

NCIN



national cancer
intelligence network

Using information to improve quality & choice

The emerging national policy framework

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Outline of talk

- **The Coalition Government White Paper**
- **The outcomes framework**
- **The Cancer Reform Strategy Refresh**

The White Paper

Equity & Excellence - Liberating the NHS:

- Upholding the values & principles of the NHS – a comprehensive service, available to all, free at the point of use & based on clinical need, not ability to pay
- Increase in health spending in real terms in each year of this Parliament
- And NHS which achieves results that are among the best in the world

The White Paper

Equity & Excellence - Liberating the NHS:

- **Putting patients and the public first**
 - No decision about me, without me
 - Choice and voice
 - The Information Revolution
- **Improving healthcare outcomes**
 - “To reduce mortality and morbidity, increase safety and improve patient experience and outcomes for all”
 - Outcome measures not process targets (Outcomes Framework)

Consultations arising from the White Paper (1)

Commissioning for Patients

www.dh.gov.uk/en/Consultations/Liveconsultations/DH_117587

Transparency in Outcomes: A framework for the NHS

www.dh.gov.uk/en/Consultations/Liveconsultations/DH_117583

Increasing Democratic Legitimacy in Health

www.dh.gov.uk/en/Consultations/Liveconsultations/DH_117586

Regulating healthcare providers

http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_117782

Closing date for consultations is 11 October 2010

Commissioning for Patients

- Putting local consortia of GP practices in charge of commissioning services to best meet the needs of local people
- Establishment of an independent NHS commissioning Board

Better commissioning for cancer

- What services should be commissioned by GP consortia?
- What services should be commissioned at regional/national level?
- What is the future role of networks?
- What would good commissioning look like?

Increasing democratic legitimacy

- Giving local authorities a stronger role in supporting patient choice and ensuring an effective local voice
- Local authorities taking on local public health improvement functions
- Promoting more effective NHS, social care and public health commissioning arrangements

Regulating healthcare providers

- Proposals on Foundation Trusts
- The establishment of Monitor as an independent economic regulator

Transparency and Outcomes: A framework for the NHS

Key principles

- Accountability and transparency
- Balanced
- Internationally comparable
- Focussed on what matters to patients and clinicians
- Promoting excellence and equality
- Focussed on outcomes that the NHS can influence, but working in partnership with other public services as required
- Evolving over time

Transparency & Outcomes: 5 domains

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

Domain 1: prevent people from dying prematurely

What is meant by prematurely?

Sometimes measured as mortality under age 75 years

- Mortality amenable to healthcare proposed as overarching outcome indicator (includes breast, Hodgkin's, cervical, leukaemia, testicular and colorectal cancer amongst other conditions)
- Improvement areas suggested: Heart disease, cancer (1 year and 5 year survival), stroke ...

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

- Overarching indicator:
?Composite indicator based on PROMs for a range of conditions (e.g. EQ5D)
- Improvement areas suggested
 - Children and young people
 - Working age adults
 - Older people
- No specific reference to cancer as a LTC

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

- Overarching indicators
 - People returning to their original place of residence on discharge from hospital
 - Multiple readmissions following discharge
 - Hospital admissions for conditions which should not require secondary care
- Improvement areas
 - Planned care (PROMs)
 - Unplanned care (?)

Domain 4: Ensuring people have a positive experience of care

- Overarching indicators:
Based on common themes of patient surveys (access/waiting; safe/high-quality/coordinated care; information/choice; closer relationships; cleanliness/comfort)
- Improvement areas:
Primary care, acute care, mental health, children and young people, maternity, end of life care
- No specific mention of cancer care

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

Overarching indicator – composite of

- Number of incidents reported (rising in short term)
- Severity of harm (decreasing)
- Number of similar incidents (decreasing)

Improvement areas

- Safe treatment (e.g. never events; falls)
- Safe discharge (e.g. emergency readmissions)
- Patient environment (e.g. infection control)
- Safety culture (e.g. openness about mistakes)
- Vulnerable groups (e.g. maternity; older people)

Consultations arising from the White Paper (2)



Quality Accounts

Survey of 2009/10 experience (closed 27 August 2010)

Consultation on the future scheduled for autumn

Information Strategy

Consultation during autumn

Better commissioning for cancer

- What services should be commissioned by GP consortia?
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- What would good commissioning look like?

The Cancer Reform Strategy Refresh

Aims of the Refresh



- To align cancer strategy with the White Paper
- To set the direction for the next 5 years
 - Taking account of progress since December 2007
- To show how outcomes can be improved despite the cold financial climate

Process for reviewing the CRS

- CRS Advisory Board: July and October
- Existing initiatives (NAEDI, NCSI, NCEI, Transforming Inpatient Care, NCIN, PEAG etc.)
- Existing advisory groups (e.g. Prostate, lung, bowel, breast, CYP, radiotherapy, chemotherapy)
- Charities and Cancer Campaigning Group
- Industry
- Professional groups/societies
- crsreview2010@dh.gsi.gov.uk

Progress on CRS Initiatives

- Early diagnosis
 - Profile of early/late diagnosis has been raised through ‘NAEDI’ (BJC supplement; CRS second annual report)
 - “10,000 avoidable deaths pa” now widely accepted
 - International benchmarking underway
 - Local and national initiatives planned
 - New research on bowel screening (flexiscope); Routes to Diagnosis and views of GPs about cancer
- Survivorship
 - Survivorship vision published January 2010
 - 5 key shifts identified
 - Testing of new models is underway (NHS Improvement)

Progress on CRS Initiatives

- Inequalities
 - New evidence on inequalities by race, age and gender from NCIN
 - Vision published 2010
- Transforming Inpatient Care
 - 23 hour surgery for breast cancer
 - Enhanced Recovery – elective surgery
 - Reducing emergency admissions/lengths of stay

Progress on CRS Initiatives

- Better Treatment
 - Laparoscopic colorectal surgery (Lapco)
 - Radiotherapy: Capacity and waiting times
 - New drugs? (International variations report)
- Better Intelligence
 - **National Cancer Intelligence Network** well established
 - Important new analyses on combined HES/Registry dataset
 - “Profiles” (e.g. by PCT, general practice, NHS Trust) being developed

Key challenges in cancer

1. Rising incidence
2. Poor survival (late diagnosis)
3. High mortality (especially in older people)
4. Rising prevalence (3%pa)
5. Suboptimal care/QOL for survivors
6. Inequalities
7. Slow diffusion of new technologies
8. Managing costs of cancer

Levers for improvement in the new NHS

- **NICE Quality standards**
- **‘Information Revolution’ – making data on services/outcomes widely available**
- **Quality accounts**
- **Financial incentives for quality**
 - QOF
 - CQUIN
 - Best practice tariffs
- **Regulation**
 - Monitor
 - CQC

Other factors to take into account

- Comprehensive Spending Review (20th October 2010)
- Operating Framework (?January 2011)

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