

The New Commissioning Framework

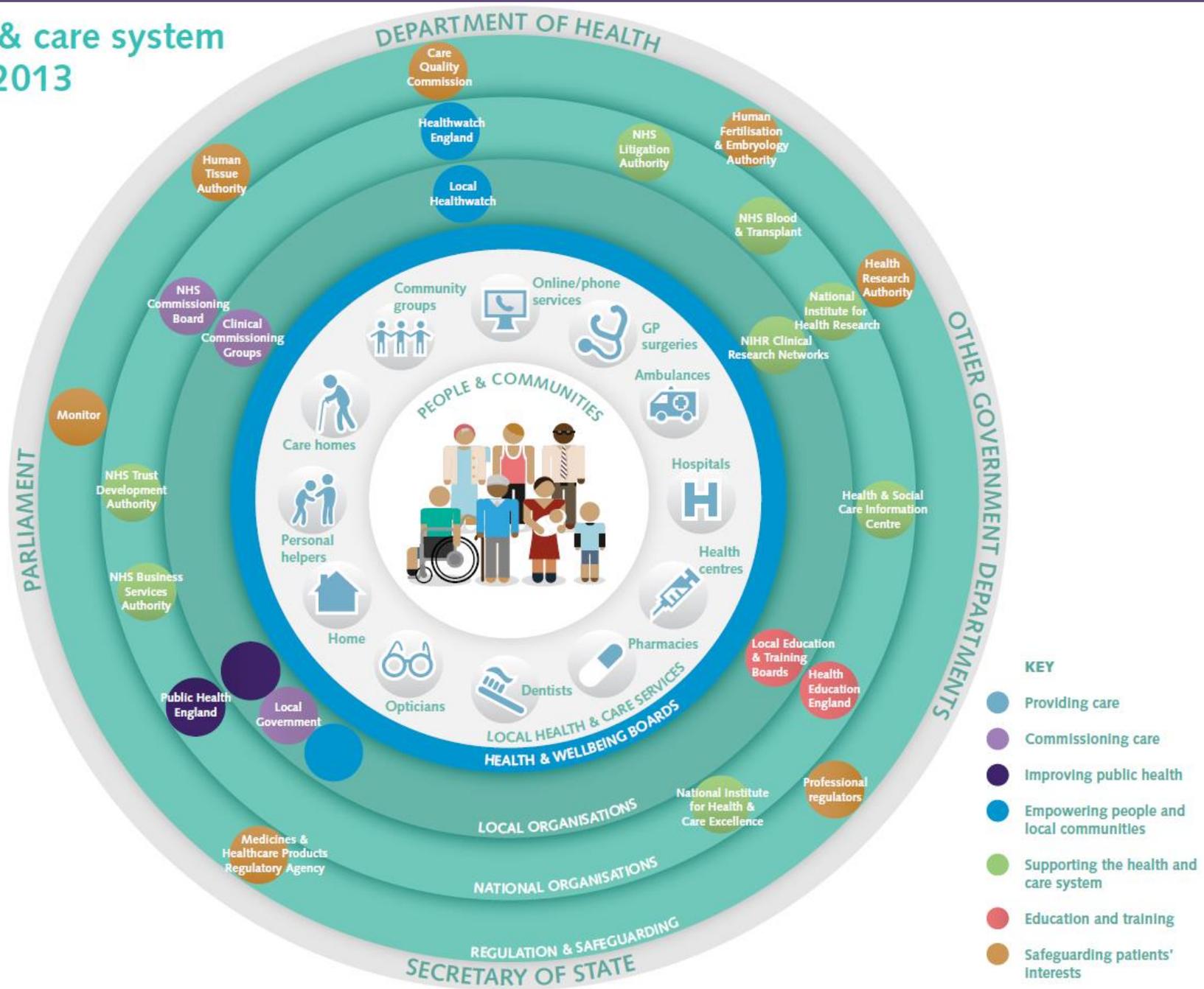
An Overview from NHS England

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The health & care system from April 2013



Department of Health

Commissioning

Monitoring & Regulation

Training & Development

NHS England

Public Health England

Trust Development Authority

Health Education England

Commissioning Support Units

Clinical Commissioning Groups

Healthwatch Local

Local Authorities

Healthwatch England

Monitor

Health and Wellbeing Board

Care Quality Commission

Local Education & Training Boards

Healthcare services

Data & Evidence

Secondary care

Community services

Mental health services

Rehabilitation services

Local public health services

NICE

Locally commissioned services

Primary care

Specialised services

Offender healthcare

Armed forces healthcare

Immunisation, screening, young children

Health & Social Care Information Centre

Local education providers

Nationally commissioned services

Clinical Reference Groups (specialised services)

- Initially conceived as assurance groups
- Clinical advice to NHS commissioning board for strategic planning
- Developed into key delivery mechanism for specialised services
- Tasked to provide service specifications and commissioning policies (the “products”)

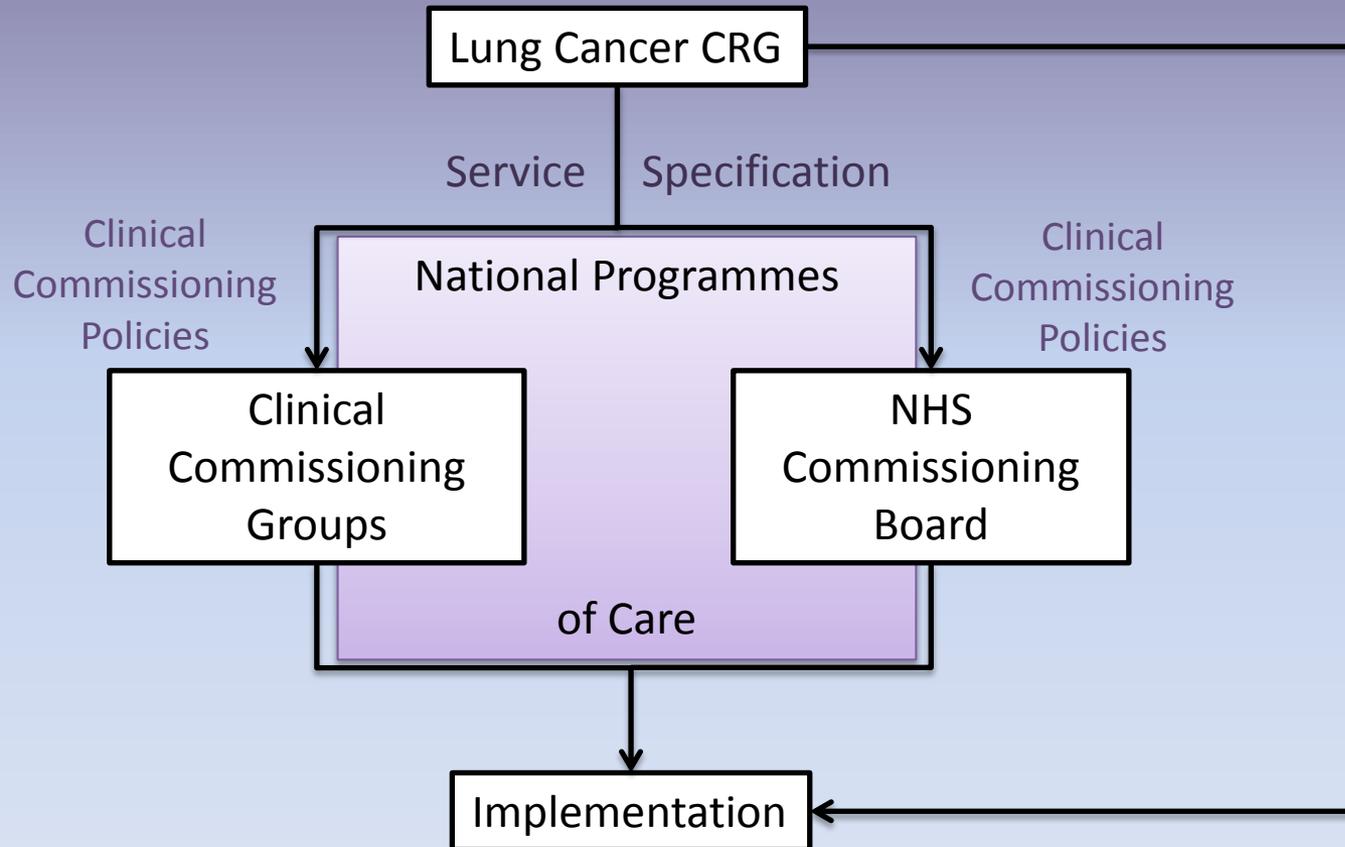
CRGs

- Prepare
 - national service level strategy
 - Service level contracts
 - Specification
 - Commissioning policies
- Bring together
 - Clinicians
 - Commissioners
 - Public Health experts
 - Public representation

Membership

- Chair and Vice-chair
- Clinical Leads from the site-specific SCN
- Professional organisations
- Commissioners
- Patient and public
- Public health
- 15-25 members

CRG role in context



Expected Outcomes

- NHSE outcome indicator sets
 - Very broad and reflect many factors
 - Need to be underpinned by detail
- NICE (and other) Quality Statements
 - Map to NHSE OIS
 - Have greater detail
- Only by attention to detail that we will achieve improvements in the NHSE OIS

Five Year Strategy

(to be discussed)

Year 1	Form CRG, publish service specification. Identify priority areas (data needed for gap analysis); horizon scan.
Year 2	Develop commissioning policies according to priorities, react to horizon scan if new developments identified; implement policies.
Year 3	Continue implementation, involve all responsible bodies (network, NICE, commissioners); publish additional policies.
Year 4	Evaluate outcomes, identify additional priorities, continue implementation.
Year 5	Evaluate outcomes, continue implementation, revise policies and service specification. Develop next 5 year plan.

Work programme

- Service Specification for Lung Cancer:
 - What is its current status?
 - Is it used by CCGs in contracting?
- Early diagnosis:
 - Work with Primary Care and Public Health England on symptom awareness (public and GP etc.) and in time, lung cancer screening
- Diagnostic pathway:
 - Emphasis on the diagnostic pathway and radiological and pathological turnaround.
 - Potential for the development of a Pathological Standard and a Radiological Standard in lung cancer
 - Reduce variation in access to CT scans, EBUS, CXRs, noting the implication of increasing demand

Work programme

- Clinical Nurse Specialists:
 - Fundamental to good quality patient care in lung cancer
 - Issue of variation of access
- Altering Service Structure:
 - Potential for rationalisation of MDTs. Need for increased specialisation. Creation of super-specialist MDTs for the management of patients with potentially curative lung cancer
- Monitoring of MDTs:
 - Potential, at MDT level, for an annual report of MDT decisions made and 1 year survival.
 - Reduce variation and increase capacity:
- Lung Cancer Data:
 - A need for the Lung Cancer CRG to meet with the NCIN early on, to discuss lung cancer data (eg, to request data linkage etc.)
- Access to Palliative care and interventions

Implementation





Implementation

- The message
 - Service specification
 - Policies
 - Service level contracts
 - Data
- Via
 - SCN leads for lung cancer
 - NHSE Commissioning Board

Example of Quality Measure / Dashboard (!)

Measure Number	Theme	Measure	Description & Provenance	Name of KPI	Numerator	Denominator	Period Type	Frequency	Data Source Numerator	Data Source Denominator	Data presentation	Target	Interpretation Guidance	Construction	Data Quality Concerns	Error Measurement	Notes_1
PET01A	PET CT	PET CT	Completion of satisfaction surveys	Proportion of clinician/MDT satisfaction surveys completed	Number of clinician/MDT satisfaction surveys completed and returned	Number of clinician/MDT satisfaction surveys requested	Quarterly	Quarterly	From Provider survey data	From Provider survey data	Run chart	To be decided	Higher is better	%			
PET01B	PET CT	PET CT	Clinician Satisfaction	Clinician/MDT Satisfaction - satisfaction survey negative response rate of 15% or below	Number below satisfactory rate of 15%	Number of clinician/MDT satisfaction surveys completed and returned	Quarterly	Quarterly	From Provider survey data	From Provider survey data	Run chart	To be decided	Lower is better	%	Dependant on the number of surveys returned		
PET02	PET CT	PET CT	Availability of Previous relevant Imaging	When required, availability of relevant previous images to Reporters at 90%.	Number of instances where available	Number of instances when previous images required by reporter	Quarterly	Quarterly	From Provider data system	From Provider data system	Run chart	To be decided	Higher is better	%			Data source may need to be manually collected
PET03A	PET CT	PET CT	Delivery Failure	Proportion of total capacity that is available	Contractual Scanning slots available	Total contracted slots	Quarterly	Quarterly	From Provider data system	From Provider data system	Run chart	To be decided	Higher is better	%	Dependant on accurate recording systems		
PET03B	PET CT	PET CT	Delivery Failure	The percentage of booked scans completed	Number of scans completed	Total number of booked scans	Quarterly	Quarterly	From Provider data system	From Provider data system	Run chart	To be decided	Higher is better	%	Dependant on accurate recording systems		
PET04	PET CT	PET CT	Image quality	Number of instances where images are classified by the reporter as non diagnostic quality	Number of instances where images are classified by the reporter as non diagnostic quality	Total number of scans produced	Quarterly	Quarterly	From Provider data system	From Provider data system	Run chart	To be decided	Lower is better	%	Dependant on accurate recording systems		
PET05	PET CT	PET CT	Incomplete Referrals	Number of referrals that are received which have incomplete information	Number of referrals with incomplete information	Total number of referrals	Quarterly	Quarterly	From Provider data system	From Provider data system	Run chart	To be decided	Lower is better	%	Dependant on accurate recording systems		
PET06	PET CT	PET CT	Upheld complaints	Number of complaints upheld following the operation of the NHS Complaints Procedure	Number of cases upheld	Total number of patient complaints	Quarterly	Quarterly	From Provider data system	From Provider data system	Run chart	To be decided	Lower is better	%	Numerator could be a very small number		
PET07	PET CT	PET CT	Complaint Action Plan failure	Number of Action Plans as a result of an upheld complaint not completed within agreed timescales	Of denominator, number of Plans breaching timescale	Total number of action plans as a result of an upheld complaint with a timescale for action	Quarterly	Quarterly	From Provider data system	From Provider data system	Run chart	To be decided	Lower is better	%			
PET08	PET CT	PET CT	Patient satisfaction	Proportion of surveys reporting satisfactory or above	Number of patients satisfactory or above	Patient Satisfaction completed by a minimum 30% of scanned patients; randomly chosen	Quarterly	Quarterly	From Provider data system	From Provider data system	Run chart	To be decided	Higher is better	%			
PET09	PET CT	PET CT	Contractual timeframes met	% of patients completed Activities undertaken within contractual timeframes	Number successfully completed within contractual timeframes as per the standard specification	All completed Activities with contractual timeframes as per the standard specification	Quarterly	Quarterly	From Provider data system	From Provider data system	Run chart	To be decided	Higher is better	%			
PET10	PET CT	PET CT	Clinical Cancellations	Numbers of patients cancelled for clinical reasons	Number of patients cancelled for clinical reasons	Total number of referrals	Quarterly	Quarterly	From Provider data system	From Provider data system	Run chart	To be decided	Lower is better	%	Dependant on accurate coding cancellations		
PET11	PET CT	PET CT	Non clinical Cancellations	Number of patients cancelled for Non Clinical Reasons	Number of patients cancelled for non clinical reason	Total number of referrals	Quarterly	Quarterly	From Provider data system	From Provider data system	Run chart	To be decided	Lower is better	%	Dependant on accurate coding cancellations		
PET12	PET CT	PET CT	Procedure times	Percentage of patients whose procedure commenced within 30mins of the stated appointment time	Number of procedures proceeding within 30mins of appointment time	Total number of procedures	Quarterly	Quarterly	From Provider data system	From Provider data system	Run chart	To be decided	Higher is better	%			
PET13	PET CT	PET CT	Injected Tracer scan failure	Number of patients injected with Tracer that do not undergo a Scan	Number in denominator that do not undergo a scan	Total number of patients injected with Tracer	Quarterly	Quarterly	From Provider data system	From Provider data system	Run chart	To be decided	Lower is better	%			

Summary:

What do we have to do?

- Appoint the members
- Ensure we engage with all stakeholders
- Ensure the size of the health problem and inequalities are known

- Write / adapt a service specification
- Develop commissioning policies for key areas
- Use the SCN Leads for lung cancer to drive the process in all centres and units