The ambition

To commission cancer services that are the best in the world
The context within which we are trying to realise that ambition

- The quality of commissioning of cancer services has historically been variable
- Implementation of what has been dubbed one of the most radical plans in the history of the health service
- Introduction of some key changes to those plans following the listening exercise

Some weaknesses in commissioning and information (1)

- Aspects of cancer information have improved substantially since publication of the Strategy, but key gaps and limitations remain
- Few commissioners, however, make best use of the information available when commissioning cancer services and most do not know whether their commissioning is cost-effective
- While there have been measurable improvements in efficiency by treating more people as day cases, and reductions in length of stay, there is substantial scope to make further improvements by tackling variations and raising performance to the standard of the best
Some weaknesses in commissioning and information (2)

- Although there have been improvements in some aspects of cancer information, commissioners’ poor understanding of costs and outcomes mean that they do not know whether they are commissioning services which optimise outcomes for patients.
- Incomplete and inconsistent data on how advanced patients’ cancers are at diagnosis limits understanding of variations in outcomes.
- The number of patients recorded as being treated with chemotherapy is increasing but there are quality issues with these chemotherapy data.

What have we said in Improving Outcomes: A Strategy for Cancer

- Information will be central to the drive for better outcomes.
- Commissioners will need accurate, relevant, contextualised, timely and accessible information.
- Commissioners will want information that is:
  - Informing
  - Engaging
  - Empowering
Priorities for 2011/12 identified in the IOSC include:

• Collating and publishing high quality information about:
  - Incidence
  - Prevalence and survival
  - Different aspects of cancer and the outcomes they deliver

• Improving the quality of the data which underpins expenditure information on cancer services

The new commissioning environment

• The Government will devolve power and responsibility for commissioning services to the healthcare professionals closest to patients: GPs and their practice teams working in consortia

• An independent and accountable NHS Commissioning Board will be established
The Government’s response to the listening exercise (1)

• Commissioning consortia will continue to be groups of GP practices, but will involve patients, carers and the public and a wide range of doctors, nurses and other health and care professionals

• In future they will be called “clinical commissioning groups”

• Every clinical commissioning group will have a governing body with decision-making powers. That body will include at least one registered nurse and one doctor who is a secondary care specialist

• The groups will not be authorised to take on any part of the commissioning budget until they are ready and willing to do so. Until they are ready the local arms of the NHS Commissioning Board will commission on their behalf

The Government’s response to the listening exercise (2)

• Clinical networks will be retained and strengthened

• They will be give a stronger role in commissioning in support of the NHS Commissioning Board and local clinical commissioning groups

• “Clinical senates” of doctors, nurses and other professionals will be established with the role of:
  • Giving expert advice which clinical commissioning groups will be expected to follow
  • Authorisation of clinical commissioning groups
  • Advising on whether commissioning plans are clinically robust
  • Advising on major service changes

• Both clinical networks and clinical senates will be hosted by the NHS Commissioning Board
The approach we are taking

• Engagement with GP Consortia

• Identification and delivery of a set of key messages

Developing key messages for commissioners

Questions:

• What are the key facts/issues about cancer that we would want commissioners to know?

• What do they feel is most important to know?

• How can we (NCIN/NCAT and cancer networks) best support them?
What do we want commissioners to know?

1. Cancer patients are dying unnecessarily in all parts of the country (not just deprived areas). On average a consortium serving 200,000 population would save 40 lives p.a. if our survival rates matched those in Australia, Sweden or Canada

2. Late diagnosis is the major factor underlying the poor survival rates in this country

3. There are a number of myths about cancer that need to be dispelled

Myths about cancer (1)

1. **Myth 1:** Cancer has had more than its fair share of the growth in NHS funding in recent years  
   **Wrong:** Cancer accounts for 6% of NHS budget and this has remained static

2. **Myth 2:** Cancer is a secondary and tertiary issue. It has little to do with primary and community care  
   **Wrong:** Primary care has major roles in early diagnosis, ongoing support and end of life care for cancer patients
Myths about cancer (2)

3. Myth 3: All cancer interventions are highly expensive
   Wrong: Many interventions with the greatest impact are highly cost effective (e.g. smoking cessation, screening, early diagnosis, surgery, radiotherapy and some curative chemotherapy). It is true that some chemotherapy given at the end of life is much less cost-effective.

4. Myth 4: Too much attention has been given to cancer. We should turn our efforts to other conditions

How can we best support commissioners?

We can tell them how they can:

- Save lives
- Improve patients’ quality of life and experience of care
- Get optimal value for money

We can supply benchmarking information, together with expert interpretation, advice and support for implementation at different levels, including network, consortia, GP practice and Trust/service levels.
Saving Lives

This can be achieved by:

- Public awareness campaigns promoting earlier presentation (e.g. bowel cancer)
- Supporting GPs to investigate/refer appropriately
- Providing GPs with better access to diagnostics (e.g. CXR, U/S, endoscopy, brain MRI)

This is not simply a matter of patients living a few extra months. It can often be the difference between early death and long term survival/cure

Improving Patient Experience

- Preventing unnecessary hospital admissions
- Reducing lengths of stay
- Improving access to CNSs
- Supporting initiatives such as patient information prescriptions and advanced communications training
Achieving Optimal Value for Money

• Invest in early diagnosis

• Reduce emergency admissions by providing better proactive support (e.g. for patients with chemotherapy) and ambulatory services (e.g. for symptom control)

• Increase day case surgery

• Reduce lengths of stay by introducing enhanced recovery programmes/overnight breast surgery model

• Reduce follow up promotion of supported self-management following primary treatment

Benchmarking Information

e.g. Service profiles which will include:

• The range of services provided by each Trust

• Whether each team has core members from all the relevant disciplines

• Whether the team has a CNS

• How many patients by equality characteristic were diagnosed/treated in the previous year

• Compliance with waiting time standards

• Compliance with peer review measures

• Major resection rates

• Mortality rates within 30 days of treatment
## Development of service profiles

<table>
<thead>
<tr>
<th>Metric</th>
<th>NHS Outcomes Framework Domain</th>
<th>Level data available</th>
<th>Data Source</th>
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</thead>
<tbody>
<tr>
<td>Demographics of MDT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median age of patients referred/treated</td>
<td>Background Info</td>
<td>MDT</td>
<td>Ca. Reg</td>
</tr>
<tr>
<td>Ethnicity of patients referred/treated</td>
<td>Background Info</td>
<td>MDT</td>
<td>Ca. Reg</td>
</tr>
<tr>
<td>MD Score</td>
<td>Background Info</td>
<td>MDT</td>
<td>Ca. Reg</td>
</tr>
<tr>
<td>Stage of cases referred/treated</td>
<td>Background Info</td>
<td>MDT</td>
<td>Ca. Reg</td>
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<tr>
<td>Co-morbidity of cases referred/treated</td>
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<td>Ca. Reg</td>
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<td>Specialist Team</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Does the specialist team have full membership</td>
<td>5-Safety</td>
<td>MDT</td>
<td>NCPR</td>
</tr>
<tr>
<td>How well did it score on peer review?</td>
<td>5-Safety</td>
<td>MDT</td>
<td>NCPR</td>
</tr>
<tr>
<td>Were there any immediate risks?</td>
<td>5-Safety</td>
<td>MDT</td>
<td>NCPR</td>
</tr>
<tr>
<td>Were there any serious concerns?</td>
<td>5-Safety</td>
<td>MDT</td>
<td>NCPR</td>
</tr>
<tr>
<td>Availability of a named clinical nurse specialist</td>
<td>4-Patient Exp</td>
<td>MDT</td>
<td>CPES</td>
</tr>
<tr>
<td>Funded CNS posts</td>
<td>4-Patient Exp</td>
<td>MDT</td>
<td>NCAT Census - 2010</td>
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<tr>
<td>% colorectal cancer cases undergoing a major surgical resection</td>
<td>5-Safety</td>
<td>Trust</td>
<td>HES</td>
</tr>
<tr>
<td>% colorectal cancers radiologically staged with CT scanning</td>
<td>5-Safety</td>
<td>MDT</td>
<td>NCPR/NBOCAP</td>
</tr>
</tbody>
</table>

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## Cancer Service Profiles

Select trusts of interest by Network and/or Trust below

### 3 Counties
- Gloucestershire Hospitals NHS Foundation Trust
- Hereford Hospitals NHS Trust
- Worcestershire Acute Hospitals NHS Trust

### Anglia
- Bedford Hospital NHS Trust
- Cambridge University Hospitals NHS Foundation Trust
- Hinchingbrooke Health Care NHS Trust
- Ipswich Hospital NHS Trust
- James Paget University Hospitals NHS Foundation Trust
- Norfolk and Norwich University Hospital NHS Trust
- Papworth Hospital NHS Foundation Trust
- Peterborough and Stamford Hospitals NHS Foundation Trust
- The Queen Elizabeth Hospital King's Lynn NHS Trust
- West Suffolk Hospitals NHS Trust

### Arden
- George Eliot Hospital NHS Trust
- South Warwickshire General Hospitals NHS Trust
- University Hospitals Coventry and Warwickshire NHS Trust
**Cancer Service Profiles Indicators**

**Anywhere Hospitals NHS Trust**

<table>
<thead>
<tr>
<th>Domain</th>
<th>Indicator</th>
<th>Value</th>
<th>England</th>
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</thead>
<tbody>
<tr>
<td>Demographics</td>
<td>Fraction of patients over 70</td>
<td>34%</td>
<td>40%</td>
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<tr>
<td></td>
<td>Fraction of patients with non-White-British Ethnicity</td>
<td>14%</td>
<td>10%</td>
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<tr>
<td></td>
<td>Deprivation quintile</td>
<td>2</td>
<td>3</td>
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<tr>
<td></td>
<td>Fraction of patients in stage 1 or 2</td>
<td>85%</td>
<td>60%</td>
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<tr>
<td></td>
<td>Fraction with Charlson comorbidity index &gt;0</td>
<td>34%</td>
<td>50%</td>
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<td>Special team</td>
<td>Specialist team has full membership</td>
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<td></td>
<td>Peer review score</td>
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<td>0.9</td>
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</tr>
<tr>
<td></td>
<td>Peer review: serious concerns</td>
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<td>no</td>
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<tr>
<td></td>
<td>Proportion patients reporting CNS available</td>
<td>74%</td>
<td>90%</td>
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<td></td>
<td>Number funded CNS posts</td>
<td>5.25</td>
<td>5</td>
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<tr>
<td></td>
<td>Proportion of newly diagnosed cases undergoing major resection</td>
<td>40%</td>
<td>60%</td>
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<tr>
<td></td>
<td>Proportion of newly diagnosed radiologically staged with CT scanning</td>
<td>49%</td>
<td>70%</td>
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<tr>
<td>Scale</td>
<td>Each surgeon manages 50+ cases per year</td>
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<td>yes</td>
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<tr>
<td></td>
<td>Urgent referrals per year</td>
<td>101</td>
<td>80</td>
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<tr>
<td></td>
<td>Cancers managed per year</td>
<td>288</td>
<td>200</td>
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<tr>
<td></td>
<td>Annual major operations</td>
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<td>100</td>
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<td>% of urgent referrals treated in 62 days</td>
<td>57%</td>
<td>95%</td>
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<tr>
<td></td>
<td>% of urgent referrals treated in 31 days</td>
<td>53%</td>
<td>35%</td>
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<td></td>
<td>% of symptomatic breast referrals seen within 2 weeks</td>
<td>95%</td>
<td>95%</td>
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<tr>
<td></td>
<td>% of TWW referrals with cancer</td>
<td>11%</td>
<td>30%</td>
</tr>
<tr>
<td></td>
<td>% new cases that are TWW</td>
<td>20%</td>
<td>40%</td>
</tr>
</tbody>
</table>

**Conclusion**

The primary focus of all NHS funded care should be the provision of high quality care and improved outcomes for patients.

Our ambition is to commission and deliver cancer services that match the best the world.

The challenge is a significant one but the prize is great!