increase.

But while cancer incidence is on the increase, our survival rates are getting better with two in four people now surviving for 10 years. This is of course a positive development, yet UK survival rates remain lower than some of the top performing countries and we must do more to ensure our cancer patients get the best care possible. A well functioning NHS, with high quality cancer services, is therefore crucial if we are to meet the future needs of our population and improve our cancer outcomes.

The NHS in England is under considerable pressure. Not only has it recently been through the biggest re-organisation in its history but the NHS has also been tasked with ensuring £20bn in efficiency savings by 2014-15. On top of this, a £30bn funding gap between 2013/14 and 2020/21 is predicted if current funding levels stay as they are. These are clearly challenging times.

It is now 18 months since the Health and Social Care Act and associated changes fully came into force, and nearly two years since Cancer Research UK published its report looking at the potential impact of the reforms on cancer services in England. Given the substantial changes that have taken place over this time, Cancer Research UK commissioned this follow up research[1] to understand the current state of cancer services.

SUMMARY OF FINDINGS

A number of perceived challenges facing cancer services were repeatedly found throughout the interviews and survey responses. These included:

- **rising demand for services and a lack of capacity to respond to this rising demand;**
- **the loss of national and local leadership and infrastructure;**
- **fragmentation of commissioning across the patient pathway;**
- **variation in the roles and responsibilities of new organisations and the need to rebuild relationships and regain expertise across the new architecture.**

The set of contextual circumstances arising from the reforms, combined with the lack of resources to provide any 'headspace' were seen as hampering efforts to develop services and improve performance. Many interviewees spoke of a hiatus, with cancer services 'standing still' for the last two to three years.

MEETING RISING DEMAND WITH LIMITED RESOURCES

Half of people diagnosed with cancer now survive their disease for at least ten years and UK cancer survival rates have doubled in the last 40 years. Though this is unquestionably a positive development, better survival rates combined with higher numbers of new patients inevitably place increased demands on the service. Though cancer and tumours is the third largest area of spend in the English NHS budget behind mental health disorders and circulatory diseases, real-term spending on cancer peaked in 2009-2010 at £5.9 billion with spend in 2012-13 reducing to £5.7 billion.

In 2013-14 alone, over 1.4 million patients in England were referred by their GP for suspected cancer. This represents a 50% increase in referrals from 2009-10. There have also been significant increases both in the number of diagnostic tests being carried out and the number of patients receiving treatment for cancer following a referral from their GP. Generally, waiting time targets have held up. However, the 62 day target (calculated as the wait from urgent referral to first treatment), has fallen to the lowest level since 2009-10 and has dropped below the standard of 85% of patients being treated within 62 days, for the first time since 2009-10, which is clearly a concern.

Our findings suggest that the impact of the financial environment is considered more of an immediate challenge for cancer services than the impact of the reforms. There is widespread concern that capacity (in relation to both clinical space and workforce) is not keeping up with current demands, and that this would ultimately affect patients.

Recommendations

1. The Government should increase investment in cancer services, to ensure the NHS can meet rising demand and ensure our cancer outcomes become the best in the world. Investment is particularly crucial in diagnostic services, where rising demand is starting to outstrip the resources available.

SYSTEM LEADERSHIP AND COMMISSIONING

The major changes that have taken place in the structure of the NHS in England have led to a vacuum at a national level in terms of the leadership and support needed to drive the cancer agenda. The loss of the previous national infrastructure such as the National Cancer Action Team is reported as making people's day-to-day jobs more difficult, and hampering their ability to create enough 'headspace' to think through the inevitable reforms to cancer services that will be required for the future. The lack of basic support and resources for leading strategic developments is also raised as a key issue at the local level. The disbanding of dedicated cancer networks is seen as particularly problematic.

The roles and responsibilities of the new NHS organisations are generally not well understood, leading to concerns around fragmentation in the commissioning of a patient pathway between different bodies. There was generally support for role of specialist commissioning of many cancer services. However, the complexity of local and specialist commissioning is seen as confusing and hampering efforts to take a 'whole pathway' approach to service redesign. There is genuine confusion over who is accountable for decision making within the system.

Recommendations

2. The Department of Health should create a recognised cancer leadership team to provide support and strategic oversight to NHS England, Public Health England and the Department. Building on the work of the National Clinical Director for Cancer in NHS England, a similar lead role should be created at Public Health England, with a cancer lead at the Department of Health given clear responsibility for strategic oversight.

3. The Department of Health should review Improving Outcomes: a Strategy for Cancer in light of the changes to the NHS structures and update it as appropriate to ensure it is fit for purpose for the new commissioning system. The Department should make a concerted effort to communicate the relevance of the Strategy to the new commissioning system.

4. NHS England should provide greater support and funding to the Clinical Reference Groups to enable them to achieve their potential for system development and ensure they drive real improvements.

5. The Department of Health, NHS England and Public Health England must urgently clarify and communicate the responsibilities of the different commissioners of cancer services. Strategic Clinical Networks should map out commissioning responsibilities for their geographical area and ensure commissioning organisations are working together to provide coordinated cancer services.

SERVICE DEVELOPMENT AND IMPROVEMENT

Interviewees and survey respondents consistently referred to the inability, at both a national and local level, to create the necessary 'headspace' to think strategically about service developments and improvements. Follow-up care, survivorship and personalised medicine were considered important areas to focus on for the future, with an acknowledgement that current models of care were too reliant on secondary care. Though there was enthusiasm and motivation to make improvements, and a willingness to be innovative, the practical barriers were seen as limiting factors.

Funding, capacity and poor coordination were all issues raised as barriers to the development of cancer services, as were the way the NHS market operates and vested professional interests. Interviewees suggested that better integration of care between secondary and primary care, or shared care arrangements, are needed. This requires a fundamental shift in the role of primary care in treating cancer patients and survivors which in turn will necessitate investment in capacity, training and development. Further work also needs to be done in prevention and early diagnosis.

The effective use of existing data and knowledge will underpin service development and improvement for the future. But though there was much praise for the wealth of cancer data available

there was significant concern that the capacity and capability to maximise the potential of this data was not apparent.

Recommendations

6. The Department of Health and NHS England should explore longer-term budgeting arrangements to allow commissioners the flexibility to invest and innovate. For example, CCGs could be allowed to carry a percentage of their budget over a three-year period to allow genuine outcomes-based commissioning rather than short-term contracting, and time for long-term cost savings to be realised.

7. Commissioners at a national and local level should work together to make realistic long-term plans to meet demand for cancer services, taking account of future expected developments such as longer-term care and personalised medicine. CCGs and other local commissioning bodies should actively seek opportunities for greater collaboration, for example through co-commissioning or lead commissioner models.

8. The Department of Health, NHS England and Public Health England should ensure they truly harness the power of data to drive improvements in cancer care. Investment should be made in the capacity and capability to collect and analyse data effectively and in real time, to realise the opportunity that data gives and ensure the NHS matches outcomes of the best countries in the world.

[1] A range of methods were employed to undertake the study including: the interrogation of national data sets to determine trends in service performance such as cancer waiting times, diagnostic waiting times and cancer expenditure; 45 in-depth interviews with a wide range of participants including policymakers, cancer clinicians, commissioners, GPs, and Public Health experts; and a survey distributed through professional networks and associations which generated 465 responses.