

Overall reaction

The Prostate Cancer Charter for Action welcomes the publication of the Cancer Reform Strategy (CRS). The CRS is an ambitious, comprehensive and well written document which opens up a number of exciting possibilities to improve the services available to men with prostate cancer.

Promising policy has in the past sometimes been let down by weak implementation in some parts of the NHS. Therefore, if the potential of the CRS is to be realised, there will have to be a relentless focus on effective implementation. We are pleased that a significant section of the CRS (Part 3) is devoted to addressing this issue. The signatories to the Prostate Cancer Charter for Action stand ready to play their part, ensuring that the Department of Health and the NHS deliver on this exciting new strategy.”

Highlights for prostate cancer

The CRS is a comprehensive document and it will take time to analyse the full implications for prostate cancer. However key highlights include:

Diagnosing cancer earlier (Chapter 3)

Awareness of the signs, symptoms and risk of prostate cancer remains worrying low and our understanding of how to address this is still insufficient.

- We welcome the announcement of the National Awareness and Early Diagnosis Initiative (NAEDI) to promote earlier presentation by patients with the signs and symptoms of cancer and reduce delays in referral from primary care.
- We welcome the recommitment to review the Prostate Risk Management Programme and consult on this in the Spring of 2008. Further research into developing an effective screening test is a priority.

Ensuring better treatment (Chapter 4)

There is still too much variation in the quality of and access to treatment services for prostate cancer.

- We welcome the expansion of the waiting time targets so that patients waiting for all treatments, not just their first, are covered by the 31 day target.
- The expansion of radiotherapy services is much needed and will make a real difference to men with prostate cancer.
- The decision to referral all cancer drugs to NICE as the default option, where possible in parallel with the licensing process, is extremely welcome.
- The commitment to continue to monitor the availability of new forms of treatment is encouraging. This should go beyond monitoring the implementation of NICE guidance to include issues such as the implementation of the Brachytherapy Framework.

Living with and beyond cancer (Chapter 5)

Men with prostate cancer report a significantly worse experience of their treatment and care than patients with other forms of cancer.

- The decision to launch a new NHS Cancer Patient Experience Survey Programme to conduct surveys annually is extremely welcome and meets a key call of the Charter.
- The commitment to information prescriptions and decision aids is welcome and we wholeheartedly support the vision for informing, engaging and empowering patients.
- The recognition of the critical importance of clinical nurse specialists is significant and we support the emphasis placed on the need for commissioners to ensure adequate CNS provision.
- The launch of the National Cancer Survivorship Initiative is a big step forward. Many men living with or beyond prostate cancer suffer from significant side effects and need continuing support.

For more information, please contact Mike Birtwistle on 020 7340 6204

Reducing cancer inequalities (Chapter 6)

There are significant inequalities in prostate cancer. For example, men of African descent are more than 3 times as likely to develop prostate cancer.

- The new National Cancer Equality Initiative is extremely significant. Developing research proposals, testing interventions and spreading good practice on issues relating to gender, age and ethnicity will be particularly important for prostate cancer.
- The announcement that challenging goals will be agreed for reducing mortality in every cancer network areas by 2012 should ensure that we approach the issue of inequalities with sufficient ambition. However, it will be important that reducing mortality for every cancer should be considered within these goals.

Delivering care in the most appropriate setting (Chapter 7)

More can be done to ensure that men with prostate cancer are treated and cared for in the most appropriate setting for them, by teams with the appropriate skills and specialism.

- The inclusion of community based prostate health clinics as a model for the improved use of diagnostic processes in primary care is extremely welcome.
- The explicit instruction that PCTs should not commission services from non-IOG-compliant providers is vital and we will seek to hold PCTs to account on this.
- Efforts to reduce the inappropriate use of inpatient care and emergency admissions for cancer patients, so freeing up resources for use in other areas of cancer services, should be supported.

Using information to improve quality and choice (Chapter 8)

Not enough information about the quality of services is available for patients to make informed choices, nor for commissioners and providers to work together to deliver improvements.

- The initiative to collect high quality information on levels of public awareness about cancer, the experience reported by patients and the clinical outcomes of different providers is vital to addressing this.
- The new National Cancer Intelligence Network will play a key role in enabling patients to make choices, providers to identify areas of weakness and commissioners to incentivise improvements in quality.

Stronger commissioning (Chapter 9)

Commissioners have not been in a position to ensure services are delivered according to national standards and to demand quality improvements. As a result, unacceptable inequalities in service provision have continued.

- The measures taken to support commissioners, such as the development of commissioning support tools, are extremely welcome.
- Cancer networks have a central role to play and we hope that PCTs will utilise their expertise in commissioning high quality, safe and effective cancer services.

Funding world class cancer care (Chapter 10)

Prostate cancer services have been historically under funded and, despite big increases in spending, England still spends significantly less per head on cancer than other comparable countries. There are also significant variations in spending between PCTs.

- The commitment to continue to make money available to the NHS to meet the challenge of rising incidence and new treatments is welcome, as is the emphasis on shifting spending from those which don't make a difference to patients to those that do.
- The Charter will scrutinise variations in spending between PCTs, as well as differences in international spending.

Building for the future (Chapter 11)

The Department of Health cannot afford to stand still on cancer policy.

- The recognition of the critical importance of the National Cancer Director in driving forward implementation.
- The commitment to transparency, with annual progress reports to be published, is also significant. We will provide constructive scrutiny of the progress made in improving prostate cancer services.

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