



DEPARTMENT OF HEALTH
The NHS Cancer Plan:
A Progress Report

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SUMMARY



1 This is the final report in a series of three National Audit Office studies on cancer services in England. The first¹ examined whether clinical aspects of cancer services are saving more lives across England and in comparison to other countries. The second study² examines how patients view services, based on the results of a major survey of cancer patients. This report focuses on the NHS Cancer Plan, reviewing its content, examining its implementation across the country, and reporting on progress to date against the targets and commitments in the Plan.

2 The NHS Cancer Plan was published in September 2000 and built on commitments set out in the NHS Plan, published two months earlier, which promised more staff and equipment for cancer along with a modernised NHS, with new ways of working to prevent and treat cancer. The NHS Cancer Plan is a ten-year programme of fundamental reform of cancer services in England. It formally established cancer networks across the country, bringing together the organisations and health professionals which plan and deliver treatment and care for cancer patients. The aims of the NHS Cancer Plan are:

- to save more lives;
- to ensure people with cancer get the right professional support and care as well as the best treatment;
- to tackle the inequalities in health that mean unskilled workers are twice as likely to die from cancer as professionals; and
- to build for the future through investment in the cancer workforce, through strong research and thorough preparation for the genetics revolution, so that the NHS never falls behind in cancer again.

3 The main participants in the implementation of the Plan are shown in **Figure 1**.

4 It will take time for the effects of the Plan to work through fully. To evaluate its impact to date we drew on a survey of all cancer networks, discussions with a wide range of health professionals within cancer networks across the country, a review of Department of Health papers and other material, and the advice of a panel of experts (Appendix 2) to provide a progress report on the NHS Cancer Plan some four years into its ten-year programme.

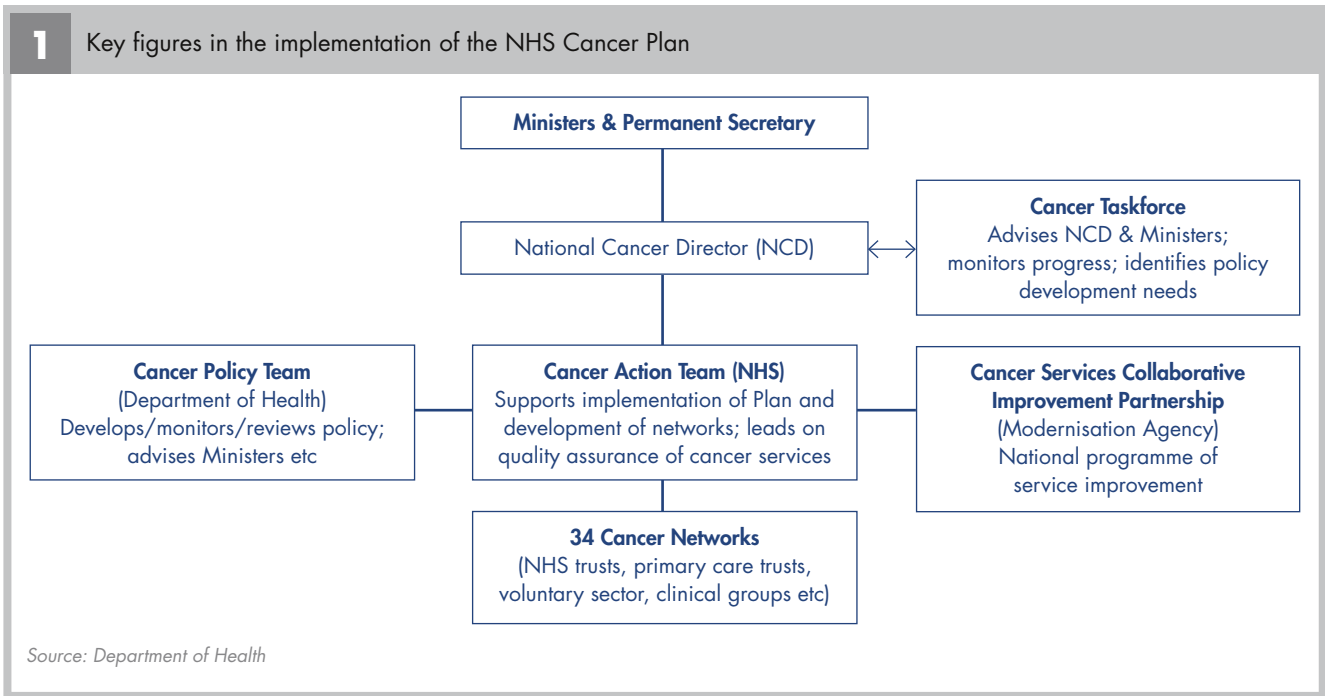
5 Overall, we found that:

- the Plan was generally well conceived and substantial progress has been made to date, with many targets in the Plan met or on course to be met. This should contribute to the downward trend in mortality rates observed for England, which are ahead of the Department's trajectory to achieve the target of a 20 per cent reduction in mortality from cancer in persons under 75 by 2010;
- while cancer networks – the vehicle for securing improvements in local cancer services – have made progress with some significant successes, they are not always as effective as they could be in terms of staffing, cancer services planning or in receiving the full support of other parts of the healthcare system. Networks were established before primary care trusts and other NHS organisational changes, and there is scope for working arrangements to evolve further.

We make a number of recommendations to consolidate progress to date and to reinforce networks and partnership working.

¹ 'Tackling cancer in England: saving more lives'. (HC 364, 2003-04). Published March 2004.

² 'Tackling Cancer: Improving the Patient Journey'. (HC 288, 2004-05). Published February 2005.



The NHS Cancer Plan is broadly comprehensive but strategy will need to be kept up to date

6 We found that the NHS Cancer Plan is impressive in its coverage of the main elements of World Health Organisation guidelines³ (especially as they were published after the NHS Cancer Plan) for designing strategies against cancer, effectively setting out a series of targets, commitments and milestones for improving cancer services. The Plan compares favourably with other national and state cancer plans published in recent years, and is regarded by cancer networks as a useful tool outlining strategic direction across the patient pathway.

7 However there are ways in which the strategy for tackling cancer in England could be improved to cover, for example, strategic issues such as estimates of the future cancer burden. Decisions now need to be taken on how to update and bring together all elements of the current cancer strategy in a unified way that ensures that it remains the central guiding approach for improving cancer services and outcomes.

The Plan has resulted in improvements to cancer services though there is still more to be done

8 The 34 cancer networks in England are responsible for implementing the NHS Cancer Plan. Almost all cancer network organisations we spoke to were positive about progress against the NHS Cancer Plan, partly because of the initiatives to identify and spread good practice put in place by the Department of Health and the Cancer Action Team, which supports implementation of the Plan within the NHS.

³ National Cancer Control Programmes: Policies and Managerial Guidelines. WHO, 2002.

9 The NHS Cancer Plan contains a very significant number of targets and commitments to be achieved during its ten-year lifetime. Progress to date in meeting them has been encouraging, including:

- Boosting the downward trend in smoking;
- Extending the breast screening programme;
- Speeding access to cancer diagnosis and treatment;
- Establishing specialist cancer teams;
- Reducing variation in access to cancer drugs;
- Boosting specialist palliative care services;
- Getting more cancer specialists in place, and faster than planned;
- Modernising and expanding cancer diagnostic and treatment facilities; and
- Increasing the pace of research.

10 Overall, though there has been some slippage in meeting some NHS Cancer Plan target dates, much has been achieved, and major improvements in cancer services secured. But some targets, such as achieving the waiting time targets for 2005, pose significant challenges if they are to be fully met.

11 In addition to the NHS Cancer Plan the Department has launched a number of related initiatives to improve cancer services, including a tobacco advertising ban, establishing an integrated cancer care programme to improve coordination of care, and strengthening the partnership between the NHS and the voluntary sector.

Cancer networks have helped drive forward improvements in cancer services, but there is more to do if they are all to become fully effective

12 Most cancer patients require care from many parts of the NHS at different points in their care journey. Primary, secondary and tertiary care, as well as the voluntary sector (such as hospices), need to work closely together to provide an integrated system of care. Cancer networks were set up to achieve integrated care as well as improved clinical outcomes, cost-effective services, improved patient experience and equity of service provision.

13 The NHS Cancer Plan established cancer networks as the vehicle for the delivery of cancer care. The first wave of cancer networks was established following the recommendations of the Calman Hine report, published in 1995. As a result of the NHS Cancer Plan full coverage in England was achieved, with a total of 34 networks established. The networks are responsible for developing and planning all aspects of cancer services. They are matrix organisations, combining expertise and input mainly from acute and primary care trusts, the voluntary sector, numerous generic and tumour-specific working groups, and a patient and user group, coordinated by a network management team and headed by a network board.

14 Cancer networks have, in a short time, helped to improve cancer services in England; though some have achieved more than others reflecting, in part, their current state of development. In terms of particular successes, cancer networks have, for example:

- planned for the introduction of new cancer drugs across the network;
- developed plans for funding specialist palliative care;
- drawn up action plans for the development of cancer services in line with guidance from the National Institute for Clinical Excellence; and
- facilitated development of multidisciplinary teams, which are an important element in delivering improved patient-centred treatment and better outcomes.

15 The extent to which networks have been fully established, and the degree therefore to which they are fully effective varies, however, and there is more to be done if all 34 networks are to function as effectively as possible. Important issues are:

- **Sufficient resources are not always available to enable networks to operate effectively.** We found that not all network management teams were fully staffed, with some networks having vacancies for essential posts. The staffing of additional desirable posts was also a challenge, with financial constraints given as the main explanation. Funding overall was seen as a problem by some networks.
- **Making the cross-boundary approach work has not been straightforward.** We found that some network boards did not have full representation from acute and primary care trusts in their area. Where present, representation was only at the expected Chief Executive level in around half of cases.
- **Not all cancer networks plan effectively.** Networks were required to prepare three-year service delivery plans by 2001, underpinned by workforce, and education and training strategies. Three of the ten networks we spoke to did not have a current service delivery plan, and although at a national level workforce development was seen as a priority in the NHS Cancer Plan, by late 2003 only a third of networks had produced a workforce strategy; and just over a third had developed an education and training strategy.
- **There is scope to improve the commissioning of cancer services in some networks.** Some primary care trust commissioners produce plans for cancer service provision in isolation, when they should be cooperating with other network constituent organisations. The extent to which network management teams input to the commissioning process also varies.
- **There are concerns regarding the duty of partnership expected from cancer network organisations in the context of an evolving NHS.** Generally, network management teams reported effective relationships between the networks and their constituent organisations, particularly in the case of acute trusts. However at the more strategic level some strategic health authorities were very proactive, whilst others made no reference to the cancer network in their summary local development plans. Some networks expressed concerns that, while NHS foundation trusts have the scope to benefit cancer patients, the freedoms that they have may limit effective partnership working and collective efficiency. Similar risks may arise with the emergence of independent sector treatment centres.



RECOMMENDATIONS

- 1** The NHS Cancer Plan is a good model from which other countries have taken inspiration. The National Cancer Director should continue to work with his equivalents overseas to share good practice in drawing up and implementing blueprints for the development of cancer services, taking account of good practice abroad that would be applicable in England.
- 2** With the approach of the mid-point in the ten-year life of the Plan, the National Cancer Director should - taking account of the changed and changing environment of the NHS, subsequent guidance published by the Department to take the Plan forward, and the views of stakeholders – consider what changes to the cancer strategy are needed, and how these should most appropriately be brought together and published in a unified and accessible form.
- 3** As part of its corporate accountability, the Department of Health should continue to publish progress against the key cancer outcomes in Figure 8 of this report as part of its existing reporting mechanisms.
- 4** Cancer networks should ensure that they are able to demonstrate to strategic health authorities that they have appropriate planning arrangements in place locally, including workforce and education and training strategies, and that these feed into the Local Delivery Plan process.
- 5** Strategic health authorities, working through primary care trusts, need to ensure that networks have the resources required for an effective and sustainable performance.
- 6** All networks should have agreed arrangements in place with local partners for monitoring progress against those targets for which they are responsible, and implement them. Where that is deemed not to be the case, the strategic health authority should take corrective action.
- 7** The network board should send annually updated information to its constituent bodies and its strategic health authority, to update them on progress against the NHS Cancer Plan. This information should be copied for information to the National Cancer Director so that he can have an overview of progress. Any performance management response needed would be for the strategic health authority to take forward.
- 8** To make cancer networks work better as cross-boundary organisations the Department of Health, in association with strategic health authorities, should strengthen the functioning of cancer networks by ensuring that roles and responsibilities of constituent organisations are clearly defined and adhered to. The outputs from this process should include clear common stated aims, to which all bodies should subscribe, with associated responsibilities and accountabilities.