

ALL PARTY PARLIAMENTARY GROUP ON CANCER



Effective Cancer Commissioning in the New NHS

Report by the All Party Parliamentary Group on Cancer



www.appg-cancer.org.uk

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 patient centred. The Group brings together MPs and Peers from across the political spectrum to debate key issues and campaign together to improve cancer services.

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Chairman's Foreword

This year has been one of the most dramatic in the history of the NHS. The Government's health reforms have attracted constant media attention and have rarely fallen off the parliamentary agenda since the General Election in 2010.

The reforms have been shaped largely by three 'big ideas': the first is a new focus on outcomes; the second is the changes to commissioning structures to bring patients closer to the decision-makers; and the third is increasing patient choice and control. These changes represent the most significant adjustment to the health service since it was founded.

Of the three, I believe shifting the focus of the health service onto outcomes will do more than any other single measure to improve cancer care, treatment and services in this country. Our survival rates do not compare well with other countries. The key to improving outcomes is earlier diagnosis, for our poor one-year figures suggest we are detecting cancer far too late.

The principal recommendation from the All-Party Parliamentary Group on Cancer's (APPGC) 2009 report *Inquiry into Inequalities in Cancer* was therefore the introduction of a one-year cancer survival indicator. Such a measure will particularly focus the NHS on action which will improve cancer awareness and early diagnosis, as well as implementing measures which will tackle the under-treatment of older people.

The Government agreed with the logic and included in the first NHS Outcomes Framework both one and five-year survival rates for breast, lung and colorectal cancer as an improvement area for the NHS. To drive up outcomes across the board, we urge that future versions of the Framework are expanded to include survival indicators for all cancer types.

Less than a month after the publication of the NHS Outcomes Framework, and in the same month the Government published its Health and Social care Bill, Andrew Lansley also launched *Improving Outcomes: A Strategy for Cancer* (IOSC). This was the first disease-specific outcomes strategy to be published, demonstrating how high a priority cancer is for the Government.

Although further outcome indicators need to be developed, there is little doubt that this new focus on outcomes will oblige the NHS to raise its game. Indeed, the Government's ambition is now to deliver cancer outcomes for England that are 'comparable with the best in the world'. To this end, the Government set out in IOSC the objectives of saving 5,000 additional lives per year from 2014

The APPGC's role is to ensure the issues which most affect cancer patients are at the top of the political agenda, so my fellow Officers and I were eager to focus our attention and energy this year on investigating how effective cancer commissioning can be ensured in the new NHS.

and therefore bringing our survival rates up to the European average; improving the experiences of cancer patients in England; and narrowing the gap in cancer outcomes between different groups in society. Having campaigned on these issues, the All Party Parliamentary Group on Cancer (APPGC) wholly supports these aims.

However, the media coverage and debate has focused on the second big idea: the proposed changes to commissioning structures. These will overhaul how the NHS is organised and operates. The APPGC's role is to ensure the issues which most affect cancer patients are at the top of the political agenda, so my fellow Officers and I were eager to focus our attention and energy this year on investigating policy solutions which will ensure the objectives of IOSC and ultimately better outcomes are delivered by the new NHS.

We sought to use our position as a cross-party committee to facilitate impartial conversations and constructive debate among policy experts, politicians, cancer patients and the third sector. This report, which I am delighted to present at Britain

Against Cancer 2011, comprises recommendations we have developed out of these discussions.

The APPGC believes the report offers practical and helpful recommendations and we urge NHS commissioners, managers and healthcare professionals to take note and take action.



John Baron MP
Chairman, All Party Parliamentary Group on Cancer

Executive Summary

At the 2010 Britain Against Cancer conference delegates expressed concern that the changes to commissioning structures could impact upon the Government's ambitions to improve cancer outcomes.

This report comprises policy solutions that have been developed by the APPGC over the last twelve months to respond to this concern. Working in consultation with experts from across the sector, we have focused our attention on four key themes leading stakeholders informed us would be particularly important to improving the quality of cancer commissioning and therefore delivering the Government's objectives for cancer:

- Ensuring commissioners deliver better cancer outcomes and experiences
- The commissioning of high quality integrated cancer services
- Meeting the needs and wants of patients through meaningful involvement
- Delivering better cancer outcomes through improving our public health.

Throughout this report we have provided a brief overview of what we have learnt over the last year. We have also made recommendations which, if implemented, we believe would significantly contribute to improving cancer commissioning and, as a consequence, the outcomes and experiences of people living with cancer.

Our key recommendations

Ensuring England's cancer outcomes and experiences are among the best in Europe

We are calling for the one-year survival indicator in the NHS Outcomes Framework to be extended to cover all cancer types. The APPGC would also like to see this indicator complemented by additional proxy measures that are more appropriate to assess the performance of Clinical Commissioning Groups (CCGs), which will vary considerably in size. The Commissioning Outcomes Framework should include indicators on stage of cancer at diagnosis and cancer diagnosed as an emergency admission. CCGs should be incentivised to make year-on-year improvements against these.

The commissioning of high quality integrated cancer services

Experts informed us that it will be vital for CCGs to be adequately supported if they are to commission high quality, integrated cancer services and that cancer networks will be well placed to offer this specialist expertise. We, therefore, believe that CCGs should

The Commissioning Outcomes Framework should include indicators on stage of cancer at diagnosis and cancer diagnosed as an emergency admission and CCGs should be incentivised to make year-on-year improvements against these.

demonstrate through the authorisation process how they will collaborate with cancer networks.

Meeting the needs and wants of patients through meaningful involvement

To further ensure that cancer services are commissioned to meet the needs of cancer patients, service users must be meaningfully involved in the whole commissioning cycle. We believe the NHS Commissioning Board and CCGs should work closely with cancer networks, which have well established patient engagement mechanisms, to set up procedures to involve cancer patients in the design, delivery and evaluation of cancer services.

Delivering better cancer outcomes through improving our public health

The NHS reforms will overhaul how public health services are organised and delivered. It will be vital to ensure that CCGs and Health and Wellbeing Boards (HWBs) work together effectively to prioritise action that will improve the prevention and early diagnosis of cancer. CCGs and HWBs will be expected to produce a Joint Strategic Needs

Assessment (JSNA) for their locality. These should include a section on the local population's public health needs with regards to cancer. To effectively tackle the challenges identified in the JSNA, pooled budgets should be supported between HWBs and CCGs to encourage shared responsibility for delivering improvements.

Introduction

In July 2010, the Government set out its vision for the health service in the NHS White Paper, *Equity and Excellence: Liberating the NHS*. This was subsequently translated into the Health and Social Care Bill, which at the time of writing is still making its way through Parliament.

Specifically, the Government has been striving to:

- Focus the NHS on delivering health outcomes that are comparable with, or even better than, those of our international neighbours – including achieving one and five year cancer survival rates above the European average.
- Put clinicians in the driving seat in decisions about services. This will involve overhauling commissioning structures in the NHS by abolishing Primary Care Trusts and moving to a system of clinician-led commissioning. Clinical Commissioning Groups (CCGs) will be created which will design and contract services for their local populations.
- Put patients right at the heart of decisions made about their care. This has become known as the principle of “no decision about me, without me.”

Our work this year

Under the leadership of APPGC Chairman, John Baron MP, our programme of work in 2011 has focused on identifying the challenges and opportunities the health reforms present for cancer care and services. More specifically we have been seeking to develop recommendations for effective cancer commissioning that will deliver year-on-year improvements in cancer outcomes and the experiences of cancer patients.

At the beginning of the year, we had a long list of areas we could have investigated. Our first priority was to decide which key issues to focus on. By seeking advice and guidance from leading experts across the NHS, public and third sector, it became clear that the APPGC should concentrate on the four priority areas listed in the executive summary.

Under the leadership of APPGC Chairman, John Baron MP, our programme of work in 2011 has focused on identifying the challenges and opportunities the health reforms present for cancer care and services.

These initial meetings also gave us the seeds of policy solutions. To develop these ideas further we held a panel discussion in Parliament which helped us to begin the process of pinning down our positions. Then over the summer we sought further expert advice and input by surveying, among others, policy-makers, think tanks, third sector organisations and cancer networks on our early thoughts.

This engagement helped us to identify common themes and ideas, and helped us to arrive at our early recommendations.

To ensure our policy would stand up to scrutiny we held a roundtable in Parliament in October with leading experts including Professor Sir Mike Richards and senior stakeholders from the Department of Health, NHS and wider cancer community to thoroughly examine each of our recommendations in turn. The input from this discussion aided us greatly as we came to finalise this report.

Through our programme of engagement this year we have sought a wide range of expert opinion to ensure that this report will add value and be of use to decision makers and commissioners. We have facilitated the sharing of ideas and come to what we believe are prudent yet ambitious calls which we are confident will help to ensure the health reforms deliver for cancer patients and their families.

Cancer outcomes in England have steadily improved over recent decades.¹ However, there is still considerable progress to be made before England's cancer survival rates match the European average.²

1 Ensuring commissioners deliver better cancer outcomes and experiences

The APPGC found during its inquiry into cancer inequalities in 2009 that there are disparities in the cancer outcomes between different groups in society. The National Cancer Patient Experience Survey (NCPES) 2010 also revealed that older patients, patients from Black and Minority Ethnic (BME) communities, and patients from lower socio economic backgrounds often reported less favourably on their care and that there is also significant regional variation in the experiences of cancer patients.³

Improving outcomes in the new NHS

In the report of our cancer inequalities inquiry, the APPGC recommended a one-year cancer survival indicator be introduced, for all cancers and all ages, to:

- encourage the NHS to raise people's awareness of the symptoms of cancer to support early diagnosis of the disease;
- speed up the early referral system;
- reduce the number of people – particularly those aged 75 and over – who die unnecessarily from cancer.

The APPGC was delighted that the Government included both one and five year cancer survival rates for Breast, Lung and Colorectal Cancer for people aged 15-99 in the NHS Outcomes Framework 2011/12. We are keen to see this measure broadened to include all cancer types to drive up improvements in outcomes across the board.

However, the smaller population sizes of CCGs as compared to Primary Care Trusts, brought about by changes to the commissioning structures, have reduced the extent to which the one and five-year survival rates are statistically robust. They will now therefore need to be supported by additional measures against which the performance of individual CCGs can be assessed.

Although it is crucial to measure the broader NHS on improvements in one and five year cancer survival rates, proxy measures – which should be broken down by equality group where feasible (age, gender, socio-economic status, ethnicity) – will allow for comparisons between CCGs and provide a more immediate picture of what is happening on the ground. This will greatly aid commissioners to identify the action which needs to be taken to improve cancer outcomes.

¹ Cancer survival statistics by cancer site, Cancer Research UK, <http://info.cancerresearchuk>

² *Improving Outcomes: a strategy for cancer*, Department of Health, January 2011

³ *National Cancer Patient Experience Survey Programme – 2010: national survey report*, Department of Health, December 2010

In particular, we have heard from senior health stakeholders that CCGs should be held to account against data on the stage of cancer at diagnosis and cancers diagnosed as an emergency admission as both datasets will help CCGs to identify where improvements are needed in early detection and are credible proxies for survival rates.⁴ By assessing the performance of CCGs on these measures through the Commissioning Outcomes Framework (COF) – which will translate the NHS Outcomes Framework into outcomes and indicators that are meaningful at a local level⁵ – they will be encouraged to contract services that improve early diagnosis of cancer. This is a key reason why England's one and five year survival is poorer than that of other countries.

Improving the collection of this data

Stakeholders involved in collecting and analysing cancer data told the APPGC that the availability of staging data and data on diagnosis by emergency admission was a major issue. A first priority must be to ensure that these data are collected in a consistent way by all clinical teams and that cancer registries and the NCIN make this data publicly available in a timely fashion.

To achieve this, the APPGC would expect the NHS Commissioning Board (NHSCB) to support a national standard which makes clear how these data should be recorded and collected. It will also be incredibly important that CCGs call to account the Trusts they hold contracts with on the collection

of staging data and diagnosis as an emergency admission.

Improving the experiences of cancer patients

The APPGC believes that alongside pushing for continued improvements in survival outcomes it is crucial that the Government's reforms improve the experiences of cancer patients.

The 2010 National Cancer Patient Experience Survey (NCPES) provided extremely valuable information about the care which cancer patients receive in England. Not only did it reveal how vital clinical nurse specialists are to delivering excellent patient experience, it also shone a light on where cancer patients are being let down.

We continue to urge the Government to conduct the NCPES annually and to include it as an area for improvement in the patient experience domain of the NHS Outcomes Framework.

As responsibility for the commissioning of many cancer services passes to CCGs, it is vital to ensure that cancer services meet the needs of those who use them. Where the NCPES identifies problems with the treatment and care cancer patients receive, CCGs should investigate the reasons for the poor results and incentivise providers to formulate plans to improve patient experience. Measures like the Commissioning for Quality and Innovation (CQUIN) payment could be used as a lever to achieve this.

Our recommendations

1. All cancers should be included in the one and five year cancer survival rate measures in the NHS Outcomes Framework.
2. The NHS Commissioning Board should support a national standard which makes clear how data on stage of cancer at diagnosis and cancer diagnosed as an emergency admission should be recorded and collected. Clinical Commissioning Groups (CCGs) must hold Trusts to account on the collection of data and submission to cancer registries through their contracting of services.
3. We expect the NCIN and the cancer registries to analyse data on stage of cancer at diagnosis and cancer diagnosed as an emergency admission, and to make them routinely available to the public.
4. The Commissioning Outcomes Framework should include indicators on staging data and cancer diagnosed as an emergency admission. The NHS Commissioning Board should then incentivise CCGs to make year-on-year improvements against these measures.
5. The National Cancer Patient Experience Survey (NCPES) should be conducted annually and be included as an area for improvement in Domain 4 of the NHS Outcomes Framework.
6. Commissioners should incentivise providers to develop action plans to tackle issues identified by the NCPES through the Commissioning for Quality and Innovation (CQUIN) payment. Goals could be set on the percentage increase of patients reporting a positive experience of care.

⁴ *Improving Outcomes: a strategy for cancer*, Department of Health, January 2011

⁵ *The NHS Outcomes Framework 2011/12*, Department of Health, 2010



2 The commissioning of high quality integrated cancer services

Successive government policies have focused on improving 'integrated care' and the current reforms are no exception. Andrew Lansley, Secretary of State for Health, has said that "properly integrated services are essential for the quality of individual care and for the most efficient operation of the NHS."⁶

In response to feedback received during the Health and Social Care Bill "listening exercise" the Government has amended the role of Monitor so that it now has a duty to foster and improve integration across the NHS. However, the issue of how to define 'integrated' cancer services and how they can be delivered continues to be the subject of much debate.

Defining integration

Following our roundtable discussion and meetings with policy experts, the APPGC has chosen to define integration as providers of cancer services working together to ensure that the cancer pathway is joined-up across primary, secondary, tertiary and community care. This is particularly challenging for cancer because it is not one disease but a set of over 200 individual diseases, each with a different, and often complex care pathway.

However, if this integration can be achieved we believe that cancer patients would receive the care they need, when they need it, in the most appropriate setting. In other words, their care pathway would be "seamless".

Ensuring seamless care pathways are delivered in the new NHS

In the 2010 National Cancer Patient Experience Survey nearly 40% of cancer patients reported that clinicians in hospitals and the community did not work well together. Patients have told the APPGC that when care seems fragmented it can cause undue stress and worry at what is often the most challenging time in their life.

Professor Steve Field, Chair of the NHS Future Forum, commented on this during our panel discussion:

"Often they (clinicians) are taking the same information at different times. They do not seem to have the same records and the scans do not get transferred between sites. From my own personal experience as a GP and as a husband, what we want is a more joined-up system and that is what we call integrated care... it is the lack of joined-upness (sic) which is the problem, and which creates the anxiety."

⁶Health and Social Care Bill, Third Reading, 7 September 2011

At the APPGC roundtable discussion in October there was broad consensus that an essential starting point for greater integration is for cancer networks, in partnership with the Clinical Commissioning Groups (CCGs) in their area and other local health partners, to define locally specific cancer care pathways for each cancer type. Once pathways are defined whole pathway commissioning becomes possible. Patients could then also be given the choice of being talked through the typical pathway for their cancer, helping them to understand what to expect.

Cancer networks and integration in the new NHS

The Cancer Campaigning Group conducted a survey before the “listening exercise” – which resulted in GP Consortia being broadened to become CCGs – which found that 82% of GPs either agreed or strongly agreed that GPs in their area will need support to commission cancer services effectively. This finding is supported by conversations we had with policy makers and experts who informed the APPGC it will be vital for CCGs to be properly supported if they are to commission high quality, joined-up cancer services.

We believe cancer networks will have a key role in providing specialist expertise and advice to CCGs on commissioning high quality cancer services. In particular cancer networks have helped to facilitate intergration across primary, secondary and tertiary cancer care and worked to make sure the patient’s voice is properly heard in this process.

It will be essential to ensure cancer networks and CCGs are encouraged to collaborate to commission high quality, joined-up cancer services. To ensure this occurs, senior stakeholders told the APPGC as part of the authorisation process CCGs should demonstrate how they plan to collaborate with their cancer network.

Cancer networks will also play a central role in ensuring that fragmentation is avoided as responsibility for the commissioning of cancer services is split in the new NHS. Once the reforms have passed, different services will be commissioned at different levels: CCGs will take on responsibility for non-specialised cancer services, while the NHS Commissioning Board will undertake specialised commissioning. Experts informed us that cancer networks could play an important role in overseeing commissioning plans and ensuring fragmentation is avoided.

The APPGC has heard from stakeholders that not all cancer networks are performing to the level of the best and there is room for improvement. Given the key role we see networks playing in the future we look forward to the NHS Commissioning Board making clear what the key functions of cancer networks should be and how they will hold them to account for their performance.



Encouraging joint working throughout the system

To further promote joint working between primary, secondary, community and tertiary care to support cancer patients, we believe that the number of cancer patients readmitted to hospital as an emergency within 28 days of discharge should be included in the NHS Outcomes Framework and subsequently the Commissioning Outcomes Framework.

While we accept that the reasons for a cancer patient to return to hospital through A&E can be varied, experts told us that emergency readmissions can indicate that a patient doesn't have access to the care they need, when they need it, in the most appropriate setting. With coordinated care and the right information patients can respond to and manage symptoms with less anxiety and in the most appropriate way. This should result in fewer emergency admissions.

By measuring performance against emergency readmission rates for cancer patients both commissioners and providers would be incentivised to collaborate more effectively to avoid the situation where someone is unnecessarily admitted to hospital.

Patients at the heart of integration

Empowering patients to become true partners in their own care is a powerful driver of integration. Experts told the APPGC that giving patients the contact details for an appropriate professional at each stage of their care pathway is crucial to making this a reality.

Experts also informed us that this is especially important if we are to give cancer patients at the end of life choice around preferred place of death.

We have heard from analysts that the likely increase in the number of providers in the NHS could pose yet more challenges for delivering "seamless" care. There are numerous examples of initiatives which aim to better integrate services and improve the patient experience of care. For example, CCGs could look to commission more care coordinators to help patients navigate the health system.

Crucially, many policy experts we have spoken to have said that integration would be greatly improved if patients could have access to their own records, which in turn could be quickly and safely transferred between providers to ensure that everyone involved in a cancer patient's care has accurate and timely information about the patient's care needs. A first step to realising this ambition, and empowering patients, would be for commissioners to ensure the providers they hold contracts with deliver the recommendation in the Cancer Plan (2000) that patients should be copied in to all letters about their care. This recommendation should be built upon by making this correspondence available electronically where a secure system is in place.

Our recommendations

1. Working with Clinical Commissioning Groups (CCGs) and other stakeholders including patients and the voluntary sector, all cancer networks should define and regularly update template care pathways for all cancers in their localities. This would allow commissioners to design and contract whole, integrated cancer care pathways.

2. To further drive improvements in the commissioning of joined-up care, including follow-up care, we call on the NHS Commissioning Board to include cancer within the overarching indicator: *Emergency readmissions within 28 days of discharge from hospital* in the NHS Outcomes Framework (and consequently the Commissioning Outcomes Framework), and the Social Care Outcomes Framework.

3. The Health and Social Care Bill places a duty on CCGs to obtain appropriate advice when making commissioning decisions. To deliver on this duty we are calling on CCGs to demonstrate through the authorisation process how they will collaborate with cancer networks.

4. We look forward to the NHS Commissioning Board, in collaboration with the cancer community, defining the role and responsibilities of cancer networks. We think it is particularly important that they make clear their role in improving integration, ensuring commissioning is not fragmented between different levels and how they plan to performance manage the networks against these criteria.

5. Patients should be given the contact details for an appropriate named professional for each stage of their pathway.

6. We would like commissioners to hold their providers to account on the recommendation in the Cancer Plan that all correspondence about a patient's care is made available to them. Where a secure email system is in place, patients should be given the option of this correspondence being sent to them electronically. This could be measured through the National Cancer Patient Experience Survey which, as recommended in section, should be included in the NHS Outcomes Framework.



3 Meeting the needs of patients through involvement in the commissioning of cancer services

The Government committed to “putting patients and public first” when it launched its health reforms in summer 2010. “No decision about me without me” has become one of the buzz phrases of the changes to the NHS but the APPGC, like many others, is keen to understand exactly how this principle will ensure shared decision-making, personalisation and patient involvement will be delivered.

Patient involvement can be a broad and potentially nebulous term that can cover a wide range of issues.

In our 2009 and 2010 reports into cancer inequalities, we spoke in detail about the importance of empowering patients to become true partners in their own care through the delivery of more and better information in a way tailored to the individual. We continue to believe that this should be a priority for the NHS.

We reiterate our call that every cancer patient should be offered an information prescription by the end of 2012. Furthermore the provision of information should be encouraged at a national level by being included in Quality Standards. Commissioners could then be held to account on the provision of high quality information through relevant indicators in the Commissioning Outcomes Framework.

In this report we have focused on how people affected by cancer are engaged in the commissioning of cancer services.

The value of involving patients in the commissioning of services

Our discussions with a range of stakeholders over the past year have led us to the conclusion that at its worst patient involvement can mean little more than a tick-box exercise. However, it is our belief that only by fully engaging with patients can commissioners design services which are truly responsive and meet the needs of those who use them.

Meaningful patient involvement is also crucial to tackling inequalities and ensuring the preferences, opinions and concerns of particularly vulnerable and harder to reach groups are heard.

The National Cancer Action Team has good examples of where the input and involvement of patients has helped to improve services, patient experiences and outcomes. For instance in Newham, London, the uptake of screening appointments among Pakistani women was low and their mortality rate higher than their counterparts.

Patients in Newham were asked what they thought might be the causes behind the low-uptake of screening and what actions could be taken to rectify the situation. Following this engagement and implementation of the recommendations, screening of Pakistani women in the area increased by 16%.

Meaningful patient involvement in commissioning decisions in the new NHS

We were pleased that after the “listening exercise” the Government announced that every Clinical Commissioning Group (CCG) would be required to have two lay members on their governing boards. To make this process as meaningful as possible, we would like CCGs to adequately resource patient engagement and offer lay members training so they can represent and advocate for others. We believe CCGs, in their annual reports, should give details of how commissioning decisions have been influenced by the patient perspective and the resources they have allocated to patient involvement. This should be scrutinised by the NHS Commissioning Board locally through their ‘field force’ teams.

The APPGC also believes that additional measures need to be put in place to guarantee that the specific views, opinions and expertise of a broad range of cancer patients are sought.

CCGs may need help in understanding how best to engage with cancer patients at all stages of the commissioning cycle. We see cancer networks playing a key role in providing such support as many of them currently have patient partnership groups and other engagement mechanisms which have been highly commended by the policy experts we consulted.

Not all cancer services will be commissioned by CCGs. Responsibility for commissioning specialised cancer services will fall to the NHS Commissioning Board. In fulfilling this role we would expect the NHS Commissioning Board to work with cancer networks to consult with patients with experience of specialised services when they come to design and evaluate these.

Our recommendations

1. The provision of information should be incentivised at a national level through being referenced in Quality Standards and commissioning guidance. Commissioners should be held to account through relevant indicators in the Commissioning Outcomes Framework.

2. To demonstrate that they are properly resourcing patient involvement we would expect Clinical Commissioning Groups (CCGs) to detail in their annual report the resources they have allocated for patient involvement and training, what they have specifically spent this money on and examples of how commissioning decisions have been influenced by the patient perspective. These should be reviewed by the NHS Commissioning Board locally.

3. Through the authorisation process CCGs should, as a minimum requirement, demonstrate how they will harness the patient partnership groups and locality groups currently supported by cancer networks.

4. We recommend that the NHS Commissioning Board and CCGs work closely with cancer networks to establish procedures to engage with cancer patients when commissioning specialised and non-specialised cancer services.

4

Delivering better cancer outcomes through improving our public health

The NHS reforms will overhaul how public health services in England are organised and delivered. Public Health England will be established and, working closely with local authorities and other partners, including Clinical Commissioning Groups, will be responsible for delivering improvements in public health outcomes.

The Public Health Outcomes Framework (PHOF) will set the context of the new system. It will outline public health priorities by defining what needs to be achieved to improve and protect the nation's health and to reduce health inequalities. Delivery on the areas for improvement identified in the PHOF will now be the responsibility of local authorities through Health and Wellbeing Boards (HWBs).

The APPGC welcomes the Government's plans for public health. Unhealthy lifestyle choices are the single biggest preventable cause of cancer. Tackling this is a significant challenge but is critical if we are to improve England's cancer outcomes and achieve the ambition of saving an extra 5,000 lives by 2014/15.

Collaborative working on Public Health

The July update to the Government's public health white paper, *Healthy Lives, Healthy People*, stressed the importance of joint working between all local stakeholders on public health. HWBs have been tasked with fostering collaboration between local authorities and the NHS to produce the Joint Strategic Needs Assessments (JSNA)

which will identify the public health priorities for each locality.

However, during our conversations with policy experts, we heard that Clinical Commissioning Groups (CCGs) could feel cut off from the public health agenda as responsibility shifts to local authorities and this could result in the local public health agenda becoming fragmented. Public health experts informed us that only by having all local agencies collaborating effectively can improvements to be made in the prevention and early diagnosis of cancer. Having CCGs demonstrate, through the authorisation process, how they will work in partnership with HWBs to tackle public health issues in their area is a key first step.

To further encourage joint working between HWBs and CCGs pooled budgets should be supported. We believe this would allow both partners to develop joint initiatives, strategies and services which raise awareness of the signs and symptoms of cancer and promote early diagnosis. The APPGC also believes that it will

be important for local Directors of Public Health to set out in their annual reports how all local partners have collaborated, and for Public Health England to scrutinise these processes.

Ensuring cancer is a priority

The APPGC is delighted that the draft Public Health Outcomes Framework includes metrics on stage of cancer at diagnosis, smoking prevalence and screening uptake.

However, we are concerned that currently smoking prevalence will only be calculated for those over 18. Given how significant a problem teenage smoking is in England – 80% of smokers starting before the age of 19⁷ – we believe that this metric needs to be expanded to cover smoking at all ages to ensure commissioners take action and implement initiatives which will encourage smokers of all ages to quit.

The Joint Strategic Needs Assessment will identify the major public health issues for each area. Experts have told us that it will be important for this assessment to include a specific section on cancer to ensure prevention and early diagnosis of the disease is prioritised.

This section should include a range of

information and intelligence which will illustrate the cancer profile for that area, including: cancer awareness using the Cancer Awareness Measure (CAM), screening uptake rates, incidence rates, relative mortality rates, stage of cancer at diagnosis, and information on the risk factors of cancer, including smoking prevalence for those over and under 18.

Our recommendations

1. Through the authorisation process Clinical Commissioning Groups (CCGs) should demonstrate how they will work with their Health and Wellbeing Boards (HWBs).
2. Pooled budgets should be supported between HWBs and CCGs to encourage shared responsibility for delivering improvements in awareness and early diagnosis of cancer. Directors of Public Health should include in their annual reports information about how their Local Authority and CCGs have collaborated. Part of Public Health England's role should be to scrutinise these reports to ensure collaboration is working.
3. The final Public Health Outcomes Framework should include metrics on smoking rates for those under 18, screening uptake rates and stage of cancer at diagnosis.
4. Each Joint Strategic Needs Assessment should include a section on the local population's public health needs with regards to cancer. This should consist of information about cancer prevalence, Cancer Awareness Measure scores for the area, and information on the metrics in the Public Health Outcomes Framework – screening uptake rates, smoking prevalence for those over and under 18, and stage of cancer at diagnosis.

⁷ Cancer Research UK

Next steps

The next few years will undoubtedly be a challenging time for the NHS. The Government's health reforms will overhaul how the service is organised at a time when it has been tasked with finding £20 billion worth of savings.

However, the reforms also bring opportunity: the chance for every locality, through its Clinical Commissioning Group and Health and Wellbeing Board, to recommit to delivering cancer outcomes, experiences and services that are among the best in the world.

Over the course of this year the APPGC has undertaken a comprehensive programme of engagement with a range of experts to drill down into what we need to get right if we are to maximise this opportunity.

Of the utmost importance is to ensure that Clinical Commissioning Groups (CCGs) are held to account on delivering better cancer outcomes. Measuring their performance against measures which are credible proxies for survival, especially stage of cancer at diagnosis and cancers diagnosed as an emergency, will be particularly important.

We've also learnt over the course of the last twelve months that integration will continue to be a key issue in the new NHS. We see cancer networks playing a central role in ensuring cancer services are joined-up across the new commissioning structures. Ensuring that CCGs and cancer networks work collaboratively to improve cancer services in their area will be vital.

To further improve the quality of cancer commissioning it will also be so important to get right patient involvement. The Government could not have been more explicit in how high a priority they view this issue; the 'no decision about me without me' principle is a cornerstone of the reforms. By calling for CCGs and the NHS Commissioning Board to engage with cancer networks, which have well established patient engagement mechanisms, we believe cancer patients can be meaningfully engaged in the design, delivery and evaluation of cancer services.

Now is the time to refocus on ensuring the health reforms work for cancer patients. We firmly believe that this report and the recommendations within will help to ensure this occurs.

And much more needs to be done to tackle the nation's unhealthy lifestyle choices, which are still the biggest preventable causes of cancer. Improving our public health is crucial in reaching the Government's ambitions for cancer. The health reforms present an opportunity for every area to make a step change in their approach to tackling public health. To ensure this opportunity is realised it will be vital for all local health partners to work collaboratively and that is why we have called for pooled budgets and joint strategies to be developed.

The APPGC is eager to work in partnership with Government Ministers, officials at the Department of Health, the NHS Commissioning Board (once it is established), and local commissioners and providers to build consensus for our recommendations and push for their implementation.

This year has been dominated by the politics of the health reforms. Now is the time to refocus on ensuring they work for cancer patients. We firmly believe that this report and the recommendations within will help to ensure this occurs.

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APPGC Stakeholder Organisations

Breakthrough Breast Cancer
Cancer Black Care
Cancer Research UK
Men's Health Forum
National Cancer Intelligence Network
National Cancer Research Institute
Macmillan Cancer Support
Marie Curie Cancer Care
Rarer Cancers Foundation
Teenage Cancer Trust

ALL PARTY PARLIAMENTARY GROUP ON CANCER



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You can find out more information about the APPGC via
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