Statistics Commission

NATIONAL STATISTICS TO MONITOR THE NHS CANCER PLAN - REPORT OF A PRE SCOPING STUDY

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National Statistics to Monitor: the NHS Cancer Plan: Report of a Pre-Scoping Study

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INTRODUCTION

1. The Statistics Commission had several reasons for chosing this as one of the first areas for a scoping study to assess the case for further more substantial work. The need to balance other more economic statistics based projects with one from the social area was one driver as was a desire for work with the potential to draw out wider lessons about the use of National Statistics to monitor policy implementation. The National Statistician had drawn the Commission's attention to the difficult confidentiality issues relating to cancer registries. The fact that the issue of cancer was relevant to and understood by a wide section of society was also thought helpful.

METHODS OF WORKING

2. The study was identified as one suitable for carrying out in house, by a mix of Commission members and staff. It was conducted by Janet Trewsdale and Gill Eastabrook with administrative support from Emmy Mulla. Sir Kenneth Calman helped us with advice at various stages. We are also grateful to Department of Health and Office for National Statistics staff for their help.

3. Our initial intention was to base this study of a set of documents which we had hoped would be available in late 2000 or January 2001:

   NHS Cancer Plan
   Review of Cancer Registration in England (the Gillis Report)
   The Department's response to the Gillis Report
   Review of Business Information Needs (RoBIN) of the NHS Executive on cancer (the Quinn Report)
   The Department's plans for monitoring implementation of the NHS Cancer plan

   but this was not possible because some of these were delayed and the Department no longer plans to finalise the full text of the RoBIN report on cancer because it does not wish to hold up work on implementing its recommendations, though it was able to let us have the Executive Summary to the report which included these recommendations without the underpinning detail of the reasons for making them. We were aware that various working documents could have been made available to us in confidence but we did not feel it right to ask for these in view of our obligation to operate openly and transparently and since there was no firm commitment to publishing them in due course. There was one exception to this – we studied an embargoed copy of the Gillis Report which had been finalised some time before its planned publication date in January 2001. At the time of writing (mid March) publication had been delayed pending finalisation of the Government's response in the form of an *Action Programme for Cancer Registration*.

DISCUSSION

4. Our consideration of the *NHS Cancer Plan* confirmed the initial rationale, set out in paragraph 1 above, for undertaking this study. The document sets out four aims, three new commitments and a large number of action and milestones. These are listed in annex A.

5. As indicated above we do not yet know exactly how the Department plans to approach monitoring of these but we understand that it will wish to do more than simply monitoring trends in deaths due to cancer. We believe that the information needed for public accountability is likely to be a sub set of that which the Department identifies as necessary for performance management and implementation but it is possible that this would not be so if a very "light touch" approach were taken. For example if national level monitoring of waiting targets is not needed for performance management relevant data might still be needed so that the public could judge what had been achieved.

6. We understand that the reason the Department of Health is not yet able to let us have the documents we originally expected is that it is still working up its monitoring strategy for the *NHS Cancer Plan* alongside work on implementation planning. The Department expects to have produced all the relevant documents by July 2001 and for these to be at a sufficiently advanced stage that it will be able to share openly with us any which have not been formally published. We recommend that a full scoping study should be undertaken then.

7. Our inability to complete this scoping study as originally hoped is disappointing but we are discussing with the Department of Health to ensure that we learn any lessons relevant to the conduct and timing of similar studies in future. However the greater concern must be about the ability of National Statistics to put appropriate systems in place in time to provide effective support if work the Department is now undertaking points to a need for change and this is not completed quickly.

CONCLUSION

8. We conclude that:

- a full scoping study should be undertaken later in 2001 when appropriate documentation is available;
- there may be issues relating to the speed with which National Statistics can respond to any new monitoring requirements if these are not identified promptly and the scoping study will need to take account of this.

ADDENDUM

9. Since preparing this report in March we have been told by DH that the *Review of Cancer Registration in England* and the DH response *Action Programme for Cancer Registration* were published on 26 March. A specific document on monitoring the NHS Cancer Plan will not be produced but some of the ground will be covered by *RoBIN implementation plan* to be published in July and the *NHS Plan Implementation Programme* published in December 2000 which contains detail on cancer putting this in the context of the wider programme of action. The Department has also told us about another strand of its general monitoring plans which is relevant. The *Service and Financial Framework* for 2001-02 contains additional information on cancer. We understand however that there are no plans to put the relevant document/forms or the information collected on them in the public arena so we will not be able to study them.

JT/GE
May 2001

MONITORING THE NHS CANCER PLAN
LIST OF ACTIONS AND MILESTONES

EXECUTIVE SUMMARY – No actions and milestones but lists four aims and three new commitments:

AIMS

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

COMMITMENTS

- In addition to the existing *Smoking Kills* target of reducing smoking in adults from 28% to 24% by 2010, new national and local targets to address the gap between socio-economic groups in smoking rates and the resulting risks of cancer and heart disease:
  - we shall reduce smoking rates among manual groups from 32% in 1998 to 26% by 2010, so that we can narrow the health gap
  - we shall set local targets making explicit what this means for the 20 health authorities with the highest smoking rates.
- New goals and targets to reduce waiting times for diagnosis and treatment so that:
  - the ultimate goal is that no one should wait longer than one month from an urgent referral for suspected cancer to the beginning of treatment except for a good clinical reason or through patient choice.
  - for some uncommon cancers like acute leukaemia, children's cancers and testicular cancer, this is what most patients already experience.
- for other cancers this will take time to achieve, so we will set milestones along the way:
  - by 2005 there will be a maximum one month wait from diagnosis to treatment for all cancers.
  - by 2005 there will be a maximum two month wait from urgent GP referral to treatment for all cancers.
  - An extra £50 million NHS investment a year by 2004 in hospices and specialist palliative care, to improve access to these services across the country. For the first time ever, NHS investment in specialist palliative care services will match that of the voluntary sector.

CHAPTER 1. The challenge of cancer – no actions and milestones

CHAPTER 2. Improving prevention

2000

- The Health Development Agency will produce updated smoking cessation guidelines.
- Health Development Agency guidance on effective interventions on smoking, diet, physical activity and obesity.
- Pilots of National School Fruit Scheme begin
- Local five-a-day pilot initiatives begin

2001

- National network of local alliances for action on smoking
- NICE advice on best prescribing regimes for bupropion (Zyban) and NRT
- Local action on smoking, diet, physical activity and obesity
- Pilots in prisons and hospitals to reduce smoking prevalence
- National five-a-day communications campaign begins
- Development of a cancer public awareness programme
- National School Fruit Scheme roll-out begins

2002 onwards

- Trained health care professionals to support smokers wishing to quit in every PCT
- National roll-out of five-a-day initiatives

CHAPTER 3: Improving screening

2000

- Breast screening development sites trial new workforce arrangements
- National guidance and booklets on screening for women with learning disabilities published

2001

- Prostate cancer risk management programme launched
- All women to receive results of their smear tests in writing
- All women to receive national information leaflet on breast or cervical screening
  All Primary Care Groups to review their screening coverage rates and draw up plans to improve accessibility of screening for women in socially excluded and minority ethnic groups
- Cervical screening development sites trial new workforce arrangements
- National pilots using liquid based cytology report

2002

- Colorectal screening pilot completed
- National pilots using HPV testing as triage in women with mild or borderline smears to report

2003

- All health authorities to have introduced two view mammography
- Subject to evidence of effectiveness, National colorectal screening programme to be introduced
- Health Technology Assessment programme to review evidence for ovarian screening

2004

- All Health Authorities to invite women aged 65–70 for breast screening.

CHAPTER 4: Improving cancer services in the community

2000

- Primary Care Groups and Trusts represented on cancer network management groups

2001

- Electronic referral guidelines pilots begin
- Primary Care Groups and Trusts appoint cancer lead clinicians
- Review of out of hours palliative care services completed
- New support and training in palliative care for community nurses

2003

- New primary care clinical datasets

CHAPTER 5: Cutting waiting for diagnosis and treatment

2000

- Roll out of two week maximum wait for an urgent out patient appointment for all suspected cancers completed

2001

- Maximum one month wait from urgent GP referral to treatment guaranteed for children's and testicular cancers and acute leukaemia
- Maximum one month wait from diagnosis to treatment for breast cancer
- All cancer networks enter Cancer Services Collaborative second wave
- All cancer networks set local improvement targets
- All cancer networks to commence pre-planning and booking arrangements

2002

- Maximum two month wait from urgent GP referral to treatment for breast cancer

2003–04

- Roll out of Cancer Services Collaborative complete
- Roll out of one month and two month targets to other cancer sites continues
- By 2004 every patient diagnosed with cancer will benefit from pre-planned and pre-booked care

2005

- Maximum one month wait from diagnosis to treatment for all cancers
- Maximum two month wait from urgent GP referral to treatment for all cancers

CHAPTER 6: Improving Treatment

2000

- All Regional Offices to set up Regional Cancer Steering Groups

2001

- All cancer networks to assess local services against national standards as basis for peer review visits
- All Regional Offices to begin peer review visits
- All health authorities to take full account of NICE recommendations on cancer drugs
- National minimum data sets for breast, colorectal, lung and head and neck cancers introduced

2002

- All health authorities, PCTs and NHS trusts to take full account of NICE guidance on cancer services when published
- National minimum datasets for all other cancers developed

CHAPTER 7: Improving care

2000

- Cancer Information Advisory Group set up by Department of Health
- National electronic Library for Health – Cancer library to be launched

2001

- All cancer networks to draw up training and development plans to ensure all health professionals working in cancer units and centres are to be trained and supported in communication skills, including a policy on breaking bad news
- Cancer networks should take account of the views of patients and carers when planning services
- All health authorities should identify current investment in specialist palliative care services and in the voluntary sector and work with cancer networks to agree investment strategies for palliative care
- Cancer Information Advisory Group to review information available for patients, identify gaps and to develop guidance on production of cancer information.
- Publication of NICE guidance on supportive care
- Publication of supportive care strategy.

CHAPTER 8: Investing in staff

2000

- Pilot sites for new radiography skill mix start.

2001

- Cancer networks to develop workforce plans including education and training
- New pilot histopathology training centres set up
- National targets for consultant numbers
- Endoscopy training scheme introduced

CHAPTER 9: Investing in facilities

2001

- All cancer networks to audit diagnostic facilities
- All Regional Offices to develop regional cancer facilities strategies
- National cancer facilities strategy to be prepared

CHAPTER 10: Investing in the future: research and genetics

2000

- Consultation on National Cancer Research Institute with funding partners commences

2001

- NHS Cancer Research Network commences
- Development of cancer genetics services (in partnership with Macmillan) commences
- National Screening Committee keeps evidence for and against population genetic screening under review

2003

- NHS Cancer Research Network fully established

CHAPTER 11: Implementing the NHS Cancer Plan

2000

- Configuration of cancer networks agreed
- HImPs and SaFFs reflect immediate action necessary to deliver the Cancer Plan, in line with emerging network plans.

2001

- All cancer networks to draw up three-year service delivery plans in line with this Cancer Plan and other cancer guidance
- All cancer networks to draw up workforce, education and training and facilities strategies to underpin the cancer network service delivery plan