Written evidence submitted by Macmillan Cancer Support (CSR0016)

Macmillan Cancer Support is a registered charity providing support for people affected by cancer. Macmillan wants every one of the 2.5 million people living with and beyond cancer in the UK today to get the highest standard of care and support, so that they can have the best possible quality of life.

Macmillan has a track record of championing health innovations which dramatically improve patient experience, outcomes and value for money. In the past decade Macmillan has invested £320 million (in today’s values) in the NHS and plans to invest a similar amount over the next 10 years.

Key messages

- The frontloaded investment for the NHS announced as part of the Chancellor’s Spending Review settlement for the NHS is welcome, however the NHS will still need to make £22 billion in efficiency savings a year by 2020. Much of this year’s funding increase will most likely be needed to fill the projected £2 billion deficit in last year’s finances, rather than going into transformational new care models.

- To ensure cancer services are sustainable, the investment committed to the NHS in the Spending Review needs to be used in part to fully fund implementation of the Independent Cancer Taskforce’s Strategy for England. This includes measures such as a recovery package for people living with cancer.

- There was no commitment to address the problems of end of life care or fund the recommendations of the Independent Choice Review in the Spending Review announcements. This must be addressed now to deliver the recommendations of the Health Select Committee in the last parliament, ensure that more people are able to die in the place of their choosing.

1. The 2015 Spending Review

Macmillan welcomed the announcement that investment for the NHS in England will be front-loaded to deliver the Five Year Forward View (FYFV), but finances are expected to tighten again from 2018/19. The NHS does not function in isolation, so it was also encouraging to see further moves to integrate health and social care, as it is increasingly important that the social care system is able to meet demand. However, the social care funding situation remains unsustainable and will need to be revisited.

This settlement amounts to the largest sustained fall in NHS spending as a share of GDP since the 1950s, further widening the gap between the UK health budget and average funding in EU and OECD nations. This could have a large impact on the NHS’s ability to innovate and invest in new models of care.

2. Funding for the NHS in England

In the short term, there is a risk that much of the increased investment for the health service will be needed to fill the projected £2 billion deficit in this year’s finances, rather than going into transformational new care models. However by using the extra
money to help to deal with the NHS’s financial challenges, the health system should be able to get back on track with meeting existing targets, including missed cancer targets such as waiting times, at least in the medium term.

The National Audit Office’s 2015 report into the severe financial situation facing many NHS trusts is further evidence that urgent investment is needed to equip NHS services for the future. The report states:

- The Department of Health and its arms-length bodies are in agreement that there will be a £22 billion gap between resources and patient needs by 2020-21, but it is not clear how the NHS will close this gap
- NHS England has estimated that demand and efficiency gains of 2%–3% a year are needed to make savings of £22 billion. However, the NHS has achieved a much lower rate of efficiencies in recent years
- Expected financial savings from the FYFV will not help the immediate financial position of trusts, as estimates suggest these will not be realised until nearer the end of the five years.

The seven arms length bodies must all work together, with sufficient resource from the Department of Health budget, to deliver the FYFV. Improvements in outcomes and better value for money cannot be achieved by the NHS alone. Whilst the increased investment for the NHS is vital, we are concerned that cuts have been made to the bodies and Departments that deliver wider health and social care services, including nurse training bursaries and smoking cessation clinics.

Workforce challenges are a prime example. As the FYFV recognises, ambitions to improve treatment, care and support, including the adoption of its new models of care, cannot be delivered without the right workforce in place. A lack of planning across care pathways means the current system cannot optimise delivery and maximise supply and retention of staff. It also exacerbates immediate pressures such as growing demand for services, workforce deficits and spiralling spend on agency staff, and a move to seven-day working. This cannot be addressed by Trusts alone – it needs national leadership from Health Education England (HEE) and cooperation across the whole health and social care system to build a workforce that is fit for purpose and financially efficient. The Cancer Strategy, for example, recommends that HEE lead a strategic cancer workforce review.

3. The Cancer Strategy for England

While this year’s financial problems do need to be fixed, the NHS should be supported by government to take a longer-term view and cancer is one such area in need of an overhaul. The health service currently spends more than £500m a year on emergency care for people with the four most common cancers alone, which indicates that the system is not working as it is. Emergency care should be a last resort for people living with cancer – but such vast amounts of emergency care spending is symptomatic of a system that is not geared towards helping people take control of their health.

In December, Macmillan Cancer Support released figures showing that costs of treating the consequences of cancer treatment alone will rise to £1 billion by 2020.
This cost will only grow as more people are diagnosed with cancer in the years to come, and the NHS is tasked with caring for the often lifelong needs of people living with cancer.

As well as short-term action to protect the services we have now, we will also need a long-term, sustainable approach to funding to improve care in the future. The need for cancer care is only going to increase as the number of people living with cancer in England soars from 2 million in 2015 to at least 3.4 million by 2030. Each of these 3.4 million people deserves the best quality care and long-term support.

NHS finances and cancer care quality are intertwined. The plan to deliver better cancer outcomes will also help to put the NHS on a firmer financial footing. The FYFV projections indicate that expenditure on cancer services will need to grow by about 9% a year to keep up with demand, reaching £13 billion by 2020/21 – between two and three times the rate of other health spend. And as more people than ever before are surviving cancer, many are left with devastating consequences of treatment and require support for the rest of their lives. If the government and NHS do not take action on cancer now, the strain on the NHS will increase, and people’s chances of a good recovery and long-term quality of life will only deteriorate.

Of those currently living with a cancer diagnosis, 750,000 are of working age; by 2030 this number is expected to reach 1.7 million. Despite this, most people with cancer are not getting the support they need to return to, or remain in, work. The costs to the economy of not providing people with cancer access to work support are significant; total indirect costs of cancer in the UK, including productivity losses and the opportunity costs to carers, are estimated to be £15.8bn per annum (or 64% of all cancer costs).

As shown by the low proportions of people who survive cancer in good health, the resources the NHS allocates to long-term care and support are not sufficient to help most people with cancer to recover well and have a good quality of life. For example, routine follow-up care for people with cancer costs around £250 million per year. This is usually delivered via a ‘one-size-fits-all’ medical model based around repeat outpatient consultations, despite there being a lack of evidence to support the effectiveness of this approach.

It is possible to significantly reduce the likelihood that people with cancer will experience long term poor health and wellbeing following treatment. A number of service solutions have already been developed, and have been shown to be beneficial to both patients and the health system. These include:

- The recovery package. This is a systematic and proactive approach to rehabilitation which includes a combination of different interventions to improve outcomes for people living with and beyond cancer. This includes a Holistic Needs Assessment to ensure people are signposted or linked into services that can help them with any physical, practical, emotional, spiritual and social needs they may have. This is vital, as one in three people experience moderate to severe unmet needs at the end of their treatment, and, for 60% of people, their needs are not improved six months after treatment.
- Stratified follow up pathways. These offer a more effective approach to aftercare than the traditional medical model of follow-up. The purpose of stratification is to reorganise follow-up pathways, which traditionally adopt a “one size fits all” system, to improve patient experience, outcomes and value for money. There is strong evidence in breast cancer that stratified follow up pathways deliver improved quality of care on at least a cost-neutral basis. For example, a programme in Northern Ireland has shown the potential for stratified follow up pathways to reduce the number of out-patient appointments across all breast cancer patients by several thousand, and led to patients feeling better able to deal with the practical, emotional and physical impacts of their cancer.

Greater action must be taken to provide people living with and beyond cancer with better care. Therefore, the government must deliver on its current commitments to the recommendations within the Cancer Strategy to ensure that everyone with cancer has a recovery package by 2020 and a quality of life metric is developed to drive transparent improvements for patients.

To address the issues in cancer care more broadly, the Department of Health must use its settlement from the 2015 Spending Review to fully fund the cancer strategy for England, and in turn ensure scarce money is better spent. If investment is made now in the Cancer Strategy, together with the savings identified in it, this will result in £420 million lower cumulative spend over the period 2016/17 to 2020/21 than taking no action.

4. Social care and public health

It is positive that social care was a focus of the Spending Review, indicating that the government recognises the huge challenge that this is facing.

However, it was disappointing that there was no commitment to address the problems of end of life care or fund the recommendations of the Independent Choice Review in the Spending Review announcements. Urgent investment is needed to deliver higher quality services and more choice for people at the end of their lives. Trying to implement change without adequate funds could damage, rather than improve care for people at the end of their lives.

Furthermore, although a new optional social care levy on council tax was announced, alongside increased funding for the Better Care Fund, in the face of increasing demand there will still be a growing deficit and widening regional inequality in access to social care. Social care remains in need of a sustainable funding solution and in the meantime cuts will mean more ‘delayed transfers’ and more councils tightening their eligibility threshold from ‘substantial and critical’ needs to ‘critical’ only. Commitments to integrate health and social care services are welcome, however more detail is needed on how the government proposes to do this before the full impact can be known.

It is concerning to see that there will be a substantial social care funding gap, despite the new levy that was announced. And as this is a ‘flexible’ option for local authorities, it could mean that social care becomes more of a postcode lottery and exacerbates health inequalities by disadvantaging councils with weaker tax bases.
It is also counterproductive that ‘extra’ NHS money is being sourced from cuts to public health. Local authorities’ public health budgets will continue to fall each year, with the public health ring-fence only committed until 2017/18, this could signal that it will not be protected after this time. Cuts to DH non-NHS budgets could also mean cuts to Public Health England (PHE). One particularly important area of PHE’s work, the National Cancer Intelligence Network, could also be negatively impacted which would have a detrimental effect on the analysis and intelligence used to drive improvements in cancer care and clinical outcomes for cancer patients. This means the Spending Review has failed to meet one of Simon Stevens’ ‘five tests’ for the Spending Review – to “make good on the public health opportunity”.

22 January 2016

6 Leal J. The economic burden of cancer across the European Union. 2012
7 NHS Improving Quality. Stratified cancer pathways: redesigning services for those living with or beyond cancer. October 2013. www.nhsiq.nhs.uk/media/2431915/12_0020_proven_publication_stratified_cancer_pathways_1.6_final.pdf