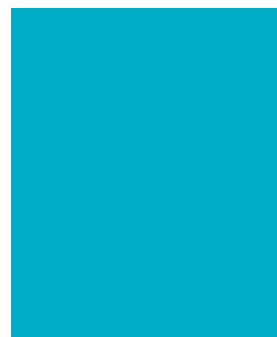
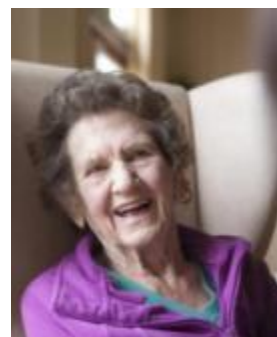


# Commissioning Urology Services in New NHS



Oct 2013



# Commissioning Urology Services

- NHS England's Role
- Role of the new Clinical Reference Groups
- Current Issues / Work Programme for Urology Clinical Reference Group

# Commissioning Specialised Services

- Responsibility of the NHS England - £12bn budget for specialised services from April '13
- Specialised services are 'Directly Commissioned', alongside primary care, screening, military health & offender health
- Previously commissioned by multiple PCTs / Specialised Commissioning Groups - so significant variation in requirements / policies

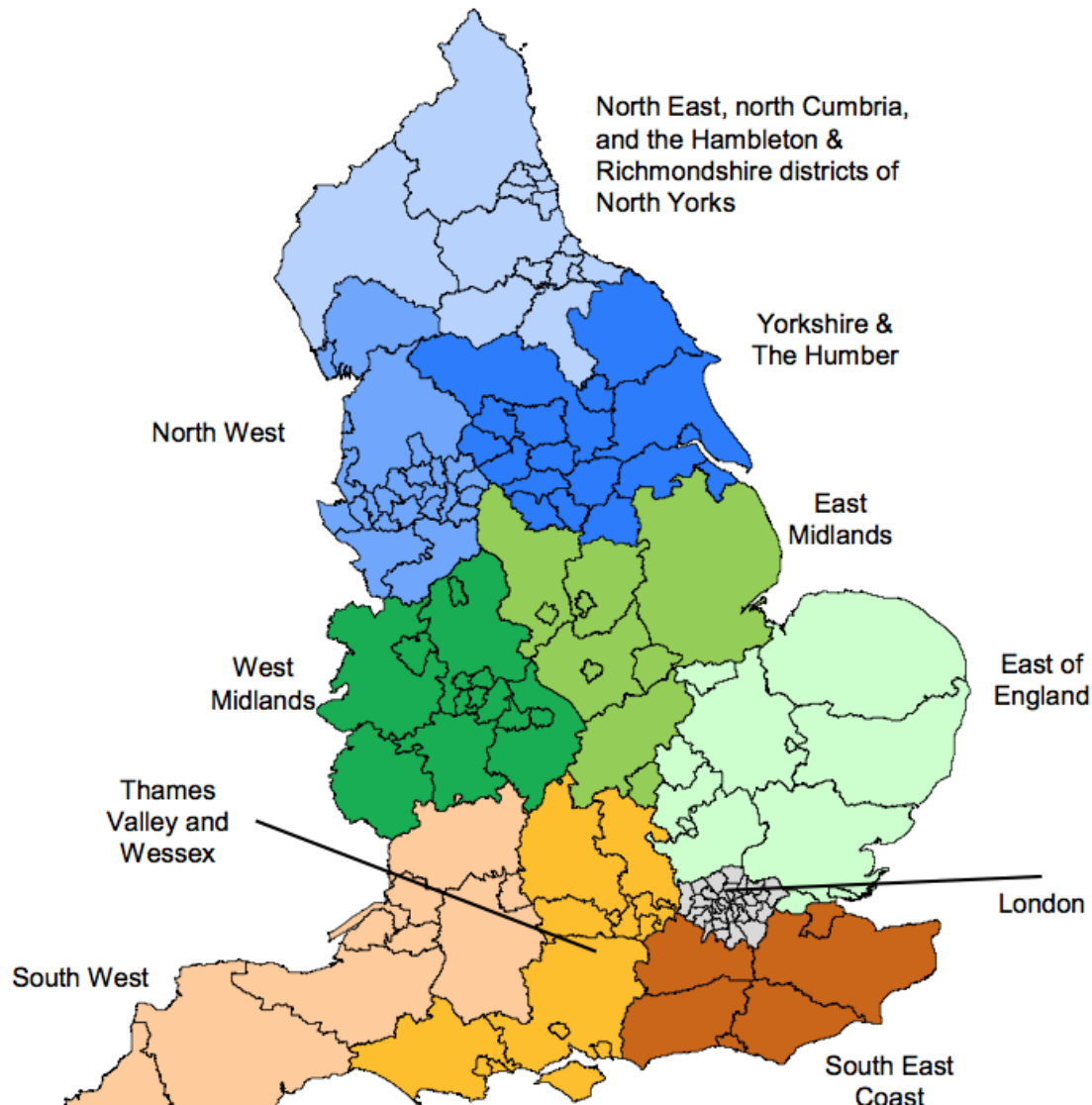
# What is “Specialised”

- All care provided by Specialist Cancer Centres for specified rare cancers (*includes some Urological cancers*)
- Complex surgery for specified common cancers provided by Specialist Cancer Centres
- Certain specified interventions provided by specified Specialist Cancer Centres
- All Chemotherapy
- All Radiotherapy

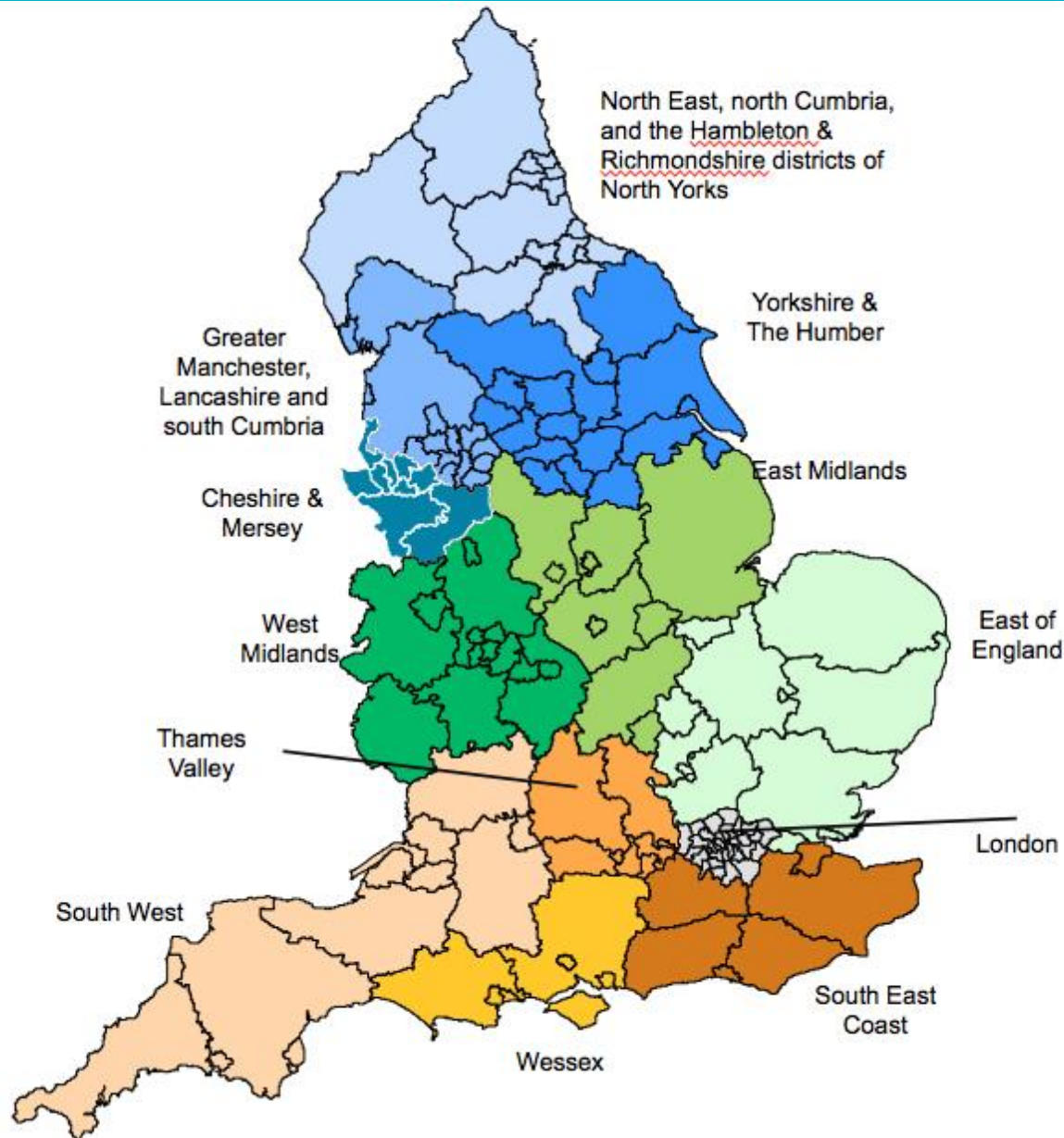
# Geography of NHS England

- There are 27 Area Teams
- 10 Area Teams take a lead on Specialised Commissioning
- There are 12 Strategic Clinical Network Areas / Clinical Senate Areas
- 4 Regions (London, North, Midlands, South)

# Specialised commissioning hubs



# Strategic Clinical Networks



# Clinical Reference Groups (CRGs)

Specialised Services Directly  
Commissioned by NHS England

Lead development of the  
products required for the  
effective commissioning of  
specialised services.

75 Clinical Reference  
Groups

Clinical Leadership in  
Specialised Commissioning

Patient & Stakeholder Views

# Commissioning Specialised Services

And 5 Programme of Care:

- **Mental Health** (Secure and specialised mental health)
- **Internal Medicine** (Digestion, renal and hepatobiliary and circulatory system)
- **Cancer and Blood** (Infection, Cancer, Immunity and Haematology)
- **Trauma** (Traumatic Injury, Orthopaedics, Head and Neck and Rehabilitation)
- **Women & Children** (Women & children's health, congenital and inherited diseases)



# Specialised Urology CRG Membership

- Chair
- Vijay Sangar  
Manchester
- Co Chair
- National Clinical  
Director

|    |  |                    |
|----|--|--------------------|
| N1 | North East                                   | Member             |
| N2 | Greater Manchester,<br>Lancashire & SCumbria | Member             |
| N3 | Cheshire and Mersey                          | Nigel Parr         |
| N4 | Yorkshire and The Humber                     | Mathew Simms       |
| M1 | West Midlands                                | Rupesh Bhatt       |
| M2 | East Midlands                                | Santhanam Sundar   |
| M3 | East of England                              | Rowan Casey        |
| L1 | London NW                                    | David Hrouda       |
| L2 | London NE                                    | Member             |
| L3 | London S                                     | David Nicol        |
| S1 | South West                                   | Mark Stott         |
| S2 | Wessex                                       | Rowland Rees       |
| S3 | Thames Valley                                | Hugh Mostafid      |
| S4 | South East Coast                             | Seshadri Sriprasad |

# Current Work-Programme

## Developing the “Products”

- <http://www.england.nhs.uk/wp-content/uploads/2013/06/b14-cancr-kidney-blad-pros.pdf>
- <http://www.england.nhs.uk/wp-content/uploads/2013/06/b14-cancr-penile.pdf>
- <http://www.england.nhs.uk/wp-content/uploads/2013/06/b14-cancr-testic.pdf>
- Advice to Clinical Commissioning Groups



## Quality Measures: Prostate

- % surgery, RT and surveillance by grade
- % with TNM (data quality report)
- Proportion of high grade who have RT + hormones
- CNS availability when COSD allows
- Length of stay (LOS) and readmissions for Radical Prostatectomy (RP)
- Emergency admissions in last year of life
- % of patients with T0 histology at RP
- Negative biopsy rate + readmissions following prostate biopsy

## Quality Measures: Bladder

- % 3 month recurrence rate
- Survival at 1 3 and 5 years
- % with TNM staging
- % emergency presentation
- CNS availability when COSD allows
- LOS and readmission following cystectomy
- Emergency admissions in last year of life

## Quality Measures: Kidney

- Survival 1 3 and 5 years
- % with TNM staging
- CNS availability when COSD allows
- % emergency presentation
- % active monitoring
- Organ preservation rate
- Number of emergency bed days / admissions in last year of life

## Quality Measures:

- What percentage of cases with stage 1 seminoma is offered adjuvant radiotherapy/low dose chemotherapy/active surveillance?
- What percentage of cases is undergoing retroperitoneal lymph node dissection for residual masses? (Should be one in five of men with stage 2+ disease.)
- What is the number of cases performed involving renal vein/inferior vena cava (IVC)? (Should not be carried out outside a designated and functioning specialist urological cancer team.)

## Quality Measures:

- What is the cystectomy rate?
- What is the provision of Bacillus Calmette-Guérin (BCG)  $\pm$  maintenance as a percentage of the presenting patients within year 1?
- Is there a clinical audit dataset recorded for prostate radiotherapy?
- How many fractions are used in your radical radiotherapy regime? (Should be at least 37.)

# Specialised Services Review

Process led by 10 Area Teams

Review Compliance to key requirements of service Specifications

All service specifications to be within provider contracts from 1 October 2013 or

Services to request “derogation” where key requirements not being met

Derogation is time-limited and subject to agreement of action plan

# Looking Ahead

- Development of NHS England specialised services strategy
- Are current services clinically sustainable and financially sustainable?

## More Information

- nathanhall@nhs.net
- **Stakeholder registration**  
[www.england.nhs.uk/resources/spec-comm-resources/npc-crg/crg-reg/](http://www.england.nhs.uk/resources/spec-comm-resources/npc-crg/crg-reg/)



## Table work

- Select measures which
  - Help to fill data gaps
  - Are measureable with automatically collected data
  - Promote good practice
  - Discriminate
- Can measures improve published outcome data?
- Are there obvious gaps?