

**Implementing the cancer model of care:  
Briefing – September 2011**

1. In December 2009 a case for change for cancer services in London was published. It showed that the lack of progress in implementing co-ordinated cancer services across the capital means that services may be excellent in some instances but is hugely variable. This has an impact on clinical outcomes and means that patients often experience fragmented care.
2. A proposed model of care was then published in August 2010. The proposals were developed over a 12-month period by over 45 committed cancer clinicians from the capital and an active patient panel and took into account national and international evidence and best practice. The model of care details clinically-developed solutions that will ensure that radical improvements are made to London's cancer services.
3. The proposed model of care was the subject of a three-month engagement process with GPs, the public and Local Authorities. The feedback received was supportive and the proposals are now being taken forward.
4. The implementation of this model of care is being led by Rachel Tyndall, former NHS North Central London Chief Executive, who has been appointed as the Senior Responsible Officer and Chris Harrison, Medical Director of The Christie, Manchester's specialist cancer hospital, as the Clinical Director. They are supported by an implementation team at London Health Programmes, the five cancer networks in London and staff at the London Specialised Commissioning Group.
5. The implementation programme has workstreams to address the areas identified for improvement in the model of care, including spreading best practice, improving radiotherapy, and ensuring early diagnosis of cancer.
6. The case for change highlights that the earlier that cancer is diagnosed and treated, the greater a patient's chance of survival and improved quality of life. It is estimated that 1,000 lives per year could be saved in London through earlier diagnosis.
7. A public health and primary care working group has therefore been established to work with GPs, public health professionals, commissioners and existing cancer networks to build on the recommendations in the model of care to improve public awareness of cancer symptoms, increase GP access to diagnostics, maximise effectiveness of referrals to secondary care, improve the patient pathway and reduce health inequalities.
8. This working group has developed a strategy for improving early diagnosis and driving the ongoing implementation of the National Awareness and Early Diagnosis Initiative (NAEDI). This strategy can now begin to be implemented.
9. Central to the implementation programme is the expectation that providers will work together in *integrated cancer systems* to ensure that patients experience seamless care. These systems, rather than individual organisations, will be commissioned to deliver pathways of care from next April.

10. An integrated cancer system is defined as a group of NHS hospital providers that comes together in a formal, governed way to provide services across the whole of the cancer pathway. The integrated cancer system will be commissioned to provide cancer care based on defined care pathways to meet patients' needs.
11. A workstream has been established to explore and develop the commissioning process for integrated cancer systems. The working group will develop commissioning specifications for pathways including pathway contracting arrangements and tariffs, and establish key measures for pathways and integrated cancer systems.
12. To facilitate the development of these systems the implementation team worked closely with hospital providers to develop a specification against which providers submitted their proposals to become integrated cancer systems. The specification states that systems should have clear organisational and integrated governance systems and structures with clear lines of accountability and responsibilities for all functions.
13. Two groups of hospital providers have submitted their proposals to become integrated cancer systems: one encompassing the providers in north east and north central London (London Cancer), and the other the providers in south east, south west and north west London (working title 'The Crescent').
14. These submissions have been assessed against the criteria set out in the integrated cancer system specification. Both the strength of the proposed integrated cancer system arrangements and the strength of service proposals have been assessed.
15. Following its assessment of the two sets of integrated cancer system proposals an evaluation panel concluded that good progress had been made and that both proposed systems should be authorised, subject to agreed action plans for their further development. These conclusions, as well as recommendations on the areas in each proposal where further work was needed, were endorsed by the NHS London Delivery Group in September.
16. The implementation team has been working with both of the systems to develop detailed action plans outlining how the systems will work alongside commissioners to continue their development. These action plans will be agreed between integrated systems and commissioners in early October.
17. The assurance phase was the first step in an ongoing process during which commissioners and providers will work together up to and beyond April 2012 to ensure that the recommendations as set out in the agreed model of care for cancer services in London are implemented.
18. The integrated systems are continuing to develop their service plans. The implementation team will continue to work with clusters, GPs and commissioners to ensure that local plans are aligned to the implementation programme. Once possible local implications are clear then they will be presented to local authorities.