

Clinical networks for cancer and cardiac care in England report major funding cuts

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The clinical networks that coordinate care of NHS patients with cancer and those with heart disease and stroke are reporting major cuts in their budgets, show figures collected in a survey by the Labour Party, published this week.¹

The survey asked the 28 cancer networks and 28 stroke and heart networks in England to provide information on their funding, under the Freedom of Information Act; more than three quarters responded.

Cancer networks reported that their funding had been cut by around 25% and that 73 staff posts (a fifth of the total) had been lost since 2009-10. Stroke and heart networks said that their funding had been cut by 12% and that 38 staff posts (16% of the total) had gone over the same period.

“Ministers have repeatedly promised to protect the funding for clinical networks,” said Liz Kendall, Labour’s shadow minister for care and older people. “Doctors, nurses, and other experts brought together by cancer and cardiac networks are crucial to improving patient care for Britain’s biggest killers. The government should be working to support these local specialists.”

The Department of Health said in a statement that funding for clinical networks had not been cut and that £33m (€41m; \$53m) had been invested each year since 2009 to fund cancer, cardiac, and stroke networks. It said that the NHS Commissioning Board planned to extend the range of clinical networks and to increase funding next year.

New clinical networks in maternity and children’s services and in mental health will be introduced in April 2013,² but the number of networks will be cut from 28 to 12 both in cancer and in heart disease and stroke.

Labour’s survey said that the budget cuts and reduced staffing being reported by networks meant that they were having to reduce existing and future projects to improve patient care and to reject additional grants from charities.

“The government’s NHS reorganisation is causing huge uncertainty and confusion about the future of clinical networks—destabilising the crucial services and support they provide,” said Kendall.

Mick Peake, national clinical lead for NHS cancer improvement and the National Cancer Intelligence Network, said, “Cancer networks have been a central component of improvements in cancer services in England over the last 10-15 years. They have been the source of expert clinical advice supporting the

development, coordination, and quality of services for cancer patients.”

He cautioned that the shift towards GPs commissioning services made the need for the expert local specialist advice that clinical networks provided even more crucial. “It is therefore vital that in the current reorganisation of the cancer networks sufficient resource is made available to maintain the progress that has been hard won to date,” said Peake.

Roger Boyle, former national clinical director for heart disease and stroke and currently director of the National Centre for Cardiovascular Prevention and Outcomes at University College London, agreed. He said, “Clinical networks have helped revolutionise every step of the patient pathway from prevention of disease [to] identifying people at risk of disease and developing the most cost effective methods of service improvement. We cannot do without them.”

Mike Richards, who is currently the national director for cancer but will be the NHS Commissioning Board’s director for reducing premature mortality, told the *BMJ* that funding to cancer networks would decrease because the four networks after the reorganisation will share a total budget of £42m, rather than the current budget of £33m being shared between two networks. “But administrative resources will be kept to a minimum,” he said. “There will also be some flexibility [in budget allocation] at the local level. And it doesn’t mean that other sources of funding can’t be found, as we have seen previously with PCTs [primary care trusts] and acute trusts contributing to networks.”

He acknowledged that the current period of change was “a very difficult time” and unsettling for people who have to reapply for their jobs or look for new posts, but he said that the networks had known about the changes for the past few months.

“Networks will continue to have a major role in delivering strategic change. Resources will be more thinly spread, but networks will cover new clinical areas that have been identified as priorities. By having economies of scale and working alongside each other, networks can achieve as much in the future as they have in the past.”

1 Labour Party. Funding for cancer networks slashed by a quarter, Labour survey finds. 10 Dec 2012. www.labour.org.uk/funding-for-cancer-networks-slashed-by-a-quarter,2012-12-10.

2 Hawkes N. Cancer and heart disease networks face cuts, say charities. *BMJ* 2012;345:e6800.

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