



National Cancer Action Team Part of the National Cancer Programme

Commissioning Cancer Services 2013 – 2014

Jane Whittome / Di Riley September 2012

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

- NHS Commissioning Board (NHS CB)
 - NHS IC
 - collection & analysis of health data
 - commissioning
- Public Health England (PHE)
 - With local Health & Wellbeing Boards (HWBs)
 - Will have core roles:
 - Collection of health data
 - Publication of information and assessment
 - commissioning



Public Health England (PHE)

- 3 main geographic footprints
 - i) Four sub-national regions
 - ii) Eight knowledge and intelligence teams (KITs)
 - (cancer registration and cancer information will be delivered through the KITs)
 - iii) 15 PHE Centres local presence and leadership to local authorities for health protection, public health and specialised commissioning

NHS Commissioning Board (NHS CB)

Established in shadow form on 1st October 2011, limited functions to establish and authorise CCGs

- One national office in Leeds
- Four regions directly commission primary care and specialist services
- 10 specialised commissioning hubs provided within Local Area Teams (LATs)
- 12 clinical senates clinical advice/leadership at strategic level to CCGs and HWBs
- 12 strategic Clinical Networks (up to 5 years)
- 23 Commissioning Support Units support to CCGs commissioning local services
- 27 Local Area Teams will support CCG development
- 212 Clinical Commissioning Groups (CCGs)



Health & Wellbeing Boards

- Direction for local health policy
- Improving health and co-ordinating local efforts
 - Public health & well being

Strategic Clinical Networks

- Likely to include cancer, mental health, vascular & women and childrens services
- 12 Networks will be "centrally" funded but the 12 SCNs/LATs could agree more Cancer Networks
- Currently 28 Networks, though many will "cease" October onwards
- 2 Integrated Cancer Systems in London



Commissioning Activity during 2012

- 61 Clinical Reference Groups were established to support Commissioning of Specialised Services
- Over 100 service specifications for <u>"specialised"</u> services developed
- "Specialised Services"
 - defined in a national document
 - previously been commissioned by Specialised Regional Service
 - or for very rare conditions by National Specialised Services
- New commissioners will need to work together across patient pathway
- CRGs will continue to provide advice in 2013/14
- Expect CRGs to link with NCIN SSCRGs
 - NB: CRG cover "specialised" services



Clinical Advisory Group for Prescribed Services

- Document released in September setting out services that will be commissioned by LATs
- Some alterations may be required

Service Specifications for Cancer (Specialised Services)

- •Kidney, Bladder & Prostate (complex)
- Testicular
- Penile
- Skin
- Specialist Gynaecology
- Brain/CNS
- Adult Chemotherapy
- Children & YP Chemotherapy

- Pancreas
- Oesophageal & gastric
- Anal
- Head & Neck
- Children & Young People
- Sarcoma
- Mesothelioma
- •(BMT)

- Service specifications currently subject to review
- Will be part of the NHS CB's contract(s) with Trusts
- Feedback will be given to SSCRGs



Key Service Outcomes

Indicators 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
- BUT also Contract Monitoring



Service Profiles / Dashboards – what are they?

- One strand of commissioning support
- Trust level information for all commissioners
- A wide range of information from multiple sources to support the Service Specification eg
 - Issue for urology local and specialist services as per the IOG (still under discussion)
 - Penile, testicular
 - Radical radiotherapy bladder, prostate



Service Profiles – supporting commissiong

- 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 "providers"
- Allow comparison to national benchmarks



Targeted cancerprofiles



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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

Aintree University Hospitals NHS Foundation Trust - MDT - Aintree

♥ Statistical significance cannot be assessed
 ♦ England mean

England median

national cancer intelligence network

	-		Lowest 25th in England	75th	Highest in England	National Cancer Action Team Part of the National Cancer Programme
Select Trust/MDT	 ↑	Percentage or rate	Trust rate or percentage c	ompare	d to England	

	Select Trust/MDT			Percenta	ge or rate		iru	rate or percentage compared to England			
Section	# Indicator	No. of patients/ cases or value	Trust	Lower 95% confidence limit	Upper 95% confidence limit	England	Low- est	Range	High- est	Source	Period
0:	1 Number of new patients treated per year, 2010/11	169					63	0	759	CWT	2010/11
Size	2 Number of newly diagnosed patients treated per year, 2009	124					8	0	754	CWT/NCDR	2009
P	3 Patients aged 70+		37%	29%	46%	30%	13%	• 0	57%	CWT/NCDR	2009
sou (60	4 Patients with recorded ethnicity		93%	87%	96%	91%	73%	• O	99%	CWT/NCDR	2009
nic iag	5 Patients with recorded ethnicity which is not White-British	2	2%	0%	6%	9%	0%	o *	71%	CWT/NCDR	2009
ap l	6 Patients who are Income Deprived (1)		25%			14%	6%	• • •	29%	CWT/NCDR	2009
Demographics ased on newly diagnosed patients treated, 2009)	7 Male patients		2%	1%	7%	1%	0%	• • • • • • • • • • • • • • • • • • •	2%	CWT/NCDR	2009
on ents	Patients with a nationally registered Nottingham Prognostic Index (NPI)		7%	3%	13%	50%	0%	• •	88%	CWT/NCDR	2009
sed patie	Patients with a nationally registered NPI in excellent or good prognostic groups		n/a	n/a	n/a	62%	39%	•	73%	CWT/NCDR	2009
(pa	10 Patients with Charlson co-morbidity index >0 (to be included in later profile release)									CWT/NCDR	2009
	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
Specialist	13 Peer review: are there immediate risks? (3)	PR	No							NCPR	2010/11
Team	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		25%	5%	70%	40%	0%	• •	80%	HES	2009/10
	17 Number of urgent GP referrals for suspected cancer	1,299					307	0	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
Throughput	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
	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
Waiting	24 Urgent GP referrals for suspected cancer diagnosed with cancer (to be included in later									CWT	2010/11
times	25 Cases treated that are urgent GP referrals with suspected cancer profile release)									CWT	2010/11
	26 Q2 2011/12: First treatment began within 31 days of decision to treat	48 316	100%	93%	100%	99%	88%	• •	100%	CWT	2011/12 Q2
	Q2 2011/12: Urgent breast symptom referrals (cancer not suspected) seen in 2 wks		99%	98%	100%	96%	61%	•••	100%	CWT	2011/12 Q2
	28 Surgical cases receiving sentinel lymph node biopsy	84	55%	47%	63%	43%	0%	→ 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%	•0	73%	HES	2010/11
Practice	31 Major surgeries in breast cancer patients (including in-situ cases)	98 72	79%	71%	85%	74%	50%	• 0	87%	HES/NCDR	2009
	2 Surgical patients receiving mastectomies		52%	44%	60%	39%	22%	•	69%	HES	2009/10
	Mean length of episode for elective admissions		2.4			2.8	0.7	0.		HES	2009/10
	34 Mean length of episode for emergency admissions		4.7			4.9	2.4	0	11.3	HES	2009/10
Outcomes	35 Surgical patients readmitted as an emergency within 28 days	7 3.654	4%	2%	8%	4%	1%		15%	HES	2010/11
and	36 Q2-Q4 2010/11: First outpatient appointments of all outpatient appointments		41%	40%	42%	43%	23%	O+	71%	PBR SUS	2010/11 Q2-Q4
Recovery	37 Patients treated surviving at one year (to be included in later profile release)										
Patient	38 Patients surveyed & % reporting always being treated with respect & dignity (6)	n/a	n/a			82%	65%	•	95%	CPES	2010
Experience -	39 Number of survey questions and % of those questions scoring red % Red	n/a	n/a				0%		70%	CPES	2010
CPES (4)	40 and green (7) % Green	11/4	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

Version 1.23 - December 2011

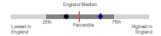


Dashboards

Radiotherapy Profile Last 12 months

Radiotherapy centre population (Last 12 months): 611,419 Radiotherapy centre total population (Last 12 months): 42,493,663

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



			Percentage or rate Trust rate or percentage compared to England								
Section	#	Indicator	Trust	Lower 95% confidence limit	Upper 95% confidence limit	England	Lowest	Range	Highest	Source	Period
	1	Attendances per million population	30,745	30,307	31,188	33,845	8,524	-	89,800	RTDS	July 2011 - June 2012
ş	2	Number of Operational Linacs per million population by provider	4.91	n/a	n/a	5.4	3.6	•	12.45	RTDS	July 2011 - June 2012
100	3	Average machine attendances per Linac per provider		n/a	n/a	6829	3794	•	9245	RTDS	July 2011 - June 2012
5	4	Exposure profile per Linac per service	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	5	Access to radiotherapy	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	6	31 day subsequent treatment waits profile by provider	99.0 %	96.4 %	99.7 %	97.0 %	71.7 %	*	100.0 %	CWT	2012/13
Prof	7	% Peer review measures met - Generic Measures (10-3T-1)	83.0 %	n/a	n/a	67.0 %	36.0 %	•	97.0 %	CQUINS	2010/11
Se ryos	8	% patients reporting positively from the Cancer Patient Experience Survey	85.0 %	n/a	n/a	82.0 %	74.0 %	• •	91.0 %	CPES	2010/11
-	9	Cost profile per attendance	£235.16	n/a	n/a	£196.76	£96.17	•••	£474.14	RTDS	2009/10
2	10	Fractions profile	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
5	11	% Fractions delivered with IMRT	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Ē	12	% Fractions delivered with IGRT	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Data extracted on 25/09/2012



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 will be an important element within commissioning support – but need clinical input to fulfil their potential