National Cancer Action Team

Part of the National Cancer Programme

Commissioning Cancer Services 2013 – 2014

October/November2012

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

- NHS Commissioning Board (NHS CB)
  - "The purpose of the Board 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 also will commission some services

- 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

Public Health England

- Duncan Selbie - Chief Executive

- Key Directorates
  - Knowledge and Intelligence (including NCIN)
  - Health Improvement and population health (including cancer screening and campaigns/comms)
  - Health protection

  (plus Ops, Strategy, Programmes, Corporate Services etc)

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)**

Strategic Clinical Networks

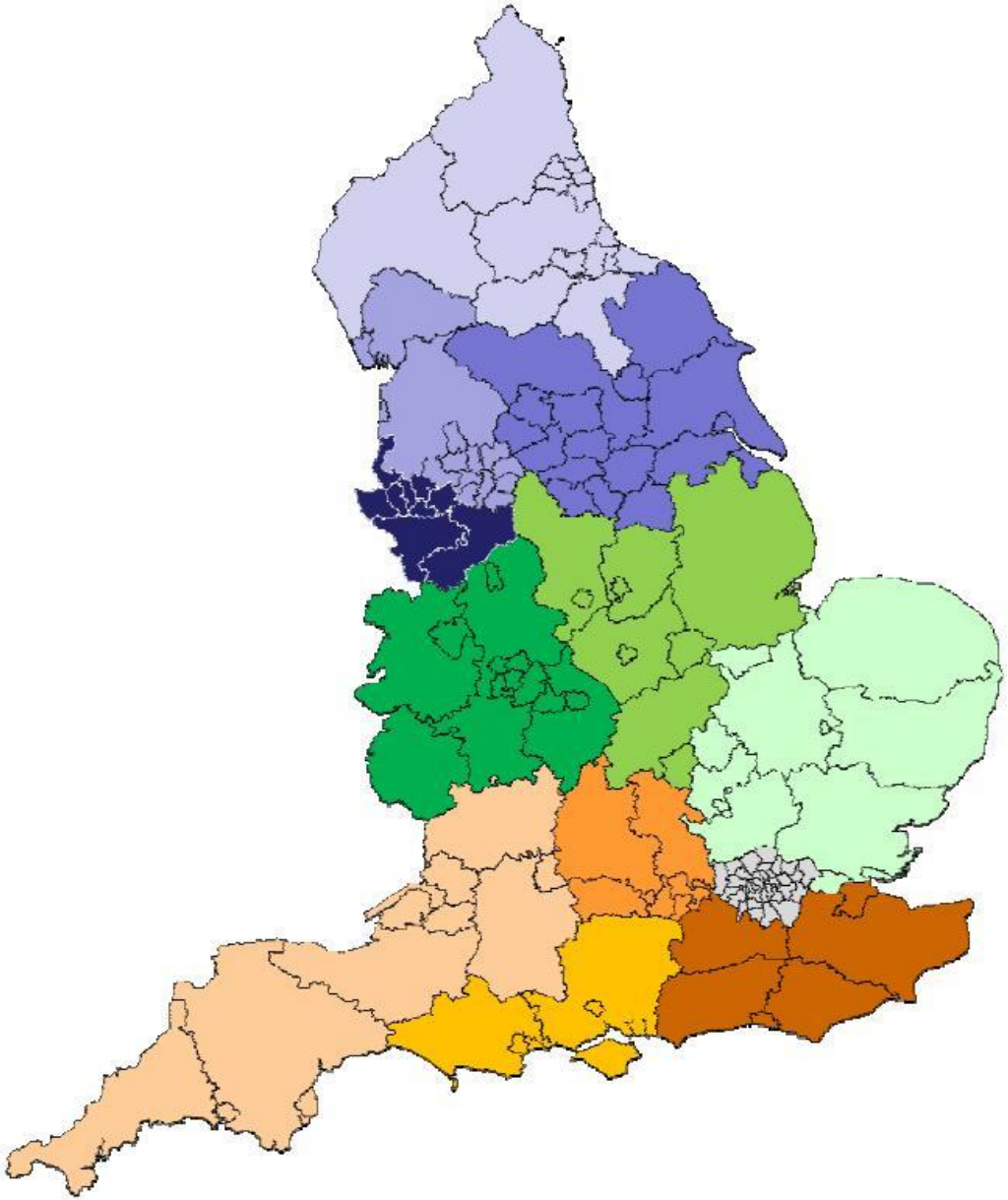
Established in areas of major healthcare challenge where a whole system, integrated approach is needed to achieve a real change in quality and outcomes of care for patients.

The first four areas are:

- Cancer
- Cardiovascular disease (incorporating cardiac, stroke, diabetes and renal disease)
- Maternity and children;
- Mental health, dementia and neurological conditions.

Networks will be established for up to five years, depending upon the amount of change that is needed in a specific area.

Map of England showing Network Boundaries



Each area will contain a number of different bodies

- Strategic Clinical Networks
- Clinical senates – to provide evidence-based advice to help commissioners put the needs of patients above those of organisations or professions. Likely to play key role in providing a strategic overview of major service change
- Academic health science networks - (AHSNs) - bring together academia, NHS commissioners, providers of NHS services and industry - to bring about collaborations between education, training, research, informatics and healthcare delivery and encourage innovation and the improvement of patient and population health outcomes.
- Each area will contain a support team to provide clinical and managerial support for the strategic clinical networks and the clinical senates. Each support team will be led by a part-time clinical director and an overall network director

New Improvement Body

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 will be based around priorities identified by the 5 Domain Directors

Julian Hartley appointed as Interim Managing Director

A New Landscape

- There is a new commissioning landscape in development
- Services will be commissioned at different levels some still to be determined
- “Specialised Services” are defined in a national document and have previously been commissioned by Specialised Regional Services or for very rare conditions by National Specialised Services
- 61 Clinical Reference Groups (CRGs) were established to support Commissioning of Specialised Services
- Over 100 service specifications for “specialised” services developed

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 cancer-profiles

NCIN national cancer intelligence network

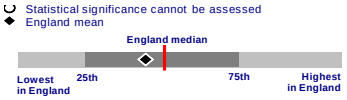
- GP P
  -
- Hc
-

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

Select Trust/MDT



national cancer intelligence network
NHS
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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

Version 1.23 - December 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 will be an important element within commissioning support – but need clinical input to fulfil their potential