



Capacity to deliver: recommendations

These recommendations for policy change are intended to support local action to unlock capacity.

- 1 The publication of a fully-funded workforce plan should be a priority. The plan should set out future demand projections, how gaps will be filled and what action will be taken to retain existing healthcare professionals.
- 2 The Government should ensure that measures to expand and optimise service capacity are a key theme in the forthcoming Major Conditions Strategy, of which cancer will be a part. Cancer alliances should support integrated care boards in developing plans which set out how they intend to optimise cancer capacity within their health system.
- 3 Action on cancer in the Major Conditions Strategy should — as a minimum — seek to emulate the levels of cancer capacity available in countries whose outcomes we seek to match.
- 4 Given the pressing need to expand capacity, funding flows which incentivise investment in new capacity should be adopted.
- 5 Efforts should be redoubled to remove unnecessary appointments which introduce delays and occupy staff time. Funding mechanisms such as tariffs should be designed to reward efforts to reduce the number of steps between referral, diagnosis and treatment.
- 6 Encouraging the universal adoption of best practice timed pathways (BTPs) should be a priority. NHS England should publish metrics to track progress on implementation with linked incentives to reward those services which can demonstrate plans to make rapid progress.
- 7 NHS England should apply a 'capacity premium' in evaluating and procuring technologies which can free-up staff time.
- 8 NHS England should work with cancer alliances to identify a series of high impact capacity-releasing interventions which would benefit from the development of large-scale procurement and roll out plans.
- 9 Efforts to streamline multidisciplinary teams (MDTs) should be redoubled, enabling teams to work differently and freeing up time to focus on complex cases.
- 10 Care coordination and personalisation should be seen as interventions which can improve quality and optimise the use of capacity. Digital approaches to support on issues such as holistic needs assessment and side effect management should be piloted.
- 11 Further opportunities for staff such as community pharmacists and advanced nurse practitioners to deliver different aspects of cancer care should be developed and evaluated.
- 12 The NHS should be encouraged to make greater use of independent sector (IS) capacity. To accelerate this process, the Government and NHS England should conduct a national procurement process for IS-delivered Community Diagnostic Centres.
- 13 Safeguards should be established in IS Community Diagnostic Centre contracts, establishing a right to choice of diagnostic provider, ensuring workforce is additional and providing the long-term certainty required to invest.
- 14 Building on the model used for many Community Diagnostic Centres, future service design should seek to, wherever possible, separate cancer / elective and urgent care capacity so as to minimise disruptions to the delivery of cancer care.
- 15 Long term sustainability demands a focus on interventions which can reduce health need. These include prevention initiatives, efforts to encourage earlier diagnosis and 'prehabilitation'.

