

Commissioning Cancer Services

Di Riley, NCIN
12th March 2013

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

- 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 local area teams will be spec. commissioning hubs
- Clinical Commissioning Groups (CCGs)
 - 212 CCGs
 - 23 Commissioning Support Units – support to CCGs

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

Strategic Clinical Networks

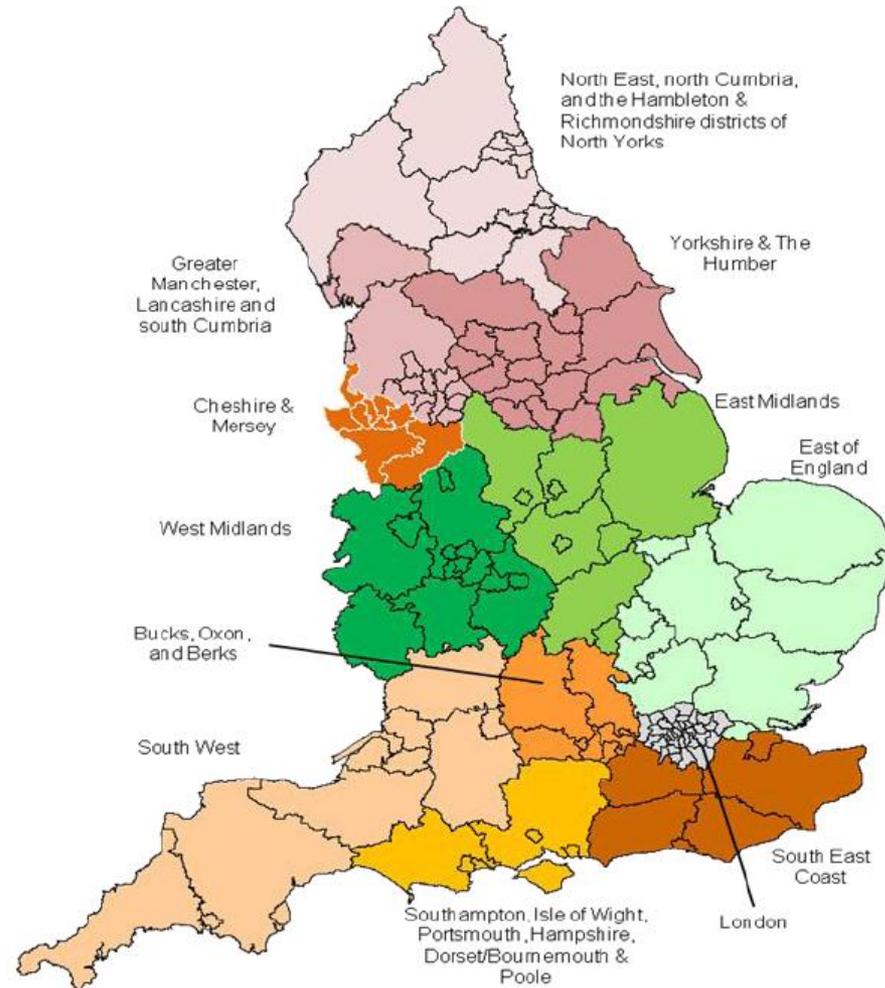
- Established in areas of major healthcare challenge where a whole system, integrated approach is needed to achieve change in quality and outcomes of care for patients.
- The first four areas are:
 - Cancer
 - Cardiovascular disease (incorporating cardiac, stroke, diabetes and renal)
 - Maternity and children;
 - Mental health, dementia and neurological conditions.
- Networks will be established for up to five years initially
- 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 / SCNs 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 – NHS IQ 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 based around Domain priorities
- The NHS IQ ~70 staff, focusing on commissioning of delivery of improvement.
- The delivery body ~200.

The Government Mandate to the NHS Commissioning Board



- 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 legally required to deliver objectives in 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

- Developed for all specialist services & part of the NHS CB's contract with Trusts for all specialist services
 - 15 specifications for specialist cancer services developed
- 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 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

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