

# The Government must ensure that the move to clinical commissioning does not have a detrimental impact on commissioning for cancer, and that specialist cancer services are commissioned at the most appropriate level

*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 cancer commissioning.*

The CCG believes that the Government's plan to create a multi-level system of commissioning for cancer services presents both opportunities and challenges. We support the intention for clinical commissioning to bring commissioning decisions much closer to the patient. However there are over 200 different types of cancer,<sup>i</sup> most of which have highly complex care pathways, and it will be important for commissioners to have an excellent understanding and overview of entire pathways of cancer care.

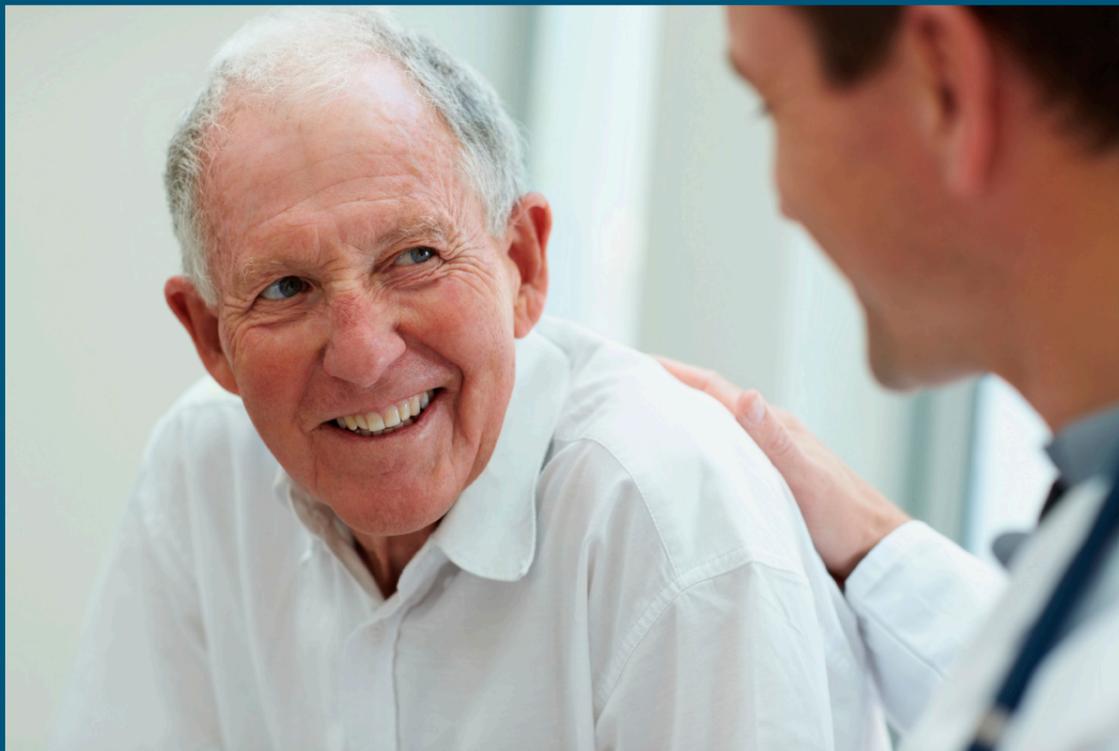
According to recent research, only 8% of GPs have a specialism or particular interest in cancer, compared with 25% for diabetes and 16% for mental health.<sup>ii</sup> Furthermore, the average GP only sees a few new cases of cancer a year and may only see patients with rarer cancers a few times in their working lives.<sup>iii</sup> As such, clinical commissioning groups will require specialist advice to commission cancer services that are responsive to the needs of their local population.

Our recent report, *Ensuring effective commissioning of cancer services*, revealed that the majority of GPs surveyed want support to commission cancer services effectively. We therefore welcome the commitment from the Government to embed and strengthen clinical networks, alongside its recent announcement that cancer networks will be funded until 2013 and supported by the NHS Commissioning Board in the longer term, which we hope will mean that clinical commissioning groups receive the support they need.

The CCG believes that specialist national commissioning for some cancer services should be protected, such as treatments for rarer cancers and large investment decisions, for example for certain types of radiotherapy. It will therefore be important that there is coordination of cancer commissioning at a local, regional and national level, and the NHS Commissioning Board should work with the Advisory Group for National Specialised Services and the cancer community when developing the details of commissioning cancer services.

It will be essential to set out at an early stage how progress against outcomes, delivering greater choice, increasing patient and public involvement and tackling inequalities in cancer services and care will be measured and meaningfully reported. NICE quality standards must be rapidly developed in order to inform commissioning guidelines and should be based on the best available evidence. Quality standards should be obligatory quality markers, covering the entire care pathway, with clinical commissioners given the scope to add value to these standards when commissioning services, if they wish.

Clinical commissioning groups will need to ensure they have effective mechanisms to monitor the needs of their local populations and access to data to help inform commissioning decisions. In order to be effective, clinical commissioning groups, local authorities and other commissioning organisations will need to be encouraged to work together to commission appropriate, integrated cancer services that are tailored to these local needs. Commissioning structures for cancer services need to be developed to ensure improved quality and outcomes for all cancer patients, regardless of their cancer type, where they live, their ethnicity or their age. The CCG would also urge the Government to ensure that research, treatment and support for rarer cancers receive equal attention in national planning and delivery.



Patient and public involvement to inform commissioning cannot be tokenistic. The CCG welcomes Government plans to support patient and public accountability in the NHS through a duty on commissioning groups to consult on their plans, but it will be important that commissioners are supported to ensure that they are using effective methods to reach and engage with all patients and their families. Patients will also need appropriate information to

help them make meaningful choices. Many of the current cancer networks have excellent models of involving people affected by cancer in reviewing and designing services and these models should be considered by GP commissioners, to ensure effective involvement.

For further information on this briefing please contact  
Sarah Cant - [sarah.cant@prostate-cancer.org.uk](mailto:sarah.cant@prostate-cancer.org.uk)

i Cancer Research UK <http://info.cancerresearchuk.org/cancerandresearch/all-about-cancer/what-is-cancer/different-types-of-cancer/>

ii nfpSynergy (2010). *Primary Healthcare Professionals Monitor*. The 8% figure includes GPs who indicated any of the following interests: bowel cancer, breast cancer, lung cancer, other specific types of cancer (not bowel, breast or lung), all types of cancer, and cancer survivorship

iii Cancer Research UK <http://info.cancerresearchuk.org/spotcancerearly/Resources-for-health-professionals/cancerinsight/Issue1/Promotingearlydiagnosis/>