The background of the slide features a photograph of a doctor and a patient. The doctor, on the right, is wearing glasses and a white lab coat, and is looking down at a patient. The patient, on the left, is an older man with glasses, wearing a blue sweater, and is also looking down. The entire image is overlaid with a semi-transparent blue filter. The main text is centered over this image.

Cancer Alliances and how can we ensure rare and less common cancers are on their agenda?

24 Jan 2017

Background

Independent Cancer Taskforce

Published five year strategy for cancer in July 2015 with aim to improve cancer services across the entire patient pathway by 2020:

- Fewer people getting preventable cancers
- More people surviving for longer after a diagnosis
- More people having a positive experience of care
- More people having a better, long-term quality of life

Spearhead a radical upgrade in **prevention and public health**

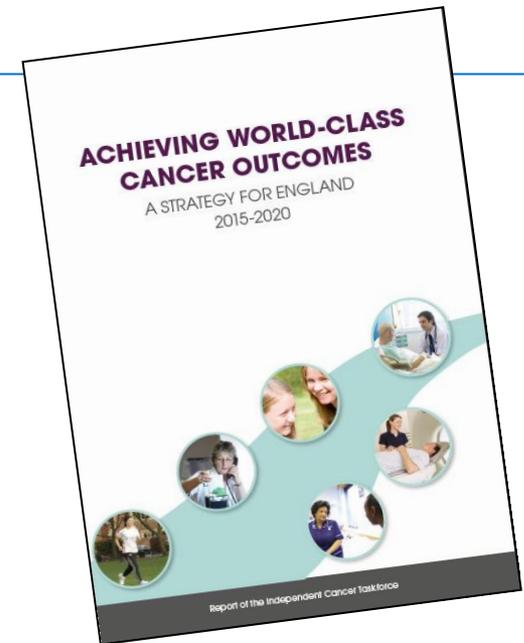
Drive a national ambition to achieve **earlier diagnosis**

Establish **patient experience** on a 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**

Overhaul processes of **commissioning, accountability and provision**



Six strategic priority areas to 2020/21

Spearhead a radical upgrade in **prevention and public health**

- New tobacco control plan –due to get published at end of 16/17 beginning of 17/18.
- National childhood obesity strategy
Childhood obesity: a plan for action (August 2016, PHE).
- Alcohol evidence review
The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies An evidence review was (Dec 2016, PHE).

Six strategic priority areas to 2020/21

Drive a national ambition to achieve earlier diagnosis

- Transformation funding for diagnostics.
- Pilot multi-disciplinary diagnostic centres.

ACE Wave 2 was launched to specifically focus on exploring the applicability and impact of multi-disciplinary diagnostic centres for non-specific but concerning symptoms. First sites will go live in Jan 2017.

- Implement Faster Diagnosis Standard (28 days)–five pilot sites are up and running.

Six strategic priority areas to 2020/21

Establish patient experience on a par with clinical effectiveness and safety

- National Cancer Patient Experience Survey
- Patient online access to test results
- Access to Cancer Nurse Specialist or other key worker

Patient Experience

The Cancer Taskforce highlighted the importance of meaningful data on the experiences of two specific groups:

- BME people with cancer
- Under 16s

We have commissioned for gathering insight and feedback for BME people with cancer and exploring approaches to collecting data and insight on under 16s experience in 2017/18.

It is vital to build on this greater insight with a focus on action to improve patient experience. In 2016/17 we have been working with a number of CCGs to understand how they can work to improve experiences for BME people with cancer.

We have commissioned Birmingham Race Action Partnership (BRAP) an equalities expert to work with CCGs to discuss the gaps in patient experience for BME communities and scope the issues and potential solutions.

Six strategic priority areas to 2020/21

<p>Transform our approach to support people living with and beyond cancer</p>	<ul style="list-style-type: none"> • Roll out Recovery Package • Risk-stratified follow-up pathways • New Quality of Life measure
<p>Make the necessary investments required to deliver a modern, high-quality service</p>	<ul style="list-style-type: none"> • Modernise radiotherapy equipment: <i>£130M investment was announced in Dec 2016.</i> • Improve access to molecular diagnostics • Focus on workforce capacity
<p>Overhaul processes of commissioning, provision and accountability</p>	<ul style="list-style-type: none"> • Launch integrated Cancer Dashboard • Cancer Alliances nationwide • National Cancer Vanguard

Taskforce Recommendations

- 96 Recommendations in total to be implemented by 2020/21.
- Most recommendations are applicable to all cancers including rare cancers.
- Key ambitions, such as faster diagnosis standards (28 days), cannot be achieved unless Cancer Alliances and the National Cancer programme put equal emphasis on rare and common cancers.

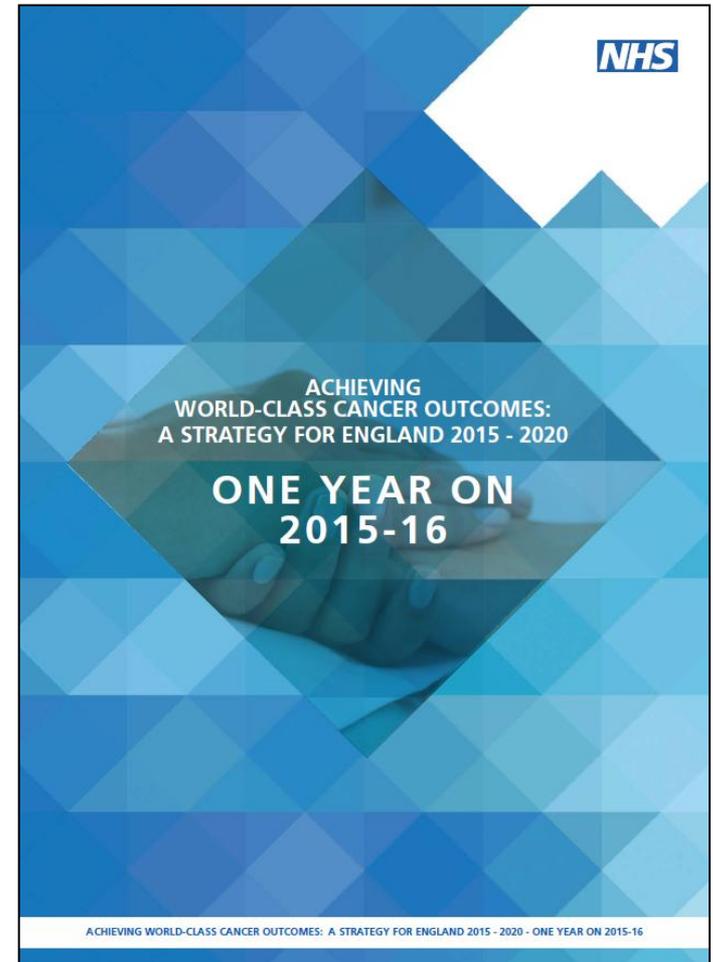
Tobacco control	13 percent prevalence
Smoking Cessation	13 percent prevalence
Screening uptake: cervical	Stage 1 & 2 Screening uptake
ED: NICE referral guidelines	Stage at diagnosis GP direct access
ED: GP direct access	Stage at diagnosis GP direct access
62 day waits: diagnostic capacity	62 day 85% Stage at diagnosis Planning trajectories Diagnostic waits performance
62 day waits: Improve productivity & implement plans	62 day 85% Stage at diagnosis Planning trajectories Diagnostic waits performance
Recovery Package: HNA	Local data collection Collect HNA on COSD Develop national QoL metric
Recovery Package: Care plan - start and end of treatment	Local data collection Develop national QoL metric
Recovery Package: Treatment summary to GP	Local data collection Develop national QoL metric
Recovery Package: GP Cancer Care review	Local data collection Develop national QoL metric
Access to key worker	NCPES Q17

Must Do's

Applicable to rare cancers

First annual progress report

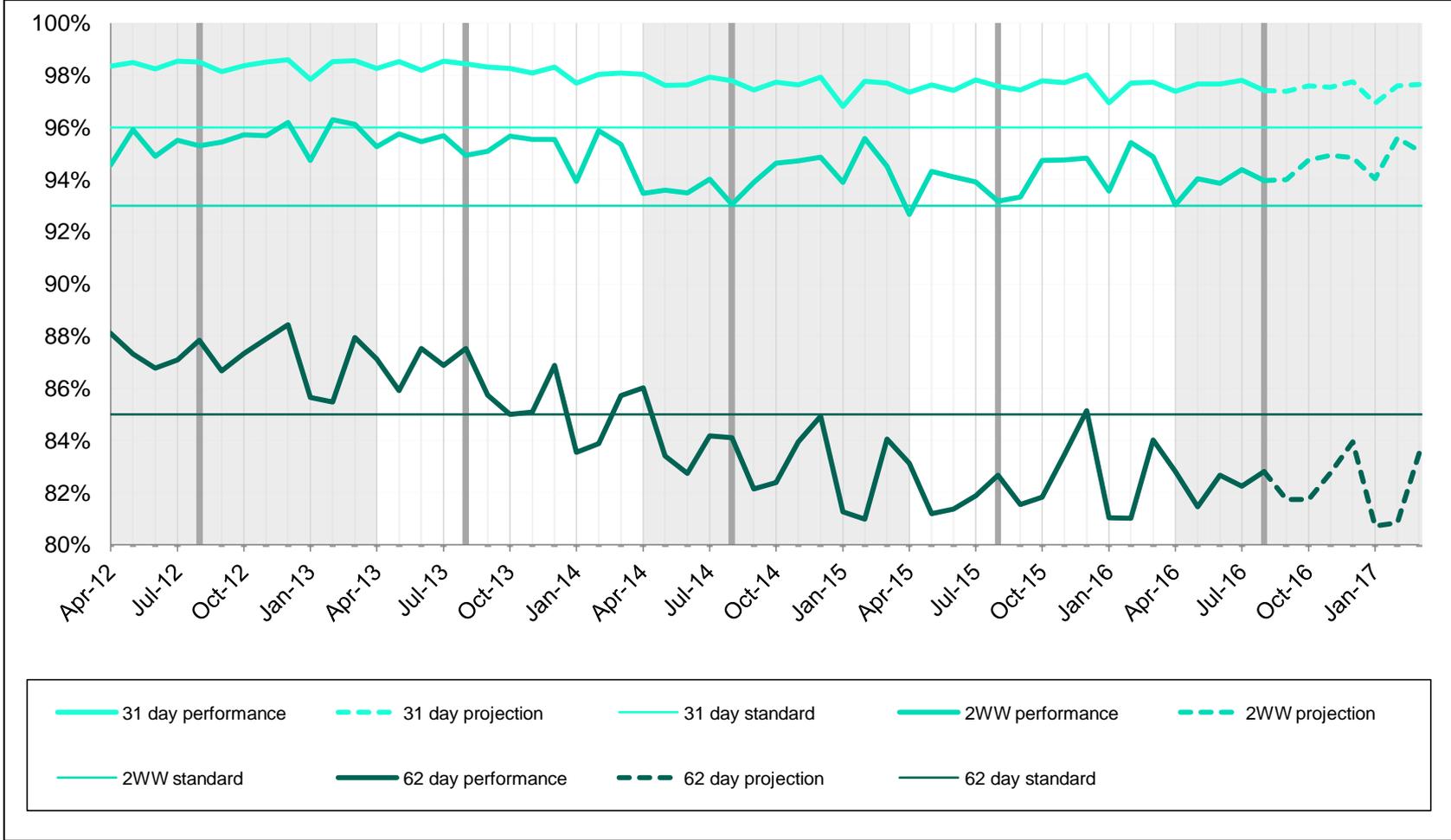
- First year focus has been on putting in place enabling infrastructure and on high-impact initiatives
- Significant progress made across the Programme
- £130m investment in replacement of LINACs for radiotherapy and transformation funding for all years of national programme committed
- Cancer Alliances and the National Cancer Vanguard positioned as absolutely central for local delivery



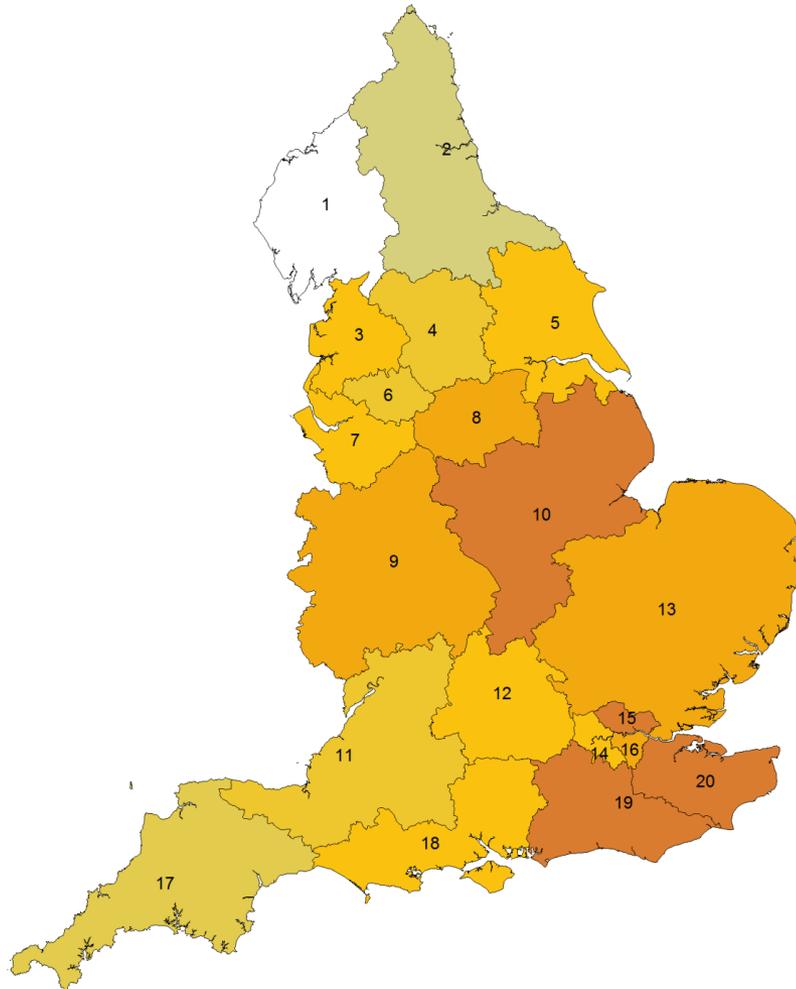
Cancer Alliances

Vision and objectives

Context – performance



Context – performance



CCG Improvement and Assessment Framework indicators:

- 1 year survival
- Proportion of cancers diagnosed at stages 1 and 2
- 62 day standard
- Overall patient experience



Context – strategic

- National Cancer Programme provides **national focus on cancer**
- STPs provide new landscape for **collaborative, place-based planning and improvement** vital for shifting and targeting activity and resource to create real value and improvements
- National Cancer Vanguard testing new models and enablers of **integrated commissioning and provision** to drive improvements in cancer outcomes



Cancer Alliances

Establishment of Alliances recommended by the Cancer Taskforce to:

...drive and support improvement and integrate care pathways, using a dashboard of key metrics to understand variation and support service redesign. (rec 78)

Cancer Alliances will bring together clinical and other senior leaders locally across a defined geography to:

- plan for and **lead the delivery of the Taskforce's ambitions locally**; and
- **reduce variation** in outcomes and in access to high quality, evidence based interventions across whole pathways and for the Alliance's whole population.



How will Alliances be different?

- **Clear focus:** local delivery of national priority programme with board level leadership and drive
- **Cancer workstream of STPs:** Alliances to sit within STP governance and to be given authority to make real and impactful decisions
- **Focal point on cancer locally:** Cancer Dashboard to provide 'single version of the truth' on pathway performance across Alliance geography. Alliances to be the footprint across which future commissioning and provider models align, e.g. radiotherapy networks
- **Whole population and whole pathway approach:** Alliances to coordinate new collaborative working to maximise benefits of baseline investment in cancer and, as we learn from the National Cancer Vanguard, to put in place new models of integrated commissioning and provision.
- **Funding for transformation:** Alliances to bid for and direct funding available for transformation in earlier diagnosis, recovery package and stratified follow up pathways

Establishing Cancer Alliances



- Each Cancer Alliance has a board – likely to be chaired by the Alliance lead
- Board to bring together senior clinical and other leaders from across the whole pathway
- Ideally the Board is representative of all of its constituent organisations and will be able to make decisions on behalf of its constituent organisations

Cancer Alliance Boards

Membership includes cross-organisational, senior decision makers e.g.:

- Cancer Alliance Lead
- STP Lead(s)
- Clinical Lead
- Executive level provider representation
- NHS England Specialised Commissioning (Head & Neck, Upper GI and Childhood cancers, chemotherapy provision and Radiotherapy Networks)
- PHE (prevention, screening)
- Local authority incl. PH (prevention, social care etc.)
- Patient engagement
- Charity representation

STP alignment

- Cancer Alliances should sit within their STP governance locally so that they become the ‘cancer workstream’ of the relevant STPs
- Expectation is that relevant STP leads will direct each Cancer Alliance to develop and deliver a cancer delivery plan, therefore delegating decision making power on cancer to the Alliance
- In reality, relationship between STPs and Cancer Alliances is likely to differ depending on local circumstances

Delivery plans

Plans include:

- Vision
- Membership and governance
- High-level sequencing of deliverables and activities for 2017/18 – 2020/21 based on the Taskforce recommendations
- **Bid for additional Cancer Transformation Funding on earlier diagnosis, the Recovery Package and stratified follow up pathways.**

Funding

- Key task for Alliances is to maximise benefit of funding already in the system for cancer
- In addition, Alliances will bid for funding in priority areas where Taskforce stated funding required above baselines: **earlier diagnosis, the Recovery Package, stratified follow up pathways**
- Accessing the funding through a bidding process. Best Possible Value (BPV) framework used to assess funding bids
- Alliances will also set out wider resource needs in their delivery plans.- -not subject to the BPV process

National Cancer Programme funding:

2017/18	2018/19	2019/20	2020/21
£123m	£140m	£154m	£190m
Capital: £130m investment in radiotherapy equipment over next 2 years			

Support from the National Cancer Programme

- The National Cancer Programme is currently working on a National support offer to Cancer Alliances in the following areas:
 - Sharing learning and best practice
 - User and community engagement (meaningful patient engagement)
 - Analytics
 - Links with national initiatives
- We recognise the need to tailor this so that it builds on local expertise and capacity already in place in this areas

Discussion

What can we do to ensure rare cancers are on the agenda of the Cancer Alliances?