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All Party Parliamentary Group  
on Cancer

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# All-Party Parliamentary Group on Cancer Inquiry

Progress into the  
implementation of the  
England Cancer Strategy:  
One year on

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



# Foreword



Our inquiry found that progress in the delivery of the England Cancer Strategy is beginning to take shape across the country. However, there are a number of significant concerns felt by members of the cancer community that need to be addressed. This inquiry has put forward three recommendations which urgently need prioritising over the next year to ensure that we truly deliver the ambition in the England Cancer Strategy to improve outcomes for all cancer patients in England.

I hope our recommendations as set out in this report help to shape the future of cancer care in England and we look forward to working with everyone who contributed to this inquiry to ensure they are realised.

**John Baron MP**  
Chairman, APPG on Cancer

Together with my fellow Officers, I would like to send our thanks to all those health and social care professionals, charities and health organisations who work tirelessly to improve the lives of people affected by cancer.

**M**y fellow Officers and I are pleased to present the final report of the All-Party Parliamentary Group on Cancer's (APPGC) inquiry into the progress made since the publication of *Achieving World-Class Cancer Outcomes: A Strategy for England 2015–2020* (the England Cancer Strategy). We were delighted to receive evidence from across the cancer community, with submissions from patients, cancer charities, researchers and other health bodies, including oral evidence from those leading the implementation. We are grateful to all those who have taken the time to provide evidence to this important inquiry.

It remains the ambition of the APPGC to ensure that cancer remains a top priority and we will continue to work together alongside others in the cancer community to create a solid platform for which we can deliver change for everyone living with cancer in England.

# Executive Summary

In July 2015, the Independent Cancer Taskforce published its report *Achieving World-Class Cancer Outcomes: A Strategy for England 2015–2020* (the England Cancer Strategy). Following on from this in May 2016 NHS England published an Implementation Plan: *Achieving World-Class Cancer Outcomes: Taking the strategy forward* (the Implementation Plan) which outlined how the recommendations from the England Cancer Strategy will be rolled out nationwide. Following the publication of the Implementation Plan, the APPGC launched an inquiry into the progress made since the publication of the England Cancer Strategy. Having reviewed submissions from over 30 stakeholders and listened to oral evidence from those leading the implementation of the England Cancer Strategy, we have identified three key recommendations.

## Funding

Many stakeholders voiced their concerns over funding for the England Cancer Strategy and the APPGC believes that it is imperative that the Government continues to show its commitment to cancer by setting out funding commitments for the England Cancer Strategy per year, for each of the next four years, in every area of the cancer pathway. The need to look at where new initiatives outlined in the Cancer Strategy can save costs was also highlighted as an area which needs more focus, including treatment cost savings from achieving earlier diagnosis, as well as the role of health economics generally.

**Recommendation:**  
**The APPGC calls on the Government to clearly set out in a progress report (as per next recommendation), by the end of 2016, what funding will be made available for the England Cancer Strategy every year over the next four years to deliver recommendations for all parts of the cancer pathway. This should include how much funding has been allocated for each of the 6 strategic priority areas as outlined in the England Cancer Strategy.**

## Transparency and accountability

Many stakeholders said that the Implementation Plan did not contain enough detail, and had gaps around key recommendations which are vital if the England Cancer Strategy is to achieve its ambitions. Although progress is being made in key areas, many stakeholders remain unclear about what the priorities are, how certain recommendations are being implemented and the role of the Government in monitoring progress and holding NHS England and other Arms-Length Bodies to account. The APPGC believes that there needs to be further clarity on how the England Cancer Strategy is being delivered, how recommendations are being rolled out – particularly at a local level – and how this will be monitored.

Moreover, the importance of transparency was emphasised throughout the inquiry, with the Cancer Dashboard and Clinical Commissioning Group (CCGs) Improvement and Assessment Framework being highlighted as two ways to improve cancer outcomes. However, it was noted that it is crucial that these mechanisms are used effectively to hold the health system to account on key metrics such as one-year cancer survival figures.

**Recommendation:**

**The APPGC calls on the Government, with NHS England, to respond to this inquiry report and set out how they will address the concerns of the cancer community. This response and the annual report by the Cancer Transformation Board should set out:**

- **How progress is being made on each of the 96 recommendations in the England Cancer Strategy.**
- **Detail of how the delivery of the England Cancer Strategy is being aligned with wider changes in the NHS, including the Sustainability and Transformation Plan process being led by NHS England and NHS Improvement.**
- **How the Department of Health is holding NHS England and other Arms-Length Bodies to account for delivery of the England Cancer Strategy and how it will measure success by 2020.**

**Involvement**

Finally, there needs to be a greater collaborative effort to involve organisations with expertise and interest in cancer, along with their networks of patients and clinicians, to help shape the roll out and implementation of the England Cancer Strategy. Although a number of stakeholders sit on the National Cancer Advisory Group, many have not yet been approached to offer their support and advice. On a similar note, there needs to be an increase in engagement and involvement of all cancer patients and particularly those people affected by rarer cancers.

**Recommendation:**

**The APPGC calls on the Cancer Transformation Board and the National Cancer Advisory Group to set out how it will collaborate with organisations who have an expertise and interest in cancer. Most importantly, the Cancer Transformation Board should also set out how it will ensure that patients are closely involved in the delivery of the England Cancer Strategy, both at a national and local level, over the next four years.**

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# Introduction

**F**ollowing on from the publication of the England Cancer Strategy, Cally Palmer has been appointed as the National Cancer Director at NHS England, and a governance structure has been established including the Cancer Transformation Board (to lead on delivery of the England Cancer Strategy) and the Independent National Cancer Advisory Group (to hold the Cancer Transformation Board to account). Earlier this year, the Cancer Transformation Board published an Implementation Plan outlining how the England Cancer Strategy will be implemented over the next four years. The Implementation Plan also outlines the establishment of six oversight groups which will have responsibility for different elements of implementation.

## Collecting evidence

In May 2016, the APPGC launched a call for evidence across the cancer community. This included cancer charities, private sector and patient organisations, health bodies, commissioners and representatives from Royal Colleges. The terms of reference for the inquiry (please see the appendix) focused on questions regarding progress since the publication of the England Cancer Strategy, including on challenges, priorities, and funding.

Two short oral evidence sessions were also held with witnesses Sir Harpal Kumar, Chair of the Independent National Cancer Advisory Group, the then Public Health Minister Jane Ellison MP, Cally Palmer, National Cancer Director at NHS England and Professor Chris Harrison, National Clinical Director for Cancer at NHS England.

# What we heard

One year on from the publication of the England Cancer Strategy there remains broad consensus amongst witnesses and respondents to the inquiry on its recommendations. However, there are growing concerns about implementation, and particularly around funding and key recommendations which were absent from the Implementation Plan.

In this section, we have set out what we heard from respondents. These have been grouped into the themes which were most commonly raised throughout the inquiry: early diagnosis, workforce, living with and beyond cancer, cancer alliances, data, and treatment.

## Early Diagnosis

Early diagnosis was an important theme throughout the England Cancer Strategy, and respondents welcomed progress in this area; particularly on the introduction of the National Diagnostic Capacity Fund, the piloting of multi-disciplinary diagnostic centres and the proposed funding of molecular diagnostics.

During the oral evidence sessions, Sir Harpal Kumar emphasised that there was not one recommendation outlined in the England Cancer Strategy that could improve early diagnosis in isolation, but rather it would be a result of a combination of measures in the diagnostic part of the pathway. For example, improvements cannot be made, he noted, without also addressing wider challenges such as the NHS workforce.

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**Sir Harpal Kumar emphasised that there was not one recommendation that could improve early diagnosis in isolation, but rather it would be a result of a combination of measures.**

Organisations did, however, raise concerns regarding the significant amount of funding that is needed to address issues in diagnostic capacity. For instance, London Cancer (an NHS England consortium) noted that funding allocated for the National Diagnostic Capacity Fund so far is not sufficient “to make more than a small contribution towards solving the challenge.” Chairman of the APPGC, John Baron MP, also raised the issue of funding during the oral evidence sessions particularly in regards to NHS efficiencies and potential cost savings from early diagnosis, stating that there are too few health economists looking at where cost savings can be achieved. Cally Palmer responded to this by arguing that “upfront investment through the National Cancer Programme [...] can not only create the outcome and experience of cancer patients but can make some real economic impact down the line.” She further argued that the fastest way to trial some of this would be through Cancer Vanguard, and that they will be looking at the “whole commissioning resource and ways in which they can deploy that resource differently for patient benefit.” Professor Chris Harrison also reiterated this point during the oral evidence sessions and stated that Cancer Vanguard will “drive some of these changes and give that message about the economic benefits.”

Many charities also noted that early diagnosis initiatives need to ensure they take into account the specific challenges associated with certain patient groups, such as those with rarer cancers, children, teenagers and young adults, and those with asymptomatic cancers. It is important that the need for a broader range of testing and primary care guidance for these specific cancer groups is recognised. The Brain Tumour Charity in particular questioned whether the significant improvements in survival, as outlined in the England Cancer Strategy, will be met within the timescale as “a whole cancer approach to measuring improvement in survival will risk overlooking those cancers where gains may be minimal” such as rarer cancers.

During her evidence session, Cally Palmer stressed that a lot of effort is being made on early diagnosis within the England Cancer Strategy programme, highlighting that a key ambition is to reduce the number of patients being diagnosed through emergency presentation, and particularly those with rarer cancers.

Many organisations also raised general concerns over timescales and the speed with which changes recommended in the England Cancer Strategy are being made, most notably the roll-out of HPV Primary Screening and vaccination. This was highlighted by charities such as Cancer Research UK and Jo’s Cervical Cancer Trust as a priority.

However, the APPGC was pleased to hear an announcement regarding HPV primary screening from the Minister during her oral evidence session. Jane Ellison MP announced that Public Health England would

## **The APPGC was pleased to hear an announcement regarding HPV primary screening from the Minister during her oral evidence session.**

be “rolling out the HPV, the human papilloma virus testing, as part of the cervical cancer screening programme, so that means that people will be tested first with HPV as the primary screening test, and this, we think, will prevent 600 cancers.” However, there is still concern over the availability of the HPV vaccine to boys as noted by HPV Action.

Alongside early diagnosis, prevention was also highlighted as a key concern. Charities such as Cancer Research UK, for example, raised the issue of funding in regard to prevention and argued that despite the importance referenced in the England Cancer Strategy there have been significant cuts made in public spending. They note that “investments in the prevention of disease [have] the potential not only to save lives but to result in significant cost-savings.”

Overall, respondents argued that in order to achieve the recommendations as set out in the England Cancer Strategy there needs to be more clarity and detail set out in the Implementation Plan, with systems in place to ensure that prevention, screening and early diagnosis are carefully measured and monitored.

## **Workforce**

In the oral evidence sessions Sir Harpal Kumar stated that the challenges surrounding the cancer workforce remain “significant and severe.” This was a matter also emphasised across many of the submissions we received. Prostate Cancer UK, for example, stressed that “given the imminent challenges to the future workforce it is essential that this is addressed with urgency.”

Many respondents welcomed the commitments set out in the Implementation Plan, including Health Education England’s (HEE) plans to deliver a strategic review of the cancer workforce by March 2017 and the commitment to increase access to Clinical Nurse Specialists. However, there were concerns on the lack of visible progress and it is clear that by the time of writing that already some of the timescales set out in the Implementation Plan have slipped. For instance, the baseline of the current cancer workforce which was due to be published in June has not yet been released by HEE, and it is not clear who is responsible for holding bodies to account when deadlines are missed; whether it is the National England Cancer Strategy Advisory Board, Department of Health or even the Government.

Organisations such as Macmillan Cancer Support and Cancer Research UK have highlighted the broad range of issues which need to be considered by HEE as part of the strategic review. These issues were set out in a set of principles published in July 2016 and which have been endorsed by over 30 organisations. These principles call for the review to consider the current and future workforce, skills mix, the role of volunteers, and where responsibility will lie for strategic workforce planning in the future.<sup>1</sup>

1. ‘A Shared Vision for a Strategic Review of the Cancer Workforce’; <http://www.macmillan.org.uk/documents/getinvolved/campaigns/weareaforeceforchange/a-shared-vision-for-a-strategic-review-of-the-cancer-workforce-june2016.pdf>



Most notably, there is growing uncertainty amongst cancer charities on the current approach to workforce shortages and there is a sense of urgency amongst commentators of the need to address issues of capacity. Some respondents commented on the current staffing crisis in clinical radiology and oncology. Organisations such as Breast Cancer Now have argued that the expected shortfalls in trained radiographers and radiologists, for example, would have an impact on screening programmes for women as well as waiting times for patients with breast-related symptoms and this has not been clearly addressed. Equally, institutions such as the Royal College of Radiologists have stated that there has not been an increase in training places and no visible progress in filling vacant posts in either speciality.

### **There is growing uncertainty amongst cancer charities on the current approach to workforce shortages and there is a sense of urgency amongst commentators of the need to address issues of capacity.**

When giving his oral evidence Sir Harpal Kumar argued that there could be a better deployment of the workforce. This could be achieved, he suggested, through training other health professionals that would in turn reduce the burden on specialist nurses and consultants. On a similar note, Cally Palmer also addressed

### **Cally Palmer also addressed the need to use roles differently within the current NHS workforce.**

the need to use roles differently within the current NHS workforce. She highlighted this as a priority for workforce alongside addressing “issues particularly around the diagnostic pathway, and then the longer term vision of the cancer workforce by the end of 2020.”

Many respondents from across the voluntary and private sectors acknowledged the challenge with regard to the large financial commitment needed to rectify workforce shortages. Pharmaceutical company MSD, for instance, said that the workforce commitments in the Implementation Plan, “failed to set out adequate measures and funding mechanisms to address the service capacity challenge.” As Cancer Research UK also observed, “not all desired funding commitments have been made [including] an assessment of the additional costs of workforce.” Other charities, which represent rarer cancers, have also asked for more guidance and clarity on funding to up-skill allied health professionals to keep pace with the growing number of people with cancer.

Respondents have further argued that this lack of clarity surrounding funding measures specifically for workforce could have a wider impact on the delivery of other recommendations within the England Cancer Strategy unless immediate action is taken.

### **Living with and Beyond Cancer**

In oral hearings, Sir Harpal Kumar identified living with and beyond cancer as an area that presents a real opportunity for change through the England Cancer Strategy. Many respondents welcomed the England Cancer Strategy and Implementation Plan’s aim for a recovery package for every person diagnosed with cancer by 2020. This commitment was reaffirmed by the Minister and she noted that progress had been made in this area through the guidance on commissioning person centred care and implementing the recovery package which was issued in April 2016. The importance of the recovery package was highlighted by many respondents including The Brain Tumour Charity which referred to it as the “key intervention to support self-management and improve patient experience of care.”

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Although the focus on people currently living with and beyond cancer was widely accepted among the cancer community, as with earlier diagnosis, it was noted that the recovery package must be adapted to suit the particular needs of people with rarer and specific cancers. For instance, The Lymphoma Association argued that there is a major group of cancers in the form of haematological cancers which need separate strategic attention, and the success of the delivery of the England Cancer Strategy relies on tailoring support for patients living with and beyond common and rarer cancers. Similarly, organisations such as Bloodwise called for further involvement of charities such as theirs, and others that represent patients of rarer cancers, in the roll-out and implementation of the recovery package.

Furthermore, a few respondents have commented that as the recovery package is not yet fully rolled out and is not readily available to all patients, this has meant that there has been little transformation yet in the approach to support people living with and beyond cancer. In addition to this, Macmillan Cancer Support emphasised the need for more clarity in the Implementation Plan for those living with and beyond cancer as outlined in the England Cancer Strategy, including on stratified pathways (a process in which the most suitable care pathway for each patient is identified based on the level of care needed, the treatment and the patient's ability to self-manage).

In an oral hearing, Cally Palmer stated that an Oversight Group for living with and beyond cancer has been set up to develop plans, and she mentioned she was keen to roll out the quality of life metric as soon as possible.

## Cancer Alliances

The aim to establish Cancer Alliances across the country to bring together commissioners, providers and patients was well received by the cancer community, and the ambition to have them rolled out by September 2016 was noted as a positive step by respondents. Sir Harpal Kumar also highlighted the wider effect of establishing Cancer Alliances for improving other aspects of the cancer pathway such as the provision of services for living with and beyond cancer and earlier diagnosis.

Charities, such as Macmillan Cancer Support, highlighted that although Cancer Alliances are seen as a vital enabler, they are yet to be established and their form and function have still not been determined. Other respondents also noted that whilst Cancer Alliances are in the process of being established, it is still unclear if enough has been done to align the work of them with other plans across the NHS such as Sustainability and Transformation Plans (STPs). The Association of the British Pharmaceutical Industry called for further clarity on roles, responsibilities and accountability in regards to Cancer Alliances and STPs.

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**OPAAL UK stressed that there is a pressing need to speed up delivery of sub-regional Cancer Alliances with meaningful patient representation and in particular those patients who are not normally heard.**

In addition, growing concern amongst voluntary sector respondents regarding effective engagement between charities and the Cancer Transformation Board was highlighted in reference to Cancer Alliances. Most notably, this was in regard to cancer charities facilitating patient engagement and drawing on expertise from networks of clinicians to share with Alliances. This also corresponds with the overarching theme from many submissions on the need for greater patient engagement and involvement overall, in particular for those people affected by rarer cancers, or specific groups such as older patients. For example, OPAAL UK stressed that there is a pressing need to speed up delivery of sub-regional Cancer Alliances with meaningful patient representation and in particular, the voices of those patients who are not normally heard.

Cally Palmer identified the establishment of Cancer Alliances as an immediate priority during the oral evidence sessions and said that she was clear about the funding available to create their structure.

## Data

A number of respondents were positive about the development of the Cancer Dashboard as recommended in the England Cancer Strategy and introduced with the Implementation Plan. During the oral evidence sessions, APPGC Chairman John Baron MP highlighted the important role of frameworks such as the Cancer Dashboard and CCG Improvement and Assessment Framework in monitoring one-year cancer survival figures. He used one-year cancer survival rates as an example of using transparency to be able to hold CCGs to account for improving their figures annually, but noted that there was still a lack of clarity around how consistent underperformance by CCGs would be addressed. Sir Harpal Kumar responded to this by referencing the role of the CCG Assessment Framework in highlighting which CCGs are and are not making progress, as well as a "quality premium" for CCGs over the next year as an incentive for those to improve their early diagnosis rates. He said that the answer to what should happen when CCGs underperform came down to a question for NHS England Chief Executive Simon Stevens on how CCGs are assessed.

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**APPGC Chairman John Baron MP highlighted the important role of frameworks such as the Cancer Dashboard and CCG Improvement and Assessment Framework in monitoring one-year cancer survival figures.**

However, many organisations highlighted that there are still gaps within the data sets used to drive improvement. For instance, Prostate Cancer UK highlighted significant data gaps for prostate cancer across one-year survival, overall experience of care and quality of life. The charity said that it strongly support progress in this area, but emphasised the urgency to ensure data is available for the most common cancers, noting that if this is not addressed it would impede overall progress to improve cancer outcomes simply due to the large populations involved.

Similarly, both CLIC Sergeant and Teenage Cancer Trust highlighted concerns about the lack of progress made on the development of patient experience metrics for patients under the age of 16. CLIC Sergeant in particular highlighted that it was disappointed with progress given that it has already discussed a potential methodology for collecting this data with NHS England, and offered expertise to fast-track work. The need to involve a wider range of organisations in the development of data sets was also highlighted by Macmillan Cancer Support, which gave the example of its own partnership with NHS England on the new quality of life metric as an example of good practice.

Moreover it has been noted on several occasions that data relating to secondary cancers is currently lacking when compared to primary cancers and overall improvement in this area is urgently needed. Charities such as Breast Cancer Now argue that this should be mandated and the data made available for further analysis, research and service provision purposes. This feeds in to the wider issue on rarer cancers which has been referenced throughout the report so far, with the need to improve data collection for

these cancers. According to the Lymphoma Association for example, there needs to be a visible improvement in the amount and quality of cancer registration data available.

During the oral evidence session Sir Harpal Kumar addressed the growing concern around patient data particularly in light of the care.data fallout and argued that stakeholders need to work on changing the narrative around data and look at what can enable improvements. Campaign groups such as use MY data argued that whilst much of the current media focus was on data "risks", patients were actually much more concerned about the lack of use of their data to drive research and intelligence.

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Many organisations also highlighted the need for sufficient funding in order to develop better data infrastructure and data sets. Although many noted that, while the Implementation Plan has concrete measures on how data infrastructures can be improved, this has not yet been explored with constructive stakeholder input.

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## Treatment

The England Cancer Strategy only contained one recommendation on the Cancer Drugs Fund (CDF), and there was some uncertainty amongst respondents on whether the CDF will be an area of focus for the Cancer Transformation Board. Pharmaceutical companies in their written submissions welcomed the recommendation on the CDF but expressed disappointment at the lack of detail in the Implementation Plan. However, when questioned on the CDF during the oral evidence sessions Sir Harpal highlighted that there was a separate process for the CDF. Whilst he said that the Independent National Cancer Advisory Group may in future look at the impact of the new proposals he was "not sure now would be the right time to do so."

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### **Pharmaceutical companies in their written submissions welcomed the recommendation on the CDF but expressed disappointment at the lack of detail in the Implementation Plan.**

With regard to the CDF, organisations such as AstraZeneca argued that there are significant issues with the proposed changes, and that the new CDF model is not a viable option for many pharmaceutical companies due to the level of uncertainty created. According to AstraZeneca, the new CDF needs to be aligned with the Accelerated Access Review

and NICE methodology needs to be reformed. This has been further echoed by industry bodies such as the Association of the British Pharmaceutical Industry (ABPI) which claim that there is fragmentation between cancer programmes and other areas of NHS delivery. The ABPI states that although the CDF will be crucial in improving outcomes, reforms are being developed outside of cancer programmes.

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### **A number of charities also highlighted their concerns that the new CDF model could disadvantage patients with rarer cancers by not allowing flexibility in the evidence used to assess drug treatments.**

On a similar note, a number of charities also highlighted their concerns that the new CDF model could disadvantage patients with rarer cancers by not allowing flexibility in the evidence used to assess drug treatments. Charities such as Lymphoma Association called for access to innovative treatments for rarer cancers and argue that patients should be at the very centre of policy and operation when it comes to the CDF. Pharmaceutical company MSD has also highlighted concerns over the proposed system which could restrict patient access to cancer medicines.





# Recommendations

**D**uring the oral evidence sessions, and throughout the written submissions we received, three key themes emerged which underpin the views of the cancer community on how much progress has been made in the England Cancer Strategy: funding, transparency and accountability and involvement. These have formed the basis of our recommendations to the Government and NHS England.

## 1 Funding

One of the most important underlying challenges and concerns raised was the issue of funding for the England Cancer Strategy. The majority of respondents highlighted the lack of clarity surrounding funding and also expressed disappointment over the absence of detail on funding measures in the Implementation Plan. This report has set out the evidence we heard from respondents in regard to each part of the cancer pathway. In almost every section we reference funding and namely the uncertainty on whether enough funding has been allocated for the England Cancer Strategy to meet all the recommendations it has set out by 2020.

During the oral evidence sessions, Cally Palmer said that she is confident that she has the funding this year to kick start some of the initiatives around diagnostics, the new Dashboard and setting up the Cancer Alliances. However, she stressed that the England Cancer Strategy is going to need "sustained investment to 2020".

She reinforced that cancer is seen as a national priority and that the Cancer Transformation Board is moving at pace across all elements of the programme in terms of implementing initiatives. The issue, as she identified, "will be making sure that we have got the investment tied down for the next year and the three years beyond that." Along similar lines, the Minister also reiterated the Government's significant commitment around overall funding for the NHS. However, this view was not shared by the majority of respondents and according to organisations across both voluntary and private sectors, funding allocations for parts of the pathway such as living with and beyond, workforce, and early diagnosis, is still unclear.

If the England Cancer Strategy is to deliver world class cancer outcomes for all cancer patients, the APPGC believes that funding allocations across the next four years of the England Cancer Strategy's implementation must be set out by the end of the year, in line with other national health strategies such as the Mental Health Implementation Framework. This clarity will be vital in ensuring that implementation of the England Cancer Strategy remains a priority at every level of the NHS. Transparency around the funding allocated to different parts of the cancer pathway is also going to be essential in enabling strong accountability for the delivery of the England Cancer Strategy.

**Recommendation:**  
**The APPGC calls on the Government to clearly set out in a progress report (as per next recommendation), by the end of 2016, what funding will be made available for the England Cancer Strategy every year over the next four years to deliver recommendations for all parts of the cancer pathway. This should include how much funding has been allocated for each of the 6 strategic priority areas as outlined in the England Cancer Strategy.**

## 2 Transparency and accountability

The importance of transparency in improving cancer outcomes was a strong theme throughout the inquiry. During the oral evidence sessions, Sir Harpal Kumar emphasised that, “having a greater level of transparency, how the different parts of the system are or are not working, is one of the most effective ways we can improve.” One of the most important points emphasised in written submissions however, was regarding transparency of the delivery of the England Cancer Strategy itself. Although broad consensus remains on the recommendations in the England Cancer Strategy, there seems to be many questions amongst respondents on how the England Cancer Strategy is being delivered at a local level and what the main priorities will be over the next four years. Respondents welcomed the commitments that had been made on the implementation of the England Cancer Strategy so far, however many also voiced concerns over the lack of information that has been provided over how particular parts of the England Cancer Strategy are being delivered.

Many organisations expressed disappointment at the lack of detail in the Implementation Plan, and there was a lack of clarity around the terms of reference and memberships of the Oversight Groups. In addition to this, a number of respondents were also unclear over the role the Government is taking in implementation of the England Cancer Strategy and how it will be monitoring progress and holding NHS England to account.

The APPGC believes it is vitally important that the work being undertaken to implement the England Cancer Strategy is fully transparent. The England Cancer Strategy contained a huge number of recommendations, and whilst it is to be expected that some will progress at greater pace than others, it is vital that the cancer community is kept informed of progress and that priorities are made clear. The APPGC understands that the Independent National Cancer Advisory Group will publish a progress report this year; however it is important this report is fully independent and that communication is maintained throughout the year and the following four years.

**Recommendation:**  
**The APPGC calls on the Government, with NHS England, to respond to this inquiry report and set out how they will address the concerns of the cancer community. This response and the annual report by the Cancer Transformation Board should set out:**

- **How progress is being made on each of the 96 recommendations in the England Cancer Strategy.**
- **Detail of how the delivery of the England Cancer Strategy is being aligned with wider changes in the NHS, including the Sustainability and Transformation Plan process being led by NHS England and NHS Improvement.**
- **How the Department of Health is holding NHS England and other Arms-Length Bodies to account for delivery of the England Cancer Strategy and how it will measure success by 2020.**

### 3 Involvement

Finally, a key theme throughout the submissions the APPGC received, focused on the lack of involvement from different stakeholders. This included involvement of charities, Arms-Length Bodies and cancer patients.

Whilst two charities sit on the Independent National Cancer Advisory Group and welcomed this opportunity to share their expertise and networks of patients and clinicians, it is clear from a number of submissions that many organisations do not feel as involved in the implementation of recommendations. Many organisations emphasised that the knowledge and expertise they could offer to help with implementation on the ground has not yet been taken up even when the England Cancer Strategy had recommended their involvement.

Although the Independent National Cancer Advisory Group was commended for having representation from people who have personally experienced cancer, charities that represent rarer cancers in particular voiced their concerns as these types of cancers are not heavily referred to in the Implementation Plan. This also fed through into a lot of concerns about the lack of patient engagement and involvement in the England Cancer Strategy generally.

Cally Palmer stated that there are

discussions currently ongoing on how to best involve patients effectively within all six Oversight Groups so there is good patient feedback. Whilst the Minister urged cancer charities to do as much as possible to work together and identify common ground, there is still a level of uncertainty amongst voluntary sector organisations in particular on their role in helping to implement the England Cancer Strategy.

It was highlighted that the partnership working which formed the basis of the Independent Cancer Taskforce (which was established in order to draw on the wide ranging expertise across the cancer community) had been lost in implementation. It was also noted in a number of submissions that the emphasis on partnership between Arms-Length Bodies had been lost, as many respondents were unclear about the roles and responsibilities of the Arms-Length Bodies in relation to the implementation of, and accountability for, the England Cancer Strategy.

The APPGC believes that it is important that organisations from across the cancer community are actively involved in the delivery of the England Cancer Strategy if its ambitions are to be delivered in full. Furthermore, it is vital that patients are involved in implementation, both at a national level in feeding into plans and strategies, and at a local level in determining how recommendations are implemented on the ground.

**Recommendation:**  
**The APPGC calls on the Cancer Transformation Board and the Independent National Cancer Advisory Group to set out how it will collaborate with organisations who have an expertise and interest in cancer. Most importantly, the Cancer Transformation Board should also set out how it will ensure that patients are closely involved in the delivery of the England Cancer Strategy, both at a national and local level, over the next four years.**



# Appendix 1

## People who gave evidence

### Oral witnesses

Sir Harpal Kumar,  
Chair of the Independent  
National Cancer Advisory Group

Jane Ellison MP,  
the then Public Health Minister

Cally Palmer,  
National Cancer Director  
at NHS England

Professor Chris Harrison,  
National Clinical Director  
for Cancer at NHS England

### Written submissions

The Association of the British  
Pharmaceutical Industry (ABPI)

Anthony Nolan

APPG on Pancreatic Cancer  
joint response with Pancreatic  
Cancer UK, Pancreatic Cancer  
Action and Pancreatic Cancer  
Research Fund

AstraZeneca

Bloodwise

Brain Tumour Research

Breast Cancer Haven

Breast Cancer Now

Breast Cancer UK

British Dental Association

Cancer Research UK

Cancer52

Celgene

CLIC Sergeant

Clinical Reference Group  
for Lung Cancer

Geriatric Oncology Expert  
Reference Group

HPV Action

Jo's Cervical Cancer Trust

London Cancer

Lymphoma Association

Macmillan Cancer Support

Marie Curie

MSD

Novartis Oncology

OPAAL UK

Ovarian Cancer Action

Patient representative,  
Bhavna Emery-Jones

Prostate Cancer UK

Teenage Cancer Trust

The Brain Tumour Charity

The Royal College of Radiologists

The Society and College  
of Radiographers

use MY data

# Appendix 2

## Terms of Reference

Listed below are the terms of reference set out for written submissions to the inquiry:

*The inquiry will focus on the progress made since the publication of the England Cancer Strategy. It aims to provide and offer recommendations to Government and NHS England to shape the implementation of delivery of the Cancer Strategy in future years.*

*Following the inquiry, the APPGC will publish a report of our key findings and seek to make recommendations to submit to the Government.*

*The inquiry welcomes written submissions from a range of stakeholders, including representatives from the NHS, charities, patient organisations, and commissioners. Submissions must address the Terms of Reference.*

***In addition to addressing the Terms of Reference, please use the following questions as a guide:***

- 1. What progress has been made in implementing the Cancer Strategy? Is progress happening at a pace which will enable successful delivery of the Strategy against the timescales set out in the Taskforce's report?*
- 2. What needs to be in place to ensure successful delivery of the Cancer Strategy? Are these structures and systems being established effectively and/or at the necessary pace – particularly when it comes to rarer cancers?*
- 3. What are the key challenges in implementing the Cancer Strategy, and how well are these being addressed?*
- 4. What should the priorities be for the Cancer Transformation Board and the National Cancer Advisory Group in the next 12 months with regards to delivering the Cancer Strategy?*
- 5. Has sufficient funding been allocated and made available for delivery of the Strategy?*
- 6. What mechanisms are in place to involve patients in the delivery of the Strategy, and how effective have these been during the first year?*



The All-Party Parliamentary Group on Cancer was founded in 1998 to keep cancer at the top of the parliamentary agenda, and to ensure that policy-making remains evidence based and patient centred. The group monitors implementation of government initiatives, provides briefings for parliamentarians, and brings together MPs and Peers from across the political spectrum to debate key issues and campaign together to improve cancer services.

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

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The APPGC is supported by a Stakeholders' Group comprising representatives from: Breast Cancer Now, Cancer Research UK, Independent Cancer Patient Voices, Men's Health Forum, use MY data, Prostate Cancer UK, Rarer Cancers Foundation and Teenage Cancer Trust.

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