

All patients should have access to clinically effective treatments and services

The Government must be ambitious in its plan to drive improvements in cancer services and patient experience to make the UK's cancer outcomes and care equal to the best in Europe in the next decade.

To this end the Cancer Campaigning Group (CCG) is calling for change in six priority areas. This briefing sets out the CCG vision for access to treatments and services.

The Cancer Campaigning Group (CCG) is calling on the Government to ensure that all cancer patients have access to clinically effective treatments and services across the care pathway. 'Cancer' is a collection of over 200 diseases each with complex care pathways. To respond to this challenge, there should be a variety of treatments and services available across the country to ensure that each cancer patient has their individual needs met.

Patients should be offered choice over their treatment and the services they use, and be engaged in decisions about their care. They should be supported in choices about their treatment and care through the provision of balanced information. Commissioners will have an important role to play in ensuring access to appropriate treatments and services is comprehensive and joined-up across the NHS, public health service and social care service.

Surgery is the treatment that has the greatest impact on long term survival in most types of

cancer, and so it is essential that all patients who could benefit are able to access the most effective techniques. The CCG believes that more research should be undertaken to identify new surgical techniques and ensure that those which prove to be clinically effective are adopted by the NHS. It will also be important that surgeons are supported in their training and development to ensure that patients have the best quality and most up-to-date treatment. Surgeons should play a core part in multi-disciplinary teams (MDTs), and where possible two surgeons should be involved in discussions about a patient's treatment to encourage opportunities for patients to benefit from a second opinion.

The CCG is pleased that radiotherapy has been included in the 31 day diagnosis to treatment standard, and calls for further investment in radiotherapy services to ensure that demand is met. The CCG believes that a tariff should be developed for radiotherapy. There should be investment in the latest radiotherapy techniques, including Intensity Modulated Radiotherapy (IMRT), and work must be done to ensure that targets to deliver IMRT in at least one centre per network are met by the end of 2012.



Access to cancer drugs has been a longstanding issue for the NHS, with many patients unable to access the drugs that could extend their lives. The CCG welcomes the introduction of the Cancer Drugs Fund which will make £200 million a year available for each of the next three

years for treatments which patients are otherwise unable to access. The CCG calls for the NHS to consider the needs of all cancer patients, including those with rarer cancers, as the Cancer Drugs Fund is distributed. We call on the Government to monitor closely the implementation of the Cancer Drug Fund, in terms of access, spending and clinical outcomes, and urge that funding decisions are made in a patient-centred, timely and transparent fashion. Strategic Health Authorities should ensure they have fair and transparent policies in place to administer the Fund.

As the Government develops its proposals for value-based pricing it must consider how this will best work for cancer medicines. Consideration will particularly need to be given to how the system will apply to treatments for rarer cancers, where small population sizes can mean that robust evidence is less readily available. All cancer patients should have access to the medicines their clinicians recommend for them, through to the end of life. We believe that the Government should continue to engage with the cancer community in developing its plans.

Clinical nurse specialists (CNSs) play a vital role in supporting and coordinating the care of people affected by cancer and improving patient experiences. The 2010 Cancer Patient Experience Survey demonstrated the beneficial impact of the CNS on patients' experiences of their care – patients who had contact with a CNS were more positive about their care than those who did not. The Survey also highlighted that access to a CNS is uneven across tumour types and age groups.

The CCG calls for additional investment in CNS posts, and for every cancer patient to be offered access to a CNS, in order to achieve more efficient care and improve the experiences of cancer patients. High quality treatments and services should also be available to patients to improve their experience of care through to the end of their lives. Coordination between the NHS and

social care service will be essential to achieve this. In particular, we believe 24/7 nursing support is vital for ensuring that terminally ill patients can die at home if they choose to do so.

The CCG welcomed the Palliative Care Funding Review's support for 24/7 community nursing in its interim report published in December. The CCG urges the Review Team to continue to support this crucial service in its final report and for 24/7 nursing to be central to the new NICE Quality Standard for End of Life Care.

For further information on this briefing please contact
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i Cancer Research UK (2011), *Our story*, <http://aboutus.cancerresearchuk.org/who-we-are/our-story>

ii Department of Health (2007), *Cancer Reform Strategy*, http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_081007.pdf

iii Department of Health (2009), *Cancer Reform Strategy: Achieving local implementation – second annual report*, http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_109597.pdf

iv Department of Health (2009), *Cancer Reform Strategy: Achieving local implementation – second annual report*, http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_109597.pdf

v Department of Health (2009), *Cancer Reform Strategy: Achieving local implementation – second annual report*, http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_109597.pdf

vi National Cancer Action Team and Macmillan Cancer Support (2010), *Excellence in Cancer Care: the Contribution of the Clinical Nurse Specialist*, <http://www.macmillan.org.uk/Documents/AboutUs/Commissioners/ExcellenceinCancerCaretheContributionoftheClinicalNurseSpecialist.pdf>

vii National Cancer Action Team and Macmillan Cancer Support (2010), *Excellence in Cancer Care: the Contribution of the Clinical Nurse Specialist*, <http://www.macmillan.org.uk/Documents/AboutUs/Commissioners/ExcellenceinCancerCaretheContributionoftheClinicalNurseSpecialist.pdf>

