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DEBATE PACK

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Cancer Strategy one year on

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Summary

On Thursday 8 December MPs will take part in a general debate in the House of Commons Chamber on the Cancer Strategy one year on.

This debate was scheduled by the Backbench Business Committee following a representation from John Baron MP.

- Watch the debate live on Parliament TV

1. Background

Following on from the Coalition Government cancer strategy, *Improving Outcomes: A Strategy for Cancer*, published in 2011, in January 2015 NHS England announced a new independent cancer taskforce to develop a five-year action plan for cancer services to improve survival rates and save thousands of lives.[1] The taskforce, led by Sir Harpal Kumar, Chief Executive of Cancer Research UK, developed a new cross-system national cancer strategy to 2020, building on NHS England's vision for improving cancer outcomes as set out in the NHS Five Year Forward View.[2]

The independent Cancer Taskforce's five-year strategy for cancer, *Achieving World-Class Cancer Outcomes: A Strategy for England 2015-2020* was published in July 2015.[3] It included 96 recommendations for improvements across cancer treatment, support and research, with the aim of improving survival rates, awareness and the quality of care people receive.

The strategy set out the following headline ambitions:

- A decrease in the age standardised incidence of cancer and a reduction in the number of cases linked to deprivation.
- Reduction in the adult smoking rate from 18 per cent currently to 13 per cent by 2020.
- By 2020, 57 per cent of cancer patients should be surviving for 10 years or more.
- A reduction in variability by Clinical Commissioning group on one-year survival and a target of increasing one year survival to 75 per cent by 2020 (currently, 69 per cent).
- A move toward a more patient-centred service and continuing improvement in patient satisfaction data.
- The introduction of **'**cancer dashboards' presenting headline data at CCG and provider level. This would include information on things such as: proportion of people receiving a firm diagnosis or cancer being excluded by certain time points; cancer diagnosed via emergency presentations; proportion of cancers diagnosed at an early stage.

The strategy then goes on to set out the actions and funding needed to meet these goals; it has a particular focus on prevention and early detection. It estimates that if the NHS fully implements the measures recommended, an additional 30,000 patients per year may survive

1 NHS press release, 'NHS launches new bid to beat cancer and save thousands of lives', 11 January 2015
2 PQ HL4935 [on Cancer], 25 February 2015
3 Independent Cancer Taskforce, *Achieving world-class cancer outcomes. A strategy for England 2015-2020*, July 2015.

cancer for ten years or more by 2020 of which almost 11,000 will be through earlier diagnosis.

The Government has accepted all 96 of the report's recommendations. Implementation is being led by NHS England's National Cancer Transformation Board. An Independent National Cancer Advisory Group has been established to advise and assess on progress of implementation of Achieving World Class Cancer Outcomes (AWCCO). The group is independent of Government, NHS England, and the National Cancer Transformation Board.

A Department of Health news story published on 13 September 2015 gave details on how some of the measures in the strategy would be taken forward. This set out a number of new measures to help personalise people's treatment and care, including:

- around 20,000 additional people a year having their cancers genetically tested to identify the most effective treatments, reducing unnecessary chemotherapy sessions
- by 2020, patients will be able to access online information about their treatment and tests results
- access to physical activity programmes, psychological support and practical advice about returning to work
- help for those suffering with depression to make sure they have the right care at the right time
- by 2017, there will be a new national quality of life measure to help monitor how well people live after their treatment has ended, so priorities for improvements can be identified

The Government has made a commitment that, by 2020, it will spend up to £300 million more on diagnostics every year to help meet a new 28 day diagnosis target.

Health Education England will start a new national training programme that will provide 200 additional staff with the skills and expertise to carry out endoscopies by 2018.[4] It is expected that the newly trained staff will be able to carry out almost a half a million more endoscopy tests on the NHS by 2020. This is in addition to the extra 250 gastroenterologists the NHS has already committed to train by 2020.

In May 2016 NHS England published an implementation plan for the cancer strategy, *Achieving World-Class Cancer Outcomes: Taking the strategy forward.* This set out the support that local leaders in cancer will have from national initiatives and transformation programmes, to turn the Cancer Taskforce ambitions into reality. In particular it noted that "Cancer Alliances", bringing together clinical and other leaders from across different health and care settings in a local community, will look at whole pathway data and information in the new Cancer Dashboard. The new integrated Dashboards will include survival, early diagnosis rates, and data on treatment outcomes, patient experience and quality of life. This will be used to pinpoint areas for improvement

[4] Endoscopies are tests where the inside of the body can be examined for cancer.

locally through pathway redesign and changing clinical behaviours. The implementation plan said Cancer Alliances would be rolled out across England from September 2016. It also said that Sustainability and Transformation Plan (STP) footprints would offer an opportunity for local health communities to ensure that a focus on improving outcomes for people with cancer is embedded firmly in the wider context of improving outcomes for a whole population.

The implementation plan sets out six key workstreams, structured according to the six strategic priorities from the Cancer Taskforce report:

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

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

3 Establish **patient experience** on par with clinical effectiveness and safety

4 Transform our approach to support people **living with and beyond cancer**

5 Make the necessary investments required to deliver a **modern, high-quality service**

6 Ensure **commissioning, provision and accountability** processes are fit-for-purpose

In September 2016 the All-Party Parliamentary Group on Cancer (APPGC) published, *Progress into the implementation of the England Cancer Strategy: One year on*. The report made recommendations concerning funding, transparency and accountability and involvement. It called on the Government to:

- clearly set out in a progress report, by the end of 2016, what funding will be made available for the Cancer Strategy every year over the next four years to deliver recommendations for all parts of the cancer pathway. This should include how much funding has been allocated for each of the 6 strategic priority areas as outlined in the Cancer Strategy.
- to respond, with NHS England, to the APPGC inquiry report and set out how they will address the concerns of the cancer community. This response and the annual report by the Cancer Transformation Board should set out:
  - How progress is being made on each of the 96 recommendations in the Cancer Strategy.
  - Detail of how the delivery of the Cancer Strategy is being aligned with wider changes in the NHS, including the Sustainability and Transformation Plan process being led by NHS England and NHS Improvement.
  - How the Department of Health is holding NHS England and other Arms-Length Bodies to account for delivery of the Cancer Strategy and how it will measure success by 2020.

The APPGC inquiry report also called on the Cancer Transformation Board and the Independent National Cancer Advisory Group to set out how it will collaborate with organisations who have an expertise and

interest in cancer. Most importantly, it said the Cancer Transformation Board should set out how it will ensure that patients are closely involved in the delivery of the Cancer Strategy, both at a national and local level, over the next four years.

On 25 October 2016 NHS England published *Achieving world-class cancer outcomes: A strategy for England 2015 - 2020 - One Year On*, an update report on progress made delivering the recommendations of the Cancer Strategy. NHS England also announced a £130 million investment in radiotherapy equipment over the next two years.[5]

The NHS England update highlighted a number of new tests and diagnostic standards and the following progress:

- 16 Cancer Alliances are being established across England
- "National Cancer Vanguards" launched in Manchester and thress sites in Greater London to test an Accountable Clinical Network model, to improve quality and value
- Two national "Be Clear on Cancer" campaigns launched to encourage early identification
- A new approach to the appraisal of cancer drugs, and reform of the Cancer Drugs Fund
- Guidance for commissioner to support people lining with and beyond cancer was published in April 2016
- Results of the 2015 National Cancer Patient Experience Survey were published, showing positive experiences of care for patients overall.

Responding to the publication by NHS England of its report into progress made on implementation of the cancer strategy, Dr Fran Woodard, Executive Director of Policy and Impact Macmillan Cancer Support said:

> "The commitments published today by NHS England are a really important step in improving cancer services in England, which we know is vital as more people will be diagnosed with cancer in years to come.
>
> "We are pleased to see that Cancer Alliances will be rolled out across England as they will pool the knowledge and experience needed to make cancer services better in a particular area. Many people who are being treated for cancer find their care is disjointed, often because of a lack of communication and organisation among those responsible for different elements of their care. We hope Cancer Alliances will tackle this recurring problem.
>
> "The Secretary of State made a commitment that everyone should have personalised follow up care via a recovery package by 2020. This is a tight timeline, but we're confident the NHS can do it if the work now begins in earnest."[6]

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5 NHS England, £130 million fund to modernise radiotherapy care across England, 25 October 2016

6 Macmillan Cancer Support responds to NHS England report on cancer strategy progress, 26 October 2016

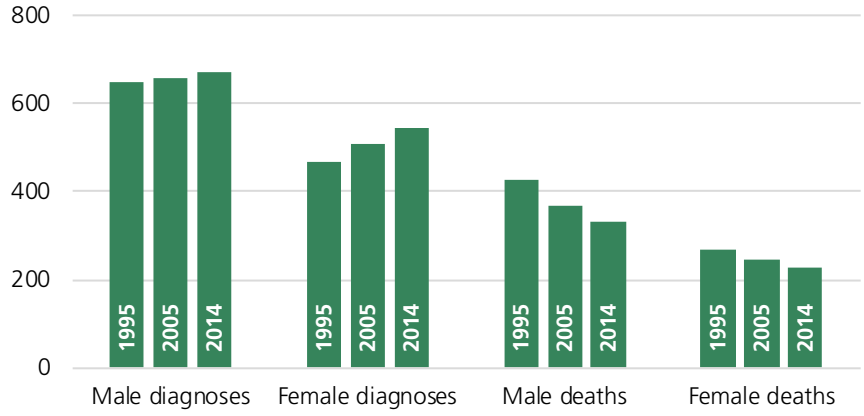
2. Statistics

2.1 Cancer diagnoses

296,000 people were diagnosed with cancer in England in 2014. This amounts to an age-standardised incidence rate of 670 cases per 100,000 people for men and 546 per 100,000 for women. These rates are 3.4% and 16.2% higher respectively than the incidence rates from 1995.[7]

Cancer diagnoses and deaths from cancer, 1995 to 2014, UK

Age-standardised rate per 100,000 population



Since 1995 the gender gap between male and female diagnosis rates has narrowed from 38% to 23%.

The most common cancers among men are prostate (28% of all cancers in men), lung (14%) and colorectal (13%). Among women, the most common are breast (34%), lung (13%) and colorectal (11%). For both genders, the most common three cancers account for more than half of all cancers.

Most common cancers, by gender (percent of all diagnoses, 2014)

Men		Women		Total	
Prostate	28%	Breast	34%	Breast	17%
Lung	14%	Lung	13%	Prostate	14%
Colorectal	13%	Colorectal	11%	Lung	14%
Skin	5%	Uterus	6%	Colorectal	12%
Non-Hodgkins lymphoma	5%	Skin	5%	Skin	5%
Bladder	4%	Ovary	5%	Non-Hodgkins lymphoma	4%
Kidney	4%	Non-Hodgkins lymphoma	4%	Kidney	3%
Oesophagus	3%	Pancreas	3%	Bladder	3%

After accounting for differences in the age of the population, rates are highest in the North East of England and lowest in London & the East of England.

There are relatively few cancer types where age-standardised rates differ significantly between UK constituent countries.[8]

[7] ONS Cancer Registrations 2014

[8] Read more at http://www.cancerresearchuk.org/health-professional/cancer-statistics/incidence/common-cancers-compared#m1y5QrVz3FihOIdB.99

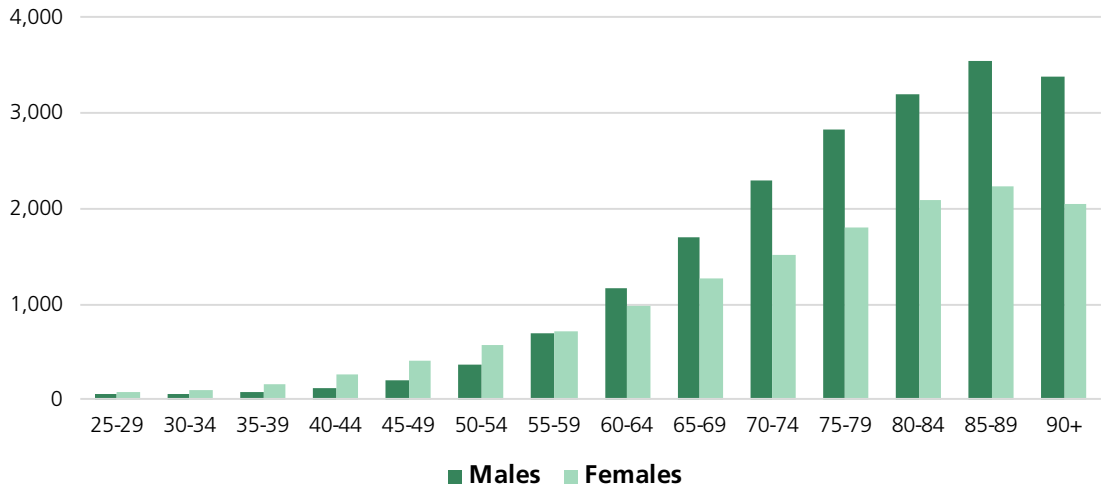
2.2 Cancer and age

Cancer is most common among older people. Two thirds of diagnoses are for those aged 65 or over, and 23% are for those aged 80 and over. Just 11% of cancer diagnoses are for people aged 49 or below.[9]

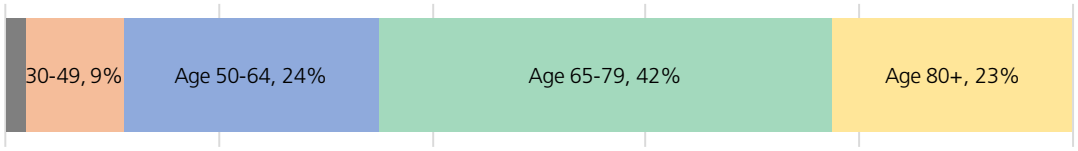
The cancer diagnosis rate among men aged 75-79 is around 34 times higher than in men aged 35-39. For women aged 75-79 the rate is 11 times higher than in ages 35-39.

Cancer diagnosesby age, 2014, UK

Age-standardised rate per 100,000 population



Cumulative percentage of cases in each age category



There is some age variation between different types of cancer. Over 80% of bladder cancers and oesophageal cancers are diagnosed in those aged 65+. 78% of lung cancer cases are in those aged 65+.By contrast, two thirds of breast cancers are diagnosed in women aged under 65. 57% of cancers of the lip, oral cavity or pharynx among men are diagnosed in under-65s. 85% of cervical carcinomas are diagnosed in women aged under 40 (the figure is 43% for cervical cancers).

[9] ONS Cancer Registration Statistics 2014

2.3 Deaths from cancer

Between 1995 and 2014, cancer mortality rates have fallen by 22% for men and 15% for women.[10] Male mortality is higher than female mortality, but

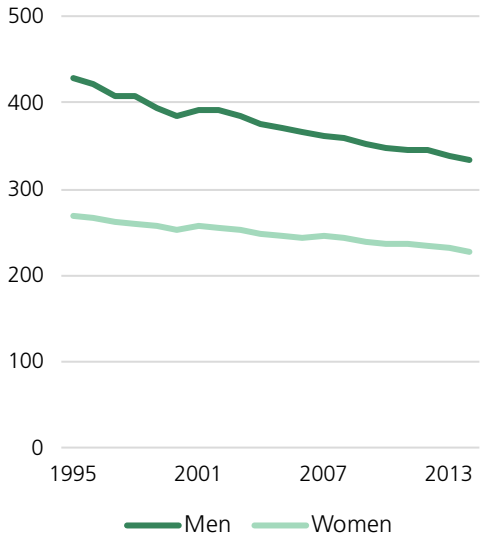
Male mortality is higher than female mortality, but the gap has fallen over the past 19 years from 59% to 46%. The chart to the right shows trends.

Four-fifths of those who died from cancer in England and Wales in 2015 were aged 65 or over.

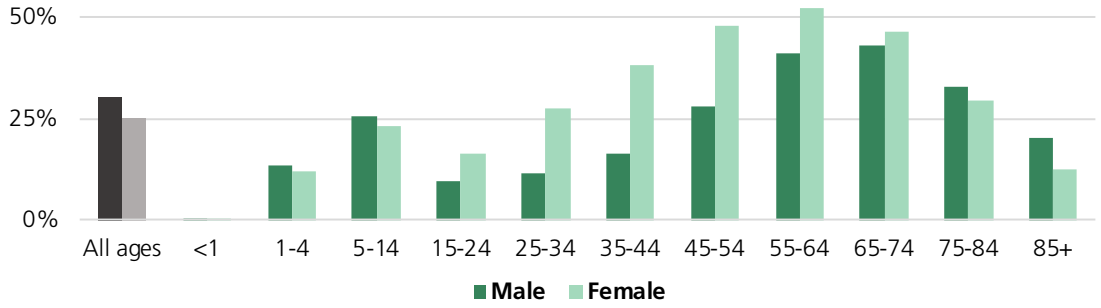
Cancer is the cause of over a quarter of deaths. Among women aged 55-64, it is the cause of more than half of deaths. The chart below shows data for all ages for both men and women.

Mortality from cancer, 1995-2014

England, rate per 100,000 population



Deaths from cancer as a % of all deaths, 2015, England & Wales



Of 147,000 cancer deaths in England and Wales in 2015, around 30,000 were due to lung cancer. 14,000 were due to colorectal cancer, over 10,000 were due to prostate cancer, and around 10,000 were due to breast cancer.

Deaths from cancer by site, selected sites

2015, England & Wales

	Men	Women
Lung	16,572	13,948
Colorectal	7,788	6,655
Prostate	10,579	0
Breast	75	10,191
Pancreas	3,988	3,977
Oesophagus	4,794	2,174
Bladder	3,265	1,483
Ovary	0	3,529

[10] ONS, Deaths Registered in England and Wales, 2014

Cancer mortality rate among under 75s
Age-standardised rate per 100,000 population, 2013-2015, county & UA

Highest Rates		Lowest Rates	
Manchester	195	Barnet	106
Knowsley	191	Westminster	107
Blackpool	191	Harrow	109
Kingston upon Hull	190	Rutland	109
Liverpool	186	Kensington and Chelsea	111
Salford	185	Redbridge	112
Hartlepool	183	Buckinghamshire	113
Stoke-on-Trent	178	Bromley	117
Halton	177	Oxfordshire	117
Oldham	174	Wokingham	117
Middlesbrough	174	Dorset	117
Doncaster	173	Richmond upon Thames	118

2.4 Survival rates

Five-year cancer survival rates have increased substantially over recent decades. In the early 70s, only around 30% of those diagnosed with cancer could expect to survive for 5 years. In 2010-11, it was estimated that 54% would survive for 5 years. [11] It is estimated that half of those diagnosed with cancer will survive for 10 years.[12]

Cancer five-year survival rates, 1971-2011
All cancers, England

Survival rates vary substantially between different types of cancer. 39 in every 40 people diagnosed with skin or testicular cancer survive for at least one year. By contrast, only 1 in 5 people diagnosed with pancreatic cancer survive for a year, and only 1 in 20 survive for five years. For lung cancer, 34% of men and 40% of women survive for one year, and 11% of men and 16% of women survive for five years.[13]

[11] ONS, 40 years of cancer
[12] Cancer Research
[13] ONS Cancer Survival

The table below shows one-year and five-year survival for selected cancer sites.

Cancer survival rates, one-year and five-year, England

Age standardised; 2010-2014 registrations followed up to 2015

ONE YEAR		
Cancer site	Men	Women
Testis	98%	-
Skin	97%	98%
Breast	-	96%
Prostate	94%	-
Uterus	-	91%
Cervix	-	85%
Non-Hodgkin lymphoma	79%	82%
Kidney	77%	78%
Colorectum	78%	76%
Ovary	-	77%
Bladder	78%	67%
Leukaemia	70%	67%
Mesothelioma	46%	51%
Brain	46%	47%
Stomach	45%	44%
Oesophagus	44%	44%
Lung	34%	40%
Liver	36%	33%
Pancreas	21%	23%

FIVE YEAR		
Cancer site	Men	Women
Testis	97%	-
Skin	87%	93%
Breast	-	86%
Prostate	84%	-
Uterus	-	78%
Cervix	-	67%
Non-Hodgkin lymphoma	66%	71%
Kidney	59%	63%
Colorectum	58%	58%
Ovary	-	50%
Bladder	57%	48%
Leukaemia	51%	50%
Mesothelioma	6%	10%
Brain	18%	22%
Stomach	18%	21%
Oesophagus	14%	18%
Lung	11%	16%
Liver	13%	11%
Pancreas	5%	6%

2.5 Waiting Times

There are a number of waiting times standards relating to cancer diagnosis and treatment, including:[14]

- After a GP urgently refers a patient with suspected cancer, the patient should see a consultant within two weeks. The target is 93%, and this is currently being met.
- After a decision to treat for cancer has been made, the first treatment should take place within 31 days. The target is 96%, and this is currently being met.
- Overall, a patient should wait no more than 62 days between an urgent GP referral with suspected cancer, and their first treatment for cancer. The target is 85%, and this has not been met for over two years.

2.6 Screening

- As of March 2016, 72.7% of women aged 25-64 were recorded as having been adequately screened for cervical cancer. This has fallen from 75.7% in 2011. In 2015/16, 3.09 million women were tested on the cervical screening programme.[15]
- As of March 2015, 75.4% of women aged 53-70 had been screened for breast cancer in the last three years. This has fallen from 77.2% in 2011, but remains above the NHS Cancer Screening Programmes' minimum standard of 70%.[16]

[14] NHS England, Cancer Waiting Times
[15] NHS Digital, Cervical Screening Programme
[16] NHS Digital, Breast Screening Programme

3. Press releases

NHS England

NHS England launches biggest upgrade to NHS cancer treatment in 15 years

25 October 2016

£130 million fund to modernise radiotherapy care across England.

NHS England chief executive Simon Stevens has today (Tuesday) announced a £130m investment to kickstart the upgrade of radiotherapy equipment and transform cancer treatment across England.

Around 4 in 10 of all NHS cancer patients are treated with radiotherapy, which typically uses high-energy radiation from a machine called a linear accelerator ('Linac'). Radiotherapy is one of the three main cancer treatments, alongside cancer surgery and chemotherapy.

Over the next two years older Linac radiotherapy equipment being used by hospitals across the country will be upgraded or replaced, ensuring patients get access to the latest leading edge technology regardless of where they live.

It is recommended that Linacs are replaced after around 10 years in operation, however the last time there was a major national investment in NHS radiotherapy machines was in the early 2000s.

The new £130 million fund will over the next two years enable half of the five year modernisation programme recommended by the Independent Cancer Taskforce. The investment will pay for over 100 replacements or upgrades of radiotherapy machines in hospitals around England.

Recent advances in radiotherapy using cutting-edge imaging and computing technology have helped target radiation doses at cancer cells more precisely. As a result, they enable better outcomes, with improved quality of life for patients and reduced NHS costs in the long term, through patients experiencing fewer side effects.

Simon Stevens, NHS England Chief Executive, said: "Up to half of NHS cancer patients who are cured benefit from radiotherapy. Today we're kickstarting the biggest single upgrade in NHS cancer treatment for at least the last fifteen years. Modern Linacs and software will mean hundreds of thousands of patients across England will now benefit from huge advances in precision cancer treatment."

Cally Palmer, National Director for Cancer at NHS England, and chief executive of the Royal Marsden Hospital, said: "Cancer survival rates in this country have never been higher, and we're seeing more people than ever come forward with symptoms – over 1.7 million referrals for urgent NHS investigation were made by GPs last year. Today's announcement about action over the next two years is a decisive launch of our five year programme to modernise radiotherapy

services – so that all patients have access to the very best technology available."

This investment will be announced at NHS England's Annual General Meeting being held today, and follows the publication of the report of the NHS's Independent Cancer Taskforce – led by Sir Harpal Kumar, CEO of Cancer Research UK – which identified how the NHS can achieve world-class cancer outcomes and save more lives.

Sir Harpal Kumar, chief executive of Cancer Research UK said: "This announcement on new radiotherapy machines is fantastic news. Quickly replacing older radiotherapy machines and giving patients the most modern treatment that will give them the best chance of survival, while also reducing side effects. Technological advances in recent years have been immense, and this investment in state-of-the-art equipment will change the face of cancer treatment across England."

Professor Nick Slevin, Chair of the Radiotherapy Clinical Reference Group, said: "There has been a big focus recently across England on expanding access to chemotherapy, including the repurposed NHS cancer drugs fund, but it is radiotherapy that often is actually curative for our patients. State of the art radiotherapy equipment will result in improved cure rates and less side effects for patients."

The NHS is successfully treating more people with cancer – with 134,000 radiotherapy treatment episodes, and over 150,000 patients receiving chemotherapy last year – and overall, patients continue to report a very good experience of care.

NHS England as the national commissioner of radiotherapy services will use the national purchasing power of the NHS to drive improved pricing and value from equipment manufacturers and suppliers.

The investment pledge comes as NHS England provides an update at its Annual General Meeting today on progress made in the first of a five year programme to implement the cancer strategy set by the independent Cancer Taskforce. Specifically, over the last year NHS England has:

- Brought together GPs, hospital clinicians and other local leaders to establish 16 Cancer Alliances across England to lead implementation of the strategy locally and test more effective and efficient ways to plan, pay for, direct and deliver services for patients. They will support the new Sustainability and Transformation Plans (STPs) being developed in 44 areas across the country.
- Launched three cancer vanguard sites in London and Manchester to test a clinical network model for designing, planning and providing care that the Taskforce recommended.
- Begun to test rules for a new 28 day faster diagnosis standard in four areas of the country, and awarded funding to support long-term change in diagnosing cancer earlier.
- Started to pilot multi-disciplinary diagnostic centres at six sites, to speed up early diagnosis for patients.

- Together with NICE, launched a new approach to funding cancer drugs through the Cancer Drugs Fund. The first new drug, osimertinib has now come through the new system, benefiting lung cancer patients.
- Made available as standard six genetic diagnostic tests, to ensure each patient can access the best personalised treatment.
- Supported the launch of a new national Be Clear on Cancer campaign for lung cancer symptoms.
- Begun to develop a Quality of Life indicator for the first time, so we can ensure we improve quality of life for patients after treatment.
- Launched a new Cancer Dashboard, which gathers together all data and intelligence about performance and patient outcomes in one place, enabling the new Cancer Alliances to see where improvements need to be made in the patient pathway.

New cancer ratings published

4 October 2016

NHS England has today published new ratings providing a snapshot of how well different areas of the country are diagnosing and treating cancer and supporting patients.

Based on data published over the course of the last two years, the Clinical Commissioning Group Improvement and Assessment Framework provides an initial baseline rating for six clinical priority areas, including cancer.

The ratings, which are broken down by local Clinical Commissioning Groups (CCGs) and published on MyNHS, show areas in need of improvement, but also highlight areas of best practice.

The overall rating for cancer is based on four indicators or metrics; early diagnosis, one year survival, 62 day waits after referral, and overall patient experience.

Cancer Alliances will play a key role in bringing together local leaders, including from CCGs, to drive improvement in cancer outcomes, including reducing variation and promoting the sharing of best practice.

In response to the publication of these data, an NHS England spokesperson said: "NHS cancer patients' care is now the best it's ever been, but we've set stretching goals to save thousands more lives by 2020. Measured against this ambition it's not surprising that most local services need to make further improvements, but we're going to track progress transparently so everyone can see how we are improving care and outcomes for patients.

"Over the past four years adult smoking rates are down by nearly 1 million people demonstrating the benefits of a comprehensive public health policy. This will be the single biggest contributor to reduced cancer deaths.

"On top of current funding, this year we are also investing an extra £15m in improving early diagnosis and setting up Cancer Alliances to bring together leadership across local areas to drive improvements."

Let's be clear: early diagnosis is crucial for cancer patients – Professor Chris Harrison

15 July 2016

NHS England's National Clinical Director for Cancer looks at the work being done to support the 'Be Clear on Cancer' campaign launched yesterday in conjunction with the Department of Health and Public Health England:

Through the latest Be Clear on Cancer campaign we are encouraging people who get out of breath doing things they used to be able to do, or have had a cough for three weeks or more, to see their GP and have their symptoms checked out.

The earlier we diagnose patients, the higher the likelihood of successful treatment that can cure cancer or improve quality of life for patients.

Previous national Be Clear on Cancer campaigns had an encouraging impact on early diagnosis and clinical outcomes for patients. In the period following the first national lung cancer campaign, around 700 more people were diagnosed, 400 more were diagnosed at an early stage compared with the same period in the previous year, and around 300 more had surgery as a first treatment.

To be sure we are able to see improved outcomes from the Be Clear on Cancer campaigns, once people come forward to their GP with symptoms that need investigating, our diagnostic services must be fit-for-purpose.

This is a cornerstone of the independent Cancer Taskforce report. Our recently-launched implementation plan lays out the first steps we are taking towards delivering the improvements we need, including an additional £15million investment in earlier diagnosis this year.

We have asked CCGs to plan for appropriate diagnostic services in this year's Planning Guidance, and are boosting this with a National Diagnostics Capacity Fund for projects and initiatives across the country to create long-term transformation and sustainability in diagnostic services.

We are also moving forward with work to ensure that, by 2020, all patients referred by their GP with a suspicion of cancer, including those who come forward as a result of a Be Clear on Cancer campaign, receive a diagnosis or have cancer ruled out within 28 days. We have selected five test sites, drawn from across England, to test the rules for the new standard, and over the coming months will be working with them to understand the challenges and opportunities presented by the new standard.

Early diagnosis is crucial to improving outcomes from cancer and many other serious diseases. These initiatives represent the first major strides of the national cancer programme towards making earlier diagnosis a reality for the thousands of people diagnosed with cancer each year.

- You can find more information and resources on the campaign here.

Working to end variance in cancer care – Professor Chris Harrison

11 July 2016

NHS England's National Clinical Director for Cancer explains why the Cancer Patient Experience Survey published last week is key to improving services:

We focus far too often on the 'clinical' outcomes of treatment, without considering what that treatment was like for the patients themselves.

But the experience of treatment and the care they receive is often just as important to people as its success, and we should recognise a good experience of care as an outcome in its own right.

Cancer care is complex and often fractured, with people requiring all sorts of different care and support, often from many different parts of the health and care system. It is easy for this to become a disorientating experience for patients and carers, particularly at what is bound to be a stressful and difficult time for many people.

The publication of the latest National Cancer Patient Experience Survey last week is a timely reminder to all of us of the importance of ensuring that the experience each patient has of their care is as positive as possible. Having surveyed over 71,000 people with cancer from across the country, the responses provide us with our best indication of what patients in England think about the care they received.

The news is generally good – respondents gave an impressive average rating of 8.7, on a scale of zero (very poor) to 10 (very good), when asked to rate their overall experience of care, testament to the hard work of NHS staff and the compassion and care for patients I see every day.

But there is always more we can do to ensure that everyone with cancer has a good experience of their care, treatment and support.

Indeed, this average rating hides significant variation between geographical areas and hospital trusts in the care people experience. There is also clear variation between different ethnic groups and ages.

The independent Cancer Taskforce set us an ambition last year to achieve continuous improvement in the experiences people have of care. So what are we doing about it?

Firstly, it is essential that we keep collecting the data we need to understand people's experiences of cancer care. The Cancer Patient Experience Surveywill continue to provide vital insight both into where we are doing well, and where we need to focus the most on improvement. It shines a light on variation in experience, so that we can continue to work to ensure that everyone has a good experience, regardless of location, age or ethnicity.

Secondly, we need to make sure the data is available both to the health system and to patients themselves, so that they can understand where experience is poor and take action to address it. We are already

publishing this local data side-by-side with data on other outcomes in the new Cancer Dashboard. From September, the Dashboard will help Cancer Alliances – made up of local clinical leaders, commissioners and providers – to quickly identify areas for improvement across the whole cancer pathway, including patient experience.

Thirdly, we need to do more to understand the problems where we know they exist. We are looking at ways to improve our understanding of the poor experience often reported by Black and Minority Ethnic (BME) communities and younger patients. Having a better understanding of these problems means that we can take action to tackle them in the future.

Beyond improving our understanding of patient experience, we are actively exploring steps we can take now to improve the situation. The independent Cancer Taskforce recommended online access to test results and other communications for patients, to help improve communication. This year, we are focussing on understanding what needs to happen to achieve this securely, and most conveniently for patients.

Access to a Cancer Nurse Specialist or other key worker has also been shown to support a positive patient experience, and over the next year we will be working with partners in the NHS and beyond to find the best way to ensure that patients receive this support.

For patient experience to continue to improve, it is essential that clinicians, nurses and patients work together as equal partners in their care. When people feel their doctor is communicating well with them and involving them in decisions, not only does experience improve, but these aspects of care are also likely to contribute to better clinical outcomes.

I'm excited to see what we can achieve and look forward to working with you to continue to make improvements in this often overlooked but vital area.

Don't forget to refer to the Dashboard and your more detailed CPES data for the latest insight and picture of your local area.

Cancer Research UK

Taskforce report: achieving world-class cancer outcomes

Harpal Kumar, July 19 2015

Alongside my role as Cancer Research UK's chief executive, I am honoured to have spent the last 6 months chairing the Independent Cancer Taskforce, and we have today published a report setting out how to transform cancer services in England.

If the initiatives in the report are implemented and the ambitions realised, we estimate it would mean **30,000 additional patients surviving cancer** every year by 2020.

We were asked to consider how to deliver better prevention, swifter diagnosis and improved treatment and care for all cancer patients and, in so doing, to deliver the vision of the Five Year Forward View (FYFV).

The context for the taskforce was that, despite fifteen years of effort and progress, we still have outcomes that do not come close to meeting our aspirations as a society. Our patients deserve world-class outcomes.

What might world-class mean? A significant reduction in the pace of growth of preventable cancers, improvements in survival rates so that our patients have the same outlook as those in comparable countries, and a transformation in patient experience and quality of life.

The report recommends a fundamental shift in how we think about cancer services, with a much greater emphasis on earlier diagnosis and living with and beyond cancer. It has been informed by hundreds of written submissions, nearly 100 workshops and meetings involving around 600 participants, the proactive involvement of patients, and consultation with around 30 cancer charities and almost all relevant professional groups.

The six strategic priorities we have identified are as follows:

1: Spearhead a radical upgrade in prevention and public health

The NHS, working with local and national Government and the public, needs to take a much more proactive approach to public health, with a view to reducing the growth in the number of cases of cancer in the future. There are opportunities to address the range of lifestyle risk factors and also to boost efforts in prevention of secondary cancer.

We need to go further and faster on smoking. We should aim to reduce adult smoking prevalence to less than 13% by 2020.

It is also time to get serious about tackling obesity. A failure to take dramatic action now to protect children means we are condemning many thousands of them to having serious health problems into adulthood, including increasing incidence of cancer.

2: Drive a national ambition to achieve earlier diagnosis

Earlier diagnosis is pivotal, as it enables more patients to access potentially curative treatment options, such as surgery. Earlier diagnosis will only be achieved by being less restrictive in our approach to investigative testing. NICE has recently updated its guidelines to help GPs refer patients with potential cancer symptoms – giving them more freedom to send patients to see specialists.

Delivering this will require us to significantly increase access to diagnostic services, where we currently are under-invested in both people and equipment. Most activity would continue to be funded through normal commissioning processes. However, in addition we propose that a national fund is created and used flexibly to enable local organisations to unlock local solutions.

Speed in diagnosis is of the essence, which is why we are also proposing a new metric – definitive cancer diagnosis or cancer exclusion within 4 weeks. We have recommended that this should be achieved for 95 percent of patients by 2020. Speed can also be enhanced by giving GPs direct access to a range of tests, and trusting them to make use of them appropriately.

3: Establish patient experience as being on a par with clinical effectiveness and safety

Perhaps the most disappointing aspect of the Taskforce's work has been the countless stories we have heard from patients and their carers of poor communication and suboptimal coordination of care.

First, patients should be properly informed and empowered to be equal partners in their care. We should revolutionise the way we communicate with and the information we provide to cancer patients using digital technologies. From the point of a cancer diagnosis onwards, we recommend giving all consenting patients online access to test results and other communications involving secondary or tertiary care providers by 2020. This could yield substantial efficiencies also, although we have not attempted to quantify these.

Secondly, we should systematise patients having access to a Clinical Nurse Specialist or other key worker to help co-ordinate their care.

Thirdly, we have identified the need for a set of meaningful metrics to encourage providers to focus on patient experience, including the annual Cancer Patient Experience Survey. We expect these to be embedded across the NHS accountability framework to drive further improvement.

4: Transform our approach to support people living with and beyond cancer

Many cancer patients suffer long-term consequences from their cancer or their treatment and are at higher risk of recurrence. Many will suffer psychological or financial hardship. Most will have another long-term condition they are trying to manage in addition to their cancer.

The highest priority should be to accelerate the roll-out of tailored follow up pathways and access to holistic packages of support. The aim should be that, by 2020, every person with cancer will have access to relevant elements of the Recovery Package, and that stratified follow-up pathways should be in place for the common cancers.

We need to develop a national quality of life metric – ideally by 2017 – to ensure that we monitor and learn lessons to support people better in living well after treatment has ended. We should also ensure that end of life care planning and choices are made available to all who have a terminal diagnosis, without delay.

5: Make the necessary investments to deliver a modern high-quality service

Late diagnosis is not the only driver of our poorer survival rates. Over the last five years, we have come to understand that we also do not provide optimal access to treatment. This is in part caused by workforce and equipment deficits. Whether we compare numbers of oncologists or CT machines per head of population, our provision in England lags considerably behind other countries.

We need to upgrade our radiotherapy machines, around half of which are reaching the end of their useful life. Doing so will not only deliver

safer care, it will also enable more widespread use of modern radiotherapy techniques, which spare normal tissue and the associated adverse consequences. Furthermore, because we can use modern machines more efficiently, replacing old machines will preclude the need to have more machines or suffer even worse access. This will require significant capital investment.

Secondly, we need to address acute workforce deficits, particularly in oncology, radiology, radiography and endoscopy, as well as in specialist nursing provision. There is also a very strong case to undertake a strategic review to determine future workforce and skills mix needs in cancer.

Thirdly, we should not delay any longer in establishing a modern molecular diagnostics service. We should be doing this already. Not only is its absence meaning patients are missing out on treatment options, but we are also using drug treatments inefficiently and, in some cases, inappropriately. Further delay risks accentuating the UK as a slow adopter of innovation with the consequent implications for inward R&D investment.

Finally, we need to establish a more sustainable model for access to novel cancer drugs. The Cancer Drugs Fund has helped to unlock access to new treatments for a large number of patients. However, its implementation could be adjusted to enable more innovative treatments to be provided in a more sustainable way. The new system should be co-designed by NHS England, patients and NICE.

6: Overhaul processes for commissioning, accountability and provision

Tackling variation in performance across the country represents the final top priority for progress over the next five years. Whilst our best Centres provide care comparable with anywhere in the world, quality is far from uniform. We need to determine how to configure services to deliver the best for all patients no matter where in the country they live. This needs to start with appropriate commissioning to defined national standards.

Secondly, we need to establish sub-regional alliances that provide a forum to bring providers and commissioners together with patients, so that they can co-design services to optimise pathways, ensure effective integration and address variation. This, in turn, will be facilitated by providers and commissioners working to standard dashboards of key metrics, which highlight variation both within a health economy and compared to the national average.

Finally we strongly advocate piloting new models of care and commissioning. This should include, in at least one area, the entire cancer pathway with full devolved budget over multiple years.

The strategic priorities set out above offer the potential to transform outcomes over the next five years. In the absence of implementation, the NHS will be unable to meet demand, resources will be spent

inefficiently, costs will escalate, and patients will not receive the standard of care that they rightly deserve.

There are many questions to which we do not know the answers, such as how we can improve outcomes for older people, or what we can do about the long-term effects for adults treated for cancer. We must continue to lead the world in cancer clinical research, enabling us both to evaluate new technology that other countries do not, such as newer radiotherapy techniques, but also to offset NHS costs, for example in free drugs provided in trial settings.

Achieving world-class cancer outcomes is a multi-faceted challenge. No one initiative will fix all the problems, or address all the opportunities. We have tried to steer a course that will create the right conditions and environment for the future, whilst continuing to serve the needs of patients today.

– Harpal Kumar

- Read the Independent Cancer Taskforce's full report here

4. Press articles

BMJ, 5 December 2016

One year cancer survival index rises in England

The one year survival index among patients with all types of cancer in England has increased steadily over the past 15 years, and variations around the country have decreased, the Office for National Statistics has reported.

Health Service Journal (HSJ), 10 November, 2016

NHS cancer performance remains below target

NHS providers continued to miss the main national cancer target in the second quarter of 2016-17, according to performance data published today.

The Guardian, November 8 2016

Cancer waiting times must be tackled now

Letter- Sir Harpal Kumar, Chief executive, Cancer Research UK

Telegraph, October 4 2016

Cancer patients face survival lottery

Cancer patients face a survival lottery with patients up to 17 per cent more likely to die in some parts of England.

The first league tables rating NHS performance on cancer found almost 9 out 10 areas needed to improve their services.

HSJ, 30 September, 2016

Cancer strategy: How to make the vision a reality

As NHS England looks ahead to a new long term cancer strategy, a survey by *HSJ* and Macmillan Cancer Support asked *HSJ* readers how confident they felt about their ability to achieve the new direction.

Telegraph, 16 September 2016

Survival rates 10 years after cancer diagnosis predicted for first time

The new figures predict likely survival for those newly diagnosed with some of the most common forms of the disease, broken down by age and gender.

The modelling exercise looks at the chances of 10-year survival for those given a diagnosis in 2015.

5. Parliamentary questions and debates

5.1 PQs

- Cancer

Asked by: Shannon, Jim

To ask the Secretary of State for Health, what steps his Department is taking to address increasing rates of cancer in people of middle age.

Answering member: David Mowat

A total of 280,000 people are diagnosed with cancer every year, a number which has been growing by around 2% annually. This rise is attributed to an ageing and growing population as well as changing lifestyle factors. In 2015-16 there were over 822,000 more general practitioner (GP) referrals seen by a specialist for suspected cancer, an increase of 91% compared to 2009-10.

Spearheading a radical upgrade in prevention and public health is a priority for this Government, and was clearly highlighted in the report Achieving World-Class Cancer Outcomes (2015) by the Independent Cancer Taskforce. The Government has accepted all 96 of the report's recommendations to improve survival rates for all age groups and save more lives.

An implementation plan, Achieving World-Class Cancer Outcomes: Taking the strategy forward, was published on 12 May 2016 and aims to significantly reduce the 40% of cancers caused by behavioural, lifestyle and environmental factors. As part of this the Government published the national childhood obesity strategy in August 2016, and is currently developing a Tobacco Control Plan and an alcohol evidence review to prevent more cancers.

30 Nov 2016 | Written questions | 54243

- Cancer Referral Times

Asked by: Fiona Mactaggart

Is it not the case that only skin cancer and breast cancer referrals are meeting that 62-day target? Is it not unsurprising that the survival rate over 10 years is 78% for breast cancer and 89% for skin cancer, whereas it is 35% for ovarian cancer and 57% for bowel cancer? How does the Minister feel about these excess deaths, and what is he going to do to ensure that people with these cancers are treated in time?

Answering member: David Mowat

There are eight cancer standards for waiting times and we are consistently meeting seven of them, as we did in September. The right hon. Lady is right to say that the 62-day waiting time has been challenging, and that has an impact on bowel cancer and ovarian cancer. It is also true, though, that one-year, five-year and 10-year

survival rates for bowel and ovarian cancer are improving significantly. However, we do need to go further. That is why all 96 recommendations of the Cancer Taskforce have been accepted—we are investing up to £300 million to make that happen—and there is going to be a new test whereby all patients will be either diagnosed or given the all-clear within 28 days.

15 Nov 2016 | Oral answers to questions | 617 c107

- NHS: Cancer Patients

Lord Sharkey

To ask Her Majesty's Government what assessment they have made of the latest NHS data on timely diagnosis and treatment of cancer patients.

The Parliamentary Under-Secretary of State, Department of Health (Lord Prior of Brampton) (Con)

My Lords, the NHS is meeting six out of eight cancer waiting times standards, with the other two being missed by less than 3%. This is against a backdrop of a more than 90% increase in urgent referrals—that is more than 800,000 more people—and treating nearly 50,000 more patients following a GP referral compared to 2010, an increase of 20%.

Lord Sharkey (LD)

Why are the regional variations in early cancer diagnosis so very large? For example, the worst is Lincolnshire West at 33% while the best is West Sussex at 61%. Does the Minister agree with Cancer Research UK and the Royal College of Radiologists that an important factor in the NHS missing early diagnosis targets is the shortage of staff to actually do scans, procedures and lab tests?

Lord Prior of Brampton

The new cancer dashboard has given us much more transparency around the country, so at least we now know where the problems are. The noble Lord is absolutely right that the critical area is early diagnosis, which is why one of the targets coming out of the new cancer strategy is that everyone should have a definite diagnosis within 28 days of an urgent referral. He is also absolutely right that one of the major constraining factors is workforce. We will be training an extra 200 non-medical endoscopists over the next couple of years, which should help considerably, but it remains an issue and Health Education England is due to report back in March 2017.

Baroness Gardner of Parkes (Con)

My Lords, can the Minister tell me whether we are now widely using the form of radiotherapy for cancer which is much less invasive? I think it is called IMRT and we have discussed it in this House before. Is it widely in use now in the National Health Service?

Lord Prior of Brampton

My noble friend is right; the use of IMRT has increased from around 10% to about 40% in the past year—so it is increasing greatly. There is much less collateral damage with IMRT. We have also, as my noble friend will know, commissioned two proton beam centres, at the Christie and UCLH, which will also make a difference. We have just announced a £130 million investment in new linear accelerator machines. Those three developments will, I think, greatly improve our ability to deliver world-class radiotherapy.

Lord Hunt of Kings Heath (Lab)

My Lords, is it not time for a bit of honesty on this? The two targets the Government are missing are the crucial ones of the 62-day cancer treatment waiting time and the two-week wait for referral for patients with suspected cancer. The Government have said that early diagnosis and quick treatment are essential, but those two targets relate exactly to those key points. The Minister knows that, in the mandate for this year, the Government said to NHS England that this must be a priority. But, given the huge funding and staffing pressures on the NHS, is it not time for the Government to come clean and admit that they cannot deliver this?

Lord Prior of Brampton

I think I was being honest, actually. I have never hidden the fact that these targets are very tough and difficult to meet. But we have increased activity enormously. We accept that early diagnosis is critical and probably as important as the 62-day referral for treatment target, which is why the 28-day target from urgent referral to diagnosis is so critical and will be one of the four key targets that will be in the CCG assurance framework. I accept what the noble Lords says; early diagnosis is critical. We are making progress and Sir Harpal Kumar, who developed the cancer strategy a year ago, is overseeing performance and progress towards meeting those targets.

Baroness Masham of Ilton (CB)

My Lords, is it not the case that many patients have their cancer picked up in an A&E department, having been sent away from their GP several times?

Lord Prior of Brampton

The noble Baroness is right. In 2006 one in five of all new cancers was picked up in an emergency setting. That has reduced to one in four. We are making progress. I think we all accept that our performance on cancer outcomes has lagged behind the best in Europe. The strategy developed by Harpal Kumar is designed to address that. We are making progress but we have some way to go.

Lord Cotter (LD)

My Lords, what is being done, additionally, towards the prevention of cancer? There is a lot of feeling that the food chain is adulterated through the use of pesticides and such like. Will the Minister consider

doing work in the direction of prevention and investigating possible causes?

Lord Prior of Brampton

My Lords, considerable research is going on into precisely the area that the noble Lord refers to. He talked about prevention, which is a hugely important area. Early awareness is also very important. We are running these Be Cancer Aware campaigns; at the moment there is a campaign going on around lung cancer to get early detection. I will investigate further and see what we are doing to investigate the root causes of cancer—whether there is any link to pesticides, for example.

Lord Dykes (CB)

Further to the opposition spokesman's comments, will the Minister confirm that in terms of prevention, treatment and cure, we are well behind the coefficients of most other advanced countries?

Lord Prior of Brampton

There are lies, damned lies and cancer statistics. It is extremely difficult to make comparisons on survival rates with other countries. There is evidence that we are behind the best in Europe on five-year survival rates. There is also considerable evidence that we are making good progress—but, of course, other countries are making good progress at the same time. If we implement the cancer task force recommendations, it is estimated that we will save an extra 30,000 people's lives per annum. We have a very ambitious programme to improve cancer outcomes, but I accept that we are starting from some way back from the best performance in Europe.

Baroness Pitkeathley (Lab)

My Lords, does the Minister accept that early diagnosis depends on patients or potential patients recognising the symptoms? Notwithstanding the pressure on services, are the Government continuing to encourage patients to recognise potential cancer symptoms?

Lord Prior of Brampton

The noble Baroness makes a very good point and the answer is yes, we are. Public Health England has a big awareness campaign. As I mentioned, a campaign on lung cancer has just finished. I think that there have been 11 campaigns to raise awareness over the past six years. The National Screening Committee is constantly modernising and updating our screening processes, and has introduced new screening processes that can be done at home—both bowel cancer screening and the HPV screening process for cervical cancer.

09 Nov 2016 | Oral answers to questions | House of Lords | House of Lords chamber | 776 c1144-5

- Cancer: Research

Asked by: Debbonaire, Thangam

To ask the Secretary of State for Business, Energy and Industrial Strategy, what assessment he has made of the potential effect of the UK leaving the EU on research on rare and childhood cancers.

Answering member: Joseph Johnson

The Government is committed to maintain and enhance the strength of our research base. This is why we have protected the science resource budget in real terms from its 2015/16 level of £4.7 billion for the rest of the parliament, as well as committing to invest in new scientific infrastructure on a record scale – £6.9 billion over the period 2015-2021.

The Treasury decision to underwrite the grants of competitively bid for EU research funding will give British participants and their EU partners the assurance and certainty needed to plan ahead for collaborative projects that can run over many years. We are committed to ensure that the UK continues to be a world leader in international science, including medical research into cancer.

07 Nov 2016 | Written questions | 50081

- Cancer

Asked by: Evans, Graham

To ask the Secretary of State for Health, what steps Health Education England plans to take to ensure that the strategic review of the cancer workforce addresses the complex needs of the growing number of people living with and beyond cancer.

Answering member: David Mowat

Delivering high quality, effective, compassionate care: Developing the right people with the right skills and the right values - A mandate from the Government to Health Education England: April 2016 to March 2017 (October 2016) states that Health Education England (HEE) will continue to take forward relevant recommendations set out in the independent Cancer Task Force report, **Achieving World Class Cancer Outcomes: a strategy for England 2015 - 2020**, including working with partners to develop a vision for the future shape and skills mix of the workforce required to deliver a modern, holistic patient-centred cancer service and report by December 2016.

Supported by Cancer Research UK and Macmillan Cancer Support, HEE has been leading on this recommendation and has completed an initial cancer workforce baseline review that has been shared and discussed with key stakeholders. The review is regularly updated with emerging intelligence from Sustainability and Transformation Plan (STP) areas on the workforce they require to deliver the cancer service challenge.

In addition, HEE is leading on a major piece of work to address the workforce challenges in transforming cancer services, which includes a

skills mix review. It has agreed an approach with key stakeholders for the review and will be working through Local Workforce Action Boards, Vanguards and Cancer Alliances to understand the skills mix needed for emerging cancer service models. HEE will report back on this work in March 2017.

HEE will also be working with the National Cancer Transformation Board's Living With and Beyond Cancer Oversight Group to understand the workforce requirements outlined in **Implementing the Cancer Taskforce Recommendations: Commissioning Person Centred Care for People Affected By Cancer** (April 2016), including reviewing good practice in approaches to reduce and managing long term consequences of treatment. HEE will work with STPs and clinical commissioning groups to support their service proposals by identifying and addressing the workforce challenges to develop the workforce to put this guidance into action.

31 Oct 2016 | Written questions | 49933

- Cancer: Children

Asked by: Shannon, Jim

To ask the Secretary of State for Health, what steps he is taking to improve early diagnosis of childhood cancers; and if he will make available additional funding to improve such early diagnosis.

Answering member: David Mowat

Improving early diagnosis of cancer is a priority for this Government, and was clearly highlighted in the report Achieving World-Class Cancer Outcomes published last year by the Independent Cancer Taskforce. Earlier diagnosis makes it more likely that patients, including children with cancer, will receive effective treatments. We have committed to implementing all the recommendations of the Taskforce including that, by 2020, everyone referred with a suspicion of cancer will receive either a definitive diagnosis or the all-clear within four weeks (28 days).

NHS England has the funds necessary to improve cancer services over the next five years, including up to £300 million by 2020 to support earlier diagnosis of cancer and the £10 billion of real terms increase in National Health Service funding by 2020-21. The recommendations in the Taskforce report give direction as to where these funds should be targeted.

In order to continue to support general practitioners (GPs) to identify patients whose symptoms may indicate cancer and urgently refer them as appropriate, the National Institute for Health and Care Excellence (NICE) published an updated suspected cancer referral guideline in June 2015. The guideline 'Suspected cancer: recognition and referral' includes new recommendations for childhood cancers.

NICE also addressed generally, non-site specific symptoms of concern in children and young people, recommending that GPs should take into account the insight and knowledge of parents and carers when considering making a referral for suspected cancer. NICE noted that

more lives could be saved each year in England if GPs followed the new guideline, which encourages GPs to think of cancer sooner and lower the referral threshold.

19 Oct 2016 | Written questions | 48110

- Cancer: Medical Treatments

Asked by: Robertson, Mr Laurence | **Party:** Conservative Party

To ask the Secretary of State for Health, what steps he is taking to ensure improvement in cancer treatment in those areas identified in the Macmillan Cancer Support survey, published in October 2016, as requiring such improvement.

Answering member: David Mowat

The independent Cancer Taskforce published its report, Achieving World-Class Cancer Outcomes: A strategy for England 2015-2020, in July 2015 and its implementation plan in May 2016 to represent the consensus views of the whole cancer community.

The Government has accepted all 96 recommendations in the strategy, which will address the concerns raised in Macmillan Cancer Support's survey around funding, prevention, diagnostics, workforce and support after treatment when implemented. Implementation is being led by NHS England's National Cancer Transformation Board, which will publish its first annual progress report shortly.

In line with the recommendations to improve prevention, the Government has published a national childhood obesity strategy and new low risk drinking guidelines. We have also announced funding of up to £300 million a year by 2020 to increase diagnostic capacity to meet the new target that patients will be given a definitive cancer diagnosis, or the all clear, within 28 days of being referred by a general practitioner.

To meet the workforce challenges of the future, Health Education England (HEE), supported by Cancer Research UK and Macmillan Cancer Support, has been leading on the independent Cancer Taskforce recommendation that it should develop a vision for the future shape and skills mix of the workforce required to deliver a modern, holistic patient-centred cancer service. HEE has completed an initial cancer workforce baseline review that has been shared and discussed with key stakeholders.

In September 2015, we also announced that by 2020, the 280,000 people diagnosed with cancer every year will benefit from a tailored recovery package. The packages will be individually designed to help each person live well beyond cancer. In April 2016, we published guidance for commissioners on commissioning and implementing the recovery package effectively.

17 Oct 2016 | Written questions | 48256

- Cancer Diagnosis

Asked by: Mr John Baron (Basildon and Billericay) (Con)

What steps his Department is taking to model the potential cost savings to the NHS budget of earlier diagnosis of cancers.

Answering member: The Parliamentary Under-Secretary of State for Health (David Mowat)

The independent cancer taskforce highlighted the report "Saving lives, averting costs", which identified cost savings resulting from earlier diagnosis, in particular for colon, rectal and ovary cancers. We have committed to a further £300 million for earlier diagnosis, one major product of which will be the 28-day diagnosis standard to which the Secretary of State referred earlier.

11 Oct 2016 | Oral answers to questions | 615 c151

- Cancer: Children

Asked by: Arkless, Richard

To ask the Secretary of State for Health, what steps his Department is taking to encourage a greater awareness of the (a) symptoms, (b) diagnosis, (c) research, (d) treatment and (e) support for the families of children affected by cancer.

Answering member: David Mowat

Improving awareness and early diagnosis of cancer is a priority for this Government, and was clearly highlighted in the report Achieving World-Class Cancer Outcomes (2015) by the Independent Cancer Taskforce. Earlier diagnosis makes it more likely that patients will receive effective treatments. We have committed to implementing recommendation 24 of the report that by 2020, everyone referred with a suspicion of cancer will receive either a definitive diagnosis or the all-clear within four weeks. This standard will be underpinned by investment of up to £300 million more in diagnostics each year by 2020.

In order to continue to support general practitioners (GPs) to identify patients whose symptoms may indicate cancer and urgently refer them as appropriate, the National Institute for Health and Care Excellence (NICE) published an updated suspected cancer referral guideline in June 2015. The guideline, 'Suspected cancer: recognition and referral' includes new recommendations for childhood cancers. NICE also addressed generally, non-site specific symptoms of concern in children and young people, recommending that GPs should take into account the insight and knowledge of parents and carers when considering making a referral for suspected cancer.

The Department's National Institute for Health Research operates the UK Clinical Trials Gateway: www.ukctg.nihr.ac.uk. This publicly available website pulls through information about clinical trials and other research from several different United Kingdom registers, including research on childhood cancers.

Over the last four decades there have been major advances in the development of successful treatment strategies for childhood cancers, and much of this has been due to the use of standardised protocols in clinical trials and centralisation of care. NICE Improving Outcomes Guidance for Children and Young People serves to assist National Health Service trusts in planning, commissioning and organising services for children and young people with cancer. It recommends, among other things, that all care must be provided in age-appropriate facilities. The treatment children receive will depend on the type of cancer they have, and the most common treatments include surgery to remove the tumour, chemotherapy and radiotherapy to destroy cancer cells, and stem cell and bone marrow transplants. In 2012, the Government provided £250 million to build two proton beam therapy centres in England (at University College London Hospital NHS Foundation Trust and The Christie NHS Foundation Trust in Manchester), the first of which will be fully operational in 2018.

The Government is working closely with cancer charities to ensure children get the support they need during and after their treatment. Last year we announced everyone diagnosed with cancer in England will benefit from an individually tailored recovery package by 2020, a key recommendation by the independent Cancer Taskforce. The recovery package, developed by Macmillan Cancer Support, will signpost people to rehabilitation and financial support services to help with the costs of cancer.

15 Sep 2016 | Written questions | 45983

- Cancer

Asked by: Baron, Mr John | **Party:** Conservative Party

To ask the Secretary of State for Health, how NHS England plans to ensure that implementation of the cancer strategy published by the Independent Cancer Taskforce in July 2015 includes sufficient provision for people with rarer cancers.

Answering member: George Freeman

The independent Cancer Taskforce's strategy recommends improvements across the cancer pathway for all cancers. Specific recommendations for rarer cancers include encouraging the establishment of national or regional multi-disciplinary teams for rarer cancers and commissioning all treatment services for rare cancers nationally.

In addition, tackling the causes of rare diseases and cancer is the focal point of the 100,000 Genomes Project.

05 Jul 2016 | Written questions | 905674

- Cancer: Mortality Rates

Asked by: Donelan, Michelle

To ask the Secretary of State for Health, what progress his Department has made on improving cancer survival rates.

Answering member: Jane Ellison

Cancer survival rates are at a record high and we are on track to save an estimated 12,000 more lives a year for people diagnosed between 2011 and 2015. However, there is more to do, and NHS England is leading the implementation of the recommendations of the Independent Cancer Taskforce to save a further 30,000 lives a year by 2020.

05 Jul 2016 | Written questions | 905673

5.2 Debates

Child Cancer

Motion, That this House has considered e-petition 162934 relating to child cancer.

28 Nov 2016 | e-petition debates | 617 cc441-468WH

Earlier Cancer Diagnosis: NHS Finances

18 Oct 2016 | HC Deb | 615 cc263-272WH

New Cancer Strategy

19 Nov 2015 | HC Deb | 602 cc898-927

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