

Executive Summary

1. The Cancer Reform Strategy builds on the progress made since the publication of the NHS Cancer Plan in 2000 and sets a clear direction for cancer services for the next five years. It shows how by 2012 our cancer services can and should become among the best in the world.

2. There has been considerable progress made on cancer over the past decade. Cancer mortality has fallen, survival rates are improving for many cancers and patients' experience of their care has improved. We have also made progress against smoking, detected more cancers early through screening and delivered faster diagnosis and treatment. Multidisciplinary teams now provide more coordinated and higher quality care for patients and there has been considerable financial investment in cancer which has helped to deliver an expanded cancer workforce and more equipment.

3. Significant challenges and opportunities remain which this strategy seeks to address. The incidence of cancer is increasing as people live longer and more people are alive having survived cancer. Our scientific understanding of cancer is improving greatly, providing new opportunities for prevention, early diagnosis and better treatment. There is considerable potential to introduce new service models for cancer which will improve both convenience and outcomes for patients. We also know that we can do more to improve the experience of care for patients, both during and after treatment.

4. The NHS has undergone significant reform since the NHS Cancer Plan was published. New systems for commissioning and financial management have been introduced and we have new ways to provide patients with choice

and incentivise local improvement. This strategy is written in this new context and provides advice and support to local commissioners and providers on how to deliver high quality, cost-effective cancer services.

5. The Cancer Reform Strategy sets out a programme of action across ten areas: six areas of action to improve cancer outcomes and four areas of action to ensure delivery.

Actions to improve cancer outcomes

Preventing cancer

6. Over half of all cancers could be prevented by changes to lifestyle. Taking cross-government action to tackle the major risk factors for cancer, improving awareness and encouraging people to adopt healthy lifestyles is therefore crucial to improving cancer outcomes.

7. Smoking is the single largest preventable risk factor for cancer. As well as maintaining the high price of tobacco and taking action to reduce the availability of illicit tobacco, the government will consult during Spring 2008 on proposals for the next steps in tobacco control and the further regulation of tobacco products, including the display of tobacco at the point of sale, access to tobacco from vending machines and packaging.

8. The evidence linking obesity to cancer has become much stronger since the publication of the NHS Cancer Plan in 2000. The government has committed to developing a cross-government strategy to tackle obesity and this will be published shortly.

9. Excessive alcohol consumption is strongly linked to an increased risk of several cancers. To tackle this, a programme of activity is planned for next year and beyond, including a sustained national communications campaign to improve the public's knowledge of units of alcohol and ensure everyone has the information they need to estimate how much they drink, targeted information and advice for people who drink at harmful levels and consultation on the need for legislation regarding alcohol labelling.

10. Skin cancer incidence is rising rapidly, almost certainly reflecting patterns of behaviour over recent decades. The government will expand the Sunsmart campaign, which is aimed at promoting behaviour change to prevent skin cancer and raising awareness of the early signs of the disease. The Department of Health is reviewing options for regulation of the industry and as a first step will gather more information about the number and distribution of sunbeds and the scale of sunbed use by minors.

11. Vaccination now presents a further opportunity in cancer prevention, specifically for cervical cancer. As announced in October, the government is introducing a national vaccination programme for young girls against the human papillomavirus. This will protect against the strains of the virus which cause around seven out of ten cases of cervical cancer.

12. Given the importance of cancer prevention, PCTs and cancer networks should give high priority to raising public awareness of cancer risk factors.

Diagnosing cancer earlier

13. In general, the earlier a cancer can be diagnosed the greater the chance of a cure. Late diagnosis is the major factor contributing to poor cancer survival rates in this country.

14. Screening is vital to diagnosing some cancers early. To improve and expand cancer screening, the government will:

- Build on progress on cervical cancer screening, by reducing the variation of coverage between PCTs, informing women of the result of their cervical screening test within two weeks of it being taken, using new technologies as and when the research evidence supports this and tackling the falling participation of women aged 25 to 35;
- Extend breast screening to nine screening rounds between 47 and 73 years, with a guarantee that women will have their first screening before the age of 50, facilitated by the roll out of digital mammography;
- Expand the NHS Bowel Cancer Screening Programme from 2010 to invite men and women aged 70 to 75 to take part. By the end of 2010, decisions will be taken about possible roll out to people in their 50s; and
- Commission research on the feasibility of a UK trial of CT screening for lung cancer, working with the National Cancer Research Institute.

15. A new National Awareness and Early Diagnosis Initiative will coordinate a programme of activity to support local interventions to raise public awareness of the signs and symptoms of early cancer and encourage people to seek help sooner. This will include developing a tool for measuring awareness levels and supporting high quality evaluations of pilot projects.

16. We also want to understand more about the nature and extent of delays in cancer diagnosis. A national audit in primary care of newly-diagnosed cancers will be used to make decisions about how best to provide more support to primary care professionals to ensure the early diagnosis of cancer.

Ensuring better treatment

17. We need to build on the successes we have already achieved in cancer treatment to ensure that patients have fast access to high quality treatment for cancer, including surgery, radiotherapy and drug treatment.

18. Excellent progress has been made on reducing waiting times. We will now extend the range of patients who benefit from the current standards:

- The 31 day standard will be extended to cover all cancer treatments;
- In addition to patients referred urgently by their GP, all patients with suspected cancer detected through national screening programmes will in future enter the 62 day pathway;
- Hospital specialists will have the right to ensure that patients who were not referred urgently by their GP, but who have symptoms or signs indicating a high suspicion of cancer, are managed on the 62 day pathway; and
- All patients referred to a specialist with breast symptoms, even if cancer is not suspected, should be seen within two weeks of referral.

19. Surgery cures more patients of cancer than any other intervention and cancer surgery will continue to improve. A pilot training programme for laparoscopic bowel surgery will be established which will be fully evaluated for potential national rollout.

20. To achieve a world class radiotherapy service local investment will be needed both in equipment and workforce. We want to ensure that the recommendations for improving capacity in radiotherapy services that were set out in the National Radiotherapy Advisory Group's report are achieved and that providers have sufficient capacity to meet the 31 day waiting time standard for all radiotherapy, not just first treatment.

21. Drug treatments for cancer have developed substantially over the past 20 years and are set to develop further. It is important that NICE guidance on new technologies is available as soon as possible. In future the default position for all new cancer drugs and significant new licensed indications will be that they will be

referred to NICE, providing that NICE agrees that there is a sufficient patient population and evidence base on which to carry out an appraisal and that there is not a more appropriate alternative mechanism for appraisal. Where possible, appraisal will be carried out in parallel with licensing. The National Cancer Director will repeat his evaluation of NICE-approved cancer drug usage during 2008 to ensure that patients across the country continue to have access to cancer drugs positively appraised by NICE.

22. Current clinical audits do not collect sufficient information to understand why variations in the usage of drugs occur. We will therefore ask all chemotherapy service providers to collect and return an agreed dataset on all patients receiving chemotherapy. Better data collection on chemotherapy activity will also aid PCTs in their planning.

23. PCTs, working with each other in their cancer networks, will want to undertake a review of cancer chemotherapy and develop a strategic framework for chemotherapy services, setting out clear service specifications, taking account of forthcoming advice from the National Chemotherapy Advisory Group's report which is expected in Spring 2008.

Living with and beyond cancer

24. Although patients' experience of their care has improved in recent years, we can do more to support and empower patients throughout their cancer journey.

25. We will improve information for patients through a range of product and pathway initiatives. Tumour specific national information pathways will be launched in 2008, making nationally agreed information available to frontline cancer health professionals to offer to patients at key points in their cancer journey. A three-way partnership between Cancerbackup, Cancer Research UK and Macmillan Cancer Support is developing a system to provide sections of content to support the implementation of information prescriptions which will provide patients with high quality information, tailored to their individual needs.

We will also expand the provision of communications skills training for healthcare professionals.

26. Commissioners will want to work with providers to ensure they have robust systems in place to ensure that patients experience good continuity of care. They should give particular consideration to the role of Clinical Nurse Specialists, who play a critical role in cancer care.

27. Cancer patients and their families and carers may need psychological support. Commissioners should work collaboratively to ensure that good psychological support services are available throughout the cancer journey.

28. We also want to improve the access patients have to information on the financial support that may be available to them. Information on financial benefits will be made available on the forthcoming national information pathways from January 2008.

29. As early diagnosis and treatment improves, more people are surviving cancer. A new National Cancer Survivorship Initiative, in partnership with cancer charities, clinicians and patients, will consider a range of approaches to improving the services and support available for cancer survivors.

Reducing cancer inequalities

30. There are major inequalities in cancer incidence, access to services and outcomes, according to deprivation, race, age, gender, disability, religion and sexual orientation. This strategy therefore places a high priority on ensuring that action is taken to reduce these inequalities.

31. The government will begin a National Cancer Equality Initiative, bringing together key stakeholders from the professions, voluntary sector, academia and equality groups to develop research proposals on cancer inequalities, test interventions and advise on the development of wider policy. The National Cancer Equality Initiative will focus initially on optimising data collection to enhance our understanding of the inequalities that exist, promoting research to fill

gaps in the evidence and spreading good practice.

Delivering care in the appropriate setting

32. New models of care can bring considerable advantages to patients. This strategy sets out a range of ways in which service models for cancer could be improved, based on two key principles: first that care should be delivered locally wherever possible to maximise patient convenience; and second that services should be centralised where necessary to improve outcomes.

33. In all cases, care must be delivered by providers which conform to national standards such as the Improving Outcomes Guidance and which are fully integrated with other services within the cancer network.

34. GPs and primary care professionals must have quick and easy access to relevant diagnostic tests, both to exclude cancer in patients with a low chance of having cancer and to diagnose cancer quickly in patients with a high chance of having cancer.

35. Regarding inpatient care for cancer, there are significant opportunities to shift some services from inpatient to ambulatory care. Evidence from successful pilots and international experience confirms that this shift improves patient experience and outcomes and increases the efficiency of services. The Cancer Services Collaborative Improvement Partnership and the Cancer Action Team are developing a programme of work on inpatient management to support local implementation of these new service models.

Drivers for delivery

Using information to improve quality and choice

36. Collecting and using improved information on different aspects of cancer services and outcomes is central to delivering this strategy. Better information will enhance quality, inform commissioning and promote choice.

37. National surveys will be developed to collect information on awareness of and attitudes to

cancer risk factors and symptoms among different groups within society and on patients' experience of treatment and care.

38. We will also collect defined datasets of clinical outcomes information as part of the national model contract. To co-ordinate this work, a National Cancer Intelligence Network (NCIN) will be established, building, maintaining and quality assuring a new national repository of cancer data. The partner organisations within the National Cancer Research Institute (NCRI) will help fund research on the data collated by the NCIN, facilitating a more informed analysis of cancer services than has ever been possible before. The NCIN will publish an annual report detailing the changes to clinical outcomes and patient experience across the country.

Stronger commissioning

39. Everyone with a commitment to delivering world class cancer services should have a role to play in helping deliver this strategy. However, strong commissioning will be particularly important in driving service quality and ensuring value for money.

40. Cancer networks will support PCTs in their commissioning role. They will provide the mechanism through which PCTs can carry out their partnership responsibilities effectively and they will act as agents for commissioners, maintaining the dialogue with clinical teams and users, agreeing clinical guidelines and pathways and driving forward innovative, high quality care.

41. A guide for cancer commissioners is currently in development, which will set out the appropriate level for the commissioning of different cancer services. Also, we are developing an electronic commissioning toolkit to provide commissioners with comparative data on incidence, survival and mortality from cancer and on information available from national sources such as hospital episode statistics.

42. Changes to Payment by Results will be made taking account of findings from a review of PbR and cancer.

Funding world class cancer care

43. The government is committed to funding world class cancer services but also expects the NHS to deliver value for money.

44. New investment is being made to fund necessary increases in activity relating to the increased incidence and longer survival of cancer and also to fund innovations deemed cost-effective by NICE and the new vaccination programme for HPV.

45. PCTs will have the funds to cover the commitments made in the Cancer Reform Strategy but will have to ensure that expenditure which does not benefit patients is eliminated.

Building for the future

46. New opportunities and challenges will continue to arise so we will need to continue to reassess the progress made in tackling cancer and refine our approach to reflect new developments.

47. In order to ensure that we build for the future of cancer services, we will:

- Support workforce development and training;
- Conduct good quality horizon-scanning to plan for new developments and innovations;
- Increase support for research;
- Continue working in partnership with stakeholders;
- Provide national leadership and support; and
- Publish annual reports on progress.