

Improving Outcomes: A Strategy for Cancer – NTCN Work Programme 2011-2013

Strategy Aim	National Action	NTCN Strategy	NTCN Planning	NTCN Implementation
Putting Patients and the Public First Information and Choice NAO / PAC recommendations: collating and publishing high quality information that commissioners and providers need about incidence, prevalence and survival, as a basis for planning services;	<ul style="list-style-type: none"> • Collating and publishing high quality information on different aspects of cancer services and the outcomes they deliver at both a provider and a commissioner level; • investigating different aspects of cancer care so that trends, patterns and good practice may be identified; • working with regulators to ensure that the information on cancer services which is collected is used to inform effective regulatory oversight and, where necessary, action; • improving the quality of the data which underpins expenditure information on cancer services; • providing transparent information so that policymakers and others may scrutinise the quality of cancer services by inequality/equality group; and • encouraging other organisations, such as cancer charities, to provide information to patients and carers and to help them make informed choices. 	NTCN Cancer Information and Informatics Strategy has been completed and adopted by Board to be implemented across the Network	Implementation plans to be developed and agreed	Quarterly meetings ongoing with Trusts, Registry and Network to ensure staging data submitted to Registry Working with NCIN to develop a robust data set for site specific tumour groups
DH will take action on a new data collection – Proportion of cancers diagnosed @ stage 1&2 Proportion of cancers diagnosed via an emergency route GP usage of diagnostic tests Providers are expected to include staging data in the information they feed to cancer registries In 2011/12 piloting the collection through cancer registries of data about metastatic disease Piloting the collection of data on recurrence/metastasis on patients with breast cancer with the aim of undertaking full collection from April 2012		Work with NCIN and Trent Cancer Registry	Implement the Information Strategy and the MDT development plans Agreed network priorities and a model of working to test Review of electronic report transfer systems Feasibility of integrating data flows	Feasibility study completed by Connecting for Health Staging data to Registry Data sharing from MDT Other supporting technology MDT working arrangements and developments Work programme with the Trent Cancer Registry agreed to include Health Equity audit

Improving Outcomes: A Strategy for Cancer – NTCN Work Programme 2011-2013

Strategic Aim	National Action	NTCN Strategy	NTCN Planning	NTCN Implementation
Further analysis to inform the equality agenda are planned on rarer cancers, access to cancer treatment and outcomes for people with mental health problems	DH and Macmillan Cancer Support are jointly funding a two year pilot programme to improve intervention rates for people over 70 who have a cancer diagnosis (pilot sites Dec 2010 for 12 months)	Participate in the national BME Patient Experience Programme	BME baseline audit	Inequalities steering group in place and Strategy agreed at Cancer Board Priorities agreed Baseline assessment complete
<p>Public Health England (PHE) nationally and locally will provide people with information about these risk factors so they can make healthy choices DH policy research programme will provide funding from January 2011 for five years for a policy research unit on cancer awareness, screening and earlier diagnosis. Healthy Lives, Healthy People: Transparency in Outcomes sets proposed high level ambitions for health improvement, protection and the prevention of ill health. A number of key indicators spanning several of the proposed domains will drive efforts to prevent cancers, improve screening participation and support earlier diagnosis.</p> <p>The proposed relevant indicators are:</p> <ul style="list-style-type: none"> • screening participation; • patients with cancer diagnosed at stage 1 and 2 as a proportion of cancers diagnosed 	<p>PHE will publish evidence on what works in cancer prevention, awareness and screening and report public health data, including outcomes</p> <p>Lung cancer screening trial using spiral CT</p>	<p>Smoking</p> <p>Inequalities Strategy updated May 2010</p> <p>Inequalities steering group in place</p>	<p>GP Audit Cancer Health Improvement team</p> <p>Regular reports submitted detailing progress</p>	<p>Smoking cessation forms part of the performance monitoring report</p> <p>Doncaster exemplar work will be rolled out in Barnsley</p>
	<p>The Big Society approach to improving cancer outcomes details how we will support workplace prevention efforts in partnership with others. Continue to support skin cancer prevention campaigns NICE guidance on the prevention of skin cancer Sun beds regulations Act implemented in Spring 2011</p>	<p>Sexual Health Roll out HPV triage as part of the cervical screening programme</p> <p>Skin cancer prevention Preventing Cancer Harm from Sun Implement NICE guidance</p>	<p>PCT plans developed 85% of 12/13 yr old girls (year 8)</p> <p>Include in the NTCN Inequalities strategy Develop plans</p>	<p>PCTs have implemented vaccine programmes for young girls against HPV</p> <p>Roll out of skin cancer campaigns across all PCT's in 2010 review NICE guidance</p>
	Family History	Familial breast screening will be managed as part of the QARC process	Plans in development with the Breast NSSG and COSSAC	Access to MRI completed in 2008
	Cervical screening Action to tackle the falling participation of younger women	Ensure women receive their test results following cervical screening within 2 weeks by 2010	Laboratory reconfiguration complete	Cervical screening targeting younger age group in 2011

Improving Outcomes: A Strategy for Cancer – NTCN Work Programme 2011-2013

Strategic Aim	National Action	NTCN Strategy	NTCN Planning	NTCN Implementation
<p>A range of services relevant to cancer will in future be the responsibility of Public Health England, including: screening programmes, including screening quality assurance (QA)</p> <p>The UK National Screening Committee (UK NSC) will continue to advise Ministers on all aspects of new screening programmes and aspects of existing ones. PHE will set national policy, pilot and evaluate new cancer screening programmes or extensions to existing ones and run quality assurance programmes. The NHS Commissioning Board will commission screening programmes</p>	<p>Breast Screening One full-field digital mammography (women <50 being monitored – direct digital) 2010</p> <p>Reducing variation of coverage between PCTs PCTs in deprived/BME areas will wish to decrease inequalities in screening uptake with targeted programmes</p>	<p>Review of Breast Screening services complete Plan includes the move to digital.</p> <p>Inequalities strategy developed Inequalities steering group in place Strategy agreed at Cancer Board</p>	<p>Extend breast cancer screening rounds to women between 47-73 years by Dec 2010</p> <p>Macmillan funding to progress the inclusion agenda as part of the Inequalities work</p>	<p>Breast Screening review complete Randomisation confirmed and started from November 2010 Funded nationally.</p> <p>BME action plan under development Focus groups underway</p>
	<p>Bowel Screening Age extension to 75 Self referrals for 75+</p> <p>NHS Cancer Screening Programmes will be looking at how the more accurate and easier to use immunochemical FOBt can be introduced into the programme</p>	<p>Implementation of age extension to 47 – 73 by Dec 2012 started in April 2010</p>	<p>Pilot the rollout to people in their 50s and the use of flexible sigmoidoscopy</p> <p>Full rollout expected by 2016</p>	
	<p>During 2011/12, DH will explore the development of a tariff for breast cancer screening and bowel cancer screening to encourage providers to improve participation rates, and reduce variation between different parts of the country and among different groups as well as to facilitate patient choice.</p>		<p>Local pricing forms part of the Breast Screening implementation plan.</p>	<p>Local prices form part of the contracting arrangements for Bowel Screening</p>

Improving Outcomes: A Strategy for Cancer – NTCN Work Programme 2011-2013

Strategic Aim	National Action	NTCN Strategy	NTCN Planning	NTCN Implementation
NHS Outcomes Framework Domain 1 Preventing People from Dying Prematurely Includes the Inequalities Gap between the different groups and areas	Early Presentation Increased Awareness of Symptoms Developing tool to measure awareness based on pilot in 20 deprived areas GP Leadership and Innovation	Awareness information in different languages Inclusion in grant with Macmillan Socio-economic factors	CAM baseline across North Trent available and is being repeated in Doncaster	GP leadership funded to support GP engagement Health Equity Audit complete Further work on RT / Chemo is underway Primary Care Audit complete and used as part of the Practice profile analysis
	Use of Diagnostic tests	National Risk Assessment Tool in Primary Care	GP practices to be identified	Awareness / engagement of GPs of the risk of cancer
One-year survival data will be published to identify which groups are more likely to present late. In future, MDT Health Equity Audits will form part of National Cancer Peer Review Programme	Promote Awareness amongst the groups most likely to delay seeking advice	Inequalities strategy in place Identified “what works” CAM completed Collating data on surgical interventions rates for lung breast, and bowel- broken down by age	GP Audit 2ww data by practice and conversion rates Health Equity Audit complete	Awareness campaigns – PCT plans funded by DH e.g. Quilts Practice profiles NSSGs to include in audits
Application of choice across the pathway Explore incentives for the Implementing the latest surgical / non-surgical techniques IMRT through Tariff Advice to commissioners and providers on photodynamic therapy, stereotactic body radiotherapy and robotic surgery for prostate cancer in 2011	Choice of consultant led team by April 2011 When to have treatment Where to have treatment Which organisation Which team Which form of clinically appropriate treatment National Cancer Action Team to support the rollout of IMRT and review the role of quality standards	Patients given the option to go to a hospital that offers: Laparoscopic versus open colorectal surgery Immediate versus delayed breast reconstruction Treatments for localised prostate cancer Intensity modulated Radiotherapy	NTCN policy agreed NSSG to review current position Information for patients to be developed Review underway	Training all clinicians Implement guidance to clinicians offering choice Audit data available Policy development

Improving Outcomes: A Strategy for Cancer – NTCN Work Programme 2011-2013

Strategic Aim	National Action	NTCN Strategy	NTCN Planning	NTCN Implementation
Radiotherapy Demands for non-surgical oncology are likely to increase and this needs to be planned for	Using the findings of the National Audit Office: continue with a modest increase in RT capacity over the Spending Review period	10 year plan developed using three growth options	Location and number of additional linacs in train Integration of tri network plans	Three year plan to increase capacity at WP Use of R-PORT/ national comparative data (RES) and QIPP Explore out of hours servicing
Tariffs will be accelerated for Radiotherapy and Chemotherapy	Reference Costs Tariff by 2013	Participate in the national work	Understand reference costs	Prepare for tariff Block contract currently
QIPP	Reduce the average cost per fraction by delivering 8,700 fractions per year per machine	A review of the treatment trees completed Map of referrals by PCT / practices links to deprivation complete	Plans agreed and under review	Additional capacity / machines / locations under continual review linked to access rates
The NCAG recommendation remain highly relevant and will be incorporated into relevant Quality Standards Cancer Drug Fund	Chemotherapy Costing and Tariff development National testing of the validity of the HRG framework SHA wide agreed list	Robust source of data needed to support the national work Implement the chemotherapy data set in 2012 Review list for 2011/12	Comparison of costs to develop benchmarks with the national work and locally Work with teams	Comprehensive local comparisons underway from 08/09 and 09/10 Review mechanism for payment between Trusts Process agreed and in place
Contractual incentives to improve quality and choice	<ul style="list-style-type: none"> E-prescribing Door to needle time with neutropaenic sepsis Patient information on toxicity 	NCEPOD recommendations Chemotherapy Skills Passports and competency	30 day mortality audit Use of C-PORT in capacity planning Peer Review	30 day mortality review process in place E-prescribing implemented Nursing Outcomes published and STH to pilot
Further work is required in establishing acute oncology services		Principles agreed Preparation for Peer Review	Local models developed	Implementation of plans for Acute Oncology services

Improving Outcomes: A Strategy for Cancer – NTCN Work Programme 2011-2013

Strategic Aim	National Action	NTCN Strategy	NTCN Planning	NTCN Implementation
NHS Outcomes Framework Better Treatment Treating and caring for people in a safe environment and protecting them from avoidable harm	Possible Indicators 90day mortality post RT 30 day mortality post palliative RT Wrong route chemotherapy Death or severe disability following surgery Case mix adjusted 30 day mortality following surgery	Participate in the NCIN development of clinical lines of enquiry	Include the indicators in the NSSG audits.	Pilot in: Upper GI Head and Neck Urology
The current cancer waiting times standards will therefore be retained. As set out in the Operating Framework for the NHS in England 2011/12, commissioners will need to continue to reflect this in the contracts that they agree with providers.	Waiting time standards ALL cancer treatments (not just first) under the 31 day standard ALL screening referrals under 62 day standard ALL breast symptom patients even if cancer NOT suspected to be seen within 2 wks	31 day standard to cover all chemo and surgical treatment by Dec 2008 Screening detected cancers to enter 62 day pathway by Dec 2008 Consultant upgrades to meet 62 day standard by Dec 2008 All radiotherapy and other subsequent treatments to be covered by 31 day standard by Dec 2010 All breast referrals to be assessed within 2 weeks	Complete Complete Complete	Complete / Maintenance Ongoing
In partnership with this initiative, Cancer Research UK will carry out a two-year project to collect genetic data from tumours and information on how gene faults affect patient survival, helping research to develop new cancer drugs targeted at specific genetic mutations	Improving Outcomes Guidance All achieved or on target including the availability of an integrated diagnostic service for haematology (HODS)	Implement other NICE Guidelines as published e.g. <ul style="list-style-type: none"> Prostate cancer Spinal cord compression Cancer of Unknown Primary 	Plans in place Implementation of NICE Improving Outcome Guidance for supportive and Palliative Care complete	Improving Outcomes Guidance complete for :- <ul style="list-style-type: none"> Skin Cancers Sarcomas Brain and CNS C&YP Supportive and Pall Care HPB to be reviewed in 2012

Improving Outcomes: A Strategy for Cancer – NTCN Work Programme 2011-2013

Strategic Aim	National Action	NTCN Strategy	NTCN Planning	NTCN Implementation
NHS Outcomes Framework Helping people to recover from episodes of ill health or following injury	Possible Indicators: Recovery after cancer surgery Ill health associated with cancer treatment Proportion of people reporting unmet psychological support needs following cancer treatment	Brain / CNS development of Rehabilitation Workforce Project Psychological support services	Review the data and assess the gaps Gap analysis undertaken	AHP Cancer pathways in place and AHP workforce formula underway Develop training plans
Macmillan developing system for health professionals to tailor information prescriptions	Work will continue to develop the use of information prescriptions throughout the cancer pathway The use of Information prescriptions so that every cancer patient in England should be able to benefit over the lifetime of this strategy	Standardised information pathways by tumour site Patient Information Prescriptions in primary Care	NHS Exemplars 15 new pathways to be developed Pilot information delivery in primary care	All pathways mapped and the information points to be included Action plans in place Pilot sites identified
Advanced Communication Skilled staff able to discuss the choices patients have		Potential e-learning opportunities	Training for clinicians Assess the future demand	Facilitators trained in the unified model. Process of updating their assessments In place. Work underway across SHA to integrate Training into HEI and ensure sustainability
Commissioners will want to work with providers to ensure they have robust systems in place to ensure that patients experience good continuity of care	The NHS will use the generic long term conditions model of care and support to promote healthy lifestyles for rehabilitation from cancer and to encourage secondary prevention	Holistic Needs Assessment Lean methodology testing nationally	To share good practice Demonstrate compliance through Peer Review	Full assessment at key stages in pathway HNA process developed and in place Electronic solutions to be explored

Improving Outcomes: A Strategy for Cancer – NTCN Work Programme 2011-2013

Strategic Aim	National Action	NTCN Strategy	NTCN Planning	NTCN Implementation
Equality results of the Cancer Patient Experience Survey NHS Outcomes Framework Ensuring people have a positive experience of care The Carers Strategy set out four priority areas for improved support, which apply to people caring for cancer patients as much as for any other condition	Possible indicators: Annual cancer patient experience survey An index based on the overall experience of patients for reporting at Trust Board level Surveys of bereaved relatives as a proxy for quality of care given at the end of life	Local results of the Survey Quality in Nursing Implement the recommendations in the: High quality and effective cancer nursing	Links to Quality Accounts, Peer Review Participation by all Trusts Pathways mapped	New methods of obtaining patients view point and experience have been piloted in hard to reach groups Action plan to be developed Use of the holistic needs assessment tool Training underway
NHS Outcomes Framework Enhancing Quality of Life for people with long term conditions Good quality personalised care pathways for cancer survivors	Cancer Survivors national survey to be piloted Possible Indicators: Cancer Patient Reported Outcome Measures Proportion of working age cancer survivors / children or Young People in education or employment Proportion of cancer survivors able to live independently	Working with NCSI Survivorship pilot projects have identified a number of issues that patients see as a priority	Develop integrated models for supporting patients with the Voluntary Sector and primary care using the patient survey data (Picker) to support self-management and reducing follow up.	Services in place for managing late effects Joint proposals under development with Macmillan
A national choice offer will be established for those people who choose to die at home. A review will be undertaken in 2013 to determine when this offer should be introduced.	Work is underway to develop recommendations for a funding system that will cover dedicated palliative care provided by the NHS, a hospice or any appropriate provider	Implementation of the End of Life Strategy is Led by PCTs with links to Cancer Network	Links to other care group networks / PCTs and as part of the S&PC work	EOL Lead and Network Strategy group established Work ongoing in S&PC

Improving Outcomes: A Strategy for Cancer – NTCN Work Programme 2011-2013

Strategy Aim	National Action	NTCN Strategy	NTCN Planning	NTCN Implementation
GP Commissioning The NHS Commissioning Board will set out more detailed measures as part of its Commissioning Outcomes Framework, which it will use to hold GP consortia to account for securing improvements in outcomes	In the transitional period, DH will fund cancer networks to support the GP consortia. In 2011, a cancer commissioning support pack to enable commissioners to access in one place the key information they will need to discharge their functions effectively	Working as part of NORCOM as part of the transition and planning beyond 2013	Intention to work with other pathfinder consortia	Establish links with the Pathfinder Consortia Bassetlaw and Doncaster
Building on the broader work on patient and public engagement, during the transition period cancer networks will be able to support consortia in developing cancer user involvement mechanisms, ensuring that the experience of recent years is built upon	Work with Cancer Charities and the network Patient Partnership Group	Establish links with Local HealthWatch organisations Links to local Health and Wellbeing Boards Links to Care Quality Commission		A number of proposal have been submitted / supported by Macmillan for funding including Patient Partnership support Information Lead role Developing Supportive Care models
In 2011, a guide will be produced for cancer networks to enable them to help providers to raise their game in understanding and reporting on cancer services For the future, the Cancer Commissioning Toolkit and the Cancer Commissioning Guidance will be further developed and focused on what works best in supporting pathfinder GP consortia.	Annual reports will be published to measure progress on implementation and on improving cancer outcomes. NCIN will continue to work with HSCIC to provide analysis to help improve services and outcomes	Performance Monitoring Develop Consortia based reports Supporting Strategic Needs Assessments	Needs assessment, demand profiling, prioritisation, redesign, QA, Peer review, pathway and provider performance, patients experience and value for money	Regular comprehensive reports presented to Cancer Board Data includes: mortality, survival, spend, as well as the full range of quality and outcome measures

Improving Outcomes: A Strategy for Cancer – NTCN Work Programme 2011-2013

National Aim	National Action	NTCN Strategy	NTCN Planning	NTCN Implementation
The strengthened regulatory regime will mean that the Care Quality Commission (CQC) will receive the following information feeds: At a commissioner level, information will be provided to consortia on the equality and inequality characteristics of their cancer populations, as well as how their performance compares with other areas	<ul style="list-style-type: none"> • screening quality assurance findings; • peer review findings (compliance scores and immediate risks); • national cancer patient experience survey results; • case-mix adjusted clinical outcome data, as these become available. 	Reflect in the Performance Report	Plans in place with timescales	Update the Cancer Network strategy and performance reporting NSSG Audit
Develop tariffs to incentivise quality and productivity in terms of inpatient care and avoidance of emergency admissions. In addition, to improve the quality of care and experience for patients and to maximise the scope for savings	23 hour breast surgery Earlier diagnosis through access to diagnostics A&E admission avoidance and readmissions Acute Oncology Breast Screening Bowel Screening	Service Improvement priorities Develop and agree productivity / efficiency measures supported by financial information to quantify reinvestment opportunities	Work with organisations to deliver the services as part of the Service Improvement plan Costing care pathways	Data capture: <ul style="list-style-type: none"> • emergency admissions • 2 ww referrals • Length of stay • Follow up • In patient oncology treatment • EoLC focus closer to home
	Enhanced Recovery	All providers are implementing the programme	Trust plans in place	Implementation complete in some areas Gynae, colorectal and urology
	Follow up include the findings of the survivorship pilot project Plans to develop “network care” models with Macmillan	Breast and colorectal follow up models developed	Implementation in all teams for breast and colorectal Quantify reinvestment opportunities	Define and agree productivity / efficiency measures supported by financial information

Improving Outcomes: A Strategy for Cancer – NTCN Work Programme 2011-2013

National Objective	National Action	NTCN Strategy	NTCN Planning	NTCN Implementation
DH will investigate the potential development of a range of tariffs to incentivise high quality, cost-effective services, <ul style="list-style-type: none"> • breast cancer screening; • bowel cancer screening (FOBt, flexible sigmoidoscopy and colonoscopy elements); • day case and 23 hour breast surgery, including one-stop auxiliary surgery; • new surgical techniques as they arise so that there are incentives to develop appropriate training programmes quickly • avoidance of emergency admissions and readmissions; • the newest radiotherapy techniques, in particular IMRT (once the radiotherapy tariff has been introduced); • good quality, personalised care pathways for cancer survivors – so that patients do not have to attend appointments unnecessarily, but all get the support and help they need to maximise the quality of life; • services for patients experiencing the late effects of cancer. 				Participate in the development of tariffs
The library of Quality Standards being developed by NICE	Commissioning Outcomes Framework, which will be used to incentivise high quality commissioning	Commissioning for Quality and Innovation (CQUIN) payment framework will be important for ensuring the implementation of NICE Quality Standards by providers	CQUIN exemplars developed by DH	Localise for 2012/13
Quality Standards for colorectal, lung, ovarian and prostate cancer have been prioritised as part of the next tranche of the programme NICE has also been asked to assess the suitability of developing a Quality Standard on chemotherapy	NICE will use them to support the production of more detailed commissioning guidance, to which GP consortia must have regard when contracting for services			