National Cancer Action Team
Part of the National Cancer Programme

NHS

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

Cancer Network
Upper GI TSSG
Clinical Leads Workshop
Support for Commissioners

Di Riley

Outline of Session

- National Commissioning Board
- What does this mean for Cancer Services
- Service Specifications & Profiles

Developing the NHS Commissioning Board

"The purpose of the Board will be to use the £80bn commissioning budget to secure the best possible outcomes for patients."

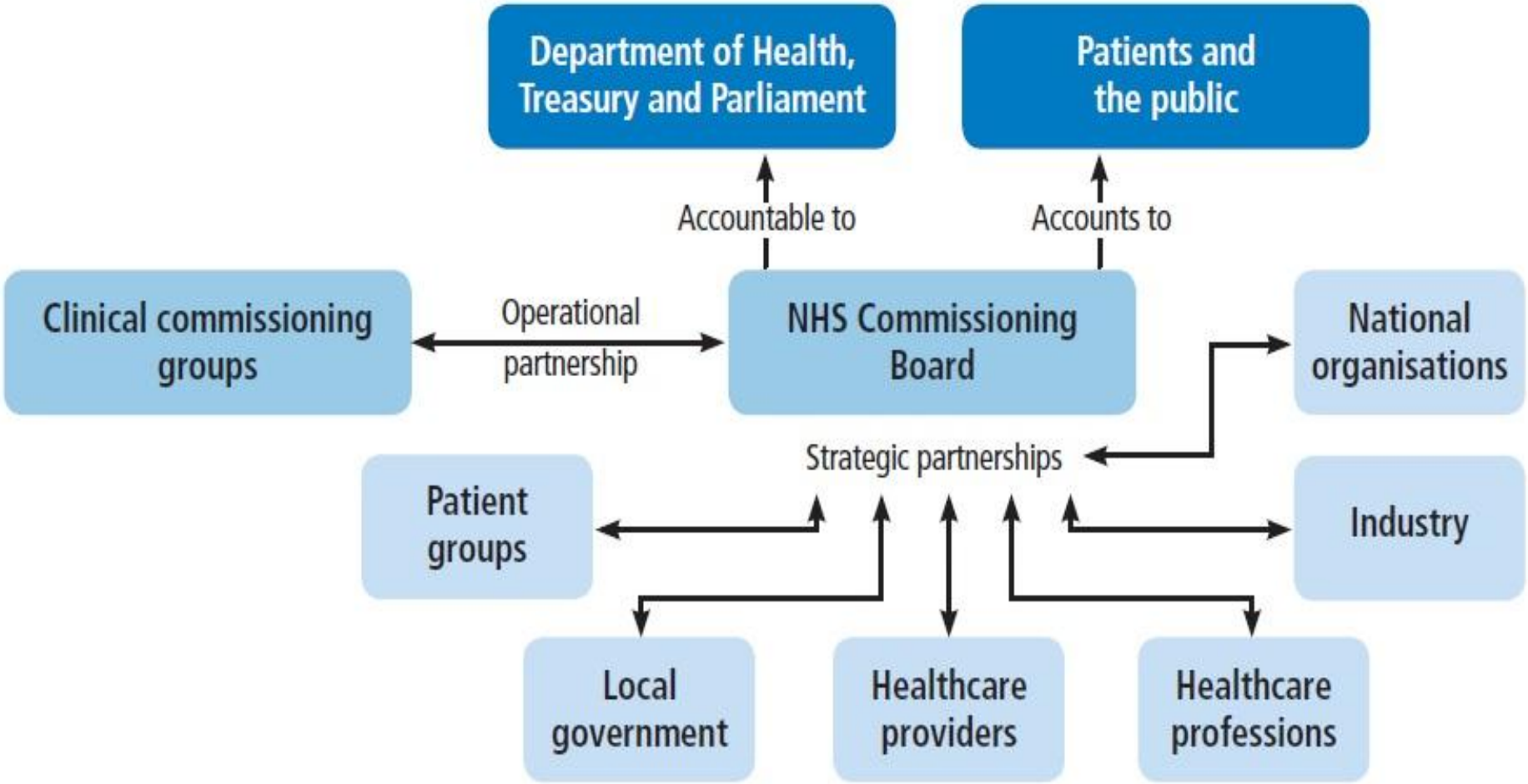
This can be done by:

- Supporting local clinical improvement
- Transforming the management of long-term conditions
- Providing more services outside hospital settings
- Providing a more integrated system of urgent and emergency care to reduce the rate of growth in hospital admissions

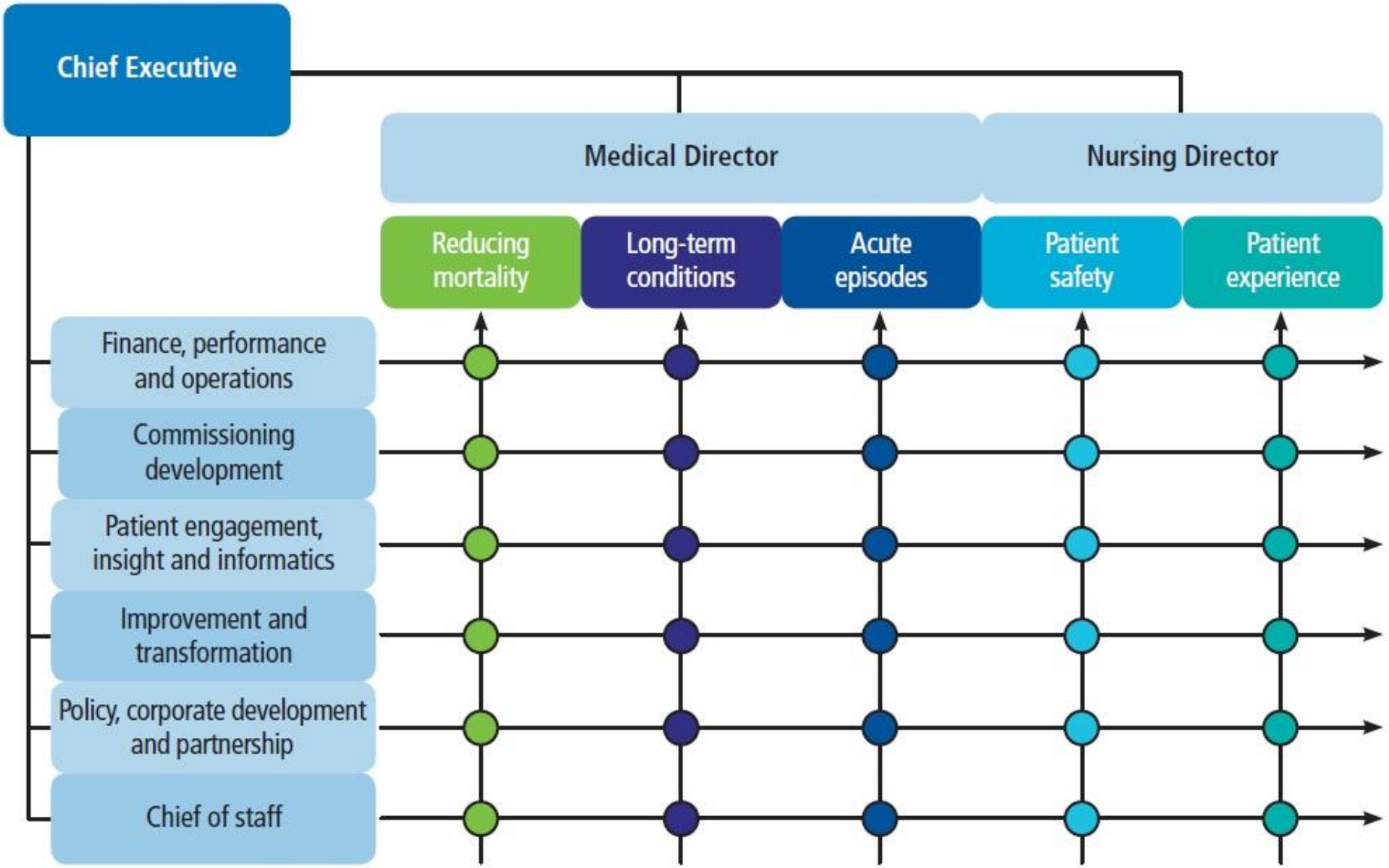
Values and culture of the NHS Commissioning Board

- A clear **sense of purpose focused on improving quality and outcomes;**
- A commitment to putting **patients, clinicians and carers at the heart of decision-making;**
- An **energised and proactive organisation, offering leadership and direction;**
- A **focused and professional organisation, easy to do business with;**
- An **objective culture, using evidence to inform the full range of its activities;**

The Board and its key relationships



Proposed discharge of the functions of the Board at national level



Developing the NHS Commissioning Board

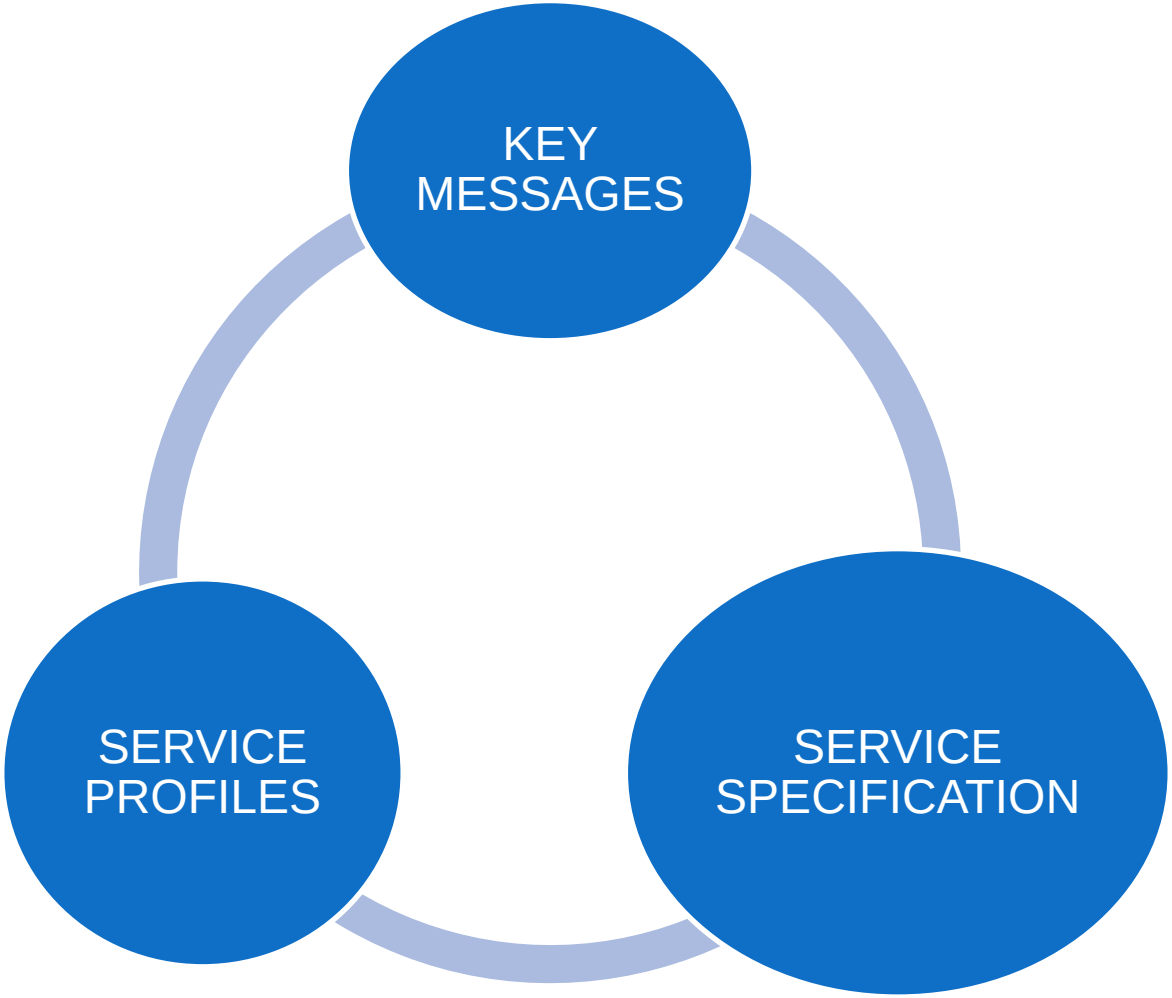
The NHS Commissioning Board will host clinical networks, which will advise on distinct areas of care, such as cancer or maternity services. The Board will also host new clinical senates which will provide multi-disciplinary input to strategic clinical decision making to support commissioners, and embed clinical expertise at the heart of the Board

The purpose of these groups is to ensure that clinical commissioning groups and the Board itself have access to a broad range of expert clinical input to support and inform their commissioning decisions

How this relates to Cancer

- **Preventing people form dying prematurely:** cancer metrics could include incidence, mortality, survival stage of diagnosis, screening uptake, lifestyle change and prevention data
- **Enhancing quality of life for people with long term conditions**: metrics associated with survivorship and PROMs
- **Helping people to recover from episodes of ill health or following injury**: proportion of people managed via MDTs(Peer Review); adherence to guidelines, clinical lines of enquiry
- **Ensuring people have a positive experience of care**: Patient satisfaction surveys PROMS, waiting time information, delays, SUIs
- **Treating and caring for people in a safe environment and protecting them from avoidable harm**: IOG implementation milestones and completion dates. Enhanced recovery data length of stay information etc.

Commissioning Support Packs



Service Specifications

- These may be by pathway or clinical speciality
- Services may be commissioned locally or by Specialist Commissioning groups
- Mandatory Headings 1-3
  - Mandatory, but detail for local determination and agreement
- Optional headings 4-6
  - Optional to use, local determination and agreement

Key Service Outcomes

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

Service Profiles – what are they?

One strand of commissioning support.

A package of information for commissioners packaged at a trust level.

A wide range of information from multiple sources covering –

- Demographics of the patient cohort at the trust
- Composition of the specialist team
- Throughput of cases
- Key Waiting Time indicators
- Clinical practice (varied and mostly cancer type-specific)
- Outcomes and recovery
- Patient experience

Currently in active development for Breast & Colorectal cancer.

Cancer Service Profiles

Hereford Hospitals NHS Trust

Select Trust

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

England mean

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

Domain	#	Indicator	Number or value at trust	Rate or proportion				0% 50% 100%	
				Trust	Lower CI	Upper CI	England		
Demographics	1	Patients treated aged 65+	50	50%	49%	52%	59%	0%	100%
	2	Patients treated with recorded ethnicity	89	89%	86%	92%	94%	0%	100%
	3	Patients treated with non White-British Ethnicity	15	15%	15%	15%	23%	0%	100%
	4	Income deprivation	Quintile 2	17%	16%	18%	23%	0%	100%
	5	Male patients	2	2%	2%	2%	3%	0%	100%
	6	Patients with a registered cancer stage	70	70%	68%	72%	77%	0%	100%
	7	Stage 1 or 2 disease at diagnosis	40	40%	39%	41%	45%	0%	100%
	8	Cases with Charlson co-morbidity index > 0	34	34%	33%	35%	42%	0%	100%
Specialist Team	9	The specialist team has full membership	yes					0%	100%
	10	Proportion of peer review indicators met		82%				0%	100%
	11	Peer review: are there immediate risks?	no					0%	100%
	12	Peer review: are there serious concerns	no					0%	100%
	13	Patients reporting good availability of a CNS	92	92%	89%	95%	93%	0%	100%
	14	Treated cases undergoing a major surgical resection	29	32%	31%	33%	32%	0%	100%
	15	Mastectomies, of all surgeries	30	33%	32%	34%	36%	0%	100%
	16	Surgeons not managing 30+ cases per year	4	40%	39%	41%	45%	0%	100%
Size / Throughput	17	Number of TWW referrals for cancer	42	42%	41%	43%	46%	0%	100%
	18	Number of patients treated per year	90	90%	87%	93%	92%	0%	100%
	19	Invasive cancers	75	75%	73%	77%	76%	0%	100%
	20	'Non invasive' cases	15	15%	15%	15%	23%	0%	100%
	21	Admissions as emergencies	120	48%	47%	49%	57%	0%	100%
	22	Cases from screening	17	17%	16%	18%	22%	0%	100%
Waiting times	23	TWWreferrals with suspected cancer seen within 2 weeks	37	88%	85%	91%	96%	0%	100%
	24	TWW referrals are treated within 62 days	41	98%	95%	101%	105%	0%	100%
	25	TWW referrals diagnosed with cancer	31	91%	88%	94%	95%	0%	100%
	26	Patients are treated within 31 days	7	70%	68%	72%	72%	0%	100%
	27	Symptomatic breast referrals that are seen in two weeks	10	10%	10%	10%	13%	0%	100%
Practice	28	Surgical patients treated laparoscopically	12	12%	12%	12%	17%	0%	100%
	29	Patients receiving sentinel lymph node biopsy	17	17%	16%	18%	20%	0%	100%
	30	Cases 'treated' overnight	67	67%	65%	69%	73%	0%	100%
	31	Masectomies with reconstructive surgery	11	11%	11%	11%	15%	0%	100%
	32	Cases resected for liver mets	8	8%	8%	8%	15%	0%	100%
	33	Mean length of stay for elective admissions		4.5	4.4	4.6	4.6	0	10
	34	Mean length of stay for emergency admissions		5.7	5.5	5.9	5.8	0	10
Outcomes and Recovery	35	Surgical patients readmitted within 30 days	4	4%	4%	4%	11%	0%	100%
	36	Proportion of follow-up episodes		76%	74%	78%	78%	0%	100%
	37	Proportion of patients treated surviving at one year	90	90%	87%	93%	93%	0%	100%
	38	Proportion of surgical patients who die within 30 days	1	1%	1%	1%	1%	0%	100%
Patient Exp.	39	Patients reporting being treated with respect and dignity at all times	92	92%	89%	95%	94%	0%	100%
	40	'green' indicators on National Cancer survey		87%	84%	90%	87%	0%	100%
	41	'red' indicators on National Cancer Survey		4%	4%	4%	11%	0%	100%

Version 0.3. August 2011. Please direct comments and feedback to profiles@ncin.org.uk

NHS National Cancer Action Team NCIN

Service Profiles – supporting commissioning

The profiles support commissioning by –

- Collating a range of information in one place.
- Defining indicators in a well-documented and clinically robust way.
- Providing site-specific information tied-in to relevant guidance.
- Allowing easy comparison across the ‘patch’.
- Allowing comparison to national benchmarks.

Service Profiles – UGI specifics

- What are the information “must-haves” for UGI?
- When does commissioning UGI cancer services need to be commissioned by specialist commissioning?
- What NICE/other guidance thresholds should be included?
- Are there natural cancer-type groupings?
  - O-G
  - HPB

Summary

- There is a new commissioning landscape in development
- Services will be commissioned at different levels still to be determined
- Cancer networks and their clinical tumour groups will have a role to play
- The service profiles are an important element within commissioning support – but need clinical input to fulfil their potential.

What do we need to consider for O-G & HPB?