National Cancer Action Team
Part of the National Cancer Programme

NHS

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Using information to improve quality & choice

Service specifications & commissioning in breast cancer

Di Riley

NCRI
National Cancer Research Institute

To Cover:

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- Service Specifications & Profiles

Developing the NHS Commissioning Board

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"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

Developing the NHS Commissioning Board

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The NHS Commissioning Board will

- host clinical networks - advise on distinct areas of care, such as cancer or maternity services.

- host new clinical senates - provide multi-disciplinary clinical input to support commissioners, and the NHS CB

Levels of Commissioning

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- National level (<500 incidence)
- Specialized Commissioning Groups (~7.5m pop)
- Clinical Commissioning Groups (local)

Commissioning Support Packs

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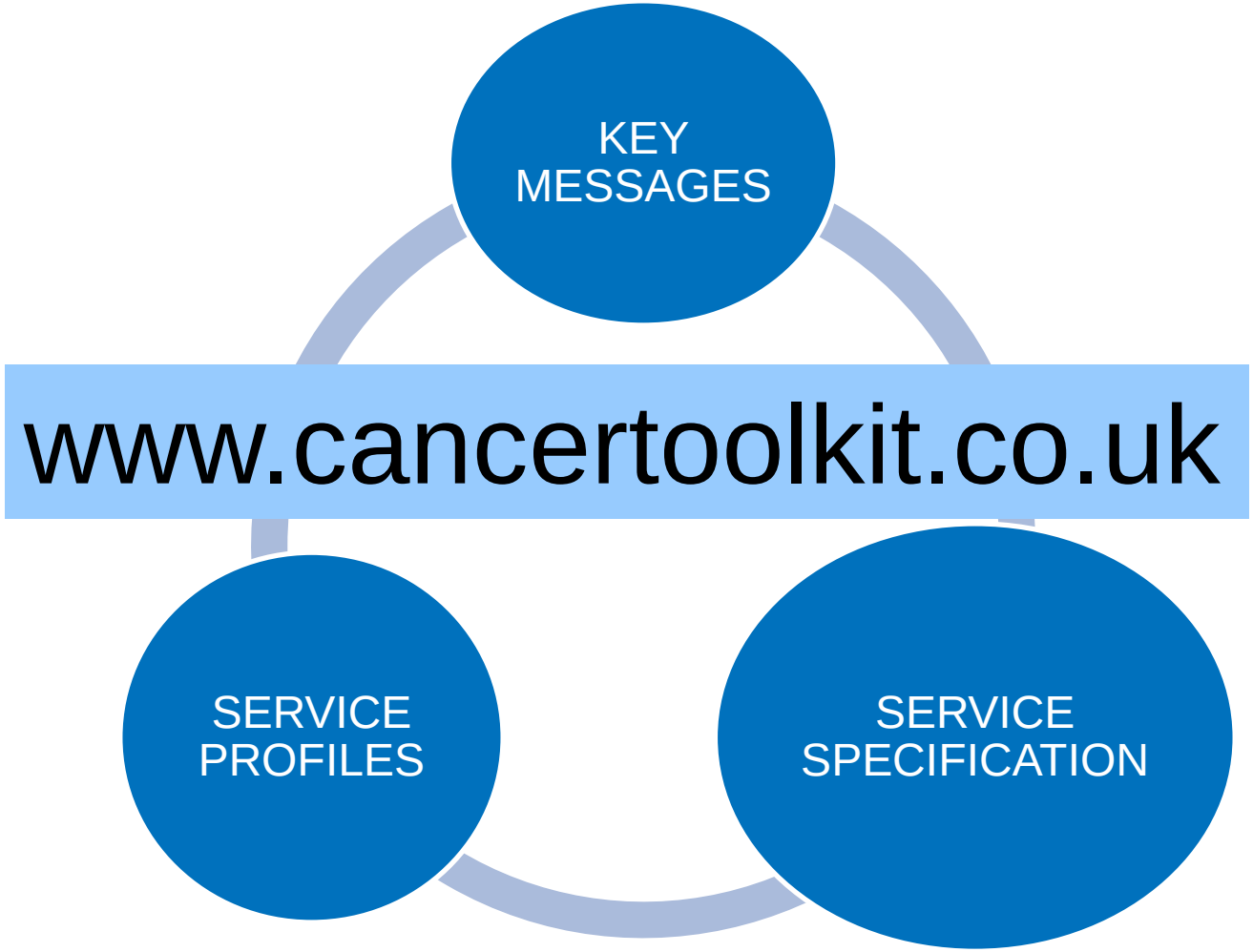

Key messages on cancer (1)

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1. **The Incidence is rising:** - 250,000 new cases p.a. now; 300,000 by 2030
2. **Cancer services and outcomes (survival and mortality) have improved** over the past 10–15 years. Much of the improvement has been in the hospital sector (MDTs etc)

Key messages on cancer (2)

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3. Despite this, **survival for many cancers remains poor** in comparison with other developed countries
   - 5000 lives a year could be saved if we matched the European average
   - 10,000 lives a year could be saved if we achieved the level of the best
4. **Late diagnosis** is the major factor underlying the poor survival rates in this country

Key messages on cancer (3)

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5. This is not simply a matter of patients living a few extra months.
    - It can often be the difference between early death and long term survival/cure
6. Initiatives to promote early diagnosis are likely to be highly cost effective

Key messages on cancer (4)

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7. Particular attention should be given to:
   - Reducing emergency presentations (23% of all cancers) as these have very poor survival
   - The elderly – who often present late
   - Ensuring that providers record staging and report this to their cancer registry

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

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

Service Profiles – what are they?

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One strand of commissioning support.

Trust level information for commissioners

A wide range of information from multiple sources

- 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

Service Profiles – supporting commissioning

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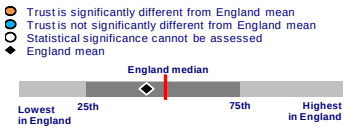
- Collate a range of information in one place.
- Define indicators in a well-documented and clinically robust way.
- Provide site-specific information tied-in to relevant guidance.
- Allow easy comparison across the ‘patch’.
- Allow comparison to national benchmarks.

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 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

Select Trust/MDT



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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	169					63		759	CWT	2010/11
	2	Number of newly diagnosed patients treated per year, 2009	124					8		754	CWT/NCDR	2009
Demographics (based on newly diagnosed patients treated, 2009)	3	Patients aged 70+	46	37%	29%	46%	30%	13%		57%	CWT/NCDR	2009
	4	Patients with recorded ethnicity	115	93%	87%	96%	91%	73%		99%	CWT/NCDR	2009
	5	Patients with recorded ethnicity which is not White-British	2	2%	0%	6%	9%	0%		71%	CWT/NCDR	2009
	6	Patients who are Income Deprived (1)		25%			14%	6%		29%	CWT/NCDR	2009
	7	Male patients	3	2%	1%	7%	1%	0%		2%	CWT/NCDR	2009
	8	Patients with a nationally registered Nottingham Prognostic Index (NPI)	8	7%	3%	13%	50%	0%		88%	CWT/NCDR	2009
	9	Patients with a nationally registered NPI in excellent or good prognostic groups	n/a	n/a	n/a	n/a	62%	39%		73%	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)	PR	Yes							NCPR	2010/11
	12	Proportion of peer review indicators met	PR	91%			76%				NCPR	2010/11
	13	Peer review: are there immediate risks? (3)	PR	No							NCPR	2010/11
	14	Peer review: are there serious concerns? (3)	PR	Yes							NCPR	2010/11
	15	CPES (4): Patients surveyed and % reporting being given name of a CNS (5,6)	*n/a*	n/a			94%	73%		100%	CPES	2010
	16	Surgeons not managing 30+ cases per year	1	25%	5%	70%	40%	0%		80%	HES	2009/10
Throughput	17	Number of urgent GP referrals for suspected cancer	1,299					307		4,126	CWT	2010/11
	18	Patients with invasive cancer and treated at this trust	168	99%	97%	100%	92%	52%		100%	CWT	2010/11
	19	Patients with non-invasive cancer and treated at this trust	1	1%	0%	3%	8%	0%		48%	CWT	2010/11
	20	Episodes following an emergency admission (new and existing cancers)	167	55%	49%	60%	37%	10%		71%	HES	2009/10
	21	Patients referred via the screening service	3	2%	1%	7%	33%	0%		64%	WMCIU	2009
Waiting times	22	Q2 2011/12: Urgent GP referral for suspected cancer seen within 2 weeks	306	99%	97%	100%	97%	68%		100%	CWT	2011/12 Q2
	23	Q2 2011/12: Treatment within 62 days of urgent GP referral for suspected cancer	27	100%	88%	100%	97%	86%		100%	CWT	2011/12 Q2
	24	Urgent GP referrals for suspected cancer diagnosed with cancer (to be included in later profile release)									CWT	2010/11
	25	Cases treated that are urgent GP referrals with suspected cancer (to be included in later profile release)									CWT	2010/11
	26	Q2 2011/12: First treatment began within 31 days of decision to treat	48	100%	93%	100%	99%	88%		100%	CWT	2011/12 Q2
	27	Q2 2011/12: Urgent breast symptom referrals (cancer not suspected) seen in 2 wks	316	99%	98%	100%	96%	61%		100%	CWT	2011/12 Q2
Practice	28	Surgical cases receiving sentinel lymph node biopsy	84	55%	47%	63%	43%	0%		76%	HES	2010/11
	29	Day case or one overnight stay surgery	134	74%	67%	79%	72%	28%		96%	HES	2010/11
	30	Mastectomy patients receiving immediate reconstruction	17	23%	15%	34%	19%	0%		73%	HES	2010/11
	31	Major surgeries in breast cancer patients (including in-situ cases)	98	79%	71%	85%	74%	50%		87%	HES/NCDR	2009
	32	Surgical patients receiving mastectomies	72	52%	44%	60%	39%	22%		69%	HES	2009/10
	33	Mean length of episode for elective admissions		2.4			2.8	0.7		6.3	HES	2009/10
	34	Mean length of episode for emergency admissions		4.7			4.9	2.4		11.3	HES	2009/10
Outcomes and Recovery	35	Surgical patients readmitted as an emergency within 28 days	7	4%	2%	8%	4%	1%		15%	HES	2010/11
	36	Q2-Q4 2010/11: First outpatient appointments of all outpatient appointments	3,654	41%	40%	42%	43%	23%		71%	PBR SUS	2010/11 Q2-Q4
	37	Patients treated surviving at one year (to be included in later profile release)										
Patient Experience - CPES (4)	38	Patients surveyed & % reporting always being treated with respect & dignity (6)	*n/a*	n/a			82%	65%		95%	CPES	2010
	39	Number of survey questions and % of those questions scoring red (% Red)	*n/a*	n/a				0%		70%	CPES	2010
	40	and green (7) (% Green)		n/a				0%		72%	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 survey questions, used as the denominator to calculate the % of red/greens for the trust.
n/a = not applicable or not available

Clinical Aspects

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Practice	**28**	Surgical cases receiving sentinel lymph node biopsy
	29	Day case or one overnight stay surgery
	30	Mastectomy patients receiving immediate reconstruction
	31	Major surgeries in breast cancer patients (including in-situ cases)
	32	Surgical patients receiving mastectomies
	33	Mean length of episode for elective admissions
	34	Mean length of episode for emergency admissions
Outcomes and Recovery	**35**	Surgical patients readmitted as an emergency within 28 days
	36	Q2-Q4 2010/11: First outpatient appointments of all outpatient appointments
	37	Patients treated surviving at one year (to be included in later profile release)

Evidence Base

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DH

- Improving Outcomes; a Strategy for Cancer – Department of Health (2011)
- Cancer Commissioning Guidance - Department of Health (2011)

NICE

- Improving Supportive and Palliative Care for adults with cancer - NICE(2004)
- Improving Outcomes in Breast Cancer – NICE (2002)
- Referral guidelines for suspected cancer - NICE Clinical Guideline 27 (2005)
- Quality Standard for Breast Cancer – NICE (2011)
- Quality Standard for end of life care for adults – NICE (2011)

National Cancer Peer Review

- NCPR Handbook – NCPR, National Cancer Action Team (2011)
- Manual for Cancer Services: Breast Measures, Version 3.0 – NCPR, National Cancer Action Team (2011)

Summary

- There is a new commissioning landscape in development
- Services will be commissioned at different levels some 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.