

Commissioning Head & Neck Cancer Services

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The Health & Social Care Bill

- **NHS England – formerly the NHS Commissioning Board**
 - “The purpose of NHS England 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 to commission some services

The Health & Social Care Bill (cont)

- **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
- Home to NCIN, and two 'main' cancer functions of former regional registries – registration, and analysis

- NHS England
 - Commissioning Board Established on 1st October 2011
 - Full statutory responsibilities to NHS England from 1st April 2013
 - One national office in Leeds and four regions
 - 27 Area Teams will directly commission GP services, dental services, pharmacy, some optical services and also screening programmes
 - 10 Area Teams will also act as specialised 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 England** – will be responsible for commissioning screening services.
- **Public Health England** – those functions for screening and immunization best carried out nationally

Strategic Clinical Networks

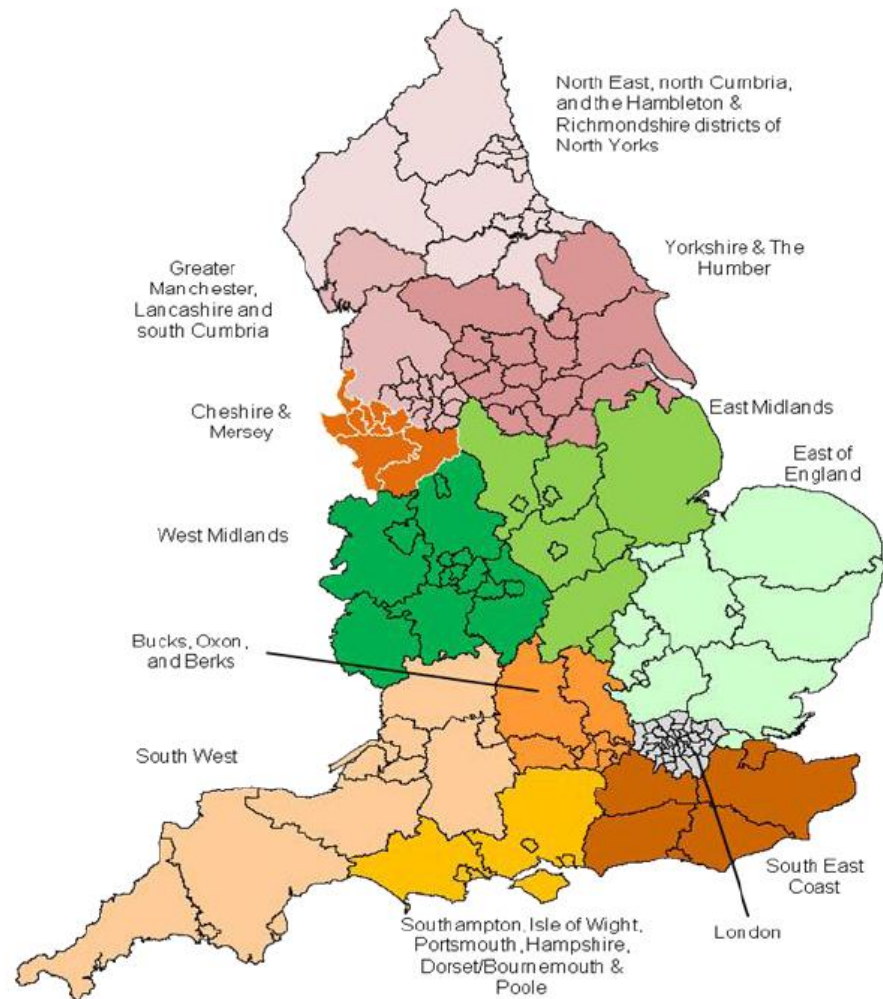
- Established in areas of major healthcare challenge where an integrated, whole system approach is needed to achieve change in quality and outcomes of care for patients.
- The first four areas are:
 - Cancer
 - Cardiovascular disease (incorporating cardiac, stroke, diabetes and renal)
 - Maternity and 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 NHS England

- 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
- NHS England legally required to deliver objectives in Mandate.
- NHS England 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, and **head & neck cancers**
- **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 NHS E's contract with Trusts for all specialist services
 - 15 national specifications of care for specialist cancer services developed, including for head & neck cancers -
<http://www.engage.england.nhs.uk/consultation/ssc-area-b/>
- Advisory specifications for CCG commissioned services for Breast, Colorectal and Lung have been developed available on <https://www.cancertoolkit.co.uk> - 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.

Service Profiles

- Bring routinely collected data from different sources into a single document - eg
 - National Cancer Data Repository (NCDR)
 - Patient Administration Systems (PAS)
 - Cancer Waiting Times (CWT)
 - Cancer Patient Experience Survey (CPES)
 - Clinical Lines of Enquiry (CLE)
- Already published in Cancer Commissioning Toolkit for Breast, Colorectal and local Lung MDTs –
www.cancertoolkit.co.uk

Targeted cancer-profiles

Cancer Service Profiles for Colorectal Cancer - Look and feel mock-up - dummy data
v1.4 Sept 2011. Please direct comments and feedback to profiles@ncin.org.uk.

National Cancer Action Team
Part of the National Cancer Programme



● Trust is significantly different from England mean
● Trust is not significantly different than England mean
○ Statistical significance can not be assessed
England mean



Jo Blogs NHS Trust

Select Trust/MDT

Lowest in Eng. Eng. 25th Percentile Eng. mean Eng. 75th Percentile Highest in Eng.

Section	#	Indicator	No. of patients/cases or value	Trust	Proportion or rate		England	Trust rates or proportion compared to England mean		Source	Period
					Lower 95% confidence	Upper 95% confidence		Range			
Demographics (based on new patients treated per year)	1	Number of new patients treated per year	90				0%				
	2	Patients aged 70+	50	50%	49%	52%	60%	0%			
	3	Patients with recorded ethnicity	89	89%	86%	92%	94%	0%			
	4	Patients recorded as non white-British	15	15%	15%	15%	16%	0%			
	5	Patients who are income deprived	Quintile 2	17%	16%	18%	18%	0%			
	6	Male patients	2	2%	2%	2%	7%	0%			
	7	Patients with a registered cancer stage	70	70%	68%	72%	77%	0%			
	8	Patients with a Stage A or B disease at diagnosis	40	40%	39%	41%	46%	0%			
	9	Patients with a Charlson co-morbidity index >0	34	34%	33%	35%	38%	0%			
	10	The specialist team has full membership	Yes	82%				0%			
Specialist Team	11	Proportion of peer review indicators met	No				0%				
	12	Peer review: are there immediate risks?	No				0%				
	13	Peer review: are there serious concerns	No				0%				
	14	Patients reporting good availability of a CNS	No				0%				
	15	Surgeons not managing 20+ cases per year	92	92%	89%	95%	99%	0%			
Throughput	16	Number of two week wait referrals for cancer	4	40%	39%	41%	45%	0%			
	17	Number and proportion of admissions that are emergencies	42				0%				
	18	Patients referred via the screening service	120	48%	47%	49%	52%	0%			
	19	TWW referrals with suspected cancer seen within 2 weeks	17	17%	16%	18%	19%	0%			
	20	TWW referrals treated within 62 days	37	88%	85%	91%	93%	0%			
Waiting times	21	TWW referrals diagnosed with cancer	41	98%	95%	101%	103%	0%			
	22	Patients treated within 31 days of agreeing treatment plan	7	7%	7%	7%	14%	0%			
	23	Surgical cases treated laparoscopically	91	91%	88%	94%	93%	0%			
	24	Patients resected for liver metastases	12	12%	12%	12%	21%	0%			
	25	Patients undergoing a major surgical resection	8	8%	8%	8%	16%	0%			
	26	Mean length of stay for elective admissions	29	32%	31%	33%	38%	0%			
	27	Mean length of stay for emergency admissions	4.5	4.4	4.6	4.6	0				
	28	Surgical patients readmitted as an emergency within 28 days	5.7	5.5	5.9	5.7	0				
	29	New to follow-up outpatients appointments	4	4%	4%	4%	10%	0%			
	30	Patients treated surviving at one year	76%	74%	78%	82%	0%				
Practice	31	Patients reporting being treated with respect and dignity	90	90%	87%	93%	91%	0%			
	32	Cancer patient experience survey questions scored as "green"	1	1%	1%	1%	0%				
	33	Cancer patient experience survey questions scored as "red"	92	92%			0%				
			3	87%			0%				
			6	4%			0%				

Cancer Service Profiles for Breast 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 Definitions' document. For advice on how to use the profiles and the consultation, please refer to 'Profiles guidance'. Please direct comments/feedback to service_profiles@ncln.org.uk



NCIN
national cancer
intelligence network
Use information to improve health & lives

National Cancer Action Teams
Part of the National Cancer Programme

● 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

Select Trust/MDT				Percentage or rate			Trust rate or percentage compared to England				Source	Period
Section	#	Indicator	No. of patients/cases or value	Trust	Lower 95% confidence limit	Upper 95% confidence limit	England	Lowest	Range	Highest		
Size	1	Number of new patients treated per year, 2010/11	407					63		759	CWT	2010/11
	2	Number of newly diagnosed patients treated per year, 2009	289					8		754	CWT/NCDR	2009
Demographics Newly diagnosed patients, 2009	3	Patients aged 70+	95	33%	28%	38%	30%	13%		57%	CWT/NCDR	2009
	4	Patients with recorded ethnicity	276	96%	92%	97%	91%	73%		99%	CWT/NCDR	2009
	5	Patients with recorded ethnicity which is not White-British	14	5%	3%	8%	9%	0%		71%	CWT/NCDR	2009
	6	Patients who are Income Deprived (1)		12%			14%	6%		29%	CWT/NCDR	2009
	7	Male patients										
Specialist Team	1											
	1											
	1											
	1											
Throughput	0											
	1											
Waiting Times	0											
	1											
Patient Experiences	0											
	1											
Outcomes and Recovery	33	Mean length of episode for elective admissions		2.3			2.8	0.7		6.3	HES	2009/10
	34	Mean length of episode for emergency admissions		5.7			4.9	2.4		11.3	HES	2009/10
Patient Experiences - CPES (4)	36	Surgical patients readmitted as an emergency within 28 days	9	2%	1%	4%	4%	1%		15%	HES	2010/11
	38	Q2-Q4 2010/11: First outpatient appointments of all outpatient appointments	5,473	42%	42%	43%	43%	23%		71%	PBR BUS	2010/11 Q2-Q4
Patient Experiences - CPES (4)	37	Patients treated surviving at one year (to be included in later profile release)										
	38	Patients surveyed & % reporting always being treated with respect & dignity (8)	50	89%			82%	65%		95%	CPES	2010
Patient Experiences - CPES (4)	39	Number of survey questions and % of those questions scoring red and green (7)	50	5%				0%		70%	CPES	2010
	40			41%				0%		72%	CPES	2010

- Does the Specialist Team have full membership?
- Proportion of Peer Review indicators met?
- Peer Review: are there immediate risks?
- Peer Review: are there serious concerns?
- % treated within 62 days of urgent GP referral for suspected cancer?
- How many surgical patients receive a mastectomy?
- How many mastectomy patients receive an immediate reconstruction?
- % of patients surveyed report being treated with respect and dignity?
- % of survey questions scoring red or green?

MDT Scores per Indicator

Indicator No:	Indicator	Criteria for Inclusion	Nos MDTs achieving criteria	Total Nos MDTs	% MDTs achieving criteria
11	The specialist team has full membership	= YES	120	155	77%
12	Proportion of peer review indicators met	>=80%	101	155	65%
13	Peer review: are there immediate risks?	= NO	143	155	92%
14	Peer review: are there serious concerns?	= NO	103	155	66%
23	Treatment within 62 days of urgent GP referral for suspected cancer %	>=95%	126	155	81%
30	Provider undertaking immediate reconstruction*	>0%	141	155	91%
32	Surgical patients receiving mastectomies %	< value of 75 th percentile	116	155	75%
38	% reporting always being treated with respect & dignity	>80%	73	148	49%
40	Cancer patient experience survey questions scored as "green" %	>12%	85	149	57%

Key metrics 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 range of new organisations that have a role in commissioning or in supporting commissioning.
- NHS England and CCGs - both will commission cancer services and will need to work together across patient pathways.
- Service Specifications - ongoing developed to support commissioning at all levels
- Service profiles continue to be developed and refreshed to support commissioning

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