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BOARD PAPER - NHS ENGLAND

Title: Cancer Taskforce strategy implementation
Lead Director: Bruce Keogh, National Medical Director Cally Palmer, National Cancer Director
Purpose of Paper: • To inform the Board about progress on implementation of the Cancer Taskforce report.
The Board is invited to: • Note the update provided, and to note the essential elements of the programme outlined for 2016/17: i. To achieve national coverage of Cancer Alliances to drive implementation of the strategy locally. ii. To test innovative collaborative models of commissioning and provision through the 'Cancer Vanguard'. iii. To unlock additional diagnostics capacity to achieve earlier diagnosis, including testing multi-disciplinary diagnostic centres and the new four-weeks-to-diagnosis standard. iv. To embed patient experience and quality of life outcomes achievement as central in quality cancer services.

Cancer Taskforce Strategy Implementation
NHS England Board 28 January 2016

1.0 PURPOSE

1.1 This paper provides an update on progress on implementation of the Cancer Taskforce report, '*Achieving World-Class Cancer Outcomes: A Strategy for the NHS 2015-2020*'.

2.0 BACKGROUND

2.1 In January 2015, Simon Stevens asked Harpal Kumar, Chief Executive of Cancer Research UK, to chair an independent taskforce to develop a new five-year strategy for cancer services in England. The Cancer Taskforce published their report on 19 July 2015.

2.2 The Cancer Taskforce Strategy outlines 96 recommendations for the health system, the large majority of which are aimed at NHS England to take forward or to lead with others. The report makes clear six strategic priorities for implementation, which are described in Appendix A. In September, the Secretary of State gave commitments to implement a number of specific recommendations from the Taskforce report, which are described in Appendix B.

2.3 Cally Palmer, Chief Executive of the Royal Marsden, was appointed National Cancer Director to lead implementation of the Taskforce strategy and took up post in November.

3.0 PROGRESS ON IMPLEMENTATION

Governance

3.1 Successful implementation of the Cancer Taskforce Strategy requires a unified approach from all healthcare organisations at all levels in England. Within NHS England and across the other Arms-Length Bodies (ALBs) this means all working together in a programme structure, led and directed by the National Cancer Director. This is shown in Appendix C.

3.2 Delivery will be overseen within the Five Year Forward View (FYFV) governance structure, ultimately reporting up to the FYFV Board of Chief Executives. We have established a National Cancer Transformation Board which the National Cancer Director will chair, and which will include representation from across the ALBs, primary and secondary care clinicians and commissioners. This Board met for the first time on 25 January 2016.

3.3 The National Cancer Transformation Board will determine the shape and scope of the implementation plan for the Taskforce Report which will be published in due course, once budgets are confirmed.

3.4 We are also establishing an independent National Cancer Advisory Group, composed of representatives from charities, royal colleges, professionals and patients, to scrutinise and challenge the Cancer Transformation Board. Harpal Kumar, the Chief Executive of Cancer Research UK, has agreed to chair this Board, and will sit on the Cancer Transformation Board in this capacity. This Group will also act as the 'moderation panel' for the cancer element of the CCG Assessment Framework.

3.5 The National Cancer Transformation Board and Advisory Group will come together to produce an annual report on progress of implementation of the Taskforce Strategy for the FYFV Board of Chief Executives.

Delivery infrastructure

3.6 The Cancer Taskforce recommended that a National Cancer Team is established to lead and co-ordinate implementation. We are in the process of establishing this infrastructure under the Cancer Transformation Board, and within NHS England have identified additional resource requirements as part of future business planning.

3.7 Beyond the national infrastructure, the strategy recommends creating 'Cancer Alliances' at sub-regional level as "*owners of local metrics and the main vehicles for local service improvement*

and accountability in cancer". We are working with colleagues in regional teams, Strategic Clinical Networks and stakeholder organisations to develop this proposal, and envisage that Cancer Alliances will come together to:

i. plan cancer services for their population
ii. design care pathways, particularly those requiring care delivered across different provider organisations
iii. provide improvement support
iv. undertake outcome measurement (through the CCG Assessment Framework and integrated Cancer Dashboard)
v. Engage with the public on cancer service changes

3.8 In addition, we will be testing an 'Accountable Clinical Network' (ACN) model for cancer in three sites as part of the New Care Models programme. The acute care collaboration vanguard for cancer was announced in September 2015, bringing together the Royal Marsden NHS Foundation Trust, The Christie NHS Foundation Trust and University College London Hospitals NHS Foundation Trust. Rather than Cancer Alliances in those areas, the vanguard for cancer will be seeking to test the next level of integrated working to achieve the ambitions set out in the Taskforce report, including:

i. testing new funding models, potentially including a capitated budget for a population;
ii. testing new workforce models, sharing capacity and capability across organisations;
iii. testing new IT infrastructure models, digital solutions and integrated informatics systems.

Finance

3.10 The Taskforce estimated revenue costs for implementation of the strategy at between £700m and £1400m over five years in excess of the FYFV baseline. Some of this funding will be needed at a national and regional level to drive implementation, and some of it will be needed for service provision in the wider NHS.

3.11 The Taskforce also made estimates of capital costs for the crucial replacement and upgrade of radiotherapy equipment (LINACs) and MR and PET imaging facilities of £252m and £23m respectively over the five years.

3.12 We will need to take final decisions on funding once our overall financial envelope is clear and in light of our internal business prioritisation process for the period covered by the Spending Review, but both revenue and capital funding streams are critical for strategy implementation.

Programme planning and early priorities

3.13 Although the detailed programme plan to deliver the Cancer Taskforce Report will be dependent on the budget available and its profile over the next five years, we have been making rapid progress on a number of key priorities from the report since its publication, including:

i. Early diagnosis:
    a. *New time-to-diagnosis standard*: with the input of clinicians, commissioners and managers we have developed a draft set of rules for a new four-weeks-to-diagnosis standard and will be testing it with around five health economies in 16/17.
    b. *Developing diagnostics capacity and new models*: we are making progress with the 'ACE' programme of piloting new models for earlier diagnosis, and planning for a National Diagnostics Capacity Fund to unblock barriers to increasing capacity.
    c. *Non-Medical Endoscopists training*: we are working with HEE on their programme to train 200 more non-medical endoscopists.
ii. Commissioning, provision and accountability:
    a. *Cancer Vanguard and Alliances:* the new 'Cancer Vanguard' has been announced, and we are working to establish Alliances across the country (as above).
    b. *Cancer Dashboard, including patient experience and quality of life measures:* we are developing a single integrated Cancer Dashboard, launching in April, and are planning the development of new patient experience and quality of life measures for inclusion. A prototype of how this will look is shown in Appendix D.

3.14 These priorities will be taken forward into 2016/17 as part of the wider programme plan which is being produced and will be confirmed once budgets are set. The programme will address all six strategic priority areas from the Taskforce Report, with the aim of improving clinical, experiential and quality of life outcomes for all people with cancer. The essential and core 'building blocks' of the programme in 2016/17 are:

i. To achieve national coverage of Cancer Alliances to drive implementation of the strategy locally. The pace of the establishment of Alliances will be determined by the budget available, but national coverage by the end of the year will be crucial if full implementation of the strategy is to be achieved within five years.
ii. To test innovative collaborative models of commissioning and provision through the 'Cancer Vanguard'. Adequate and appropriate funding for the Cancer Vanguard again is crucial, and sits within the New Care Models programme.
iii. To unlock additional diagnostics capacity to achieve earlier diagnosis, including testing multi-disciplinary diagnostic centres and the new four-weeks-to-diagnosis standard. The pace and scale of this will be determined by the available budget.
iv. To embed patient experience and quality of life outcomes achievement as central in quality cancer services, through the development of robust metrics for inclusion in the integrated Cancer Dashboard.

4.0 RECOMMENDATION

4.1 We recommend that the Board notes the update on progress of implementation of the Cancer Taskforce strategy, and the essential elements of the programme outlined for 2016/17:

i. To achieve national coverage of Cancer Alliances to drive implementation of the strategy locally.
ii. To test innovative collaborative models of commissioning and provision through the 'Cancer Vanguard'.
iii. To unlock additional diagnostics capacity to achieve earlier diagnosis, including testing multi-disciplinary diagnostic centres and the new four-weeks-to-diagnosis standard.
iv. To embed patient experience and quality of life outcomes achievement as central in quality cancer services.

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Date: **January 2016**

APPENDIX A

Six strategic priorities in the Cancer Taskforce report

1. **Prevention and Public Health** – calling for a new tobacco strategy, and focus on obesity and alcohol
2. **Early Diagnosis** – calling for a new four week standard from GP referral to patient being informed of definitive diagnosis, and a substantial increase in diagnostics capacity
3. **Patient experience** – calling for parity of esteem between patient experience, clinical effectiveness and safety
4. **Living with and beyond cancer** – calling for a roll out of the Recovery Package, a set of interventions designed to ensure a person centred approach to care for people affected by cancer
5. **Investing in a high-quality modern service** – calling for investment in radiotherapy equipment, a sustainable system for accessing new cancer drugs, and a fit-for-purpose workforce
6. **Commissioning, provision and accountability** – calling for pilots of new models of cancer commissioning and provision, a go-to 'Cancer Dashboard' for cancer data and for 'Cancer Alliances' to be established to support local collaboration, service improvement and accountability

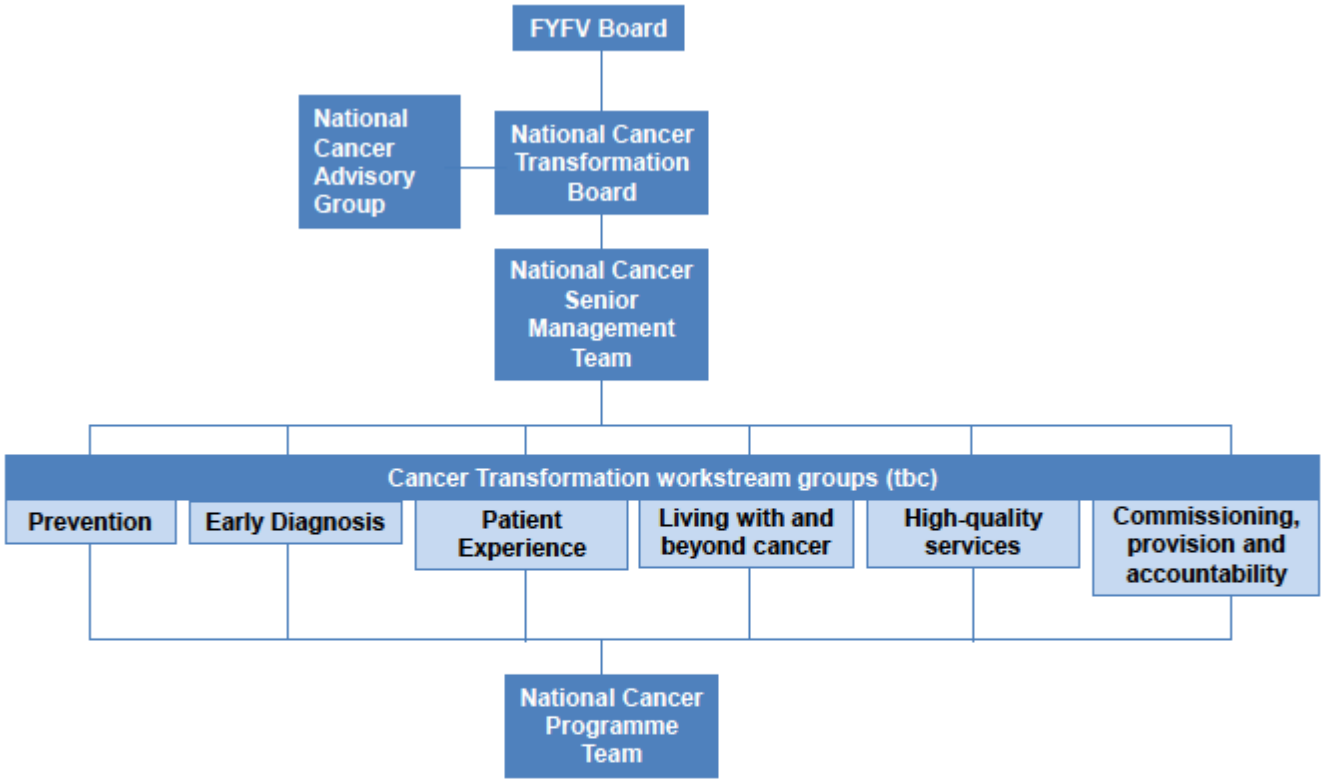
APPENDIX B

Secretary of State commitments in Cancer Taskforce strategy implementation

1. From 2020, people with suspected cancer will be diagnosed within 28 days of being referred by a GP
2. Around 20,000 additional people a year will have their cancers genetically tested to identify the most effective treatments, reducing unnecessary chemotherapy sessions
3. By 2020, patients will be able to access online information about their treatment and tests results
4. Access to physical activity programmes, psychological support, practical advice about returning to work and help for those suffering with depression to make sure they have the right care at the right time will be available
5. By 2017, a new national quality of life measure will be available to help monitor how well people live after their treatment has ended, so priorities for improvements can be identified
6. Health Education England to start a new national training programme that will provide 200 additional staff with the skills and expertise to carry out endoscopies by 2018.

APPENDIX C

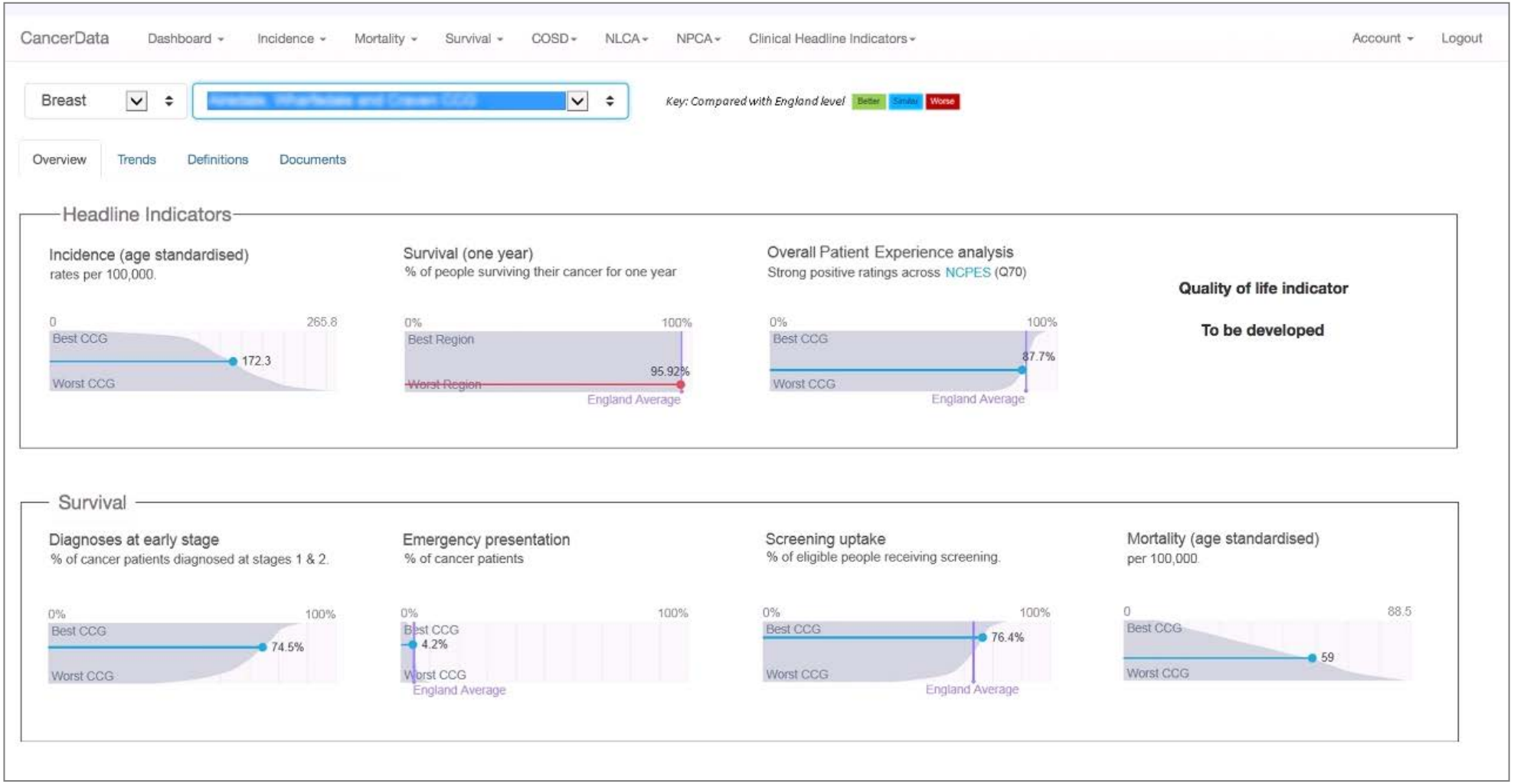
Overarching Governance



APPENDIX D

Screenshots of Cancer Dashboard prototype (i)

Shown below is a screenshot of the prototype overview page for the Cancer Dashboard, showing current headline indicator performance in the first line. Supporting indicators will be displayed in boxes beneath the headline indicators; a selection of survival indicators are shown as an example.



APPENDIX D

Screenshots of Cancer Dashboard prototype (ii)

Shown below is a screenshot from the prototype Cancer Dashboard, with indicators shown in a time-series view.