



All Party Parliamentary Group on Cancer

One Year Cancer Survival Rates: Measuring Progress

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This report was compiled by Macmillan Cancer Support who provide the Secretariat to the All Party Parliamentary Group on Cancer.



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Chairman's forward



John Baron MP
Chairman,
All Party Parliamentary
Group on Cancer

Over the last five years the All-Party Parliamentary Group on Cancer (APPGC) has campaigned tirelessly on behalf of cancer patients to ensure that the NHS is properly held to account for improving cancer outcomes.

We were delighted when, in December 2014, we achieved our aim of ensuring that local commissioners are held to account for improving one year cancer survival rates in their area.

As we start the new Parliament, we want to celebrate this key success and ensure that we follow this through. This short report gives an overview of the latest one year survival rates in England, provides some case studies on how Clinical Commissioning Groups are already working to improve cancer outcomes in their area, and outlines some of the other issues the APPGC continues to campaign on.

With one year cancer survival rates now embedded at the heart of the NHS, the APPGC believes that the opportunity to improve cancer outcomes has never been greater. We begin this Parliament with a new cancer strategy [due to be published shortly]; with cancer identified as one of the top priorities in the NHS Business Plan 2015/16; and with consensus across all political parties on the importance of prioritising cancer care.

However, it is vital that this momentum is retained. We know that 2.5 million people are currently living with or beyond a cancer diagnosis in the UK, a figure which is set to rise to 3 million by the end of this Parliament in 2020. We know that too many people are diagnosed too late, that many patients do not receive a high enough standard of care, and that with more people surviving cancer we need to get better at supporting people to live well after their treatment has ended.

'It is vital that momentum on cancer outcomes is maintained'

As an effective and well-respected All Party Parliamentary Group, my fellow Officers and I look forward to helping tackle these issues, to continue being the voice of people affected by cancer in Parliament, and to ensuring that cancer remains a high priority for policy makers in this Parliament and beyond.



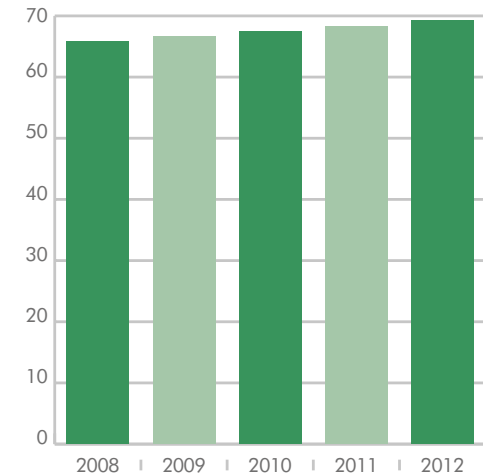
John Baron MP
Chairman of the All Party
Parliamentary Group on Cancer

Why are one year survival rates important?

The APPGC has campaigned for the last five years to ensure that the NHS measures, and is held to account on, one year cancer survival rates.

The UK's cancer survival rates currently lag behind European averages, and we are a long way behind the best. Whilst the ultimate goal is improving longer term survival rates, one year cancer survival rates are an important measure, particularly when considering why our outcomes are so poor in relation to our European counterparts.

Research has shown that once a cancer patient has survived for a year, we are almost as good as the Nordic countries (who have some of the best cancer survival rates in Europe) in ensuring that they survive for at least five years. However, where the UK is significantly weaker than the Nordic countries is on ensuring that patients reach the one year mark.¹



This graph shows the one year cancer survival rate index for adult patients in England in the last five years. Whilst our one year survival rates have been steadily improving, we need to see a step change if we are to begin to make progress towards matching the best cancer outcomes in Europe.

Around 1 in 5 cancer patients in England are diagnosed as an emergency admission

It is believed that a key reason for this is that too many patients are being diagnosed late which reduces their chances of surviving for more than a year. For instance, we know that around 1 in 4 cancer patients in England are diagnosed via an emergency route, and they are on average around twice as likely to die within a year of diagnosis as those diagnosed via an urgent GP referral.²



What is the Delivery Dashboard?

As of April 2015, one year cancer survival rates have been included in the Delivery Dashboard of the CCG Assurance Framework. The Delivery Dashboard is used by NHS England to monitor the performance of CCGs. CCGs have also told us that they use the Delivery Dashboard to monitor their own performance and set strategic priorities.

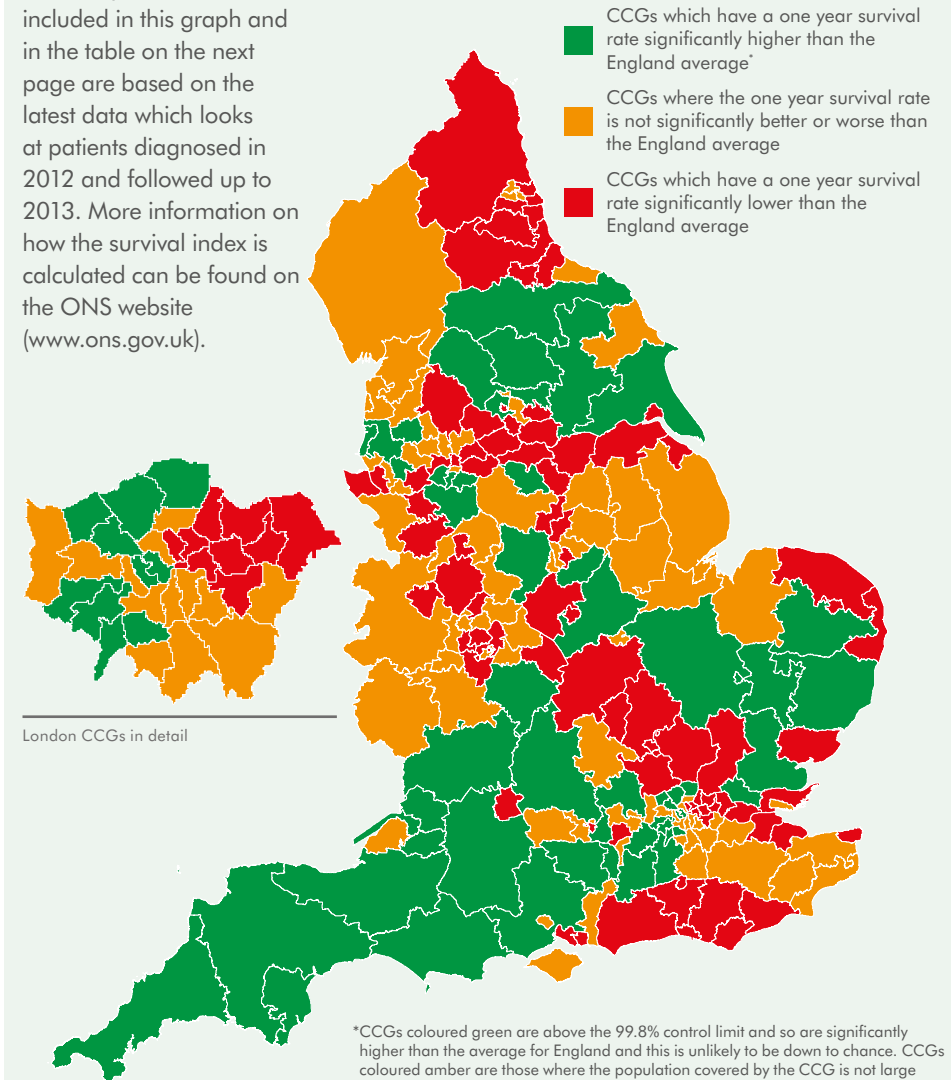
Holding CCGs to account on one year cancer survival rates is a small change – but we believe it will be a transformational one. With one year cancer survival rates now included in the Delivery Dashboard there should be a drive for CCGs to work across the all relevant organisations (including both the NHS and Local Authorities) to improve survival rates. This has real potential to deliver a step change in cancer outcomes across the country.

This change is a major campaign success for the APPGC and the whole cancer community – one year survival rates are the only disease specific outcome measure in the Delivery Dashboard. Their inclusion will mean that for the first time, one year cancer survival rates are up in lights at the very top tier of CCG accountability. It will mean NHS England will now be able to hold CCGs to account for improving cancer survival rates.

Map of variation in one year cancer survival rate across England

Variation in one year cancer survival rates across England in comparison to the national average of 69%.

The one year survival rates included in this graph and in the table on the next page are based on the latest data which looks at patients diagnosed in 2012 and followed up to 2013. More information on how the survival index is calculated can be found on the ONS website (www.ons.gov.uk).



*CCGs coloured green are above the 99.8% control limit and so are significantly higher than the average for England and this is unlikely to be down to chance. CCGs coloured amber are those where the population covered by the CCG is not large enough to be certain that any difference from the national rate is not due to chance. CCGs colored red are below the 99.8% control limit and so are significantly lower than the England average. For more information, visit www.ons.gov.uk.

One year survival league table³

The ten areas with the best one year cancer survival rates³:

1. Barnet	73.5
2. North East Hampshire and Farnham	73.3
3. West London (Kensington and Chelsea Queen's Park and Paddington)	72.9
4. Harrow	72.8
=5. Stockport	72.6
=5. Central London (Westminster)	72.6
6. Airedale, Wharfedale and Craven	72.5
7. Richmond	72.4
=8. West Lancashire	72.2
=8. West Hampshire	72.2

The ten areas with lowest one year cancer survival rates³:

1. Vale Royal	63.7
=2. Barking and Dagenham	63.9
=2. Swale	63.9
3. Newham	64.0
=4. Medway	64.1
=4. Thanet	64.1
5. Crawley	64.7
6. South Reading	65.0
7. Bradford City	65.1
=8. Luton	65.2
=8. Tower Hamlets	65.2
9. Redbridge	65.3

Top 10 areas which were most improved in 2012 compared to 2011:

=Southport and Formby	72.0 (up from 70.0)
=West Lancashire	72.2 (up from 70.1)
=Bassetlaw	69.2 (up from 67.6)
=Dartford, Gravesham and Swanley	69.6 (up from 68.0)
=Waltham Forest	66.6 (up from 65.0)
=South Cheshire	67.3 (up from 65.8)
=St Helens	70.4 (up from 68.9)
=Lambeth	69.1 (up from 67.6)
=Surrey Heath	71.6 (up from 70.1)
=Canterbury and Coastal	69.4 (up from 67.9)
=Lewisham	68.8 (up from 67.3)
=South Kent Coast	69.1 (up from 67.6)

What factors affect one year survival rates?

Whilst some variation in cancer survival rates across the country is to be expected, it is clear that the current level of variation is unacceptable with a 10% difference between the best and worst performing areas. Early diagnosis, improving outcomes for older people, improving access to treatments, and providing support after treatment has ended are key issues which need to be addressed if we are to dramatically improve our cancer survival rates.



Early Diagnosis

We know that too many cancer patients are not diagnosed early enough, and that this is a key factor behind our performance in comparison with Europe. Improving early diagnosis will require CCGs to work with partners such as Public Health England and Local Authorities to make improvements across the whole cancer pathway. This includes raising public awareness of cancer symptoms through initiatives such as the Be Clear on Cancer campaign, timely access to screening and diagnostics, and ensuring that GPs are supported to spot the signs and symptoms of cancer – particularly for the less common cancers and cancers in young people. The latter could be particularly important in reducing variation – one study looking at the rate of urgent referral per head of population by Scottish GPs showed a six-fold variation in GP individual referral practices.⁴ The APPGC hope that the new cancer strategy, alongside a major

new early diagnosis programme which will test new approaches to identifying cancer more quickly, will help to improve early diagnosis.



Access to treatment

Improving one year survival rates will require patients to have timely access to treatment. Last year Macmillan Cancer Support reported that the areas with the poorest survival rates were, on average, failing to meet the 62 day cancer waiting time target which aims to ensure that patients begin treatment quickly following an urgent referral from their GP.⁵ With the target being missed for the whole of 2014/15, it is vital that it does not slip further if we are to reduce variation and ensure the best outcomes for all cancer patients.⁶ It is also vital that high quality cancer research is encouraged in order to ensure that innovative treatments are developed and made available to patients of all ages and with all cancer types.

Reducing cancer mortality and improving cancer survival are not simply about early diagnosis and high quality treatment



Older people

Cancer patients aged 55–64 are 20% more likely to survive for at least one year after diagnosis than those aged 75–99, and

we know that this cannot be entirely explained by increased frailty and co-morbidities.⁷ Furthermore, older people may be less likely to be offered certain treatments. The mortality indicator currently only measures mortality rates for patients under the age of 75; if we are to improve outcomes across the country, we need to look at how to measure and improve the mortality rates of older people. This issue has also been explored by the All Party Parliamentary Group on breast Cancer in their 2013 inquiry. Their recommendations can be found in their update report, published earlier this year: *Two Years on: age is still just a number?*⁸

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Support after treatment has ended

Another key factor which needs to be addressed in order to improve survival rates is support for patients after

treatment has ended. A report by the National Cancer Survivorship Initiative noted that “reducing cancer mortality and improving cancer survival are not simply about early diagnosis and high quality treatment”.⁹ It noted that good care after treatment can help to reduce mortality by supporting people to reduce their risk of recurrence through, for example, physical activity, by helping people to spot the signs of recurrence early, and by helping people to prevent and manage co-morbidities. Only by looking across the whole pathway and improving support after treatment can we improve survival rates across the country.

Patient case study

There are now 2.5 million people living with cancer in the UK – all of whom deserve to have the best possible care and outcomes. Here, Viveca tells her story, and highlights what she thinks should be done to improve early diagnosis and cancer care:

“I was diagnosed in January 2014, but that was only through sheer fluke. I had been for a routine screening the previous October and had been told that everything was fine. I have since found that it should have been picked up at that point.

I was sure that I was fine, so it was even more shocking last Christmas day when I just happened to find the lump on my breast. I went to the A & E on Boxing Day and I was sent for a mammogram and eventually diagnosed in January.

I was so angry when I realised that they had just missed it. What was worse was the attitude I got from the staff. When we had a meeting with the hospital staff to complain we were bundled into an appalling room and not even given a cup of tea and the director of the hospital was 45 minutes late.

At one stage a locum doctor actually hinted to me that I had a very aggressive cancer before we had a formal diagnosis, which I thought was very unprofessional. The actual diagnosis itself was such a shock. Even the nurse at the A&E put on my file that it was probably benign because I had been screened in October.

It is vital that in the future something is done to ensure that equal quality of screening and photographic equipment is available across the country – otherwise it is a matter of where you are and it can make a big difference.

I also think it should be made clear that you keep checking your breasts and keep an eye on them even between screenings. My cancer had been missed and if it wasn't for the fluke of me finding it then I would have waited months before anything was found and who even knows if I would still be here today”.

How can MPs help improve survival rates?

Now that CCGs will be held accountable for improving one year survival rates, there are a number of ways that you can help drive up performance in cancer care in your area.

1 Find out the one year cancer survival rate in your local area and compare it with the national average. One year survival statistics by CCG can be found on the ONS website at www.ons.gov.uk. Other statistics including prevalence, incidence, patient experience and staging data can be found at the Local Cancer Intelligence Toolkit.¹⁰ Alternatively, email the APPGC Secretariat (rleech@macmillan.org.uk) if you would like a tailored briefing on your local area.

2 Get in touch with your local CCG and set up a meeting to discuss one year cancer survival rates and what they are doing to improve them. More information on the CCG Assurance Framework and the Delivery Dashboard can be found on NHS England's website.¹¹ Contact the APPGC if you would like a template letter.

3 Help your local CCG to work in partnership with other bodies with responsibility for helping to improve cancer survival rates including local authorities and Public Health England. Macmillan Cancer Support's Top Tips for Commissioners on Improving One-Year Cancer Survival¹² provides guidance on which bodies are responsible for different parts of the cancer pathway related to one year survival, and gives examples of strategies and activities commissioners can undertake to improve their survival rates.

4 Hold the Government to account by asking a parliamentary question on how NHS England is supporting CCGs and what is being done at a national level to improve survival rates. Contact the APPGC Secretariat if you would like us to suggest the wording of a PQ.

5 Call on the Government to prioritise implementation of the new cancer strategy. If we are to improve survival rates and care and support across the whole of the cancer pathway, it is vital that the Government prioritises implementing and fully funding the new cancer strategy. More information on the cancer strategy can be found at www.cancerresearchuk.org/about-us/cancer-taskforce

6 Join the APPGC. Help the APPGC continue to campaign for improved cancer outcomes by joining the Group as a member or Officer. You will receive regular briefings, the opportunity to attend meetings and be a part of one of the most effective All Party Groups in Parliament. Email the Secretariat if you would like to join.



Improving one year survival rates – case studies

Many CCGs are already taking action to improve one year cancer survival rates. Below are two examples of CCGs who have put measures in place to improve cancer survival rates:

1. CCG Case Study: Developing a Cancer Strategy for South Tyneside

South Tyneside has one of the highest cancer mortality rates in the North East. In addition, it has a one year cancer survival rate of just 66.5% – lower than the national average of 69%. Recognising that cancer was one of the highest causes of death in the area, the CCG held a workshop in March 2014, facilitated by Professor Chris Bentley, to look at how it could improve cancer survival rates. Following the workshop, the CCG worked with partners including the Local Authority and Foundation Trust to develop a five year strategy for improving cancer outcomes.

The aim of the Strategy is to “enable South Tyneside to become one of the best performing areas in the country”. It looks across the cancer pathway at a variety of areas which impact on cancer survival including prevention, screening, early diagnosis and referral, and living with and beyond cancer.

On early diagnosis and referral, the CCG is now using a variety of tools to

improve survival rates. One of these is the GP Better Outcomes Scheme which uses financial incentives to drive improvements. Through the Scheme, the CCG has incentivised GPs to take a number of actions to improve cancer survival rates including reminding patients about screening via an annual birthday card, reviewing the notes of patients diagnosed with cancer who were not put on a two week referral pathway, and using a cancer risk tool to help identify patients at risk of cancer.

Work on implementing the Strategy is underway, with a follow up workshop held in March 2015, where progress was assessed, challenges considered and priorities for the year ahead identified. Whilst it is too early to assess the results of the strategy, it has enabled the CCG to work collaboratively, broaden ownership of improving cancer survival rates, and be ambitious in aiming to be one of the best performing areas in the country.

Dr Bill Hall
Cancer Lead at the CCG

2. CCG Case Study: Involving patients in Kingston

Kingston CCG has a one year cancer survival rate of 70.6% – one of the best one year cancer survival rates in the country. However, the CCG recognises that it is important for all commissioners to be ambitious and aim for continual improvement in survival rates. With this in mind, the CCG, along with partners such as the local authority, is looking at a number of measures which will help to improve survival rates in the local area.

To further improve its survival rates, the CCG set up the Kingston Cancer Group, made up of representatives from local bodies including the CCG, local Trust and the Public Health team in the Local Authority. The Group’s aim is to reduce the incidence and impact of cancer in the local population, to provide a forum for discussion between the CCG, Trust and Local Authority and to coordinate local cancer strategy development.

The CCG has particularly focused on ensuring that they involve patients in the development of their plans. As part of this the Group held a patient forum to understand the views, insights and feedback of patients, carers and the public on early diagnosis and prevention services. The forum looked specifically at what more the NHS and Local Authority could do to support patients with prevention and early diagnosis, and what role patients could play in keeping themselves healthy

and recognising signs and symptoms of cancer. The results of this will inform the development of early diagnosis and prevention services in Kingston.

In addition, the CCG has been working closely with Macmillan Cancer Support and Cancer Research UK to improve survival rates. The CCG has recently appointed a Macmillan GP who acts as a clinical lead for cancer improvements. This will include working with GP practices to support GPs to improve early diagnosis.

A key turning point for the CCG was realising that it is just as important for a CCG with good survival rates to keep striving to improve as it is for a CCG with poorer survival rates. Only then will it be possible to start raising our one year survival rates and bring them in line with the best in Europe.

Livia Royle
Consultant in Public Health,
Kingston CCG

All Party Parliamentary Group on Cancer

The APPGC was founded in 1998 to keep cancer at the top of the political agenda and to ensure that policy-making remains patient centered.

The Group brings together MPs and Peers from across the political spectrum to debate key issues and act as the voice of the cancer community in Parliament. We annually host one of the largest one-day conferences on cancer in the UK, Britain Against Cancer, which has been addressed by the Secretary of State, Shadow Secretary of State, Chief Executive of NHS England, and National Clinical Director for Cancer.

The Secretariat for the Group is provided by Macmillan Cancer Support. The Group is also supported by a group of Stakeholder Charities (the details of the charities can be found on the back page of this report).

Alongside our campaign on one year survival rates, the APPGC focused on a number of other issues during the last Parliament. Some of our other key campaign issues are outlined below:



Access to treatment

The APPGC welcomed the introduction of the Cancer Drugs Fund (CDF) in 2010 as we

believe that all cancer patients should be able to access the drugs they need no matter where they live, their age or their type of cancer. However, we recognise that a long term sustainable solution is needed, and welcome the work of the 'CDF working party' chaired by Professor Peter Clark.



Commissioning

In our 2011 report on commissioning we called on NHS England to ensure that new

commissioners were supported. *In Cancer across the Domains: a vision for 2020* we raised concerns that the roles and responsibilities of Strategic Clinical Networks with regards to cancer were not clear. We called on NHS England to clearly define their responsibilities, lines of accountability and relationship with other local bodies.



Patient experience

As part of our Cancer across the Domains project, which looked at how cancer

needed to be prioritised in each of the five domains of the NHS Outcomes Framework, we focused on the need for further accountability on patient experience. We helped to campaign to secure the future of the Cancer Patient Experience Survey, and are also now calling for NHS England to ensure that Trusts use the results to make improvements.



Living with and beyond cancer

We know that if more people survive cancer, we need to ensure

that we can support them to live with the consequences of treatment. The APPGC have called on NHS England to ensure full roll out of the Recovery Package (a set of interventions which can support recovery) and to ensure that all patients have a personalised care plan. In addition, supporting patients throughout the whole pathway will require high quality data to be

available on the whole cancer pathway. This will ensure that evidence on recurrence and side effects of treatment can be collected and used to help improve survival rates.

“The APPGC does astonishing work. It rightly, and regularly, holds Ministers’ feet to the flames—but that is a good thing, because this is about driving up standards and pushing us all to work harder and do the right thing in this important policy area”.

Rt Hon Jane Ellison,
Minister for Public Health 2013–2015

For more information on any of these issues, or to join the APPGC, please contact the APPGC Secretariat rlleech@macmillan.org.uk

Britain Against Cancer 2015

Join us at this year's Britain Against Cancer – the biggest meeting of policy-makers, NHS staff, charities and people affected by cancer in the UK.

With the start of the new Parliament and a new Cancer Strategy, this year's conference is not to be missed for anyone with an interest in the future of cancer care.

Previous events have included keynote speeches from:

Secretary of State for Health
Rt. Hon Jeremy Hunt

Shadow Secretary of State for Health
Rt. Hon Andy Burnham

Chief Executive of NHS England
Simon Stevens

National Clinical Director for Cancer
Sean Duffy



Save the date:
8th December 2015

1. *The Kings Fund; How to improve cancer survival, explaining England's relatively poor rates (2011)* (<https://www.kingsfund.org.uk/sites/files/ktf/How-to-improve-cancer-survival-Explaining-England-poor-rates-Kings-Fund-June-2011.pdf>)
2. *Elliss-Brookes L et al. Routes to diagnosis for cancer – determining the patient journey using multiple routine data sets. Br J Cancer 2012; 107: 1220–1226* (<http://www.nature.com/bjc/journal/v107/n8/abs/bjc2012408a.html>)
3. *ONS and London School of Hygiene and Tropical Medicine, 2014, Index of cancer survival for Clinical Commissioning Groups in England: Adults diagnosed 1997-2012 and followed up to 2013* (<http://www.ons.gov.uk/ons/rel/cancer-unit/a-cancer-survival-index-for-clinical-commissioning-groups/adults-diagnosed-1997-2012-and-followed-up-to-2013/index.html> accessed June 2015)
4. *Baughan P et al. Urgent suspected cancer referrals from general practice: audit of compliance with guidelines and referral outcomes. BJGP 2011; 61: e700–e706* (<http://bjgp.org/content/61/592/e700.abstract>)
5. *Macmillan Cancer Support; 6,000 cancer patients dying needlessly under a year due to postcode lottery (2014)* (<http://www.macmillan.org.uk/AboutUs/News/LatestNews/6,000cancerpatientsdyingneedlesslyunderayearduetopostcode lottery.aspx>)
6. *Macmillan Cancer Support; Continuous breach of cancer waiting times 'risking lives' (2015)* (http://www.macmillan.org.uk/AboutUs/News/Latest_News/CONTINUOUSBREACHOFANCERWAITINGTIMESRISKINGLIVES.aspx)
7. *National Audit Office: Progress in Improving Cancer Services and Outcomes in England (2015)* (<http://www.nao.org.uk/report/progress-in-improving-cancer-services-and-outcomes>)
8. *All Party Parliamentary Group on Breast Cancer, Two Years On: Age is still just a number? (2015)* (<http://www.breakthrough.org.uk/news/all-news/older-women-breast-cancer-are-still-not-receiving-support-they-need>)
9. *National Cancer Survivorship Initiative; Living with and beyond cancer: Taking action to improve outcomes (2013)* (<http://www.ncsi.org.uk/wp-content/uploads/Living-with-and-beyond-2013.pdf>)
10. *Macmillan Cancer Support and Public Health England* (accessed June 2015) (<http://ci.cancertoolkit.co.uk>).
11. *NHS England: CCG Assurance Framework (2015)* (www.england.nhs.uk/comissioning/ccg-auth)
12. *Macmillan Cancer Support, Top Tips for Commissioners on Improving One Year Survival Rates (2015)* (http://www.macmillan.org.uk/Documents/AboutUs/Health_professionals/PrimaryCare/Improving-one-year-cancer-survival-2015.pdf)



Get involved with the APPGC

Visit our website: www.appg-cancer.org.uk

Find us on Twitter: [@appgc](https://twitter.com/appgc)

And if you have a question for the group, you can contact the Secretariat via RLeech@macmillan.org.uk



The secretariat to the All Party Parliamentary Group on Cancer is provided by

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CANCER SUPPORT**

The APPGC is also supported by a group of stakeholder organisations: Breakthrough Breast Cancer, Cancer Black Care, Cancer Research UK, Macmillan Cancer Support, Marie Curie Cancer Care, the Men's Health Forum, National Cancer Intelligence Network, the National Cancer Research Institute (NCRI), Prostate Cancer UK, Rarer Cancers Foundation and the Teenage Cancer Trust.