

From the Rt Hon Andy Burnham MP
Secretary of State for Health



RECEIVED 26 MAR 2010

Your Ref: 01101136

PO00000493018

Richmond House
79 Whitehall
London
SW1A 2NS

Tel: 020 7210 3000

The Rt Hon Tessa Jowell MP
House of Commons
Westminster
London SW1A 0AA

Dear Tessa,

25 MAR 2010

Thank you for your letter of 17 March enclosing an example of correspondence you have received from a number of your constituents about Macmillan Cancer Support's 'Vote Cancer Support' campaign.

I can assure your constituents that I share their eagerness to enhance cancer survivorship programmes, to provide every possible treatment to cancer patients and to support improvements to end of life care for cancer patients.

The significant investment and improvements that we have made over the last ten years means that cancer services are improving and that cancer mortality is falling. It is a cause for celebration that there are now 1.24 million people alive at least five years after a diagnosis of cancer.

We recognise that it is very important that the increasing numbers of people living with and beyond cancer are provided with the assistance they need to resume as normal a life as they can following cancer treatment.

We are working in partnership with Macmillan Cancer Support and a range of other stakeholders on the National Cancer Survivorship Initiative (NCSI). This will look at a range of approaches to survivorship care and how these can best be tailored to meet the whole range of individual patients' needs. We have provided £1.6million to Macmillan Cancer Support to support this vital work. There are already 38 pilots around the country testing improvements to survivorship care, including the production of individualised assessment and care plans that are updated as patients' needs change.

The *Cancer Survivorship Vision Document* was published on 19 January. This provides an update on the progress of the first year of the NCSI, describing the emerging vision for improved care and support for cancer patients and survivors. This report will:

- summarise what we know about the current picture of care and support for the 1.6 million people living with and beyond cancer in England. This evidence suggests that current follow-up arrangements are not meeting the needs of survivors and that there are opportunities for the NHS to use resources more efficiently to support cancer survivors;
- set out five key changes that the NCSI has identified as necessary to achieve the vision for improved care and support for cancer survivors;
- include examples of innovative practice and piloting work already underway in 38 NCSI pilot sites; and
- describe how the NCSI will build on this emerging vision through 2010 to pilot service models in test communities.

The correspondence you enclose also notes concern that patients with rarer cancers do not enjoy the same opportunity to access drug treatments as those with more common cancers. The Government recognises that it is vital that NHS patients have access to innovative and cost-effective new treatments.

Together with the National Institute for Health and Clinical Excellence (NICE) and the pharmaceutical industry, the Government has introduced a number of initiatives to make more treatments for rarer cancers available on the NHS. In November 2008, NICE introduced greater flexibility to the appraisal of treatments for patients at the end of their lives for conditions affecting small numbers of patients. Furthermore, as part of the Pharmaceutical Price Regulation Scheme 2009, the Government and industry have agreed principles for Patient Access Schemes. These new flexibility measures have resulted in a number of drugs for rare conditions being recommended for use on the NHS, including Sutent (sunitinib) for the first-line treatment of renal cell carcinoma, Revlimid (lenalidomide) for multiple myeloma and Yondelis (trabectedin) for soft tissue sarcoma.

Your constituents mention their hope that improved end of life care in the home is provided and, where appropriate, nursing care. In July 2008, the Department published the document *End of Life Care Strategy: Promoting high quality care for adults at the end of life*, which can be viewed on the Department's website at www.dh.gov.uk by entering its title into the search bar.

Whilst many people receive excellent care at the end of life, the Government recognises that many do not and is committed to improving end of life care services. The strategy's aim is to improve care for people approaching the end of life, whatever their diagnosis and wherever they are, including enabling more people to be cared for and die at home if they wish. The strategy covers all adults with advanced, progressive illness, including cancer, and care given in all settings.

To meet this aim, we need to bring about changes in society as well as in the NHS and social care services. We know that many people are not comfortable talking about death, so have set up a national coalition, Dying Matters, to raise the public profile of issues around death, dying and bereavement. By breaking the taboo about

issues around death, and by putting the right services in place, we will enable patients to discuss care options with NHS professionals and set out agreed actions reflecting their wishes and preferences.

The strategy builds on and supports the visions for end of life care developed by Strategic Health Authorities (SHAs) as part of the NHS Next Stage Review. The Review sets the agenda for the development of services in each authority and puts end of life care at the centre of local planning. Primary Care Trusts (PCTs) have developed strategic plans to deliver the SHAs' objectives and 69 of 152 PCTs have explicitly made end of life care a priority.

Good progress has been made in the implementation of the strategy. For example, Quality Markers have been published, which will help commissioners and providers identify areas for improvement, track progress and assess themselves. The Department has also published competences and core principles in end of life care for the training and development of 'generalist' staff and launched pilots for locality-wide end of life care registers, which will help improve communication, co-ordination and planning and delivery of end of life care. We are also planning to monitor how the new money the Government has provided to support the strategy is spent by PCTs in more detail than usual, so that we can put together a national picture of how services are developing.

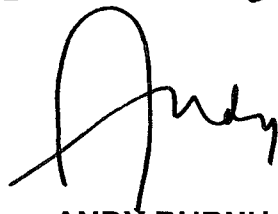
The first annual report on implementing the strategy was published in July 2009 and is also available on the Department's website. We will build on the foundations established and continue to work to take forward implementation of the strategy. New work will include addressing issues around bereavement and spirituality and further work to enhance staff training and development.

The End of Life Care strategy sets out plans on workforce training and development, to ensure that health and social care staff at all levels have the necessary knowledge, skills and attitudes relevant to care for the dying. I should explain that training for clinical staff is the responsibility of the various medical education bodies. The strategy is being implemented in workforce training through work commissioned from various key training bodies and through asking relevant regulatory, professional and education bodies to, for example, consider reviewing standards and outcome requirements at undergraduate/pre-registration and postgraduate/post-registration levels, and to review the needs for ongoing continuing professional development. Training will need to be appropriate to the needs of the health professional

concerned, with more specialist training continuing, as now, to be provided to those seeking to work in specialist palliative care.

I hope this reply assures your constituents that the Government is committed to maintaining the highest quality treatment and care possible for cancer patients.

Best wishes

A handwritten signature in black ink, appearing to read 'Andy', with a large, stylized initial 'A'.

ANDY BURNHAM