

Improving cancer outcomes: Identifying the challenges for the next government

Since taking power in 2010, the Coalition Government has radically overhauled the health and social care system in England. These reforms have seen the transfer of major responsibilities from the department of health to NHS England and other bodies – this has included significant shifts in responsibility for cancer policy and outcomes. Despite the day-to-day narrative of cancer policy gradually shifting away from politicians and towards clinicians, the Government is still able to influence key areas that impact on cancer services, notably funding for diagnosis and treatment, as well as research.

This paper provides an overview of four key challenges which the next Government will face in improving outcomes and experiences for cancer, and explores what the three main parties have pledged to do to achieve these improvements.

Four challenges to improving cancer outcomes

- ① Cancer Drugs Fund – the dilemma of how to fund expensive cancer treatments
- ② Identification, diagnosis and screening – improving early diagnosis
- ③ Improving the quality and consistency of care
- ④ Improving levels of research

Policy and political context: impact of the coalition government

The Coalition's flagship legislation, the Health and Social Care Act 2012, saw the most significant changes to the NHS since its inception in 1948. For cancer specifically, the changes saw local clinical commissioning groups (CCGs) being given the responsibility for the commissioning of common cancer services and early diagnosis, services for patients living with and after cancer, and end of life care. NHS England was given responsibility for the direct commissioning of specialist services, including chemotherapy and radiotherapy, primary care, and cancer screening. Public Health teams and local authorities were given the responsibility for prevention and population awareness of cancer signs and symptoms. These changes were implemented in April 2013.

Despite the reorganisation of responsibilities, the Government still exerts an influence over healthcare policy. Through its Mandate to NHS England, it is still able to outline its vision and priorities for the NHS in England, including a broad vision for cancer. Crucially, the power to set the level of funding for the NHS still resides with the Government. For cancer, this means that the Government influences funding for research (through investment in science funding), and sets funding for care and treatment (through investment in nurses, education, clinicians, and through the Cancer Drugs Fund), and other related areas.

NHS England announced in 2015 that it had established an independent cancer task force to develop a new strategy by the summer of 2015. The Labour Party also stated in its manifesto that it wishes to publish its own cancer strategy within six months of being elected. Any future strategy will replace the Government's 2011 strategy for cancer, *Improving Outcomes: A Strategy for Cancer*, which expires at the end of 2014/15.

The challenge for the next government will be to ensure that England keeps pace with improvements in cancer identification and treatment across Europe and the rest of the world, whilst implementing new models of care, continuing to adapt to the significant changes made to the NHS, and remaining within an increasingly tight financial budget. A future government must also realise that improving cancer outcomes cannot be achieved through simply increasing funding or recruiting doctors and nurses.

Electoral Backdrop

Opinion polling for the forthcoming election have suggested that no party will achieve the number of seats required to form a majority government. This means that either a new coalition will be formed, or that one party will attempt to govern on a minority basis, with consensus being sought with other parties on a case-by-case basis. Should either option be pursued, compromises will need to be sought on all issues – including cancer. In practical terms, this will mean that the parties may not find it straightforward to implement the policies in their manifestos, particularly where there is a lack of consensus.

Four challenges & the election pledges

The next Government faces some key challenges in improving outcomes and experiences for cancer patients. Ahead of the election, parties have been setting out what they will do to secure improvement in these areas.

① Cancer Drugs Fund – the dilemma of how to fund expensive cancer treatments

One of the Coalition Government's key initiatives was the introduction of the Cancer Drugs Fund in 2010, which made £50 million worth of funding available to enable patients to access drugs that would not otherwise have been routinely available from the NHS – namely those which have not yet been approved by the National Institute for Health and Care Excellence (NICE).

Despite initially being intended as a temporary measure to provide drugs to patients until a new method of determining priorities for drug funding was developed, the Fund's budget was increased from £50 million in 2010 to £200 million in 2011, to £280 million in 2014, and finally to £340 million in April 2015.

Health Secretary Jeremy Hunt announced in 2013 that the Fund would be extended to 2016 – a year following the general election, and two years further than the original expiration date of 2014.

The need for increased funding has led to concerns about viability of the Fund, with NHS England announcing in January 2015 that it would remove funding for 25 of the drugs currently paid for from the Fund. They cited concerns about whether the drugs which were removed from the Fund provided value for money.

One of the key challenges for the new Government will be to decide how to fund cancer drugs in a fair and sustainable way, with the costliness of cancer drugs coming under particular scrutiny recently. Research published by the University of York's Centre for Health Economics in February 2015 argued that NICE's threshold for determining whether a treatment (including cancer drugs on the Cancer Drugs Fund) was cost effective in providing a quality-adjusted life year (QALY) - a measure of how much it would cost to give a year of healthy life – is set too high at £30,000 per QALY. The researchers argued that by setting a limit this high, there was less money to be spent on treatments for other conditions, particularly noting the costliness of cancer drugs and the political priority which they have been given. NICE's chief executive Andrew Dillon responded that it was impossible to deliver treatments at a lower price level unless drug producers were prepared to lower their prices in an "unprecedented way", calling on drug producers to "give the best price they possibly can"

With the expiration date for Fund due in a little under a years' time, there have been no firm signs from the Coalition partners on whether the Fund would be continued, replaced by something different, or scrapped entirely. The Conservative Party's manifesto contained a vague commitment to "continue to invest" in the Fund, with the Liberal Democrat manifesto failing to mention it at all.

Labour are the only party to have provided some clarity on its future. One of the headline announcements in their manifesto was the establishment of a Cancer Treatments Fund – a direct replacement of the Cancer Drugs Fund once it expires in March 2016. This is a £330 million year fund with the aim of improving access to cancer treatments, and expanded it to include increased access to advanced forms of radiotherapy – rather than just drugs. Few details have been released on the practical functioning of the new fund, or whether funding will be increased year on year to cope with demand. Reassurances have been given that that any patient in receipt of a drug from the Cancer Drugs Fund would continue to be offered the drug if it is no longer part of the Fund.

With the majority of parties opting to avoid discussing the issue, and with only very sparse detail released on the mechanics of Labour's Cancer Treatments Fund, all the parties remain challenged to consider how cancer drugs can be provided in the long term in a cost effective manner. At present, focus has only been short to medium term solutions; this is something that must change.

② Identification, diagnosis and screening – improving early diagnosis

Although it is well established that early diagnosis is beneficial to the patient, through improved outcomes and survival rates, and to the health service, through a reduced need for long term care and costly interventions, more work needs to be done to increase early diagnosis. Most people with cancer related symptoms will initially visit primary care settings, such as their GP, in order to obtain a diagnosis. However, figures published by the National Cancer Intelligence Network in 2012 found that 38,300 cancers a year among the over-70s, and around 58,400 cancers a year in total were diagnosed through emergency hospital admissions. Described by Macmillan Cancer Support as “appalling”, the challenge for the next Government is to improve these figures.

Specific details by the parties in their manifestos on how outcomes will be improved have been relatively light. The Conservatives have said that the strategy which NHS England’s has started to develop would outline ways of enhancing prevention, earlier detection and diagnosis and better treatment and care. Labour have announced that further details would also be revealed in their strategy, with the Liberal Democrats due to “set ambitious goals” to improve cancer outcomes and “clear goals” for diagnosis.

GP access

All the parties have talked about how they would improve access to GP appointments. The Conservatives announced in their manifesto that they would provide a seven day a week GP service, from 8am to 8pm, and restore the right to a named GP. Similarly, both Labour and UKIP also announced that they would fund 8,000 more GPs. Other parties such as the Liberal Democrats, Greens and UKIP have also pledged greater funding for the NHS.

Whilst efforts to increase the number of GPs and improve patient access are welcome, this in itself won’t ensure that GPs have the skills and resources to spot cancer symptoms and refer patients to the right specialists. This can be a particular challenge for less common cancers which share many symptoms with more benign conditions. Labour announced that they would ensure that GPs have access to the training and support they need to diagnose cancer, with a view to ensuring a maximum one-week wait for cancer tests and results by 2020. The Liberal Democrats have said that they would ensure easier access to GPs through expanding evening and weekend opening hours, and encouraging phone and Skype appointments. Both parties have provided scant detail as to what training and support they will provide to doctors. Investing in GP services without a clear focus will be unlikely to yield the results required to improve cancer diagnosis and identification.

Public awareness campaigns

Public Health England has been responsible for developing a better public understanding of a number of individual cancers, such as lung, breast and bowel, through their national Be Clear on Cancer campaign. Other organisations such as charities have also launched their own awareness campaigns.

Labour promised in their manifesto that they would run more public awareness campaigns – including making the Teenage Cancer Trust’s programme of awareness sessions on cancer available to every school in England. Labour also said that they would also roll out the Bowel Scope Screening programme to the whole country, and will ask the National Screening Committee to make recommendations within a year on whether the Government should introduce new lung and ovarian cancer screening programmes. The Liberal Democrats have also promised to support “effective” public awareness campaigns like Be Clear on Cancer, working closely with charities to raise awareness of the signs and symptoms of cancer. The Conservatives did not explicitly mention public awareness campaigns, but suggested that plans would be included in NHS England’s cancer strategy.

Measures outlined by the parties to improve screening are also welcome, with Labour’s plans being slightly more comprehensive than the others. However, it is concerning that there have been no clear announcements on additional measures for the screening and prevention of less common cancers. It remains crucial that all parties ensure that screening and prevention for these cancers remains on the agenda.

③ Improving the quality and consistency of care

Guidance

Guidance for the treatment of various types of cancer is produced by the National Institute for Health and Care Excellence (NICE), following consultation and engagement with patients, clinicians and industry stakeholders. Although these guidelines and quality standards are considered by healthcare professionals to be excellent resources to assist in the treatment of cancer, their usage is not always uniform across the country. The variation in usage was recognised by NHS England in its five year vision for the health service – the Five Year Forward View, with NHS England subsequently stating that it will use its commissioning and regulatory powers to ensure uniform implementation across all areas and age groups.

In spite of the widespread recognition of the importance of NICE guidance and uniform uptake, there is currently no legal requirement for these resources to be used. Labour have outlined plans to strengthen the uptake of NICE guidance in both their manifesto and 10 year plan for public health, stating that they would look at setting tougher rules on the implementation of NICE guidance. So far, they are the only party to have made significant plans for increasing the use of NICE guidance.

Any future government must ensure that a greater uptake of NICE guidance can be achieved without explicitly stating that guidance should become mandatory - an avenue that may have some undesirable consequences. One of the short term implications making NICE guidance mandatory could be a sharp increase in NHS expenditure due to increased drug provision, with a long term implication being a scaling down of guidance to ensure that their implementation is less costly to the health service.

Access to specialist nurses

A future Government must also ensure that there are enough specialist nurses and multidisciplinary teams to guide patients through the treatment process, and ensure that their needs are addressed. Although the Conservatives, Labour and others have made announcements that they will increase the overall number of nurses, there has been sparse mention of increases in the numbers of specialist nurses, or of any mechanisms or policies to address the declining figures of senior specialist nurses.

Successive National Cancer Patient Experience Surveys have shown the importance of specialist nurses, with the latest report from 2014 stating that “it is very clear that the presence of a Clinical Nurse Specialist working with the patient to support them, is the factor most likely to be associated with high scores in every one of the 13 tumour groups that we use to analyse the data”. Although progress has been made in improving access, with the number of patients having access increasing each year that the Cancer Patient Experience Survey has been undertaken (up from 84% in 2010 to 89% in 2014), further work must be done to ensure that remaining 10% of patients have access, as well special measures to ensure that the access rate for rarer cancers (83% of patients has access in 2014) catches up to the average. Indeed, the National Clinical Director for Cancer, Sean Duffy, recognised in the 2014 report that more needs to be done to maximise the support available from Clinical Nurse Specialists. Similar conclusions were drawn in the 2013, 2012 and 2010 surveys.

It will remain imperative that a future government ensures the right distribution of skills amongst nurses, rather than relying on simple increases in the number of nurses at any band.

Care services

Poor care for specific groups of society, in particular older people with cancer, also needs to be tackled by the new Government. In December 2014, Labour announced that it would commission Cancer Research UK and others to examine ways of tackling the under-treatment of older cancer patients. In their manifesto, they also said that their post-election cancer strategy would include a plan to tackle ageism in cancer treatment.

Both Labour and the Liberal Democrats have announced that end of life social care would be made free on the NHS, should they form government. These announcements have come in response to charities which have raised the concern that people are dying in hospitals rather than their own homes due to a lack of funds to support care in the final period of the lives.

④ Improving levels of research

There is a clear ambition amongst clinicians, researchers and other stakeholders for Britain to be a key player in driving research and innovation on cancer diagnosis and treatment. Whilst funding is continuously being made available through Government funded research grants, as well as non-governmental organisations like Cancer Research UK, concrete steps from the parties to provide greater funding would ensure that further work can be done in order to ensure that health outcomes do not begin to level off.

Whilst the Conservatives have already dedicated £100m to Genomics England for a DNA mapping project, with a focus on improving research and outcomes for cancer, of which they said that they would continue to support if they were to form government after the election, Labour did not make an explicit commitment in their manifesto to increasing cancer specific research funding, only stating that they would help support the Health Research Authority to streamline the process for setting up clinical trials..

Conclusion

This election campaign has seen all parties express a desire to improve cancer services, with suggested remedies ranging from better prevention and screening to superior identification and treatment. While some clear policy announcements have been made, the parties have not set out a great amount of detail on how their plans will be delivered. This means that the cancer strategies which the main parties have pledged to publish will be important documents in setting the agenda for the next five years.

The Cancer Drugs Fund, which provides drugs which many patients rely on, has barely received a mention amongst the current coalition partners. To some extent, the lack of discussion over the issue is understandable given the financial implications of committing to either a direct replacement or an alternative, especially given existing question marks over the adequate funding of NHS services. This is a thorny political issue which many politicians would prefer to avoid. However, debates about the best use of NHS money, including for cancer drugs, are likely to come to a head in the next Parliament, so it is important for the parties to be making plans for this area. No parties have offered a solid long term solution on how cancer drugs should be paid, with only Labour outlining plans to extend the Cancer Drugs Fund as the Cancer Treatments Fund in the short term. The difficult challenge for the next government remains to find a cost-effective and fair way of integrating cancer drugs into the general budget for drugs.

It will be necessary for a future government to develop a long term replacement for the Cancer Drugs Fund which will be fit for the future – both in terms of financial requirements and future extended capacity.

All parties have announced more funding for the NHS, of which some will be spent on more GPs and nurses. Whilst these announcements are welcome, a future government must develop a clearer strategy on how these new resources will be distributed and utilised. As successive National Cancer Patient Experience Surveys have found, specialist nurses play a vital role in improving patient experience. The priority for the next government should be to continue to improve access to specialist and senior nurses, allowing patients to benefit from their experience and knowledge, and ensuring that patients with less common cancer can get the same access as the big four.

Existing resources, such as NICE guidance, must be better utilised if outcomes are to be improved. These documents are developed by a variety of stakeholders and represent agreed best practice, but are not uniformly adopted. A future government must find a compromise between ensuring that uptake is improved, but without explicitly making them mandatory straight away. The consequences of making guidance mandatory at this point could have unwanted negative implications, both in the short term (through a sharp increase financial expenditure due to extended drug provision) and in the long term (through scaling back scope of future guidance to accommodate the increased financial expense).

Whether Labour or the Conservatives are in Government – alone or in coalition - following the election, a new cancer strategy will be published in the first year of the new Parliament. As discussed throughout this paper, there are a number of controversial issues which will need to be dealt with in the next Parliament. There will also be a need to tackle issues affecting specific cancers in addition to the wider issues noted above. Whoever is in power after 8th May, early engagement from stakeholders will be vital to ensure their views are heard.

Further information

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