

The Politics of Change in Healthcare

- The Example of Cancer in England

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The Politics of Change : Overview

- ❖ Who is needed to make change happen ?
- ❖ What are the key ingredients for change ?
- ❖ How and why are we making progress ?
- ❖ What challenges lie ahead ?

The 'Donaldson Challenge'

“Name a (major) service within the NHS which has been ailing and has been put right?”

*Challenge by Chief Medical Officer
to the National Cancer Director during
NHS Executive Board meeting 1999*

Who is needed to make change happen ?

- ❖ **Politicians**
- ❖ **Public, patients and advocacy groups**
- ❖ **Clinicians**
- ❖ **Managers**
- ❖ **Civil Servants**
- ❖ **Researchers**
- ❖ **Industry**

Key ingredients for change

- ❖ **Recognition of need for change**
 - Evidence that the system is not functioning adequately
 - Belief in the evidence

- ❖ **Vision and Commitment**

- ❖ **Leadership at all levels**

- ❖ **Adequate consensus on the way forward
(both route and destination)**

- ❖ **Resources : Money, People and Facilities**

- ❖ **Systems for implementation and monitoring**

Healthcare in the UK : Background (1)

- ❖ **National Health Service established in 1948**
- provides over 85% of all healthcare
- ❖ **The NHS enjoys strong public support**
- but concerns increased during the 1990s that other countries were doing better
- ❖ **Responsibility for healthcare is now devolved -**
England, Scotland, Wales and Northern Ireland

Healthcare in the UK : Background(2)

- ❖ Underfunded for decades
- ❖ Small workforce compared with European partners
- ❖ Poor facilities (e.g. CT/MRI scanners)
- ❖ Long waiting times

Cancer in England : Background

- ❖ High incidence and mortality
- ❖ Early tobacco epidemic
- ❖ Poor survival rates compared with European Counterparts
- ❖ Inequalities
- ❖ Fragmented services
- ❖ Nihilism among some clinicians

Cancer Initiatives : Step 1

1995 : Calman-Hine report from Chief Medical Officers for England and Wales

- ❖ **Strong clinical support : Expert Advisory Group**
- ❖ **Emphasis on symptomatic services – and particularly 2^o/3^o care**
- ❖ **Importance of multidisciplinary teamwork**
- ❖ **Implementation plan - weak**

Cancer Initiatives : Step 2

Development of 'Improving Outcomes' national guidance on structure of services for specific cancer types

- ❖ Breast 1996 Upper GI 2001
 - Colorectal 1997 Urology 2002
 - Lung 1998 Haematology 2003
 - Gynae 1999
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- ❖ Some additional funding from 1997

Cancer Initiatives : Step 3

1999 : Recognition that pace of change was not fast enough

- ❖ **Downing Street 'Summit' on cancer**
- ❖ **Cancer identified as a 'Top Priority'**
- ❖ **Appointment of a National Cancer Director
- and agreement to develop a comprehensive
Cancer Plan**

Cancer Initiatives : Step 4

- ❖ NHS Plan : June 2000
- ❖ NHS Cancer Plan : September 2000

“A plan for investment : A plan for reform”

NHS Cancer Plan : September 2000

- ❖ Acknowledges the scale of the challenge
- ❖ Comprehensive strategy to tackle cancer in England (prevention → palliative care)
- ❖ Clear aims, targets and milestones
- ❖ Commits resources
- ❖ Sets out systems to drive change

NHS Cancer Plan : Key Aims

- ❖ To save lives
- ❖ To improve patients' experience of care
- ❖ To tackle inequalities
- ❖ To build for the future



The NHS Cancer Plan

Three year progress report
Maintaining the momentum

October 2003



NHS Cancer Plan : Progress

- ❖ **Mortality Reduction (> 10%)**
- ❖ **Prevention**
- ❖ **Screening**
- ❖ **Primary Care**
- ❖ **Reducing Waits**
- ❖ **Treatment/Services**
- ❖ **Care**
- ❖ **Expanding Capacity**
- ❖ **Research and Development**

NHS Cancer Plan : How is progress being made ?

- ❖ **Partnership working**
- ❖ **Cancer Networks (structure)**
- ❖ **Cancer Services Collaborative (quality improvement)**
- ❖ **National guidance/standards on services and treatments**
- ❖ **Appraisal of services through peer review**

Partnership Working

- ❖ **NHS, Voluntary Sector, professional representatives and patient groups**

- ❖ **Nationally :**
 - **Cancer Taskforce**
 - **National Cancer Research Institute**
 - **National Partnership Group on Palliative Care**
 - **Bowel, Prostate and Lung Cancer Advisory Groups**
 - **Coalition for Cancer Information**

- ❖ **Local partnership groups to promote user involvement**

Map of cancer networks

- | | |
|---|------------------------------------|
| 01 Lancashire & South Cumbria | 17 West Anglia |
| 02 Greater Manchester and Cheshire | 18 Mid Anglia |
| 03 Merseyside & Cheshire | 19 South Essex |
| 04 Northern | 20 Mount Vernon |
| 05 Teesside, South Durham and North Yorkshire | 21 West London |
| 06 Yorkshire | 22 North London |
| 07 Humber & Yorkshire Coast | 23 North East London |
| 08 North Trent | 24 South East London |
| 09 North West Midlands | 25 South West London |
| 10 Black Country | 26 Peninsula |
| 11 Pan Birmingham | 27 Dorset |
| 12 Arden | 28 Avon, Somerset & Wiltshire |
| 13 Mid Trent | 29 3 Counties |
| 14 Derby/Burton | 30 Thames Valley |
| 15 Leicestershire, Northamptonshire and Rutland | 31 Central South Coast |
| 16 Norfolk & Waveney | 32 Surrey, West Sussex & Hampshire |
| | 33 Sussex |
| | 34 Kent & Medway |



Optimising Service Structure

- ❖ Evidence-based 'Improving Outcomes' guidance on cancer services (NICE)
- ❖ National Cancer Standards
- ❖ Peer review assessment visits to all hospitals providing cancer services

Cancer Services Collaborative : Improvement Partnership

- ❖ Phase I (1999-2001) : Proof of concept
- ❖ Phase II (2001-2003) : Spread to all 34 cancer networks
- ❖ Phase III (2003 →) : Aims to engage all relevant clinical teams (n = 1600) and services

Cancer Services Collaborative : Approach

- ❖ Brings clinicians and managers together to streamline care
- ❖ Process mapping of the care pathway
- ❖ Capacity and demand analysis
- ❖ Implementation of small changes
(Plan – Do – Study – Act)

Workforce Redesign (1)

“New ways of working“

“Skillmix projects“

“Changing Workforce Programme”

Four Tier Structure

- ❖ Consultants (radiographers, nurses, etc)
- ❖ Advanced practitioners
- ❖ State registered practitioners
- ❖ Assistant practitioners

Workforce Redesign (2)

Diagnostics

Imaging : Mammography
CT head scan reporting
MRI of knee reporting

Pathology : Cervical screening
Specimen cut up

Endoscopy : Nurses and others

Workforce Redesign (3) Treatment

Cancer Teams : **Specialist nurses**
Team Coordinators

Radiology : **Advanced practitioners**
Assistant practitioners

Information/Data

Objectives : To enhance quality of direct clinical care and to facilitate audit and research

Actions : Cancer Datasets
Primary Care Cancer Registers
Cancer Waiting Times Database
National Clinical Audit Support Programme
National Programme for Information Technology

Summary

- ❖ **Progress is being made – because all the key ingredients have been in place**
- ❖ **Maintaining the momentum will require continuing commitment from all concerned**