



Faculty of Public Health

of the Royal Colleges of Physicians of the United Kingdom

Working to improve the public's health

Cancer Reform Strategy

The Faculty of Public Health and the UK Public Health Specialised Commissioning Network offer the following commentary as a contribution to this important strategy announced in February 2007.

Introduction and summary

The Faculty of Public Health and the network of Public Health Specialists working in Specialised Services Commissioning in the UK (and who advise commissioners of specialised cancer services) welcome the development of the new Cancer Reform Strategy. We strongly support the stated aims of the strategy:

- To improve the experience of cancer patients;
- To achieve value for money for the NHS and taxpayer;
- To make sure the public are more aware of the risk factors and symptoms of cancer.

We ask the Advisory Board to consider three further areas for consideration. These represent major issues for individuals and families who might be affected by cancer.

The three areas are:

- 1. A more realistic assessment and communication to patients and families of the effectiveness or otherwise of new anti cancer drugs should be sought than is currently communicated to those affected by cancer.**
- 2. We ask the Advisory Board to consider the benefits of a programme budget approach to investment in cancer services, so that, where prevention is the most cost effective area for investment, this should be the priority.**
- 3. NHS endorsed publicity on cancer services, screening and early detection should always emphasise that many cancers can be prevented, rather than focusing only on early detection and treatment.**

Why the three issues are relevant to the NHS

We suggest that consideration of these questions is crucial to achieving value for money for the NHS and the taxpayer, and for increasing the awareness of the public about how they can not only recognise, but prevent cancer. They will also help patients and their families to have appropriate expectations of the effectiveness of treatment options, and a realistic approach to their options if cure is not likely.

There is a huge benefit to be gained from making progress in the three areas we describe. This benefit will be in terms of reduced incidence of cancers, engagement of the public in demanding accurate and balanced information about treatment options, and enabling more lives to be saved through choosing the most cost effective treatment options.

- 1. Seeking a more realistic assessment and communication to patients and families of the effectiveness or otherwise of new anti cancer drugs. Specifically, describing clearly the lack of medium term benefit from non curative treatments.**

There are examples of marketing and lobbying approaches by the manufacturers of new treatments, which illustrate the need for the NHS to facilitate a balanced communication of likely benefits from treatment options.

We propose that standardised, well written and easy to read "decision aids" should be produced for patients and their families. These should be available for new cancer treatments especially where the new treatment is an option but robust evidence of its superiority over established treatments is not available. An example of a treatment in this category is prostate brachytherapy. There are good examples from Australia and Canada of such decision aids. NICE are a key resource for producing such decision aids and guidance.

2. We ask the Advisory Board to consider the benefits of a programme budget approach to investment in cancer services, so that, where prevention is the most cost effective area for investment, this should be the priority.

This approach will ensure value for money for patients and taxpayers, if any proposed investment in new treatments takes into account opportunity costs. In this context we use opportunity costs to mean the optimal population health gain that could have been achieved if the investment was made in other cancer treatments/services.

In addition, in order to enhance the affordability of new technologies, we ask the Advisory Board to develop a "disinvestment" work programme, for the identification of ineffective or less effective practices.

3. NHS endorsed publicity on cancer services, screening and early detection should always emphasise that many cancers are preventable.

We offer Cancer Research UK as an excellent example of a balanced approach to cancer awareness publicity. Cancer Research UK publicity gives prominence to the fact that 30% of cancers are preventable.

The Public Health Observatories in England, and equivalent organisations in other countries in the UK, could contribute health information to support such publicity. In England the West Midlands Public Health Observatory leads on cancer information.

Conclusion

The Faculty of Public Health and UK Public Health Specialists ask that these points are taken into consideration in the development of the new Cancer Reform Strategy.

Prepared on behalf of the UK Specialist Public Health Network, and the Faculty of Public Health

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