

November 2015

Cancer Research UK response to the consultation on the Government's mandate to NHS England to 2020

Cancer Research UK (CR-UK) is pleased to respond to this consultation. The Government has an unrivalled opportunity to influence the course of cancer survival in this country over the next five years. It is important that the NHS mandate sets clear objectives to achieve better outcomes. The new cancer strategy¹ sets out a number of measures which will help to ensure England is delivering world-class cancer services by 2020. We therefore strongly support a commitment to implementing the strategy being included in the NHS mandate.

However, it is vital that the whole healthcare system embraces the cancer strategy to ensure it becomes a reality. The Government should therefore also set clear objectives for Health Education England, Public Health England, Monitor, the Care Quality Commission, NICE, the Trust Development Authority, as well as NHS England to achieve the goals set out in the cancer strategy. Linked to this, the Government should ensure the establishment of an Independent Cancer Advisory Board to oversee progress on implementing the strategy.

As highlighted in our submission to the HM Treasury spending review², CR-UK is under no illusions as to the scale of the financial challenge facing the Government and the NHS. However, our cancer survival currently lags behind comparable countries and world-class cancer outcomes cannot be achieved without funding to match.

Along with investment, it is also vital that accountability for NHS performance and improvement is clearly set out in the NHS mandate. We note that much of the detail – including in-year deliverables and metrics - will be populated following the spending review. We would therefore welcome the opportunity to feed in our views once further detail emerges. Until this time, we have provided some thoughts below on the current consultation questions.

Aims in setting the mandate to NHS England

Question 1: Do you agree with our aims for the mandate to NHS England?

We support the overarching aims of the proposed mandate, particularly supporting the implementation of the Five Year Forward View and greater transparency on NHS performance. It is important that similar objectives are in place for all the arms length bodies to ensure joint planning and working to achieve common goals. However, as we note above, much of the detail underneath the objectives will be decided after spending review and we would welcome the opportunity to

¹ Independent cancer taskforce (2015). *Achieving world-class cancer outcomes*
http://www.cancerresearchuk.org/sites/default/files/achieving_world-class_cancer_outcomes_-_a_strategy_for_england_2015-2020.pdf

² http://www.cancerresearchuk.org/sites/default/files/cr-uk_spending_review_submission_4_sept_2015_final.pdf

input our thoughts to the in-year deliverables and metrics over the course of the mandate, particularly with regard to implementing the new cancer strategy for England.

We welcome the aim to develop a set of CCG level quality measures, including cancer indicators, and look forward to working with the Department of Health to develop these. We also welcome the proposal to move towards multi-year budgets for CCGs. Our 2014 report '*Measuring up? The health of NHS cancer services*'³ identified the need to explore longer term budgeting arrangements to allow commissioners the flexibility to invest and innovate to improve cancer services. This is also reflected in the new cancer strategy, where it is recommended that NHS England and Monitor pilot the commissioning of an entire cancer pathway in at least one area, with devolved budget over multiple years. We hope that this will lead to more capacity to drive improvements in cancer services at a local level.

Question 2: is there anything else we should be considering in producing the mandate to NHS England?

The new cancer strategy sets out 97 recommendations to improve cancer services over the next five years. It is important all of these are implemented to ensure the maximum improvements are made to improve cancer survival. While the delivery of the recommendations will be down to NHS England and the other arms length bodies, the Department of Health should consider how the mandate and the in-year deliverables will evolve over the next five years to ensure the cancer strategy is implemented in full. As the mandate specifically sets objectives for NHS England, the Department should therefore set clear objectives for the other arms length bodies and clearly state its role in monitoring progress against all recommendations in the cancer strategy.

Proposed strategic objectives for NHS England

Overarching ambition: to improve outcomes and reduce inequalities

CR-UK supports the focus on improving outcomes and measuring our progress at a national and local level. This includes the aim to develop CCG measures of quality such as indicators for cancer. It is important that these align with national level indicators for cancer to get a clear and consistent picture of performance at various levels of the NHS.

We also support the focus on reducing inequalities. By addressing variation in access and quality of cancer services across England we can make vast improvements in outcomes. We recently demonstrated, using publically available data⁴, substantial variation in the stage at which cancer patients are diagnosed across England. If all the regions of England were as good as the South West at diagnosing cancer early, nearly 20,000 more patients over two years could be diagnosed at stage

³ University of Birmingham Health Services Management Centre and ICF international, on behalf of Cancer Research UK (2014). *Measuring up? The health of NHS cancer services*. <http://www.cancerresearchuk.org/sites/default/files/12581-measuring-up-full-booklet.pdf>

⁴ <http://www.cancerresearchuk.org/about-us/cancer-news/press-release/2015-10-28-where-cancer-patients-live-could-influence-late-diagnosis>

1 or 2, giving them a better chance of survival. By using data to highlight the variation we hope that improvements can be made to reduce the gap between best and the worst.

Creating the safest, highest quality health and care services

We welcome the specific objective for NHS England to improve cancer outcomes by implementing the cancer strategy. We are pleased that commitments have already been made to take forward elements of the strategy, including the 28-day wait standard between referral and a patient receiving a definitive diagnosis, and an extra £300 million investment in diagnostic services by 2020⁵. We would now like to see further detail about how this additional investment will be phased and how it will be delivered to the areas that need it the most.

We also welcome the commitment to provide molecular diagnostic tests 20,000 more patients who need them. We recently demonstrated that in 2014, around 16,000 patients missed out on tests that could have informed their treatment options, with around 3,500 subsequently missing out on targeted treatments that could have helped them. It's therefore vital that this service is put in place as quickly as possible. We would therefore like to see a specific in-year deliverable created to ensure a molecular diagnostic service is implemented in 2016/17.

There remain areas of the strategy that still require financial commitment in order to set the parameters for delivery plans. For example, there is an urgent need to replace and upgrade radiotherapy equipment. This requires a capital investment of up to £275 million, which we hope to see outlined in the spending review. Should this be the case, the Department of Health should consider setting clear in-year objectives to ensure that a robust and fair mechanism to upgrade and replace equipment is put in place as quickly as possible.

We note that continuing the Cancer Drugs Fund (CDF) is considered a priority in the mandate. We welcome the recent consultation on the future of the CDF, as we believe the CDF cannot continue in its current form. The National Audit Office (NAO) report⁶ on the CDF, to which CR-UK provided input, highlighted the problems with the current approach to funding cancer medicines. Similar conclusions were also highlighted in the cancer strategy⁷. While the CDF has provided thousands of patients⁸ with access to medicines they may otherwise not have received, the costs associated with it are spiralling and there is no data to document the impact of the fund since it was established in 2011.

⁵ In September 2015, the Department of Health announced a set of commitments to improve the swift and accurate diagnosis of cancer, information for patients, and measures for quality of life:

<https://www.gov.uk/government/news/from-2020-people-with-suspected-cancer-will-be-diagnosed-faster>

⁶ National Audit Office (2015). *Investigation into the Cancer Drugs Fund* <http://www.nao.org.uk/wp-content/uploads/2015/09/Investigation-into-the-Cancer-Drugs-Fund1.pdf>

⁷ Independent Cancer Taskforce (2015). *Achieving world-class cancer outcomes* http://www.cancerresearchuk.org/sites/default/files/achieving_world-class_cancer_outcomes_-_a_strategy_for_england_2015-2020.pdf

⁸ <http://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2015-06-18/3176/>

The CDF is clearly no longer sustainable in its current form and urgent action is needed to provide a sustainable solution to providing cancer patients with medicines they need. We believe the solution to this issue lies in wider reform of the funding processes for cancer drugs - including reform of NICE – to ensure that the system can meet each individual patient’s needs. We therefore urge you to continue monitoring progress of implementing a reformed system of cancer drugs funding and access, working towards a long term solution, within a specific timeframe.

Supporting research, innovation and growth

We welcome the focus on supporting research and innovation in the NHS. However, due to continuing pressures on finances it has become increasingly difficult to secure Excess Treatments Costs (ETCs) to support research. ETCs are vital to supporting to the operation of academic clinical research in the NHS. They ensure that the costs of experimental treatment are met by the NHS. The situation for ETCs is worsening and there are severe delays to the opening of some trial sites and operation of certain clinical trials.

The current situation is a failure to uphold the health system’s duty towards research written in the 2012 Health and Social Care Act and the subsequent NHS mandates. We are therefore pleased to see NHS England recently publish new guidance for commissioners on the provision of ETCs. We will be monitoring the impact of this guidance on clinical trial set up time, and look forward to working with the Department and NHS England to review its effectiveness.