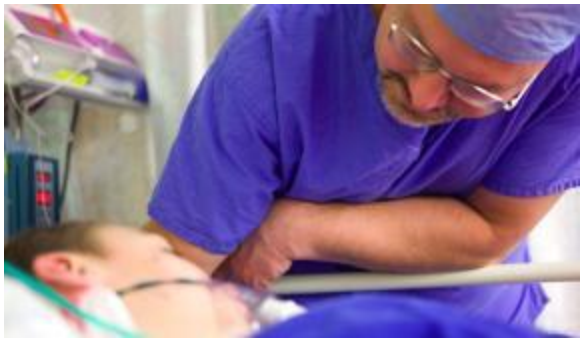
NCIN Sarcoma Strategy Day

Update on the Clinical Reference Group for Sarcoma Specialist Commissioning

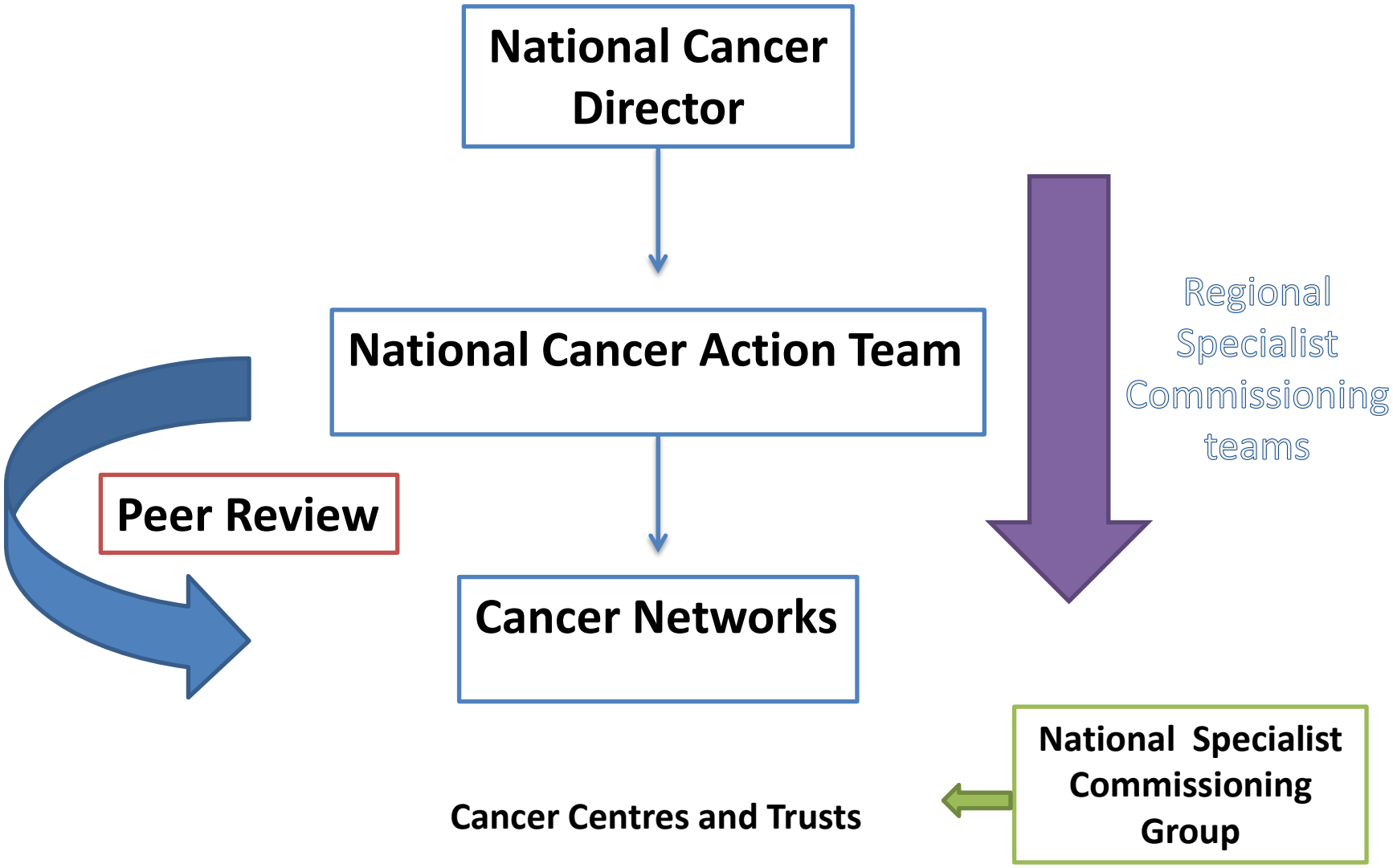


Craig Gerrand
Sarcoma CRG Vice Chair
24th January 2014

THE NHS CONSTITUTION
the NHS belongs to us all

- What we had before
- What has changed
- What we have now
- What we are doing
- The future

What we had before…



The Context for Commissioning NHS Outcomes Framework

Domain 1	Preventing people from dying prematurely;
Domain 2	Enhancing quality of life for people with long-term conditions;
Domain 3	Helping people to recover from episodes of ill health or following injury;
Domain 4	Ensuring that people have a positive experience of care; and
Domain 5	Treating and caring for people in a safe environment; and protecting them from avoidable harm.

The Context for Commissioning NHS Constitution

- Promoting equality and reducing inequalities
- Be excellent
- Live within our means

What is Commissioning?

- **Process for planning, agreeing and monitoring services**
  - 211 Clinical Commissioning Groups
  - Public Health England
  - NHS England (27 Teams – operating as one)
    - Specialised services (10 Area from the 27)
    - Primary care
    - Offender health
    - Military health
    - Commissioning support units

Clinical input into Commissioning

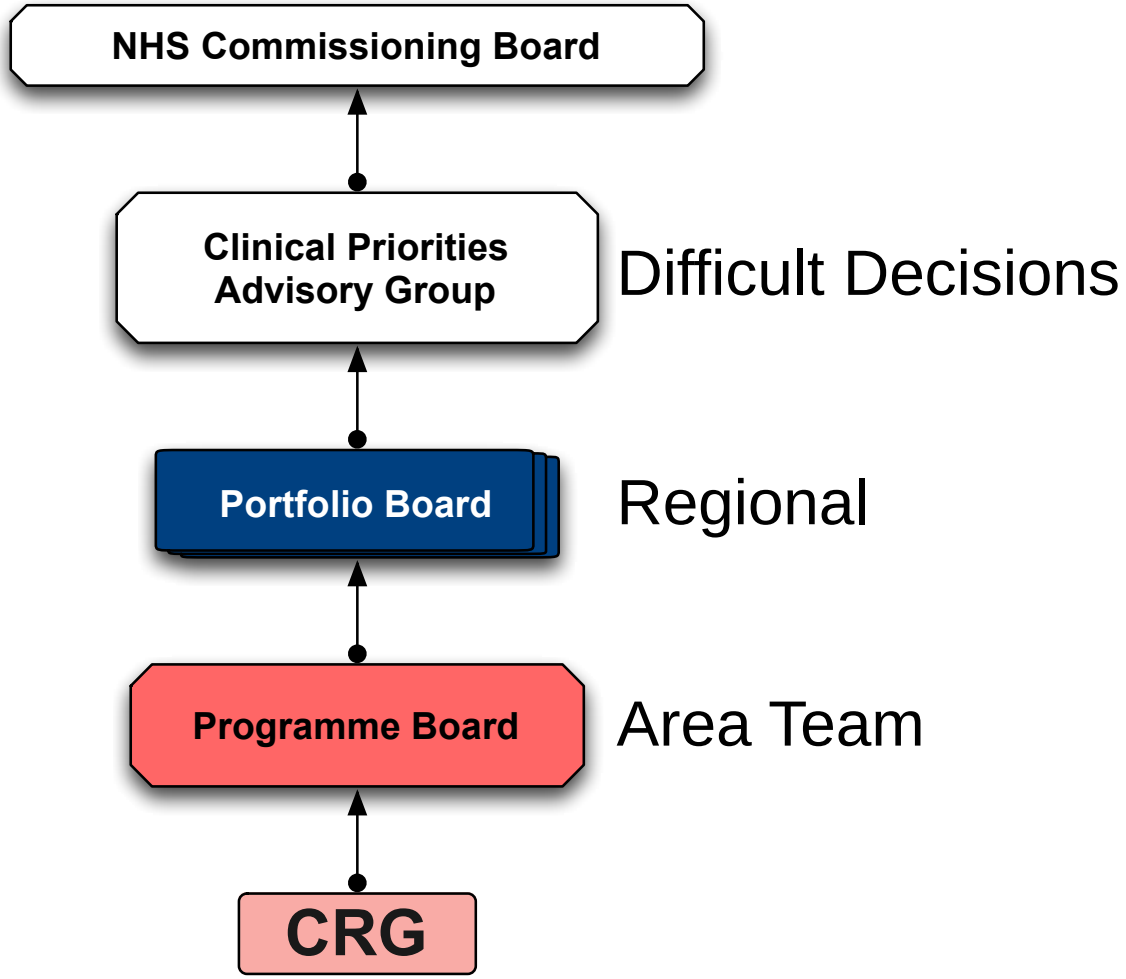
- 12 Clinical Senates

  Helping CCGs, Health and Wellbeing Boards and NHS England make the best decisions about healthcare in their populations
- Strategic clinical networks
  - Cancer
  - Cardiovascular
  - Maternity and children, mental health, dementia and neurological conditions
- Operational Delivery Networks
- Clinical Reference Groups

What about specialised services?

- NHS England
- Five Programmes of Care
- 75 Clinical Reference Groups covering 143 specialised services
- 10 Area Teams linked to 4 Regions

Specialist Commissioning- A single operating model



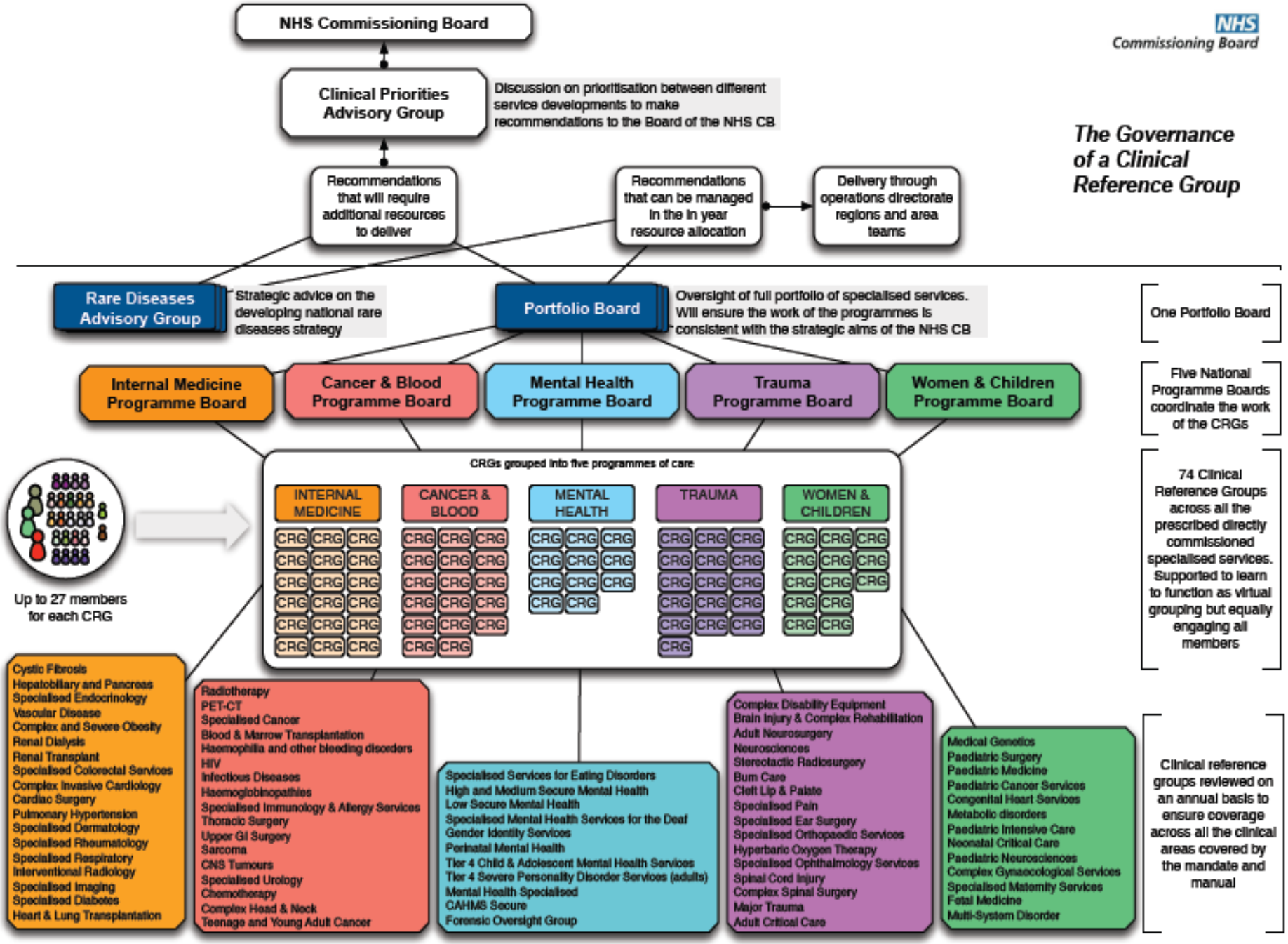
Clinical Reference Groups

- Clinical membership of CRGs supported on a voluntary basis
- Patient and public involvement
- Stakeholders
- Responsible for producing 'contract products'
  - Service specifications/Clinical access policy/Quality measures and dashboards
- Regional and Area Teams responsible for contracting with specialist service providers and implementing CRG products

Principles of CRG functioning

- Single source of clinical advice
- Equitable access to service planning
- Devolved clinical leadership
- Small single national team crosses directorates
- Linkage across all parts of NHS

- **Big hairy audacious goals**
  Jim Collins


NHS Commissioning Board
NHS Commissioning Board
Clinical Priorities Advisory Group
Discussion on prioritisation between different service developments to make recommendations to the Board of the NHS CB
The Governance of a Clinical Reference Group
Recommendations that will require additional resources to deliver
Recommendations that can be managed in the in year resource allocation
Delivery through operations directorate regions and area teams
Rare Diseases Advisory Group
Strategic advice on the developing national rare diseases strategy
Portfolio Board
Oversight of full portfolio of specialised services. Will ensure the work of the programmes is consistent with the strategic aims of the NHS CB
One Portfolio Board
Internal Medicine Programme Board
Cancer & Blood Programme Board
Mental Health Programme Board
Trauma Programme Board
Women & Children Programme Board
Five National Programme Boards coordinate the work of the CRGs
CRGs grouped into five programmes of care
INTERNAL MEDICINE
CANCER & BLOOD
MENTAL HEALTH
TRAUMA
WOMEN & CHILDREN
CRG
74 Clinical Reference Groups across all the prescribed directly commissioned specialised services. Supported to learn to function as virtual grouping but equally engaging all members
Up to 27 members for each CRG
Cystic Fibrosis
Hepatobiliary and Pancreas
Specialised Endocrinology
Vascular Disease
Complex and Severe Obesity
Renal Dialysis
Renal Transplant
Specialised Colorectal Services
Complex Invasive Cardiology
Cardiac Surgery
Pulmonary Hypertension
Specialised Dermatology
Specialised Rheumatology
Specialised Respiratory
Interventional Radiology
Specialised Imaging
Specialised Diabetes
Heart & Lung Transplantation
Radiotherapy
PET-CT
Specialised Cancer
Blood & Marrow Transplantation
Haemophilia and other bleeding disorders
HIV
Infectious Diseases
Haemoglobinopathies
Specialised Immunology & Allergy Services
Thoracic Surgery
Upper GI Surgery
Sarcoma
CNS Tumours
Specialised Urology
Chemotherapy
Complex Head & Neck
Teenage and Young Adult Cancer
Specialised Services for Eating Disorders
High and Medium Secure Mental Health
Low Secure Mental Health
Specialised Mental Health Services for the Deaf
Gender Identity Services
Perinatal Mental Health
Tier 4 Child & Adolescent Mental Health Services
Tier 4 Severe Personality Disorder Services (adults)
Mental Health Specialised
CAHMS Secure
Forensic Oversight Group
Complex Disability Equipment
Brain Injury & Complex Rehabilitation
Adult Neurosurgery
Neurosciences
Stereotactic Radiosurgery
Burn Care
Cleft Lip & Palate
Specialised Pain
Specialised Ear Surgery
Specialised Orthopaedic Services
Hyperbaric Oxygen Therapy
Specialised Ophthalmology Services
Spinal Cord Injury
Complex Spinal Surgery
Major Trauma
Adult Critical Care
Medical Genetics
Paediatric Surgery
Paediatric Medicine
Paediatric Cancer Services
Congenital Heart Services
Metabolic disorders
Paediatric Intensive Care
Neonatal Critical Care
Paediatric Neurosciences
Complex Gynaecological Services
Specialised Maternity Services
Fetal Medicine
Multi-System Disorder
Clinical reference groups reviewed on an annual basis to ensure coverage across all the clinical areas covered by the mandate and manual

NHS Commissioning Board

The Membership of a Clinical Reference Group

STAKEHOLDER MAP

SUPPLIER
Supplier/commercial organisation within or outside the NHS that plays a part in the supply chain of the functions relating to the service area. This may include a company developing drugs or devices for the service area

OTHER ORGANISATION
Other organisation – this might include regulators, professional bodies, media and political organisations

HEALTH SECTOR PARTICIANT
Health and social care service provider or commissioner interested in a particular CRG service area

INDIVIDUAL PARTICIPANT
Patients, carers, members of provider staff or members of the public. These participants do not represent an organisation but as an individual are interested in influencing future service development.

PATIENT OR CARER ORGANISATION
Patient or carer organisation that directly or indirectly represents the interests of people who use the services covered by the CRG. They may provide direct support for the PPE Members on the CRG.

All stakeholders mapped into categories and a CRG specific stakeholder plan formed

Public Health / Pharmacy...
The Area Team Public Health Lead and Pharmacist will be allocated to the CRGs on an annual basis depending on the work plan

Patient and carers...
Four PPE members bringing patient and carer experience to the CRG. They may be individuals or part of a patient organisation.

Commissioner...
Accountable lead commissioner for each CRG

CRG

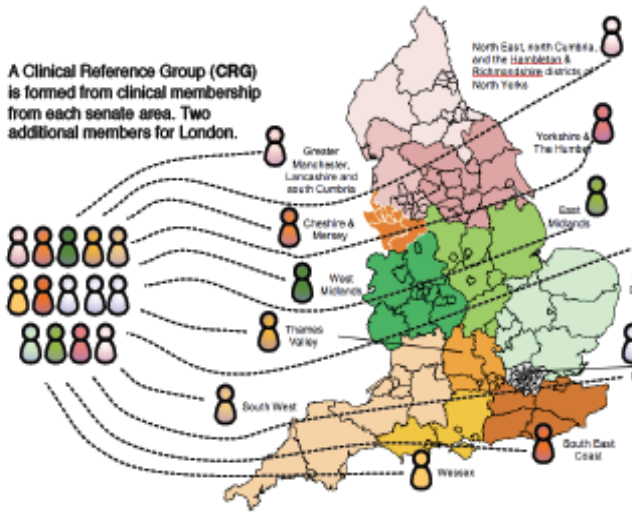
Affiliated organisations who play a key part in the coordination and assurance of training and professional leadership can hold up to four places on the CRG membership. For example Royal Colleges and Specialty

National Clinical Directors...
The **National Clinical Directors will** co-chair the clinical reference group related to their area of remit

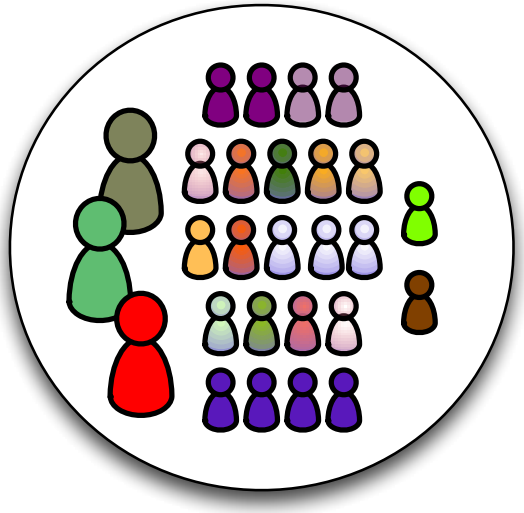
Chairs appointed for each CRG...
A clinical **chair** is appointed for each clinical reference group who is responsible for enabling the meaningful involvement of all members

Clinical Members from each senate area...

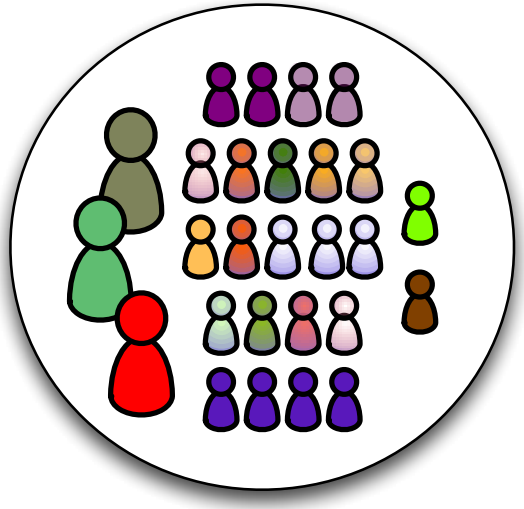
A Clinical Reference Group (**CRG**) is formed from clinical membership from each senate area. Two additional members for London.



CRG Membership



CRG Membership – Clinicians



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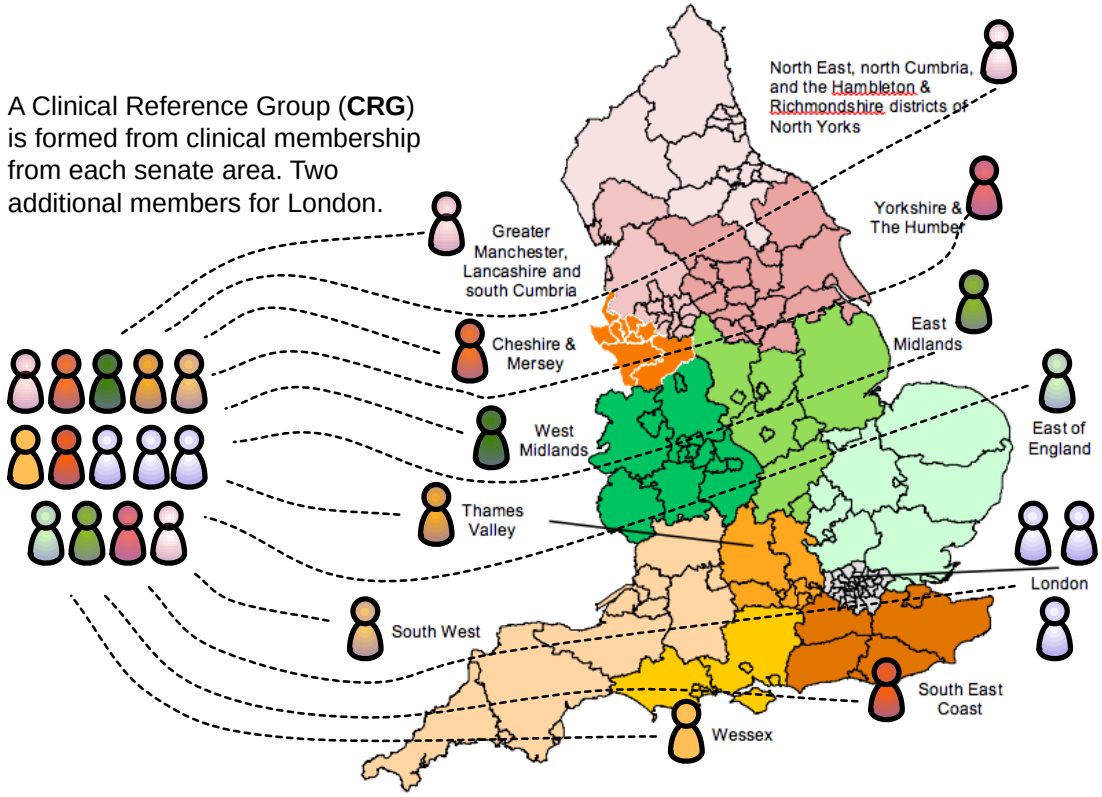
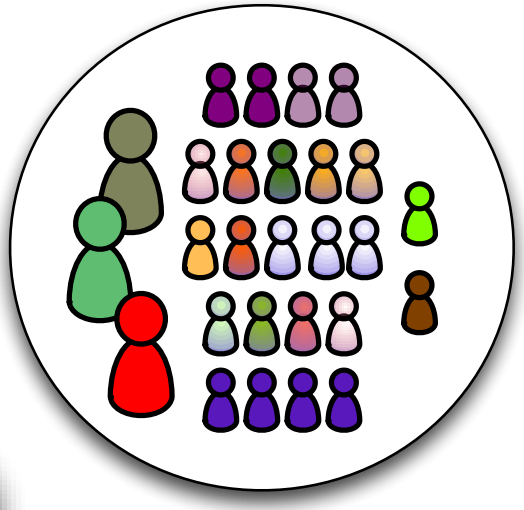


CRG Membership – Chairs



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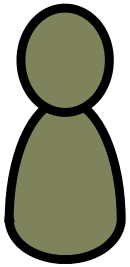

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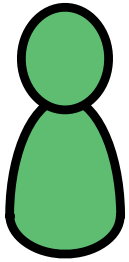
CRG Membership – National Clinical Directors

National Clinical Directors…



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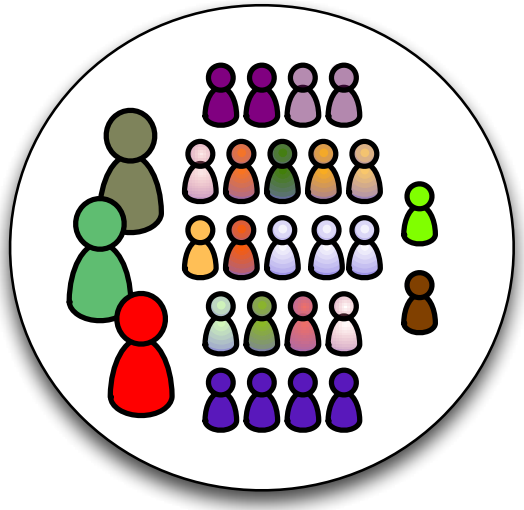

CRG Membership – Affiliates

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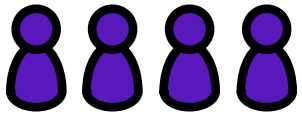
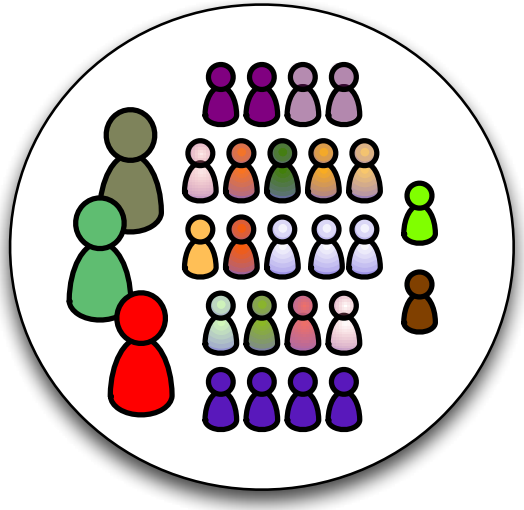
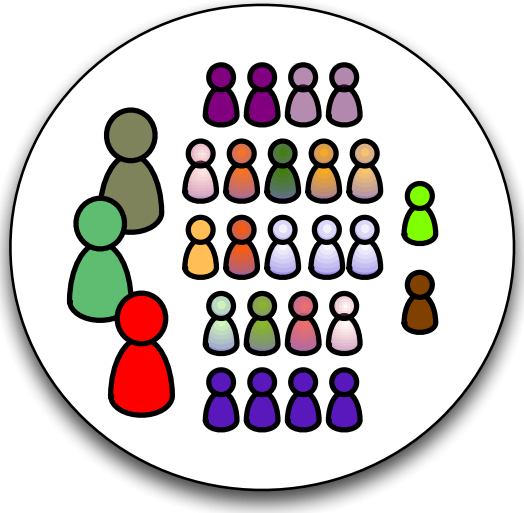




CRG Membership – Patients and Carers



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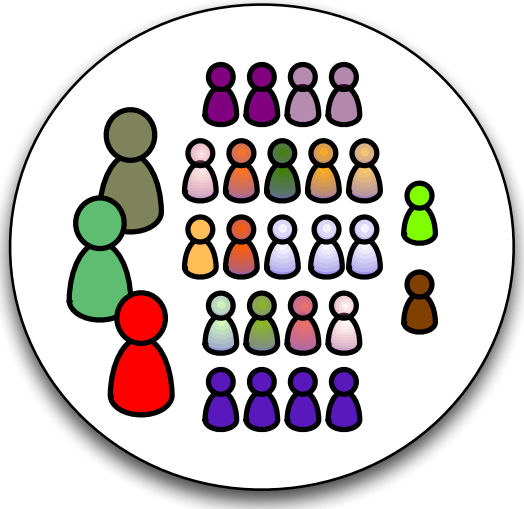

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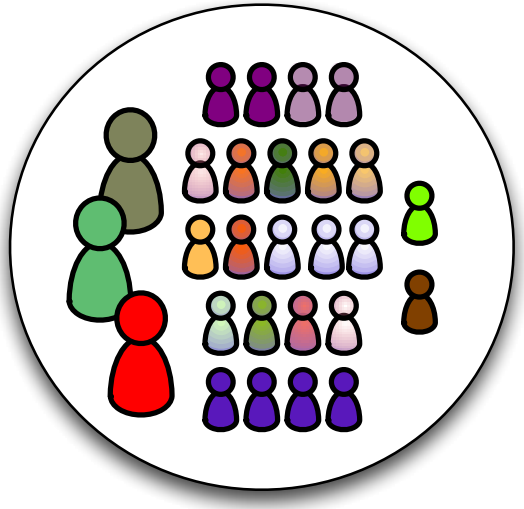


Are you a stakeholder?

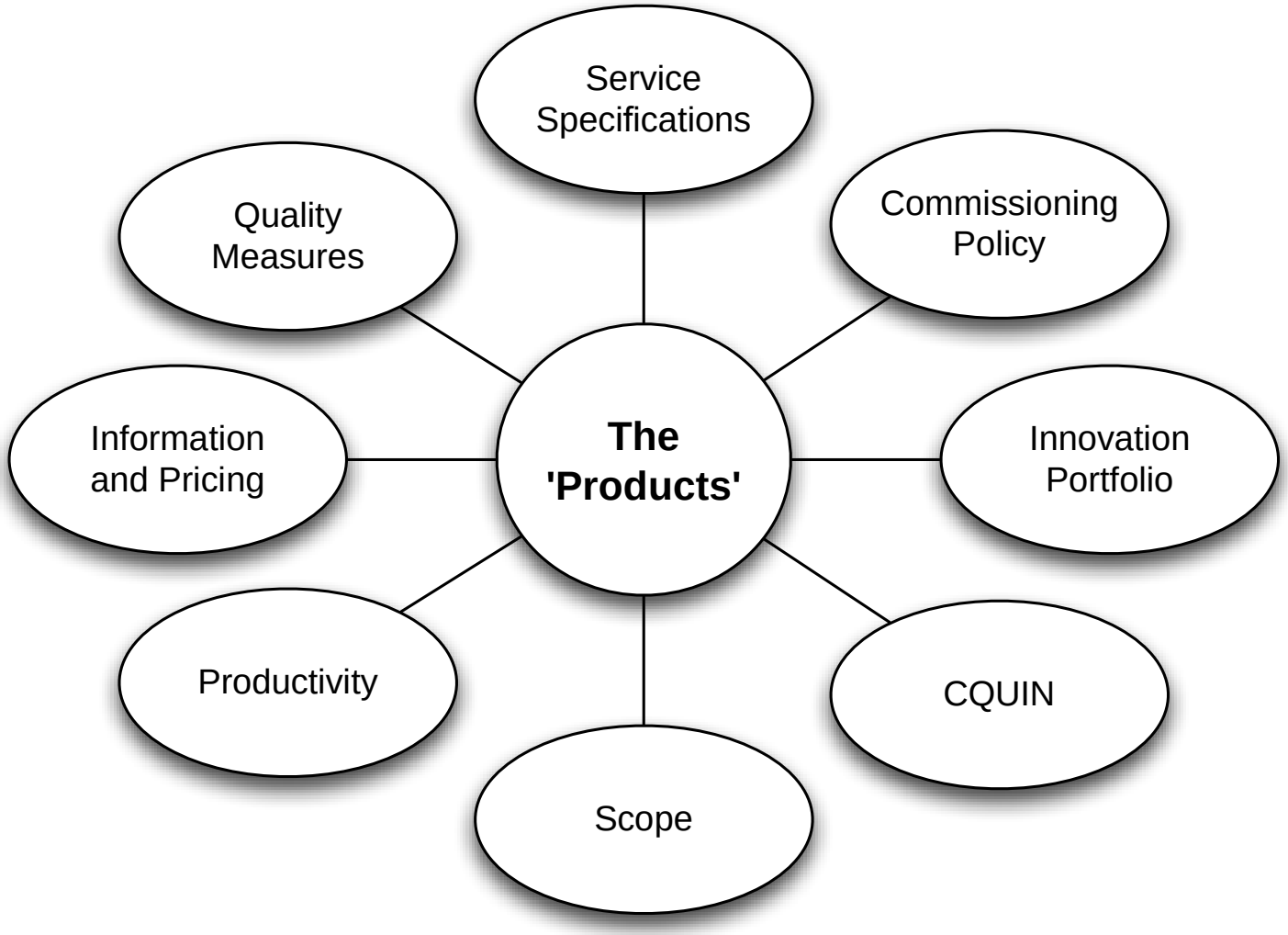
Sarcoma CRG – Senate Members

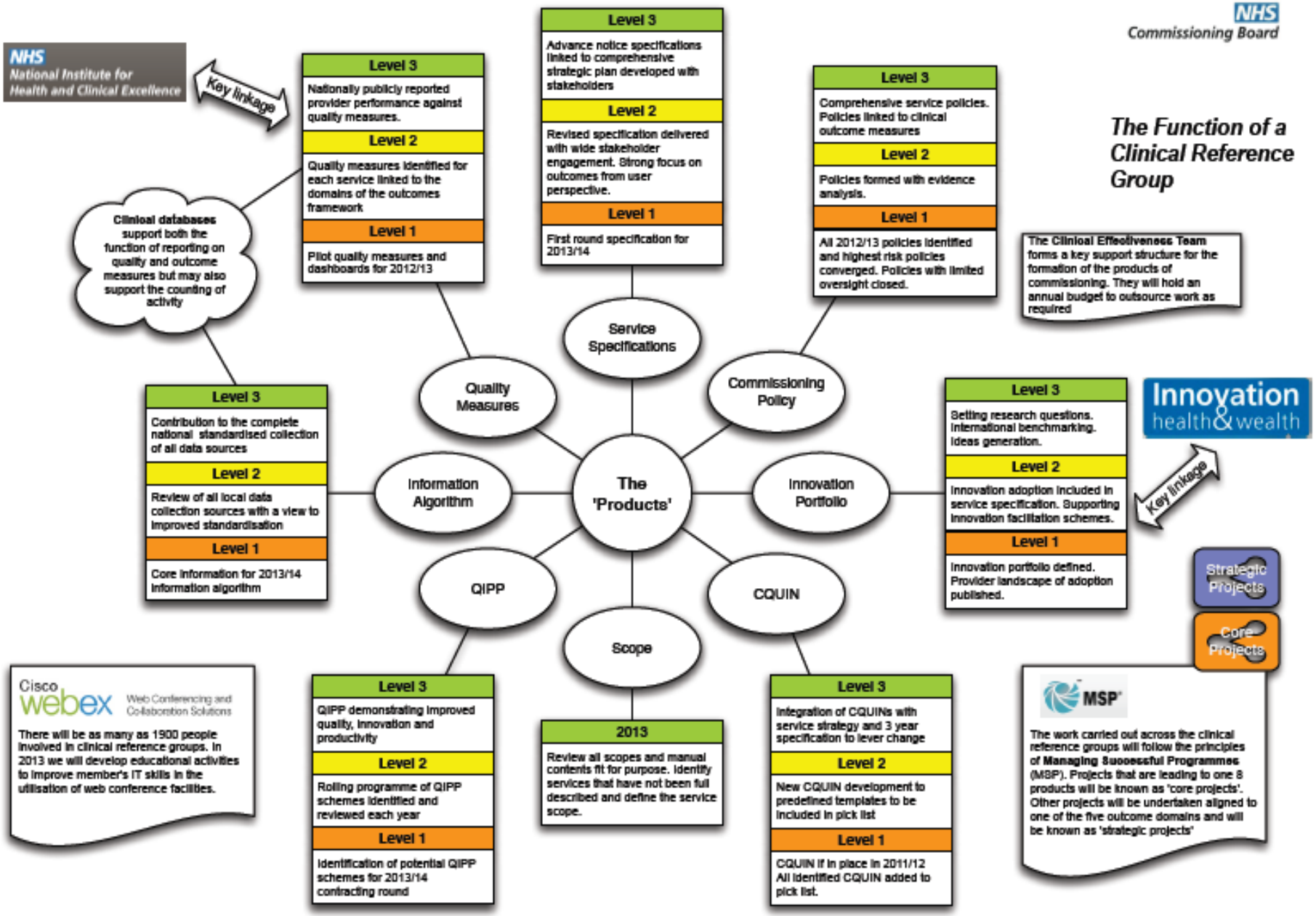
Jeremy Whelan (chair)	Medical Oncologist	
Andy Hayes	Surgeon	London
Beatrice Seddon	Clinical Oncologist	London
Julie Woodford	Nurse	London
Craig Gerrand (v-chair)	Orthopaedic Surgeon	North East
Philip Robinson	Radiologist	Yorks, E Humber
Rob Ashford	Orthopaedic Surgeon	East Midlands
Helena Earl	Medical Oncologist	East of England
Vacant		S E Coast
Tamas Hickish	Medical Oncologist	Wessex
Christine Millman	Nurse	South West
Henk Giele	Plastic Surgeon	Thames Valley
David Gourevitch	Surgeon	West Midlands
Nasim Ali	Medical Oncologist	Cheshire and Mersey
Mike Leahy	Medical Oncologist	Gtr Manchester

Sarcoma CRG – Other Members

Patient and Carer Representatives	Lindsey Bennister
	Barbara Dore
	Rob Myers
	Rebecca McGuiness
NCIN	Gill Lawrence/Matthew Francis
Peer review team	Julia Hill

CRG Products




NHS Commissioning Board
NHS National Institute for Health and Clinical Excellence
Key linkage
The Function of a Clinical Reference Group
Clinical databases support both the function of reporting on quality and outcome measures but may also support the counting of activity
Level 3
Nationally publicly reported provider performance against quality measures.
Level 2
Quality measures identified for each service linked to the domains of the outcomes framework
Level 1
Pilot quality measures and dashboards for 2012/13
Level 3
Advance notice specifications linked to comprehensive strategic plan developed with stakeholders
Level 2
Revised specification delivered with wide stakeholder engagement. Strong focus on outcomes from user perspective.
Level 1
First round specification for 2013/14
Level 3
Comprehensive service policies. Policies linked to clinical outcome measures
Level 2
Policies formed with evidence analysis.
Level 1
All 2012/13 policies identified and highest risk policies converged. Policies with limited oversight closed.
The Clinical Effectiveness Team forms a key support structure for the formation of the products of commissioning. They will hold an annual budget to outsource work as required
Service Specifications
Quality Measures
Commissioning Policy
Information Algorithm
The 'Products'
Innovation Portfolio
QIPP
CQUIN
Scope
Level 3
Contribution to the complete national standardised collection of all data sources
Level 2
Review of all local data collection sources with a view to improved standardisation
Level 1
Core information for 2013/14 information algorithm
Level 3
Setting research questions. International benchmarking. Ideas generation.
Level 2
Innovation adoption included in service specification. Supporting innovation facilitation schemes.
Level 1
Innovation portfolio defined. Provider landscape of adoption published.
Innovation health&wealth
Key linkage
Strategic Projects
Core Projects
Level 3
QIPP demonstrating improved quality, innovation and productivity
Level 2
Rolling programme of QIPP schemes identified and reviewed each year
Level 1
Identification of potential QIPP schemes for 2013/14 contracting round
2013
Review all scopes and manual contents fit for purpose. Identify services that have not been full described and define the service scope.
Level 3
Integration of CQUINs with service strategy and 3 year specification to lever change
Level 2
New CQUIN development to predefined templates to be included in pick list
Level 1
CQUIN if in place in 2011/12 All identified CQUIN added to pick list.
Cisco webex Web Conferencing and Collaboration Solutions
There will be as many as 1900 people involved in clinical reference groups. In 2013 we will develop educational activities to improve member's IT skills in the utilisation of web conference facilities.
MSP
The work carried out across the clinical reference groups will follow the principles of Managing Successful Programmes (MSP). Projects that are leading to one 8 products will be known as 'core projects'. Other projects will be undertaken aligned to one of the five outcome domains and will be known as 'strategic projects'

What do we want to achieve?

1. Best possible care for all
2. Reducing unplanned operations
3. Appropriate procedure prices
4. Getting diagnosis right
5. Improving sarcoma patient experience
6. Clear pathways with other MDTs
7. Developing quality outcomes for sarcoma
8. Radiotherapy
9. Chemotherapy

What are the levers?

- Develop service specification
- Other products
- Work across other CRG's
- Disseminate through SAG's

Current work

- Redrafting service specifications for consultation
- Mapping co-dependencies between specialised services
- Contributing to 5 year Strategy for Specialised Services
- Requesting review of NICE Sarcoma Improving Outcomes Guidance
- Contributing ‘A3’ Change Plans

Developing Service Specifications

- Significant lag times and short deadlines
- Use plain English as far as possible
- Use cancer intelligence to support change/resolve ambiguity as far as possible.
- Where further work is required flag this to our work programme
- Integrate the primary malignant bone tumour specification with soft tissue sarcoma to produce one document
- <u>All patients with newly diagnosed sarcoma will be referred to specialised sarcoma services.</u>

5 Year strategy for specialised services

- NHS England is developing a 5 year strategy for specialised services
- The bulk of the strategy will feed into the five years from 2015/16 to 2019/20
- ‘’The strategy will be aspirational in its goals and achievable in its objectives’’
- The strategy is due March 2014

Cancer and Blood

Sarcoma

7 day

Strengths

- Expertise in centres and established multidisciplinary working based on NICE IOG, supported by peer review
- Expertise in centres and established multidisciplinary working based on NICE IOG, supported by peer review
- Clinical Reference Group working well
- Close alliance between patients and the public and professional community, including the British Sarcoma Group
- National clinical research programme

Weaknesses

- Diagnostic and treatment pathways inconsistent and confusing, with IOG ambiguities used to block access to specialist care
- Balance between local and centralised delivery of care uncertain due to lack of clarity of benefits
- Poor patient experience reported in national cancer patient experience survey
- Late diagnosis common and low awareness of sarcoma amongst professionals and public
- Future planning of services and resources fragmented at present

Opportunities

- NCIN defining variations in care especially for sup populations and supporting outcomes measurement
- CRG will allow definition and delivery of a national service with positive impact on outcomes
- Patients and public to partner strategic development and delivery of change
- New technologies, treatments and research (e.g. proton therapy, new drugs)
- Greater sub-specialisation and centralisation supported by clearly defined pathways for sub-groups

Threats

- CRG failing to have impact through non-delivery or lack of recognition
- Local professional and public resistance to change
- Imbalance between competition and collaboration between specialist centres and between local service delivery
- Increased incidence and prevalence of sarcoma
- Insufficient professional skilled manpower to sustain future highly specialised care delivery

The Big Hairy Audacious Goals

"A true BHAG is clear and compelling, serves as unifying focal point of effort, and acts as a clear catalyst for team spirit. It has a clear finish line, so the organization can know when it has achieved the goal; people like to shoot for finish lines."

—Collins and Porras, *Built to Last: Successful Habits of Visionary Companies*

The Big Hairy Audacious Goals

Devolved leadership to 2000 clinicians and patients working to a common framework

All inclusive **stakeholder identification and participation** in service development (pathfinder groups with CCGs)

Service **specifications** across every service we commission, updated annually

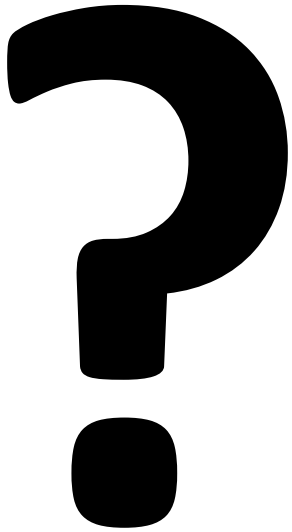
Service specific **quality measures and dashboards** across every service we commission

'Mandatory' diffusion through policy of innovation for drugs, devices, and pathways of care within a 12 week timeframe

A service specific **innovation** portfolio, an innovation fund and commissioning through evaluation

A **productivity** workstream with focus on lean systems and disruptive innovation to release money to invest

The Big Hairy Audacious Goals



In summary

- Clinically led single commissioning system
- CRG specs at the heart of contracts with providers
- Potential to have a positive impact on patients
- Early days – we will get better at it
- Strategy developing
- Your input essential