National Cancer Action Team

Part of the National Cancer Programme

Commissioning Cancer Services

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RCGP/NCIN Primary Care Workshop,

13th February 2013

The Health & Social Care Bill (27th March 2012)
Two New Organisations

- NHS Commissioning Board (NHS CB)
  - "The purpose of the Board will be to use the £80bn commissioning budget to secure the best possible outcomes for patients."
  - To ensure the whole commissioning architecture is in place and also will commission some services

- Public Health England (PHE)
  - Information & Intelligence to support local PH and public making healthier choices
  - National Leadership to PH, supporting national policy
  - Development of PH workforce

NHS Commissioning Board and CCGs

NHS Commissioning Board

- Established on 1st October 2011
- Full statutory responsibilities from 1st April 2013

- One national office in Leeds and four regions
- 27 Local Area Teams will directly commission GP services, dental services, pharmacy, some optical services and also screening programmes
- 10 of the local area teams will be specialised commissioning hubs

Clinical Commissioning Groups (CCGs)

- 212 CCGs
- 23 Commissioning Support Units – support to CCGs commissioning local services

Health & Wellbeing Boards

- Will develop Joint Strategic Needs Assessments and local health and wellbeing strategies
- Forum for local commissioners, public health, social care, elected representatives and Healthwatch (stakeholders and the public)
- These will set the local framework for commissioning health care, social care and public health services

Cancer Screening Programmes (from April 2013)

- **DH** will continue to set the strategy and policy for screening (& immunization)

- **Public Health England** – those functions for screening and immunization best carried out nationally
  - Advising on service specifications, QA standards
  - Managing piloting of extensions to programmes expert PH analysis and advice to NHS CB
  - Expert health analysis to DH and NHS CB
  - Supporting expert advisory committees

- **NHS CB** – will be responsible for commissioning screening services.

Strategic Clinical Networks

Established in areas of major healthcare challenge where a whole system, integrated approach is needed to achieve change in quality and outcomes of care for patients.

The first four areas are:

- Cancer
- Cardiovascular disease (incorporating cardiac, stroke, diabetes and renal disease)
- Maternity and children;
- Mental health, dementia and neurological conditions.

Networks will be established for up to five years, depending upon the amount of change that is needed in a specific area.

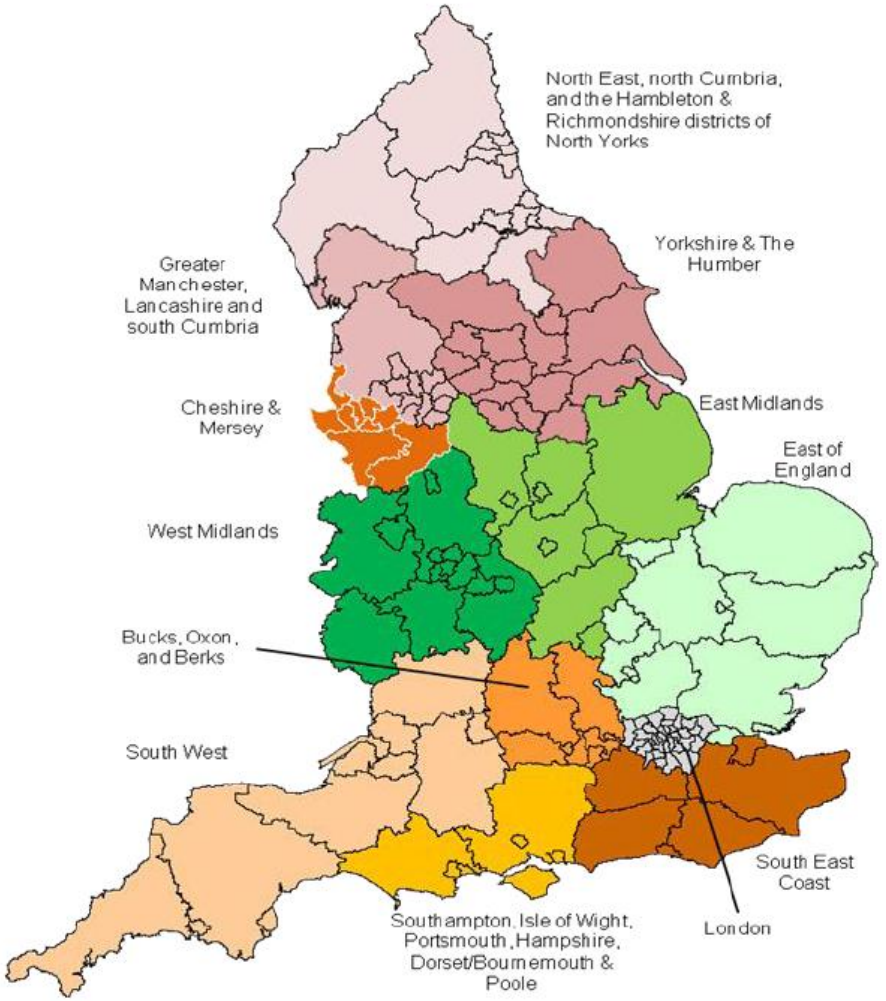
Each of the 12 geographical areas will contain a support team to provide clinical and managerial support for the strategic clinical networks and the clinical senate.

Map of England showing 12 senate geographical areas

12 clinical senates – clinical advice/leadership at strategic level to CCGs and HWBs

The number of networks nesting within each geographical area is for local agreement, based on patient flows and clinical relationships.

Academic health science networks - (AHSNs) also being developed



New Improvement Body and it's Delivery Partner

These two bodies will bring together several legacy organisations

- NHS Institute
- NHS Improvement
- National Cancer Action Team
- End of Life Care Programme
- NHS Diabetes and Kidney
- National Technology Adoption Centre

- Work programme will be based around priorities identified by the 5 Domain Directors

- The NIB will be around 70 staff, focusing on commissioning of delivery of improvement.
- The delivery body will be around 200.

The Mandate
From the Government to the NHS Commissioning Board *Published 13th November 2012*

- To set out the ambitions for how the NHS needs to improve over the next 2 years.
- Based around 5 domains of the NHS outcomes framework
  - Preventing people from dying prematurely
  - Enhancing quality of life for people with long term conditions
  - Helping people recover from episodes of ill health or following injury
  - Ensuring people have a positive experience of care
  - Treating and caring for people in a safe environment and protecting them from avoidable harm
- The NHSCB is legally required to pursue the objectives in the Mandate.
- The NHSCB is under specific legal duties in relation to tackling health inequalities and advancing equality.

CCG Commissioning (Taken from “Manual for prescribed specialised services”)

- **Clinical Commissioning Groups (CCGs) commission services for patients with the following common cancers with the exception of radiotherapy, chemotherapy and specialist interventions:**
- Bladder and kidney cancer (except specialist surgery)
- Breast cancer
- Germ cell cancer (initial diagnosis and treatment)
- Gynaecological cancers (Initial assessment of all cancers; treatment of early stage cervical and endometrial cancers)
- Haematological cancers and associated haemato-oncological pathology
- Lower gastrointestinal cancer
- Lung cancer (including pleural mesothelioma)
- Prostate cancer (except specialist surgery)
- Sarcoma (soft tissue where local surgery is appropriate)
- Skin cancer (except for patients with invasive skin cancer and those with cutaneous skin lymphomas)

Specialist Commissioning

- All care provided by Specialist Cancer Centres for specified rare cancers e.g. Brain, Anal,...
- Complex surgery for specified common cancers provided by Specialist Cancer Centres e.g. Gynae, Urological
- Certain specified interventions provided by specified Specialist Cancer Centres e.g. Thoracic surgery, Mohs surgery
- Radiotherapy service (all ages)
- Chemotherapy: for specified rare cancers, the procurement and delivery of chemotherapy including drug costs
- Chemotherapy: for common cancers, the drug costs, procurement and delivery of chemotherapy

Service Specifications

- These have been developed for all specialist services and will be part of the NHS CB's contract with Trusts for all specialist services – 15 specifications for specialist cancer services have been developed and have recently been out for consultation.

- Advisory specifications for local services commissioned by CCGs for Breast, Colorectal and Lung have been developed available on https://www.cancertoolkit.co.uk

- These specifications are not constrained by what we have national data on, but aim to describe "What a good service looks like" and hence what should be commissioned.

- Format - schedule taken from the standard NHS Acute Services contract.

Key Service Outcomes in service specs

More metrics to be developed but will include :-

- Participation in National Audits
- Cancer waiting times
- Threshold for number of procedures, resection rates
- Length of stay / readmission rates
- Recruitment into trials
- 30 day mortality, 1 & 5 year survival
- Registry data submissions – esp. Staging
- National Cancer Patient Experience Survey

Service Profiles – supporting commissioning

- One strand of commissioning support
- Collate a wide range of information from multiple sources in one place to support the Service Specification
- Define indicators in a well-documented and clinically robust way
- Provide site-specific information tied-in to relevant guidance
- Trust level information for commissioners to allow easy comparison across the “providers”
- Allow comparison to national benchmarks
- Breast and Colorectal available now – Lung will be shortly.

Cancer Service Profiles for Colorectal Cancer

Data displayed are for patients for which the trust of treatment can be identified. For a full description of the data and methods please refer to the 'Data Defintions' document. For advice on how to use the profiles and the consultation, please refer to 'Profiles guidance'. Please direct comments/feedback to service.profiles@ncin.org.uk

Somewhere NHS Trust

Select Trust/MDT

- Trust is significantly different from England mean
- Trust is not significantly different from England mean
- Statistical significance cannot be assessed
- England mean

England median

Lowest in England | 25th | 75th | Highest in England

NCIN national cancer intelligence network — Using information to improve quality & choice

NHS

National Cancer Action Team — Part of the National Cancer Programme

Section	#	Indicator	No. of patients/ cases or value	Percentage or rate: Trust	Lower 95% confidence limit	Upper 95% confidence limit	England	Trust rate or percentage compared to England: Low-est	Range	High-est	Source	Period
Size	1	Number of new patients treated per year, 2010/11	157					37		540	CWT	2010/11
	2	Number of newly diagnosed patients treated per year, 2009	109					7		511	CWT/NCDR	2009
Demographics (based on newly diagnosed patients treated, 2009)	3	Patients aged 70+	67	61%	52%	70%	57%	36%		72%	CWT/NCDR	2009
	4	Patients with recorded ethnicity	102	94%	87%	97%	96%	75%		100%	CWT/NCDR	2009
	5	Patients with recorded ethnicity which is not White-British	0	0%	n/a	n/a	7%	0%		58%	CWT/NCDR	2009
	6	Patients who are Income Deprived (1)		26%			14%	6%		33%	CWT/NCDR	2009
	7	Male patients	68	62%	53%	71%	57%	44%		71%	CWT/NCDR	2009
	8	Patients with a nationally registered Dukes' stage	85	78%	69%	85%	74%	26%		98%	CWT/NCDR	2009
	9	Patients with a nationally registered Dukes' stage which is A or B	46	54%	44%	64%	51%	32%		68%	CWT/NCDR	2009
	10	Patients with Charlson co-morbidity index >0 (to be included in later profile release)									CWT/NCDR	2009
Specialist Team	11	Does the specialist team have full membership? (2)	IV	Yes							NCPR	2010/11
	12	Proportion of peer review indicators met	IV	88%			88%				NCPR	2010/11
	13	Peer review: are there immediate risks? (3)	IV	No							NCPR	2010/11
	14	Peer review: are there serious concerns? (3)	IV	Yes							NCPR	2010/11
	15	CPES (4): Patients surveyed and % reporting being given name of a CNS (5,6)	*n/a*	n/a			88%	67%		100%	CPES	2010
	16	All surgeons managing 20+ cases per year?	Yes				84%				NCPR	2010/11
Throughput	17	Number of urgent GP referrals for suspected cancer	1,563					318		2,935	CWT	2010/11
	18	Episodes following an emergency admission (new and existing cancers)	428	63%	59%	66%	53%	26%		71%	HES	2009/10
	19	Patients referred via the screening service	19	9%	6%	13%	5%	0%		29%	NYCRIS	2009
Waiting times	20	Q2 2010/11: Urgent GP referrals for suspected cancer seen within 2 weeks	455	93%	91%	95%	94%	80%		100%	CWT	2011/12 Q2
	21	Q2 2010/11: Treatment within 62 days of urgent GP referral for suspected	15	79%	57%	91%	77%	17%		100%	CWT	2011/12 Q2
	22	Urgent GP referrals for suspected cancer diagnosed with cancer (to be included in later profile release)									CWT	2010/11
	23	Cases treated that are urgent GP referrals for suspected cancer (to be included in later profile release)									CWT	2010/11
	24	Q2 2010/11: First treatment began within 31 days of decision to treat	46	96%	86%	99%	98%	83%		100%	CWT	2011/12 Q2
Practice	25	Surgical cases treated laparoscopically	47	28%	22%	35%	34%	0%		77%	HES	2010/11
	26	Patients resected for liver metastases (casemix adjusted)		5%			4%	1%		10%	CWT/NCDR	2002/10
	27	NBOCAP audit cases undergoing a major surgical resection	119	62%	55%	69%	60%	7%		96%	NBOCAP	2008/09
	28	Mean length of episode for elective admissions		6.3			7.5	2.7		13.9	HES	2009/10
	29	Mean length of episode for emergency admissions		6.0			7.1	3.5		16.9	HES	2009/10
Outcomes and Recovery	30	Surgical patients readmitted as an emergency within 28 days	5	9%	4%	20%	12%	0%		29%	HES	2010
	31	Q2-Q4 2010/11: First outpatient appointments of all outpatient appointments	2,505	29%	28%	30%	49%	6%		98%	PBR SUS	2010/11 Q2-Q4
	32	Patients treated surviving at one year (to be included in later profile release)										
	33	Surgical patients who die within 30 days (casemix adjusted)		5%			5%	0%		11%	NCDR	2009
Patient Experience - CPES (4)	34	Patients surveyed & % reporting always being treated with respect & dignity (6)	*n/a*	n/a			80%	66%		96%	CPES	2010
	35	Number of survey questions and % of those questions scoring red — % Red	*n/a*	n/a				0%		100%	CPES	2010
	36	and green (7) — % Green		n/a				0%		100%	CPES	2010

Definitions: (1) Based on patient postcode and uses the Index of Multiple Deprivation (IMD) 2010; (2) Peer Review (NCPR) source - IV=Internal Verification, PR= Peer Review, EA= Earned Autonomy; (3) The immediate risks or serious concerns may now have been resolved or have an action plan in place for resolution; (4) CPES = Cancer Patient Experience Survey; (5) CNS = Clinical Nurse Specialist; (6) Italic value = total number of survey respondents for tumour group. (7) Based on scoring method used by the Department of Health - red/green scores given for survey questions where the trust was in the lowest or highest 20% of all trusts. Questions with lower than 20 respondents were not given a score. Italic value displayed = the total number of viable questions, used as the denominator to calculate the % of red/greens for the trust.
n/a = not applicable or not available

Version 1.21 - December 2011

Summary

- A whole new range of organisations that will have a role in commissioning or supporting commissioning.
- NHS-CB and CCGs will both commission cancer services and will need to work together across patient pathways.
- Service Specifications being developed to support this
- Service profiles continue to be developed and refreshed to support commissioning