

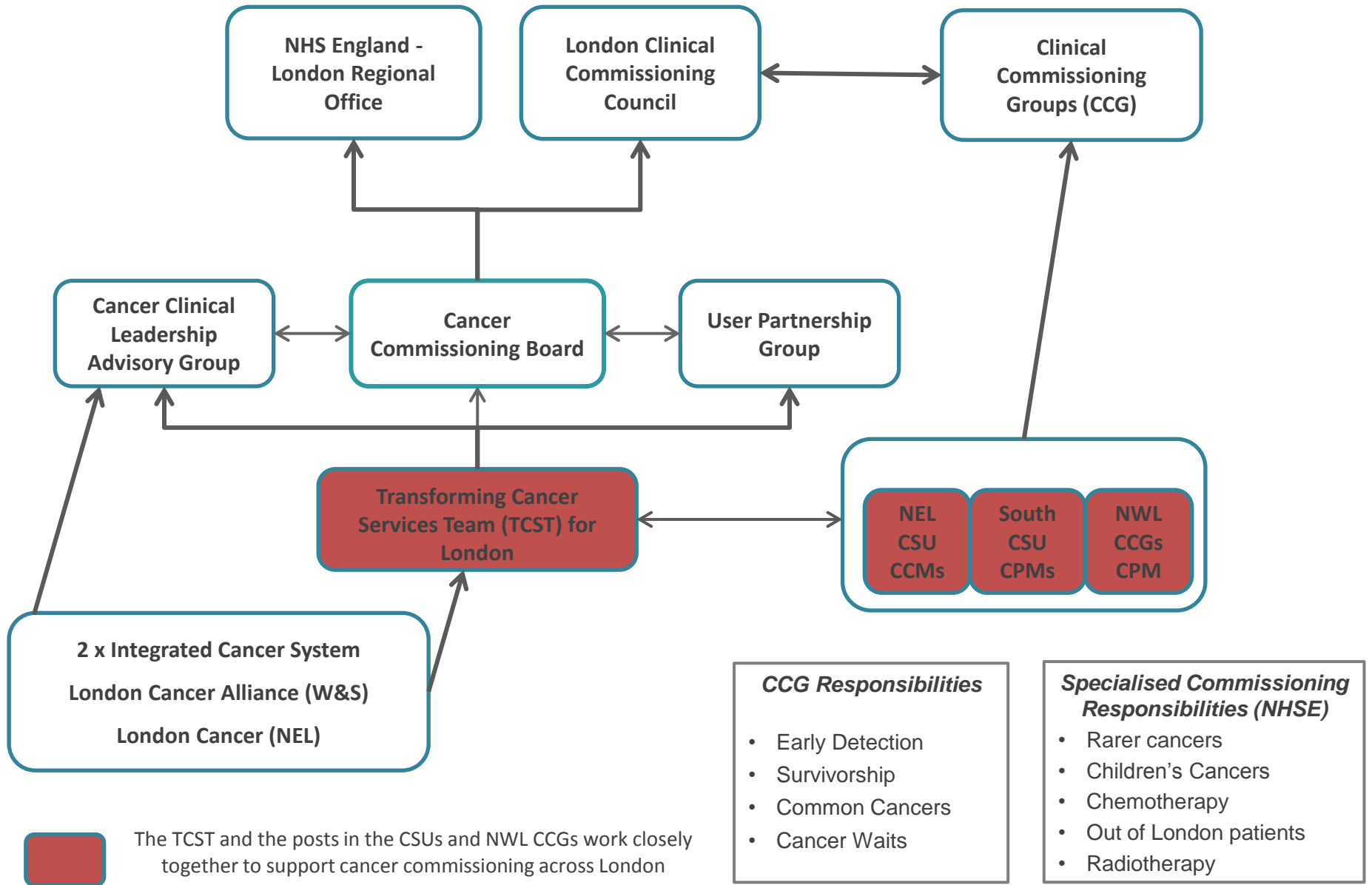
# Making data relevant to clinical practice – what do we want?

As a commissioner

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# London cancer commissioning arrangements



# Commissioning Intentions

In high level terms, how the commissioner intends to commission services from Providers during 2015/16.

In line with the NHS Standard Contract, providers are given six months' notification for any potential changes to services.

# 17 pan-London cancer commissioning intentions

To support the delivery of the Pan London Cancer Strategy and to reduce variation across providers.

1. All GPs to have direct access to **colonoscopy** for low risk, not no risk of cancer via a diagnostic service.
2. All GPs to have direct access to diagnostic services - **flexible sigmoidoscopy** for low risk, not no risk of cancer.
3. All GPs to have direct access to diagnostic services - **non-obstetric ultrasound** for low risk, not no risk of cancer.
  - 3a. In order to promote the earlier diagnosis of ovarian cancer, services will be commissioned to support US and CA125 concurrently.
4. All GPs to have direct access to same day **chest x-ray for high risk of cancer** and access for low risk, not no risk of cancer.
  - 4a. In order to support the reduction of the risk of delayed diagnosis, all commissioned services will be required to formally report A&E, Urgent Care Centres and inpatient chest x-rays (CxR).

# Commissioning Intentions (cont)

5. All commissioned cancer services will participate in the National Cancer Peer Review Programme (NCPD) or other quality assurance programme as defined by commissioners.
6. All cancer services commissioned will be required to demonstrate robust treatment decision making through MDT.
7. All lung cancer services will be commissioned in line with best practice through a timed pathway.
  - 7a. Endobronchial US (EBUS) services are commissioned to an agreed service specification and tariff.
8. All breast cancer services will be commissioned in line with best practice through a timed pathway and follow up in line with the NCSI.
9. All services for prostate cancer will be commissioned in line with NICE guidance through a timed pathway with follow up in line with the NCSI.
10. All services for colorectal cancer (CRC) will be commissioned in line with NICE guidance through a timed pathway with follow up in line with the NCSI.

# Commissioning Intentions (cont)

11. Agree and implement service consolidation plans – providers will work with their ICS and commissioners to implement the cancer Model of Care.
12. All cancer services will be commissioned to deliver the recovery package as described in the NCSI.
13. Services will be commissioned to manage some of the consequences of anti-cancer treatment.
14. **NEW** Services will be commissioned to provide pathways for the management of treatment-related fertility issues.
15. **NEW** Services will be commissioned for the management of those with a family history of moderate risk breast cancer to a pan-London specification.
16. **NEW** Services for the provision of Metastatic Spinal Cord Compression (MSCC) will be commissioned in line with NICE QS56.
17. **NEW** Service providers of cancer services will be required to follow NICE guidance on smoking cessation

## 1 Preventing people from dying prematurely

### Overarching indicator

- Potential years of life lost from causes considered amenable to healthcare: adults, children and young people (NHS OF 1a1 & II) <sup>^</sup>

### Improvement areas

#### Reducing premature mortality from the major causes of death

- Under 75 mortality from cardiovascular disease (NHS OF 1.1) <sup>^</sup> <sup>\*\*</sup>
- Cardiac rehabilitation completion
- Myocardial infarction, stroke & stage 5 kidney disease in people with diabetes
- Mortality within 30 days of hospital admission for stroke
- Under 75 mortality from respiratory disease (NHS OF 1.2) <sup>^</sup> <sup>\*\*</sup>
- Under 75 mortality from liver disease (NHS OF 1.3) <sup>^</sup> <sup>\*\*</sup>
- Emergency admissions for alcohol related liver disease
- Under 75 mortality from cancer (NHS OF 1.4) <sup>^</sup> <sup>\*\*</sup>
- One year survival from all cancers (NHS OF 1.4i) <sup>^</sup> <sup>\*\*</sup>
- One year survival from breast, lung & colorectal cancers (NHS OF 1.4 II) <sup>^</sup> <sup>\*\*</sup>
- Cancer: diagnosis via emergency routes
- Cancer: record of stage at diagnosis
- Cancer: early detection
- Lung cancer: record of stage at diagnosis
- Breast cancer: mortality
- Heart failure: 12 month all cause mortality
- Hip fracture: incidence

#### Reducing premature death in people with severe mental illness

- People with severe mental illness who have received a list of physical checks
- Severe mental illness: smoking rates

#### Reducing deaths in babies and young children

- Antenatal assessment < 13 weeks
- Maternal smoking at delivery
- Breastfeeding prevalence at 6-8 weeks

#### Reducing premature deaths in people with learning disabilities

*NHS OF indicator in development. No CCG measure at present*

## 3 Helping people to recover from episodes of ill health or following injury

### Overarching indicators

- Emergency admissions for acute conditions that should not usually require hospital admission (NHS OF 3a) <sup>^</sup>
- Emergency readmissions within 30 days of discharge from hospital (NHS OF 3b) <sup>^</sup>

### Improvement areas

#### Improving outcomes from planned treatments

- Increased health gain as assessed by patients for elective procedures
  - a) hip replacement b) knee replacement c) groin hernia d) varicose veins (NHS OF 3.1.1 - IV)

#### Preventing lower respiratory tract infections in children from becoming serious

- Emergency admissions for children with lower respiratory tract infections (NHS OF 3.2)

#### Improving recovery from injuries and trauma

*NHS OF indicator in development. No CCG measure at present*

#### Improving recovery from stroke

- People who have had a stroke who
  - are admitted to an acute stroke unit within four hours of arrival to hospital
  - receive thrombolysis following an acute stroke
  - are discharged from hospital with a joint health and social care plan
  - receive a follow-up assessment between 4-8 months after initial admission
  - spend 90% of more of their stay on an acute stroke unit

#### Improving recovery from fragility fractures

- Proportion of patients recovering to their previous level of mobility or walking ability (NHS OF 3.5 I and II)
- Hip fracture: formal hip fracture programme, timely surgery, and multifactorial risk assessment

#### Helping older people to recover their independence after illness or injury

*No CCG measure at present*

#### Improving recovery from mental illness

- Alcohol admissions and readmissions
- Mental health readmissions within 30 days of discharge
- Proportion of adults in contact with secondary mental health services in paid employment

## 4 Ensuring that people have a positive experience of care

### Overarching indicators

#### Patient experience of primary and hospital care

- Patient experience of GP out of hours services (NHS OF 4a II) <sup>^</sup>
- Patient experience of hospital care (NHS OF 4b)
- Friends and family test for acute inpatient care and A&E (NHS OF 4c)

### Improvement areas

#### Improving people's experience of outpatient care

- Patient experience of outpatient services (NHS OF 4.1)

#### Improving hospitals' responsiveness to personal needs

- Responsiveness to in-patients' personal needs (NHS OF 4.2)

#### Improving people's experience of accident and emergency services

- Patient experience of A&E services (NHS OF 4.3)

#### Improving women and their families' experience of maternity services

- Improving the experience of care for people at the end of their lives
  - Bereaved carers views on the quality of care in the last 3 months of life (NHS OF 4.6)

#### Improving experience of healthcare for people with mental illness

- Patient experience of community mental health services (NHS OF 4.7)

#### Improving children and young people's experience of healthcare

*NHS OF indicator in development. No CCG measure at present*

#### Improving people's experience of integrated care

*NHS OF indicator in development. No CCG measure at present*

## 2 Enhancing quality of life for people with long-term conditions

### Overarching indicator

- Health-related quality of life for people with long-term conditions (NHS OF 2i) <sup>^</sup> <sup>\*\*</sup>

### Improvement areas

#### Ensuring people feel supported to manage their condition

- People feeling supported to manage their condition (NHS OF 2.1) <sup>^</sup> <sup>\*\*</sup> <sup>\*\*\*</sup>

#### Improving functional ability in people with long-term conditions

- People with COPD & Medical Research Council Dyspnoea scale  $\leq 3$  referred to pulmonary rehabilitation programme
- People with diabetes who have received nine care processes
- People with diabetes diagnosed less than one year referred to structured education

#### Reducing time spent in hospital by people with long-term conditions

- Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults) (NHS OF 2.3.I) <sup>^</sup>
- Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s (NHS OF 2.3.II) <sup>^</sup>
- Complications associated with diabetes inc emergency admission for diabetic ketoacidosis and lower limb amputation

#### Enhancing quality of life for carers

- Health-related quality of life for carers (NHS OF 1.4)

#### Enhancing quality of life for people with mental illness

- Access to community mental health services by people from BME groups
- Access to psychological therapy services by people from BME groups
- Recovery following talking therapies (all ages and older than 65)
- Health-related quality of life for people with a long-term mental health condition

#### Enhancing quality of life for people with dementia

- Estimated diagnosis rate for people with dementia *NHS OF measure in development. No CCG measure at present*
- People with dementia prescribed anti-psychotic medication

### NOTES & LEGEND

NHS OF: Indicator derived from NHS Outcomes Framework

<sup>^</sup> NHS OF indicator that is also measurable at local authority level

<sup>\*</sup> NHS OF indicator shared with Public Health Outcomes Framework

<sup>\*\*</sup> NHS OF indicator complementary with Adult Social Care Outcomes Framework

Other indicators are developed from NICE quality standards or other existing data collections.

## 5 Treating and caring for people in a safe environment and protecting them from avoidable harm

### Overarching indicator

- Patient safety incidents reported (NHS OF 5a)

### Improvement areas

#### Reducing the incidence of avoidable harm

- Incidence of healthcare associated infection: MRSA (NHS OF 5.2.I)
- Incidence of healthcare associated infection: C difficile (NHS OF 5.2.II)

*No CCG measures at present for category 2, 3 and 4 pressure ulcers and incidence of medication errors causing serious harm*

#### Improving the safety of maternity services

*No CCG measure at present*

#### Delivering safe care to children in acute settings

*No CCG measure at present*

# Approach

- Provides assurance to commissioners on key quality markers
- Use data that providers accept/recognise so that you discuss what it shows not just whether data is right
- Show what good looks like
- Comparators against other providers (e.g. bar chart)
- Ability to see time series



# Areas

- Cancer waits
- Direct access to diagnostics
- Bowel screening
- Stage at presentation
- Volume of resections by surgeon and by MDT
- Quoracy of MDTs
- Enhanced recovery proxy metrics (day of surgery admission rate, length of stay, readmissions)
- Laparoscopic colorectal surgery
- Recovery package and follow up metrics
- Patient experience