National Audit Office

Department of Health

Delivering the Cancer Reform Strategy

Census of Cancer Networks

NOVEMBER 2010

Census of Cancer Networks

This document presents the topline results of a census of cancer networks carried out by the NAO in April and May 2010. The census was sent to all 28 cancer networks, and we received a 100% response rate. All questions received 28 responses unless otherwise stated.

The results of this census are predominantly presented as percentages; they are presented as frequency counts only where the sample size is too small to give meaningful percentages.

About the National Audit Office

The role of the National Audit Office is to report to Parliament on the use of public funds by a wide range of government departments and other bodies including the Department of Health, and NHS Trusts. We have a statutory responsibility under the 1983 National Audit Office Act to report on whether those bodies are discharging their responsibilities in an economic, efficient and effective way.

About the census

Cancer has been a priority for the Government since publication of the Cancer Plan in 2000. In December 2007, the Department of Health published its Cancer Reform Strategy to build on the progress of the Cancer Plan. This census of Cancer Networks is a key part of our study examining the mechanisms to deliver the Cancer Reform Strategy.

Please note: **THIS CENSUS IS NOT PART OF AN INSPECTION**; rather its results will inform our report to Parliament.

We recognise that this census is an additional burden on you and your staff and have tried therefore to ensure that as much information as possible is gathered from secondary sources. You should be aware we are also conducting a census of PCTs.

This mandatory data collection has been approved by the NHS Information Centre's Review of Central Returns Steering Committee, ROCR reference number: **ROCR-Lite/10/0002MAND**.

In developing this questionnaire we have consulted with the Department of Health and piloted it with a selection of Cancer Networks

The questionnaire is structured as follows, with sections C to E matching the three main drivers for delivery set out in the Cancer Reform Strategy:

A. Background
B. Network
C. Information
D. Commissioning of cancer services
E. Use of resources

Use of results

We expect to publish our report to Parliament in November 2010. For the most part, the results of the census will be aggregated and presented in anonymised form (e.g. 50% of Cancer Networks are aware of and have used the Department of Health's Cancer Commissioning Guidance). We may, however, wish to follow up on some of the issues raised in your response as part of our examination. Where relevant, references to individual Cancer Networks, to illustrate good practice for example, will be cleared with the Network before publication. Census data may also be shared with the Department of Health to facilitate clearance of our report.

As part of the healthcare inspection Concordat, we may share the data gathered with other audit, inspection and regulation bodies who subscribe to the Concordat. For further details, please see www.concordat.org.uk.

Deadline for submission

We require a response from your network by **Wednesday 19 May 2010.**

Contacts for further information

If you have any questions relating to the census, please contact Colin Ross at Colin.Ross@nao.gsi.gov.uk or telephone 020 7798 7338. For any queries relating to the study, please contact Colin Ross or Chris Groom at chris.groom@nao.gsi.gov.uk or telephone 020 7798 7941.

This census is intended to be answered by the Director of your cancer network.

A - Background

1.

Name of your Cancer Network
Your name
Your job title
Your telephone number

B - Network

2. Does your network have a designated Primary Care Trust (PCT) Chief Executive as its chair?

93%	Yes
7%	No

If No, what post does your network chair hold?

A range of answers was given; with a wide variety of responses and we have therefore not included them in our headline analyses. We have used them, where relevant, to improve our understanding and to triangulate with information collected from other sources.

3. What are your network's current top three priorities for improving cancer services? (26 responses)

Please identify your top three and rank them with 1 being the highest priority, 2 being the second highest and 3 being the third highest. *The percentage given here represents the percentage that each of these was mentioned in the top 3.*

Cancer prevention	11%
Early diagnosis (including screening)	86%
Public awareness	18%
Ensuring better treatment	68%
Living with and beyond cancer	32%
Reducing cancer inequalities	32%
Delivering care in the most appropriate setting	36%
Other (please specify)	0%

4. To what extent have the following been influential in the setting of your network's priorities for delivering cancer services?

	Very influential	Fairly influential	Not very influential	Not at all influential	Don't know
Service users	25%	54%	21%	0%	0%
Clinical teams	50%	46%	4%	0%	0%
PCTs within the network	50%	43%	7%	0%	0%
Department of Health	50%	43%	7%	0%	0%
National Cancer Action Team	71%	29%	0%	0%	0%
Strategic Health Authorities	18%	29%	36%	18%	0%
GPs	4%	18%	50%	25%	4%
Community health services	0%	7%	36%	50%	4%
Hospitals	14%	64%	18%	4%	0%
Cancer Reform Strategy	96%	4%	0%	0%	0%
Charities and voluntary sector organisations	7%	54%	25%	11%	4%

5. **How effectively do the PCTs within your network work together (for example with other PCTs and the network infrastructure) to agree your network's priorities?**

14%	Very effectively
72%	Fairly effectively
14%	Not very effectively
0%	Not at all effectively
0%	Don't know

C - Information

6. **Since April 2009, on which of the following have you compared your cancer network against other cancer networks?**

Please select all that apply for each measure.

	Breast cancer	Lung cancer	Colorectal cancer	Prostate cancer	Other cancers	All cancer as a whole	No comparison made
Incidence	68%	71%	68%	57%	61%	82%	0%
Prevalence	50%	50%	54%	43%	46%	61%	11%
Mortality	68%	68%	68%	57%	61%	75%	0%
One year survival rate	71%	71%	71%	61%	64%	71%	0%
Five year survival rate	68%	64%	68%	57%	57%	68%	7%
Smoking cessation rates	4%	14%	4%	4%	4%	39%	36%
Waiting times	54%	46%	46%	43%	47%	89%	4%
GP referral rates (2 week wait)	36%	36%	36%	29%	29%	79%	11%
Emergency admissions	18%	25%	28%	18%	18%	64%	18%
Screening uptake	86%	4%	57%	4%	57%	29%	4%
Inequalities	32%	29%	32%	25%	25%	64%	14%
Inpatient episodes	29%	25%	36%	11%	18%	61%	11%
Adherence to NICE guidelines (pathology and radio imaging)	25%	25%	25%	25%	29%	43%	29%
Peer Review results	43%	43%	39%	50%	46%	61%	7%
Compliance with Improving Outcomes guidance	43%	43%	46%	61%	68%	57%	4%
Proportion of patients receiving curative treatment	29%	43%	21%	18%	18%	11%	43%
Use of resources	18%	18%	18%	18%	18%	50%	36%
Proportion of patients managed by a multidisciplinary team	25%	29%	29%	21%	25%	43%	36%
Drug usage by cancer patients	25%	25%	21%	21%	21%	64%	18%

7. **Do you have an information manager or someone who fulfils that role in post?**

93%	Yes
7%	No

8. Please tick the boxes below which best describe your awareness and use of each of the following information sources:

	Aware of and have used	Aware of but have not used	Not aware of
Department of Health Cancer Commissioning Guidance	93%	7%	0%
Department of Health Cancer Commissioning Toolkit	100%	0%	0%
National Cancer Intelligence Network (NCIN)	100%	0%	0%
National Cancer Information Service (NCIS)	71%	21%	4%
Health Profiles (from the Association of Public Heath Observatories)	71%	14%	7%
Online Cancer e-Atlas	68%	25%	7%
Map of Medicine	57%	36%	4%
NICE Guidance	100%	0%	0%
Improving Outcomes Guidance results	93%	4%	4%
General Practice Research Database (GPRD)	4%	57%	39%
Hospital Episode Statistics (HES)	86%	11%	0%
NHS Evidence (website)	61%	25%	14%
NHS Improvement	89%	11%	0%
NHS Institute for Innovation	64%	29%	7%

9. For each of the information sources you have used please tick the boxes below which best describe how useful you find them:

	Very useful	Fairly useful	Not very useful	Not at all useful
Department of Health Cancer Commissioning Guidance	39%	50%	11%	0%
Department of Health Cancer Commissioning Toolkit	36%	46%	18%	0%
National Cancer Intelligence Network (NCIN)	60%	39%	0%	0%
National Cancer Information Service (NCIS)	48%	44%	9%	0%
Health Profiles (from the Association of Public Heath Observatories)	48%	52%	0%	0%
Online Cancer e-Atlas	32%	53%	16%	0%
Map of Medicine	20%	55%	15%	10%
NICE Guidance	81%	19%	0%	0%
Improving Outcomes Guidance results	76%	20%	4%	0%
General Practice Research Database (GPRD)	0%	40%	60%	0%
Hospital Episode Statistics (HES)	44%	52%	4%	0%
NHS Evidence (website)	11%	74%	11%	5%
NHS Improvement	15%	69%	12%	4%
NHS Institute for Innovation	5%	73%	18%	5%

10. If you have encountered any difficulties of particular concern in accessing or using any of the information sources above, please give brief details:

Timeliness of data	8
Reanalysis required	2
Data quality	2
Different timeframes covered by different tools	1
Access	1
Total Responses	**14**

11. **How confident are you that you have the information you need to detect variations in the following across your network area:**

	Very confident	Fairly confident	Not very confident	Not at all confident
Cancer outcomes	14%	46%	36%	4%
Clinical practice in primary care	0%	14%	61%	21%
Clinical practice in secondary care	18%	68%	14%	0%
Service quality	7%	79%	14%	0%
Expenditure	0%	36%	54%	11%
Patient experience	7%	68%	21%	4%
Access to services	18%	61%	11%	11%

12. **In cases where you have detected variations in any of the above, has the network had effective mechanisms available to it to take action to address these variations where appropriate?**

64%	Always
36%	Occasionally
0%	Never

If Occasionally, or Never, please explain why

Findings do not lead to change	4
Hard to understand information	4
Lack of information looking at different variables in isolation or together	2
Information quality varies	1
Collaborative working can be difficult	1
Total responses	**12**

The 2007 Cancer Reform Strategy states that:

‘in some places consultants are continuing to operate on very small numbers of cases, in conflict with NICE guidance. PCTs should not commission services from providers with such low volumes.’

13. **How confident are you in your network’s ability to detect where PCTs are commissioning services from providers who are not compliant with NICE guidance**

57%	Very confident
43%	Fairly confident
0%	Not very confident
0%	Not at all confident

14. **Has your network carried out an assessment of the future cancer related health needs of its population since the publication of the Cancer Reform Strategy in December 2007? (22 responses)**

29%	Yes, for all cancers
36%	Yes, for some specific cancers
14%	No
21%	No response received

15. **Has your network conducted research to asses the experience of cancer patients across the network area since the publication of the Cancer Reform Strategy?**

32%	Yes, for all cancers
57%	Yes, for some specific cancers
11%	No

16. **Has your network measured public awareness of cancer risk factors and symptoms across the network area since the publication of the Cancer Reform Strategy?**

43%	Yes, for all cancers
36%	Yes, for some specific cancers
21%	No

17. **Has your network undertaken any work to raise public awareness of cancer risk factors and symptoms across the network area since the publication of the Cancer Reform Strategy?**

7%	Yes, for all cancers
71%	Yes, for some specific cancers
22%	No

18. **Are there any gaps or limitations in the information currently available to you to support the planning of cancer services in your network area? (27 responses)**

89%	Yes
7%	No
4%	No response given

If Yes, please identify up to three gaps or limitations:

Lack of relevant and quality information	27
Lack of timely information	11
Difficult to access all data sources	4
Numerous sources of information which offer contradictory information	2
Lack of resources available including time and resource.	2
Not all cancer activity is coded	1
Total responses	**47**

19. **If you could change one thing about the information available to you to inform planning of cancer services in your network area, what would it be? (26 responses)**

More timely, relevant and quality information	16
Better access to all data sources/ data consolidated within one source	7
Better tools to collect data and to model	2
Improved coding in acute trusts	1
Total responses	**26**

D - Commissioning of cancer services

20. **Have you agreed a collective commissioning strategy to deliver the priorities set out in the Cancer Reform Strategy with all PCTs in your network area?**

39%	Yes
22%	No
39%	In preparation

21. On which of the following aspects of cancer services have you offered advice to PCTs in your network area since the publication of the Cancer Reform Strategy?

Please select all that apply

100%	Service improvement and redesign
93%	Planning and prioritisation
75%	Demand profiling
86%	Needs assessment
96%	Collaborative commissioning
82%	Value for money
75%	Cost reductions
86%	Quality assurance
96%	Implementing national guidance
100%	Peer review
100%	Monitoring compliance and adherence to guidance
96%	Provider performance
89%	Patient experience

22. If you have provided advice to PCTs in your network area on any of the issues listed in the previous question, have they taken any action as a result of this advice? (27 responses)

96%	Yes
0%	No
0%	Don't know
4%	No response given

If Yes, please give up to three examples:

A range of answers was given; with a wide variety of responses and we have therefore not included them in our headline analyses. We have used them, where relevant, to improve our understanding and to triangulate with information collected from other sources.

23. To what extent do you think your network has influenced the commissioning decisions of the PCTs in your network area?

32%	A great deal
64%	A fair amount
4%	Not very much
0%	Not at all
0%	Don’t know

24. What are the three main barriers to better commissioning of cancer services in your network area? (27 responses)

Lack of collaborative working	27
Lack of staff capacity/ skills within PCT	10
Lack of timely, relevant and quality information	10
Organisational changes/ roles	8
Limited financial resources	7
Lack of influence by the Cancer Network	5
Problems with funding mechanisms including the tariff/ payment by results	4
Commissioning decisions based on differing information	4
Other	2
Total of responses	**77**

25. **If you could change one thing about the way cancer services are commissioned in your network area what would it be? (26 responses)**

Greater use of the cancer networks including taking over all/ some parts of commissioning	8
Better commissioning	5
Better timely, relevant and quality information	4
Collaborative working	4
Other	4
Total of responses	**25**

E - Use of resources

26. **What was the annual funding allocation for your cancer network for 2009-10, from each of the following sources? (18 responses)**

Not all networks were able to provide data in response to this question. The data were therefore not used in the report but were used to cross check with data on spend from a variety of sources including data provided by the Department of Health.

Please enter the value rounded to the nearest thousand pounds i.e. enter £25,222 as 25000. If you don't know how much you spent, please enter 'x'.

PCTs

National Cancer Action Team

Acute providers

Hospices

Charities and voluntary sector organisations

Strategic health authority - Service Improvement allocation

Local authorities

Other (please specify source(s) below)

Total

If you entered an amount for 'Other', please indicate source(s) of other funding:

27. **Has your level of funding increased or decreased for 2010-11 compared to 2009-10? (26 responses)**

11%	Increased
57%	Decreased
25%	It has remained about the same
7%	No response given

28. **Have you compared how much PCTs spend on cancer services across your network since the publication of the Cancer Reform Strategy?**

54%	Yes
46%	No

If Yes, please provide brief details of the findings of your analysis on costs and how it was undertaken:

A range of answers was given; with a wide variety of responses and we have therefore not included them in our headline analyses. We have used them, where relevant, to improve our understanding and to triangulate with information collected from other sources.

29. **Have you undertaken any assessment to identify where efficiency gains could be achieved in cancer services across your network through implementation of the Cancer Reform Strategy's recommendations?**

86%	Yes
14%	No

If Yes, please give brief details of *up to* *three areas identified, including the value of any potential efficiency gains identified:*

A range of answers was given; with a wide variety of responses and we have therefore not included them in our headline analyses. We have used them, where relevant, to improve our understanding and to triangulate with information collected from other sources.

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30. **Since the publication of the Cancer Reform Strategy in December 2007, have you identified where expenditure which does not benefit patients could be eliminated in cancer services across your network? (27 responses)**

68%	Yes
29%	No
4%	No response given

If Yes, please give brief details of *up to* *three areas identified and the amount of expenditure which could be eliminated:*

Follow up rates	14
Avoid unnecessary procedures/ treatments and/ or use new cost effective procedures/ treatments	12
Reduce bed days/ length of stay	4
Other	1
Total of responses	**31**

31. **Have you evaluated how effectively PCTs in your network area manage their spending on cancer services against their available resources?**

25%	Yes
75%	No

Please provide brief details of the main finding of your evaluation:

A range of answers was given; with a wide variety of responses and we have therefore not included them in our headline analyses. We have used them, where relevant, to improve our understanding and to triangulate with information collected from other sources.

32.a **Have you identified any barriers to the effective use of resources for cancer services in your network?**

79%	Yes
21%	No

32.b **If Yes, please give brief details of up to three barriers identified:**

Lack of timely, relevant and quality information	13
Lack of collaborative working	11
Reluctance to change	10
Other	7
Problems with the tariff	6
Insufficient staff capacity/ time	3
Difficulties in getting data or accessing information	4
Ineffective commissioning/ improvements not being made	2
Total of responses	**56**

33. If you could change one thing about the use of resources for cancer services across your network, what would it be?

Other	6
Better timely, relevant and quality information	5
Ring fence money/ ability to use money more flexibly	4
Decrease care provided in acute care/ secondary care	3
Collaborative working	3
Change the tariff/ funding	2
Total of responses	**23**

34. If you would like to make any additional comments, please do so below: (12 responses)

A range of answers was given; with a wide variety of responses and we have therefore not included them in our headline analyses. We have used them, where relevant, to improve our understanding and to triangulate with information collected from other sources.

To submit your response, please click the 'Submit' button below. Please note that once you have submitted your response, you will be unable to add to, or change your responses. If you wish to add to, or change, your responses for later, please use the 'Save' button.

Thank you for taking the time to complete this survey

This is the end of the survey. If you wish to submit your response, please proceed to the next page.