

Reforming cancer care

Next Tuesday is Britain Against Cancer Day and the Department of Health will unveil its Cancer Reform Strategy. Last week the Conservatives presented their policy. Here Professor Karol Sikora gives his assessment. He is a leading cancer specialist and Medical Director of CancerPartnersUK, a new independent sector organization which is creating Britain's largest network of cancer centres by partnering with NHS and private hospitals. He is senior editor of the textbook "Treatment of Cancer" which goes to its fifth edition next month.

Imagine your world being turned upside down. The school run, sorting out Christmas, filling your tax form, dealing with difficult work colleagues; all pale into insignificance. Suddenly you have cancer, and are confronting your own mortality for the first time. It will happen to one in three of us. Imagine it's someone you care for very much. You will want speedy service close to your home, and the best possible care.

You don't want to wait two weeks to be seen, with possible further delays in diagnosis caused by cancelled tests and lost X rays. The process can seem impersonal, and as though there is no one in charge. The diagnosis is made and you're told you have to wait three months for radiotherapy. To cap it all you're going to have to make a four hour round trip each day to a large city centre hospital, fight for a car parking space and wait around endlessly, every day for the next six weeks. As a patient your time will have no importance. You'll also worry that you're not getting the most effective cancer drugs. The most recent are generally not available on the NHS unless you pay for them, and there are huge variations – the post-code lottery. And in a free health system it is a scandal that poor people still have worse outcomes. Achieving equity by delivering uniformly high standards to all is the hallmark of service industries, so why not the NHS?

Cancer care need not feel like this. We can cure 44% of all cancer patients with today's technology - in 10 years it will be 60%, in 20 years perhaps as many as 80%. Cancer will become for many a chronic, controllable illness just like diabetes or high blood pressure.

Undoubtedly there have been major improvements. Mike Richards, the Cancer Czar has led the heavy investment that came with the NHS Cancer Plan of 2000. The Cancer Reform Strategy is a year long consultation exercise first announced by Patricia Hewitt in November last year, which has involved over a thousand people. We are now spending more per person on cancer than any other European country. However huge problems remain, and we simply don't seem to get value for our money – much is used inefficiently.

The short term statistics on access to diagnostics, time to first treatment, availability of radiotherapy machines, and access to innovative cancer drugs put us down the bottom of the league tables. And our survival statistics still lag behind significantly as shown in this year's Eurocare report. But we can take encouragement that for many complex cancers such as leukaemia, lymphoma and testicular cancer, the NHS obtains world class results.

So can't we do the same for common cancers such as lung, breast, prostate and colon? The answer is organization.

We need to invest in systems which will deliver efficient, customer friendly cancer services, as close to home as possible - in days not months. Of course prevention, screening and end of life care need funding; but these interventions won't prevent cancer occurring as part of the aging process, so we also need to build up our services to deal with acute care. They need to be adapted to local circumstances and cross socio-economic barriers.

Radiotherapy provision is well below what's needed. The recent National Radiotherapy Advisory Group's report showed a 91% under-capacity. Only three out of our 61 radiotherapy centres regularly undertake precision therapy planning, yet 30 have been issued with all the technology necessary. Access to new drugs is patchy. There are eight drugs regularly available throughout Europe that are limited in the UK. 'Difficult Decision Panels' have been created by many Primary Care Trusts (PCTs) to consider requests on a case by case basis. This is simply madness: do you rate the life of a forty year old mother of three with breast cancer more highly than a retired lorry driver with prostate cancer? Both have paid their taxes for their health insurance. With forty new cancer drugs scheduled to be registered over the next 3 years, we need to have a far crisper decision processes on what's available and immediate access to funding if approved.

So what's the solution? We need to create new day centres right round the country, so that nine out of ten of us live within a 30 minute drive time of a treatment centre. Technology exists to plan radiotherapy down the line using an IT superhighway. We need to eradicate delays through lean management and local entrepreneurship with complete new ways of working. We have to go from 61 centres of varying quality to a much more evenly distributed network of 200 outlets and far fewer controlling hubs.

We need to deliver efficiency with a true consumer focus. We must use the independent sector to help. Yes, it requires a return on its investment, but it's the best way of driving culture change and we'll save much more in efficiency gains. Just look how the hospice movement benefited from being outside the NHS as it developed. Voluntary sector innovators achieved dramatic changes in the delivery of palliative care because there were no bureaucratic barriers to overcome. We really are the envy of the world now in this area.

Better, faster, cheaper is the mantra of all customer facing businesses. The same applies to cancer care. We need cancer 'hotels' in every sizable town, and just like supermarkets you'll be able to park right by the building. We need a complete revolution in how we deliver services. Professional silos need to be replaced by task oriented groups who value their customers above all else. We need a complete change in how care is delivered; working together, we can make cancer a much less frightening experience.