

# **Cancer Research UK Policy Statement**

## **Priorities for the Cancer Reform Strategy**

**February 2007**

Cancer Research UK is delighted that the Government has committed to building on its strategy for cancer in England through the Cancer Reform Strategy, and we look forward to supporting its development.

Cancer services in England have undoubtedly undergone great improvements since the first NHS Cancer Plan was published in 2000. Services are better co-ordinated, more patients are being seen by teams of specialists, and more patients are taking part in clinical trials. However, the challenges and opportunities in cancer policy are changing. Cancer incidence and survival rates are increasing, scientific advances are continuing to provide better medical technologies and treatments, and the structural and policy environment of the NHS has begun to undergo radical change.

We believe that the Cancer Reform Strategy needs to respond to these developments, to ensure that cancer patients have access to the best possible services and information now and in the future. Cancer Research UK believes that the priorities for the Cancer Reform Strategy are:

- Clinical outcomes data and evidence-based policy
- Investment, workforce and capacity planning and efficiency
- Supporting cancer research and improving access to clinical trials
- Prioritising cancer prevention
- Tackling inequalities
- Improving early presentation, detection and screening
- Ensuring access to new treatments
- Providing high quality, tailored information to patients
- Developing the cancer networks
- Reconfiguring cancer services to deliver improved outcomes

### **1. Clinical outcomes data and evidence-based policy**

We have much to be proud of in our collection of data on cancer and cancer services. Our cancer registries, for example, which collect information about the incidence and survival rates for all cancers, are among the best in the world. However, some gaps in our information collection still remain and the data we do have are not collated and analysed as thoroughly as they could be.

Detailed, high-quality information on clinical outcomes, at the level of the individual patient, has the potential to be an extremely powerful resource. Better intelligence about how our cancer services are performing in terms of outcomes will help to drive improvements in individual teams and centres, provide valuable data for research, and help inform commissioning and policy decisions. Published information about the outcomes achieved for patients at different cancer centres will also be important to enable patient choice.

This area should therefore be a priority for the Cancer Reform Strategy. We need to both tackle areas of weakness in current data collection and devise an efficient and streamlined process that improves the collection, collation, analysis and publication of clinical outcomes data for cancer.

In all its decisions, the Cancer Reform Strategy should focus on introducing initiatives based on the best available evidence. It is important that we adequately consider all the lessons learnt and advances in our understanding of cancer treatment, policy and organisation of services that we have seen in recent years.

## **2. Investment, workforce and capacity planning and efficiency**

The Cancer Reform Strategy must be backed by a commitment to continued increases in investment in cancer by the Government, to meet future patient expectations. Detailed financial planning for cancer care is urgently needed, since increasing incidence and survival rates and the availability of new treatment technologies will likely greatly raise the total cost of cancer in future years. A future commitment to funding prevention initiatives is also needed to help reduce the burden of cancer. With the expected slowing in the rate of increase in the NHS budget from 2008, a focus on capacity planning and efficiency studies could help to ensure available funds for cancer are put to best use.

Alongside this, we need long-term workforce planning to make sure that we are building the right professional workforce to deliver high quality cancer services, both now and in the future. Planning to ensure we tackle current shortages in the numbers of radiologists and pathologists is particularly important.

## **3. Supporting cancer research and improving access to clinical trials**

Only through research can we develop better ways of preventing, diagnosing and treating cancer. It is essential that policy support is given to the full range of cancer research conducted in this country. The fundamental priority for the Cancer Reform Strategy in research policy must be to help ensure that research discoveries are translated into clinical practice quickly, safely and effectively.

Support for clinical trials must be a central element of the Cancer Reform Strategy. This needs to be supported by the appropriate infrastructure. Partnership arrangements, whereby treatment and service costs are covered by the NHS for non-commercial clinical trials, have been instrumental in promoting the amount of clinical research currently undertaken in the UK. It is essential that these arrangements continue. Support for research

must also address the problems experienced by researchers in gaining access to patient data for use in research and approval from NHS R&D offices.

Continued action is required to increase further the numbers of patients involved in cancer clinical trials, so that all suitable patients are given the opportunity to take part. We need to build a clinical environment for cancer in the NHS where clinical research is an integral part of routine care. Healthcare professionals should actively encourage patients to become involved in clinical research. This is especially important for patients from groups currently under-represented in clinical trials, such as those from ethnic minority communities.

The future of cancer research in the UK relies heavily on fostering the interest of the next generation of researchers. New incentives should be included in the Cancer Reform Strategy to encourage young people to consider careers in all areas of cancer research by positioning research as an attractive career option for students and increasing the focus on science in schools.

An increased focus is needed on areas of research currently under-represented in the NHS, such as research in primary care, supportive and palliative care, and prevention initiatives. As research generates more expensive targeted treatments in the future it will become increasingly important that high quality health service and health economic research is carried out to evaluate the costs and benefits of treatments and technologies being funded by the NHS.

#### **4. Prioritising cancer prevention**

Cancer prevention is undoubtedly an essential element of any comprehensive cancer strategy. Half of all cancers may be preventable by lifestyle changes. In general terms, the Cancer Reform Strategy must: include a major emphasis on public awareness and education programmes about cancer; be integrated with other public health and disease prevention initiatives; provide increased investment in cancer prevention and health promotion research; include methods for monitoring implementation of interventions by local healthcare providers; and set processes in place by which prevention initiatives can be adequately evaluated.

Existing policy on tobacco control is not succeeding in reducing overall smoking prevalence fast enough. The fall is extremely slow and indeed almost non-existent in poorer smokers. Successful implementation and enforcement of smokefree legislation will be a priority. Beyond this, the UK must offer continued and high profile support for the International Framework Convention on Tobacco Control, and support for increased tax measures and further action on tobacco smuggling. Regulation of nicotine is not proportionate to the relative public health impacts of the products. A Nicotine Regulatory Authority, properly staffed, properly resourced, and with the appropriate skills is required as soon as possible. Sustained funding is also needed to secure the successes achieved to date by Stop Smoking services and national media campaigns.

Rapidly increasing rates of overweight and obesity starkly highlight the urgent need for action in this area. People need to be empowered to make healthy choices more easily and encouraged to adopt healthier behaviours. The 2000 Cancer Plan prioritised healthy eating and promoting the '5-a-day' fruit and vegetable message. However, subsequent

research has now shown an increased importance of obesity and alcohol consumption in cancer risk. Future emphasis, therefore, should be on cutting obesity and alcohol intake. The effect of these two factors on cancer is not widely appreciated, so public education work must be undertaken alongside measures to tackle obesity and alcohol misuse and to promote the reduction of heavy drinking.

To halt the year on year rise in incidence of skin cancer in this country, widespread population behaviour change is necessary. Short-term awareness campaigns have limited value in affecting attitudinal shifts and behaviour change. It is essential that the Government commits to long-term core funding of a national skin cancer prevention campaign if we are to see a reversal in incidence trends in the UK. As part of this, we would also like to see a public education campaign on the use of the UV index as a tool for assessing the strength of the sun and greater availability of the UV index in weather forecasts.

## **5. Tackling inequalities**

It is essential that the Cancer Reform Strategy makes further commitments on action to address inequalities in cancer incidence, management and mortality.

The inequalities gap in cancer death rates between more and less affluent groups remains unacceptably high. While we welcome the commitment to date to reduce smoking rates among poorer smokers, this reduction has been extremely slow to materialise and needs more effort. Even aside from smoking rates, hard-to-reach communities remain disadvantaged in terms of cancer outcomes. Interventions to address these inequalities require dedicated resources and these should be set out in full in the strategy.

One important priority is to improve the collection of data regarding the ethnicity of cancer patients. Such data is critical to increase our understanding of how cancer affects people from black and minority ethnic groups, uptake of services (such as screening), to monitor trends, and to target interventions and services to better tackle cancer inequalities. Cancer Registries need to be encouraged to promote the collection of such data. Cancer Research UK is working on a project with the University of Warwick Medical School to investigate how ethnicity data collection can be improved.

## **6. Improving early presentation, detection and screening**

We know for most cancers that a patient's chances of survival are greatly increased if their cancer is detected early. The Cancer Reform Strategy must commit resources to improving awareness among both the public and primary care professionals of the early symptoms of cancer, and the importance of early detection. Equally important then is ensuring that diagnostic tests and first-line treatments can follow quickly following referral for suspected cancer.

We now have three national screening programmes for cancer in England: breast, cervical, and bowel. Over the next few years, evidence for possible further screening programmes for cancers such as ovarian, prostate and pancreatic cancer will be gathered. The Cancer

Reform Strategy will need to both commit to ensuring the effectiveness of existing screening programmes and plan for the potential introduction of new programmes.

## **7. Ensuring access to new treatments**

It is essential that the Cancer Reform Strategy seeks to address the barriers that patients in England face in getting fast access to the best available new treatments. The strategy will therefore need to look at the problem of how we can achieve prompt licensing and faster appraisals from the National Institute for Health and Clinical Excellence (NICE) of cancer drugs and medical technologies to ensure that effective new treatments are available to patients as soon as possible. Equally important is the consistent implementation of NICE guidance across the country by all PCTs and hospital Trusts.

The strategy should also include the development of a communication process to remind local healthcare providers of their obligation to fund the prescription of drugs which have achieved NICE approval. This is particularly important in light of the potential effects of new funding systems such as Payment by Results on the ability of local healthcare providers to find the funding for new and existing cancer treatments.

Radiotherapy services are an essential part of cancer treatment, and an area in need of continued enhancement. The Cancer Plan set out a number of proposals for radiotherapy services, but stopped short of a full scale review of the service. Action is needed to reduce waiting times for radiotherapy, address the continuing staff shortages and promote the development and implementation of new technologies. Also required is the development of clinical guidelines setting out the required standards for clinical care, waiting times and detailed clinical pathways for radiotherapy provision.

## **8. Providing high quality, tailored information for patients**

The Cancer Reform Strategy should emphasise the role of accurate, timely and up to date information in helping patients to make choices about treatments, understand their symptoms, and find out about the range of support provided by organisations in the voluntary and independent sectors.

The 2004 NHS Information Strategy included recommendations for information prescriptions, community based 'navigators' and information accreditation to help patients to better understand their cancer and the choices available to them. The Cancer Reform Strategy should include proposals for implementing these recommendations to deliver a co-ordinated approach to supportive information on cancer.

An important priority will be to provide information that is accessible to hard-to-reach groups including those with English as a second language and people from less affluent groups. It is also essential that all health professionals are given adequate support, through training and development programmes, to enable them to deliver information according to a patient's needs.

## **9. Developing the cancer networks**

Cancer networks have demonstrated the tremendous value of coordination in the delivery of cancer services. The critical role that multi-disciplinary team working now plays in cancer services is underpinned by the network structure. The Cancer Reform Strategy should promote further improvements in coordination between the networks and other bodies such as the Primary Care Trusts' public health leads, local authorities, and the voluntary sector.

For cancer networks to fully realise their potential there is a need for greater autonomy in decision-making on issues of commissioning and service planning and delivery. The strategy should take this opportunity to redefine the authority that networks have over individual healthcare providers in these areas. We must also ensure that the benefits of cancer networks are not lost in moves by the NHS towards a system of competition and choice.

## **10. Reconfiguring cancer services to deliver improved outcomes**

The Cancer Reform Strategy presents an important opportunity to think broadly about how the whole cancer services system should be configured, so that it is best designed to deliver improved outcomes for patients and people at risk of cancer.

For example, we should establish which types of healthcare organisations should deliver which services, such as whether more treatment and palliative care could be given in primary care and outpatient settings. We also need to ensure that the system enables good communication across different parts of the health service, and delivers coordinated care for patients.

A process such as the development of the Cancer Reform Strategy, which brings together representatives of all parts of the cancer community, has real potential to deliver lasting improvements in cancer, building on the progress already made. To achieve this, it is essential that we take this opportunity to look at the system as a whole, and create a service that maximises every opportunity to deliver improved outcomes for patients.

**For further information from Cancer Research UK, please contact the Policy and Public Affairs team on 020 7061 8360 or [publicaffairs@cancer.org.uk](mailto:publicaffairs@cancer.org.uk).**