

The New Commissioning Landscape

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The Health & Social Care Bill

- **NHS England – formerly the NHS Commissioning Board**
 - “The purpose of NHS England 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 to commission some services

The Health & Social Care Bill (cont)

- **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
 - Home to NCIN, and two 'main' cancer functions of former regional registries – registration, and analysis

The Government Mandate to NHS England

- To set out the ambitions for how the NHS needs to improve over the next 2 years.
- Based around 5 domains of the NHS outcomes framework
 - Preventing people from dying prematurely
 - Enhancing quality of life for people with long term conditions
 - Helping people recover from episodes of ill health or following injury
 - Ensuring people have a positive experience of care
 - Treating and caring for people in a safe environment and protecting them from avoidable harm
- NHS England legally required to deliver objectives in Mandate.
- NHS England is under specific legal duties in relation to tackling health inequalities and advancing equality.

- Commissioning Board Established on 1st October 2011
- Full statutory responsibilities to NHS England from 1st April 2013
- One national office in Leeds and four regions
- 27 Area Teams will directly commission GP services, dental services, pharmacy, some optical services and also screening programmes
- 10 Area Teams will also act as specialised commissioning hubs

- Clinical Commissioning Groups (CCGs)
 - 212 CCGs
 - 23 Commissioning Support Units – business support to CCGs

Health & Wellbeing Boards

- Forum for local commissioners, public health, social care, elected representatives and Healthwatch (stakeholders and the public)
- Will develop Joint Strategic Needs Assessments and local health and wellbeing strategies
- These will set the local framework for commissioning health care, social care and public health services

Strategic Clinical Networks

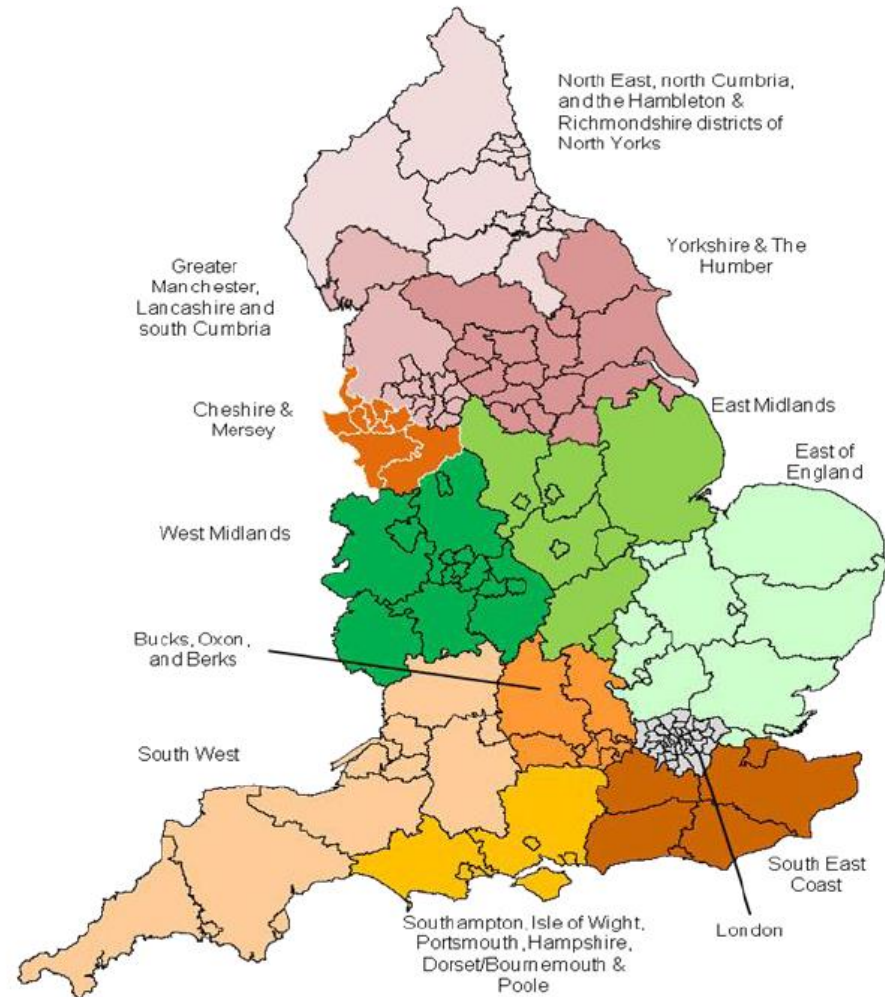
- Established for major healthcare areas where an integrated, whole system approach is needed to achieve change in quality and outcomes of care for patients.
- The first four areas are:
 - Cancer
 - Cardiovascular disease (incorporating cardiac, stroke, diabetes and renal)
 - Maternity and children
 - Mental health, dementia and neurological conditions
- Networks will be established for up to five years initially
- Each of the 12 geographical areas will contain a support team to provide clinical and managerial support for the strategic clinical networks and the clinical senate.

Map of England showing 12 senate / SCNs geographical areas

12 clinical senates –
clinical advice/leadership
at strategic level to
CCGs and HWBs

The number of networks
nesting within each
geographical area is for
local agreement, based
on patient flows and
clinical relationships.

Academic health science
networks - (AHSNs) also
being developed



New Improvement Body – NHS IQ and it's Delivery Partner



- These two bodies 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 based around Domain priorities
- The NHS IQ ~70 staff, focusing on commissioning of delivery of improvement.
- The delivery body ~200.

Informatics Bodies

- Health & Social Care Information Centre – inc. National Audits
- PHE - Health Intelligence Networks e.g. **NCIN**, ChiMat, Vascular, Mental Health, End of Life
- NHS England Business Intelligence Teams (Area Teams/CSU)
- ONS
- Otherl Groups, Dr Foster, charities, etc

CCG Commissioning

(Taken from “Manual for prescribed specialised services”)

Clinical Commissioning Groups (CCGs) commission services for common cancers

- Bladder and kidney cancer (except specialist surgery)
- Breast cancer
- Germ cell cancer (initial diagnosis and treatment)
- Gynaecological cancers (Initial assessment of all cancers; treatment of early stage cervical and endometrial cancers)
- Haematological cancers and associated haemato-oncological pathology
- Lower gastrointestinal cancer
- **Lung cancer (including pleural mesothelioma)**
- Prostate cancer (except specialist surgery)
- Sarcoma (soft tissue where local surgery is appropriate)
- Skin cancer (except for patients with invasive skin cancer and those with cutaneous skin lymphomas)

Specialist Commissioning

- All care provided by Specialist Cancer Centres for specified **rare cancers** e.g. Brain, Anal, and head & neck cancers
- **Complex surgery** for specified common cancers provided by Specialist Cancer Centres e.g. Gynae, Urological.
- **Certain specified interventions** provided by specified Specialist Cancer Centres e.g. **Thoracic surgery**, Mohs surgery
- **Radiotherapy** service (all ages)
- **Chemotherapy**: for specified rare cancers, the procurement and delivery of chemotherapy including drug costs
- **Chemotherapy**: for common cancers, the drug costs, procurement and delivery of chemotherapy

Programmes of Care

- **74 CRGs are clustered around five national Programmes of Care (PoC),**
- Medicine - 18
- Cancer & Blood - 17
- Mental Health - 11
- Trauma - 16
- Women & Children - 13

Clinical Reference Groups

- [B01. Radiotherapy](#)
- [B02. PET-CT](#)
- [B03. Specialised Cancer](#)
- [B04. Blood & Marrow Transplantation](#)
- [B05. Haemophilia and other bleeding disorders](#)
- [B06. HIV](#)
- [B07. Infectious Diseases](#)
- [B08. Haemoglobinopathies](#)
- [B09. Specialised Immunology and Allergy Services](#)
- [B10. Thoracic Surgery](#)
- [B11. Upper GI Surgery](#)
- [B12. Sarcoma](#)
- [B13. CNS Tumours](#)
- [B14. Specialised Urology](#)
- [B15. Chemotherapy](#)
- [B16. Complex Head & Neck](#)
- [B17. Teenage and Young People Cancer](#)

Thoracic Surgery CRG

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Scope and service

This Clinical Reference Group (CRG) covers adult thoracic surgical care. Adult thoracic surgery involves the surgical assessment and operative treatment of all thoracic diseases. Although dominated by the management of lung cancer, around 50% of patients managed by thoracic surgeons are affected by other conditions. Data on thoracic surgical activity in the UK and Ireland, collected on behalf of the Society for Cardiothoracic Surgery (SCTS), showed that for the year 2009/10 a total of 27,584 patients required thoracic surgery, of which 17,406 were major operations.

National Programmes of
Care and Clinical Reference
Groups

for CRGs for further information. Clinical members are drawn from the 12 Senate areas in England and are voluntary appointments. Up to four patient and carer members and up to four professional/training organisations are eligible to join the CRG membership.

Service Specifications

- Developed for all specialist services & part of NHS E's contract with Trusts for all specialist services
 - 15 national specifications of care for specialist cancer services developed, including for anal cancers - <http://www.engage.england.nhs.uk/consultation/ssc-area-b/>
- Advisory specifications for CCG commissioned services for Breast, Colorectal and Lung have been developed available on <https://www.cancertoolkit.co.uk> - aim to describe “What a good service looks like” and hence what should be commissioned.
- Format - schedule taken from the standard NHS Acute Services contract.

Service Specifications & Key Service Outcomes

<p>NHS England</p> <p>B10/S/a</p> <p>2013/14 NHS STANDARD CONTRACT FOR CANCER: M</p> <p>SECTION B PART</p> <p>Service Specification No.</p> <p>Service</p> <p>Commissioner Lead</p> <p>Provider Lead</p> <p>Period</p> <p>Date of Review</p>	<p>The NCIN and providers</p> <ul style="list-style-type: none"> • The • The • The <p>and/or</p>	<p>Activity Performance Indicators</p>	<p>Threshold</p>	<p>Method of measurement</p>	<p>Consequence of breach</p>
<p>1. Population Needs</p> <p>1.1 National/local context and evidence</p> <p>National context</p> <p>General overview</p> <p>Malignant mesothelioma is an uncommon protective lining that covers many of the body. It is usually caused by exposure to asbestos.</p> <p>By far the most common site is the pleura (chest wall), but it may also occur in the pericardium (a sac that surrounds the heart), the pericardium (a sac that surrounds the testicles).</p> <p>Mesothelioma that affects the pleura can cause:</p> <ul style="list-style-type: none"> • Chest wall pain • Shortness of breath • Fatigue • Weight loss • Excessive sweating • Wheezing or cough • Pleural effusion, or fluid surrounding the lung • Anaemia 	<p>Audits (Specification Point 2.3.4)</p>	<p>Annual review conducted</p> <p>Participation in National Audits</p> <p>Additional Audits undertaken</p>	<p>100%</p> <p>N/A</p>	<p>NSSG</p> <p>Part of Network Performance Report but only in terms of submission not in terms of data quality</p> <p>Reported at NSSGs but not Board unless specific service change</p>	<p>upgrade to first treatment.</p> <p>Teams should as a minimum aim to achieve the median value for compliance with the Cancer Peer Review measures, and if a team had immediate risks or serious concerns identified then remedial action plans should be in place. Further details are available at www.cquins.nhs.uk</p>
			<p>team</p> <p>Attendance at</p>	<p>100%</p> <p>Peer Review</p>	

Quality Dashboards



METHODS

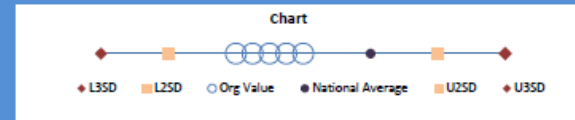


Prepared by Methods Insight Analytics for NHS England

Specialised Burn Care Specialised Service Quality Dashboard

Number of Trusts eligible to submit
 Actual number of submissions

All Providers - Spring 2013



Quarterly Indicators (Q4 1213)				Num	Denom	National Mean	Chart	Trend
13	10	BRN01	IBID Minimum dataset completed for in-patients in age group admitted (%)	527.0	631.0	83.52		
13	10	BRN02	Percentage of in-patients in age group admitted in compliance with National Burn Care Referral Guidance (2012)	555.0	631.0	87.96		
13	10	BRN03	% of resuscitation burns in in-patients admitted assessed by a Consultant Burns Specialist within 12 hours of admission	26.0	18.0	144.44	Insufficient data to produce chart	
13	10	BRN04	% of inpatients in age group receiving daily pain assessment (using an appropriate assessment tool)	221.0	631.0	35.02		
13	10	BRN05i	% of non-resuscitation in-patients in age group admitted out of therapeutic dressings within 21 days of 1st assessment by burn care service for patients not receiving skin grafting	113.0	171.0	66.08		
13	10	BRN05ii	% of non-resuscitation in-patients in age group admitted out of therapeutic dressings within 31 days for patients receiving skin grafting	50.0	90.0	55.56		
13	10	BRN06	% of resuscitation patients in age group 95% wound healed and out of therapeutic dressings within 2 days for every 1% of burn area or 31 days whichever is later	10.0	18.0	55.56		
13	10	BRN07	% of in-patients in age group screened for psychosocial morbidity prior to discharge from burns ward	235.0	631.0	37.24		
13	10	BRN08	% of in-patients in age group screened for functional morbidity within 72 hours of admission to the specialised burn service	244.0	631.0	38.67		

Summary - 1

- A range of new organisations that have a role in commissioning or in supporting commissioning.
- NHS England and CCGs – will both commission aspects of cancer services and will need to work together across patient pathways.

Summary - 2

- Service Specifications – developed to support commissioning at all levels
- Service profiles and dashboards continue to be developed to support commissioning
- ***Question:*** *who role will it be to oversee the ‘quality and integration’ for the full patient pathway with multiple commissioners involved?*

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