Achieving World-Class Cancer Outcomes

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Commissioning Chemotherapy Services
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Independent Cancer Taskforce

• The NHS Five Year Forward View (FYFV) presents a vision for improving health, including for all those diagnosed with cancer:
  - better prevention
  - swifter diagnosis
  - better treatment, care and aftercare

• Taskforce established in January 2015 to produce a new five-year national cancer strategy for England, delivering this vision

• Taskforce recommends that this strategy is adopted by the FYFV Board: Care Quality Commission, Health Education England, Monitor, NHS England, NICE, Public Health England, Trust Development Authority
In 2013, 280,000 new diagnoses

80,000 additional cases in 2030
Current landscape: mortality

Actual and Projected Number of Deaths, UK

130,000 people still die from cancer each year
Overall, half of people with cancer now survive 10 or more years, but progress hasn’t been uniform.
Current landscape: international survival

5-year survival changes 1990-94 to 2000-07

European average

<table>
<thead>
<tr>
<th></th>
<th>0%</th>
<th>25%</th>
<th>50%</th>
<th>75%</th>
<th>100%</th>
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</thead>
<tbody>
<tr>
<td>Sweden</td>
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<td></td>
<td>25%</td>
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<td>75%</td>
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<tr>
<td>Germany</td>
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<td>France</td>
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<td>Norway</td>
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<td>Italy</td>
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<td>England</td>
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Survival in England continues to lag behind countries of similar wealth.
Variation: national

10% in one year survival (any cancer) ranging from 63.7 to 73.5%

Wide variation of rate of curable cancer diagnoses ranging from 22.7 to 60.5%
When bowel cancer is diagnosed at the earliest stage, more than 9 out of 10 people survive at least 10 years. But fewer than 1 in 10 people with bowel cancer are diagnosed at the earliest stage.

Costs of treatment

- £3,400
- £12,500
## Current landscape: inequalities

### Avoidable cancer cases due to deprivation

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Cases</th>
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</thead>
<tbody>
<tr>
<td>Cancer of unknown primary</td>
<td>1,600</td>
</tr>
<tr>
<td>Larynx</td>
<td>650</td>
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<tr>
<td>Liver</td>
<td>650</td>
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<tr>
<td>Stomach</td>
<td>1,400</td>
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<tr>
<td>Oesophagus</td>
<td>1,200</td>
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<tr>
<td>Bowel</td>
<td>770</td>
</tr>
<tr>
<td>Bladder</td>
<td>730</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>11,700</td>
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</table>

### Avoidable cancer deaths due to deprivation

<table>
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<td>Stomach</td>
<td>1,000</td>
</tr>
<tr>
<td>Bowel</td>
<td>860</td>
</tr>
<tr>
<td>Liver</td>
<td>600</td>
</tr>
<tr>
<td>Bladder</td>
<td>520</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>9,900</td>
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</table>
Current landscape: prevalence

- 2 million
- 3.4 million (projected)

2010 2015 2020 2025 2030
Ambitions – make it simple

**Incidence**

Discernible fall in age-standardised incidence

Adult smoking rates should fall to 13% by 2020

**Survival**

Increase in five and ten-year survival, with 57% of patients surviving ten years or more

Increase in one-year survival to 75%, with a reduction in CCG variation

Reduction in survival deficit for older people

**Patient experience and quality of life**

Continuous improvement in patient experience with a reduction in variation

Continuous improvement in long-term quality of life
Overview: six strategic priorities

- Spearhead a radical upgrade in prevention and public health
- Drive a national ambition to achieve earlier diagnosis
- Establish patient experience on par with clinical effectiveness and safety
- Transform our approach to support people living with and beyond cancer
- Make the necessary investments required to deliver a modern, high-quality service
- Commissioning, accountability and provision
Prevention and public health

4 in 10 cancers can be prevented

- A new tobacco control strategy to reduce adult smoking prevalence to less than 13% by 2020
- A plan to tackle obesity, with a strong focus on children
Earlier diagnosis

• More investigative testing, quicker:
  • New NICE guidelines
  • New time to diagnosis or ruling out of cancer standard – four weeks from referral

• Investment to increase diagnostic capacity

• Direct GP access to key tests

• Enhanced screening programmes
Earlier diagnosis

GP REFERRAL → FIRST SEEN BY A SPECIALIST → DECISION TO TREAT MADE → FIRST TREATMENT

TARGET
4 WEEKS MAX

Any patient referred for testing is definitively diagnosed/ cancer is excluded AND the result communicated to the patient, within four weeks.

AMBITION
• 95% of patients have this by 2020
• 50% definitively diagnosed within 2 weeks

www.england.nhs.uk
Patient experience

• Patient experience to be given equal priority to clinical outcomes

• Online access to test results and treatment records

• Access to a Clinical Nurse Specialist or other key worker

• Experience measured and results used to drive improvements in the system as part of accountability framework
Living with and beyond cancer

• Every patient should have access to recovery package

• Stratified follow-up after treatment should be rolled out for breast cancer, and piloted in other tumour types

• New metric should be developed to measure quality of life
Modernising cancer services

- Fix immediate/acute workforce deficits and undertake strategic review of future cancer workforce
- Update radiotherapy machines
- Streamline access to new cancer drugs
- Implement molecular diagnostics
- Support a broad portfolio of cancer research
Modernising cancer services

- RCS / RCSE / CQC and CRUK to develop key metrics for each cancer surgery sub specialty
- CRGs to evaluate evidence for further centralisation of services
- Streamline MDTs and monthly audits of 30 day mortality after active treatment
- National or regional MDTs for rare cancers
- Focus on metastatic disease - MDT activity and evidence review of effectiveness
Commissioning, accountability and provision

- New Cancer Alliances to be set up to support commissioning, drive improvement and address variation
- Cancer dashboards of data for CCGs, providers and Alliances
- New models of provision and commissioning
- Properly resourced National Cancer Team working across the 7 Arms Length Bodies (ALBs)
‘Early priorities’

- New 4 week wait standard from GP referral to definitive diagnosis
- Increase in diagnostics capacity, including GP direct access to diagnostic tests
- Cancer Dashboard
- Piloting commissioning of entire cancer pathway
- Piloting ‘lead provider’ model
- Cancer Alliances
- National Cancer Advisory Board
Ongoing work

- Testing new models: multi-disciplinary diagnostic centres
- Rolling out the Recovery Package
- Commissioning appropriate integrated services for palliative and end-of-life care
- Defining a sustainable solution for access to new cancer drugs
- Replacing and upgrading LINACs (radiotherapy machines)
Summary

• We have set change in motion that answers weaknesses identified in 2014

• We are asking for collaboration and integration and not isolation and total independence

• We are going to attach value to outcomes especially those relating to patient experience

• We have set ambitions