

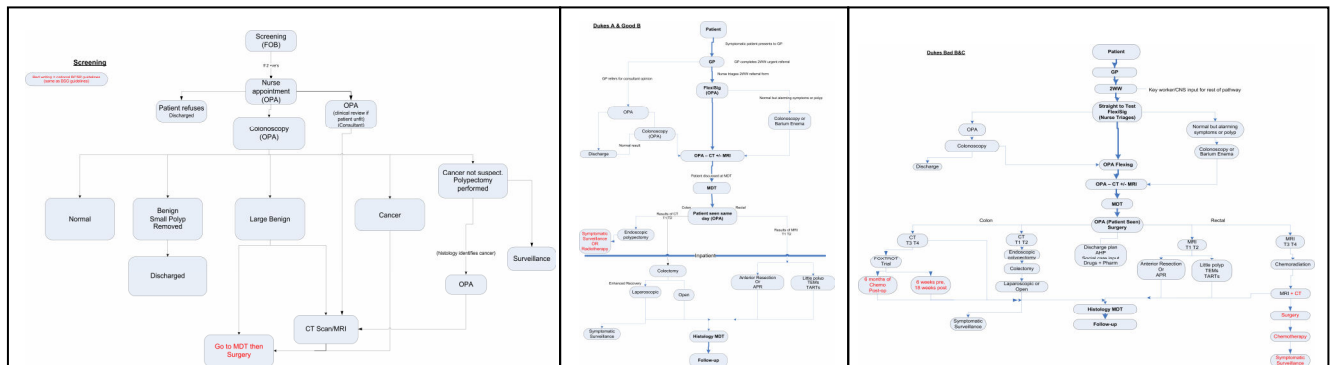
A Costed Pathway for Colorectal Cancer

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Background: Avon Somerset & Wiltshire Cancer Services (ASWCS) Cancer Network comprises a population of around two million people. It encompasses one Strategic Health Authority, (NHS South of England) six primary care trusts (PCTs) (three clusters), six acute trusts, four hospices and many voluntary organisations. The role of the Network is to coordinate high quality cancer services across often complex patient pathways by planning, commissioning and delivering services across organisational boundaries, in a timely manner and with patients always at the heart of the process. There has been a continued emphasis to improve the quality of services offered to patients, while also being innovative, more productive and efficient to maximise the use of scarce resources. These challenges have been distilled into the Quality, Innovation, Prevention and Productivity (QIPP) agenda which all PCTs and acute trusts have been working to deliver. This is a joint working project between Roche Products Limited and ASWCS. The purpose of the project was to develop a commissioning toolkit that would map and cost the route of admission into the cancer pathway by the different Dukes stage for colon and rectal cancers. Recently focus on routes to diagnosis² demonstrated that 25% of colorectal cancer patients presented as emergencies and carried with them a much poorer prognosis than if identified through screening or GP referral routes. **Approach:** The toolkit is developed from a number of defined algorithms agreed by the ASWCS Colorectal Site Specialist Group (SSG), drawing on the national colorectal cancer Map of Medicines³ and NICE colorectal cancer clinical guidelines⁴

Figures 1,2,3 below.



The high level algorithms were populated in more detail and internal audits and patient data were compared to ensure the pathways accounted for the most trodden path for patients entering the pathway. The routes in to the pathway were confirmed using both National Bowel Cancer Audit (NBOCAP)⁴ data and national work on routes to diagnosis. Having tested the algorithms the toolkit was developed as an Excel model.

Diagnosed CRC Patients	Total National	Total Network	South Gloucestershire	Bath & North East Somerset	North Somerset	Bristol	Wiltshire	Somerset
Best Practice								
PCT Numbers	20221	1341	140	132	140	207	212	413
Screened Without a diagnosis	56302	3465	346	346	346	346	346	346
%	55%	55%	55%	55%	55%	55%	55%	55%
Two Week Wait Without a Diagnosis	159226	8447	847	847	847	847	847	847
%	45.7%	45.7%	45.7%	45.7%	45.7%	45.7%	45.7%	45.7%
DUKES A %								
Actuals	4884	256	28	26	27	39	59	78
%	48.9%	50.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%
Actual	1654	85	8	8	8	10	16	20
%	33.7%	33.1%	33.1%	33.1%	33.1%	33.1%	33.1%	33.1%
Screen Detected	249	5%	5%	5%	5%	5%	5%	5%
%	5%	5%	5%	5%	5%	5%	5%	5%
GP Two Week Wait	1348	66	8	7	7	11	16	21
%	27%	27%	27%	27%	27%	27%	27%	27%
GP Non-TWV Referral	997	51	6	6	6	8	12	16
%	20%	20%	20%	20%	20%	20%	20%	20%
Other Outpatient	448	23	3	2	2	4	6	7
%	9%	9%	9%	9%	9%	9%	9%	9%
Inpatient Elective	398	20	2	2	2	3	5	6
%	8%	8%	8%	8%	8%	8%	8%	8%
Emergency Presentation	1246	64	7	6	7	10	16	19
%	25%	25%	25%	25%	25%	25%	25%	25%
Death Certificate Only	50	3	0	0	0	0	0	0
%	1%	1%	1%	1%	1%	1%	1%	1%
Unknown	249	13	1	1	1	2	3	4
%	5%	5%	5%	5%	5%	5%	5%	5%
First Year Mortality	50	3	0	0	0	0	0	0
%	1%	1%	1%	1%	1%	1%	1%	1%
Recurrence from Previous Year	50	3	0	0	0	0	0	0
%	1%	1%	1%	1%	1%	1%	1%	1%

Pathway	Total National	Total Network	South Gloucestershire	Bath & North East Somerset	North Somerset	Bristol	Wiltshire	Somerset
Left commissioning with Major CC	47,841.00	20.00	0	0	0	0	0	0
Left commissioning without CC	47,841.00	42.00	0	0	0	0	0	0
Subtotal resection of colon with ischaemic without CC	47,841.00	42.00	0	0	0	0	0	0
Subtotal resection of colon with ischaemic with Major CC	47,841.00	42.00	0	0	0	0	0	0
Subtotal resection of colon with ischaemic without CC	47,841.00	42.00	0	0	0	0	0	0
AP resection with end colectomy without CC	47,841.00	42.00	0	0	0	0	0	0
Total Colon Surgery	47,841.00	42.00	0	0	0	0	0	0
Total Rectal Surgery	47,841.00	42.00	0	0	0	0	0	0
Total MDT Count	47,841.00	42.00	0	0	0	0	0	0
Total OPA Follow-up	47,841.00	42.00	0	0	0	0	0	0

The costs applied to the model were based on the scrutiny of patient data and assignment of HRG codes. Meetings and discussions were held with clinicians, finance and clinical coding teams to ensure the robustness of the data. Where no tariff existed clinical expertise was sought or national reference cost data was included.

Population-based Commissioning Toolkit for Colorectal Cancer by Route to Diagnosis and Stage of Disease (Dukes A-D)

Test Version 7
Release Date 01/06/2012

Results Page
HRG Page
Chemo/Radio Page

Colorectal Cancer	Population	Number of Patients	Stage	Pathway	Cost	HRG	Diagnosis	Follow-up	Chemo	Radio	Total
Colorectal Cancer	Population	1000	A	Screening	1000	1000	1000	1000	1000	1000	1000

Advanced Data

Advanced Data	Value	Percentage
Advanced Data	1000	100%

The first draft of the toolkit was shared with the SSG and project steering group in March 2012 where it was agreed that the toolkit would be tested by group members and feedback incorporated into any amendments. Feedback has been extremely positive with the toolkit currently being refined to make it easier to use, missing data has been included and the team is working with the Avon Information Management and Technology Consortium (AIMTC) to embed the toolkit on the ASWCS website. Further feedback from a wider NHS audience will be sought and from there the potential for up scaling and using nationally as a pathway tariff will be investigated.

References:
QIPP Accessed 2011/2 <http://www.dh.gov.uk/en/Healthcare/QualityandProductivity/QIPP/index.htm> Map of Medicines Accessed 2011/2 http://eng.mapofmedicine.com/evidence/map/colorectal_cancer1.html 3. Routes to diagnosis Accessed 2011/2 http://www.nccn.org.uk/publications/data_briefings/routes_to_diagnosis.aspx 4. NICE Clinical Guidelines for Colorectal Cancer 2011 <http://guidance.nice.org.uk/CSG03> 5. NBOCAP audit data Accessed 2011/2 <http://www.hqip.org.uk/national-bowel-cancer-audit-programme-nbocap>