

# Cancer Network Haematology TSSG Clinical Leads Workshop Support for Commissioners

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# Outline of Session

- ▣ National Commissioning Board
- ▣ What does this mean for Cancer Services
- ▣ Service Specifications & Profiles

# Developing the NHS Commissioning Board

“The purpose of the Board will be to use the £80bn commissioning budget to secure the best possible outcomes for patients.”

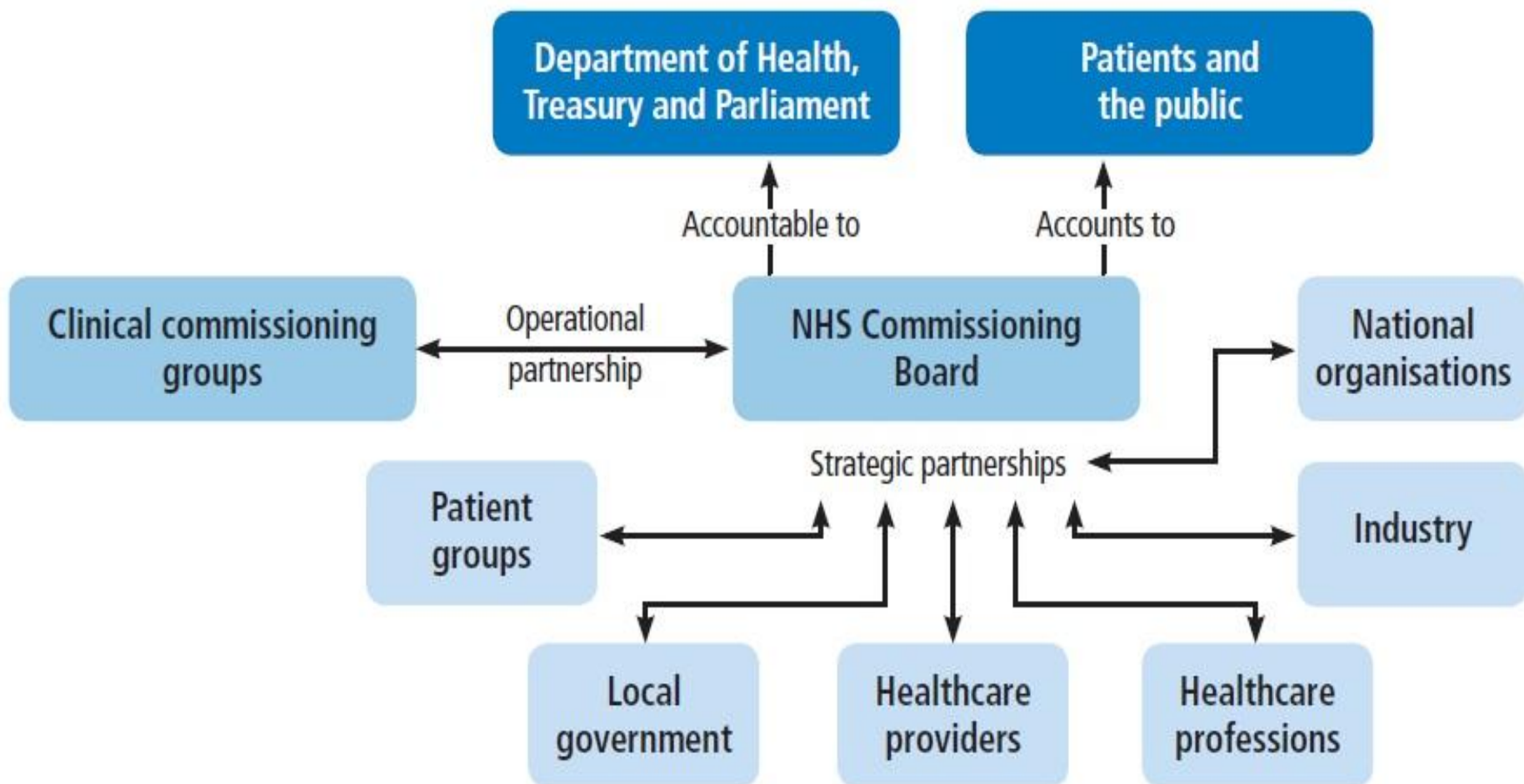
This can be done by:

- Supporting local clinical improvement
- Transforming the management of long-term conditions
- Providing more services outside hospital settings
- Providing a more integrated system of urgent and emergency care to reduce the rate of growth in hospital admissions

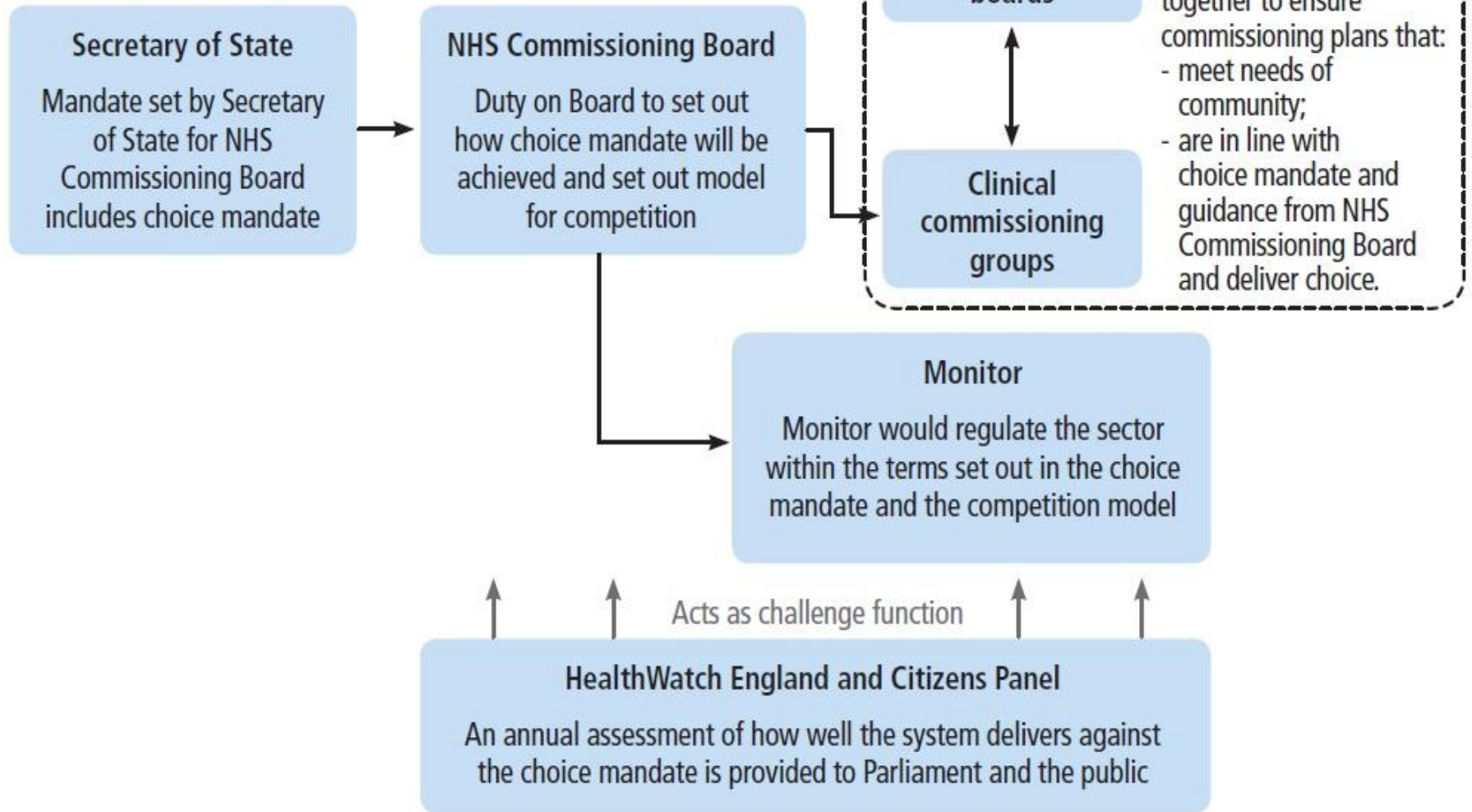
# Values and culture of the NHS Commissioning Board

- ▣ A clear **sense of purpose** focused on improving quality and **outcomes**;
- ▣ A commitment to putting **patients, clinicians and carers at the heart of decision-making**;
- ▣ An **energised and proactive organisation**, offering leadership and **direction**;
- ▣ A **focused and professional organisation**, easy to do business **with**;
- ▣ An **objective culture**, using evidence to inform the full range **of its activities**;

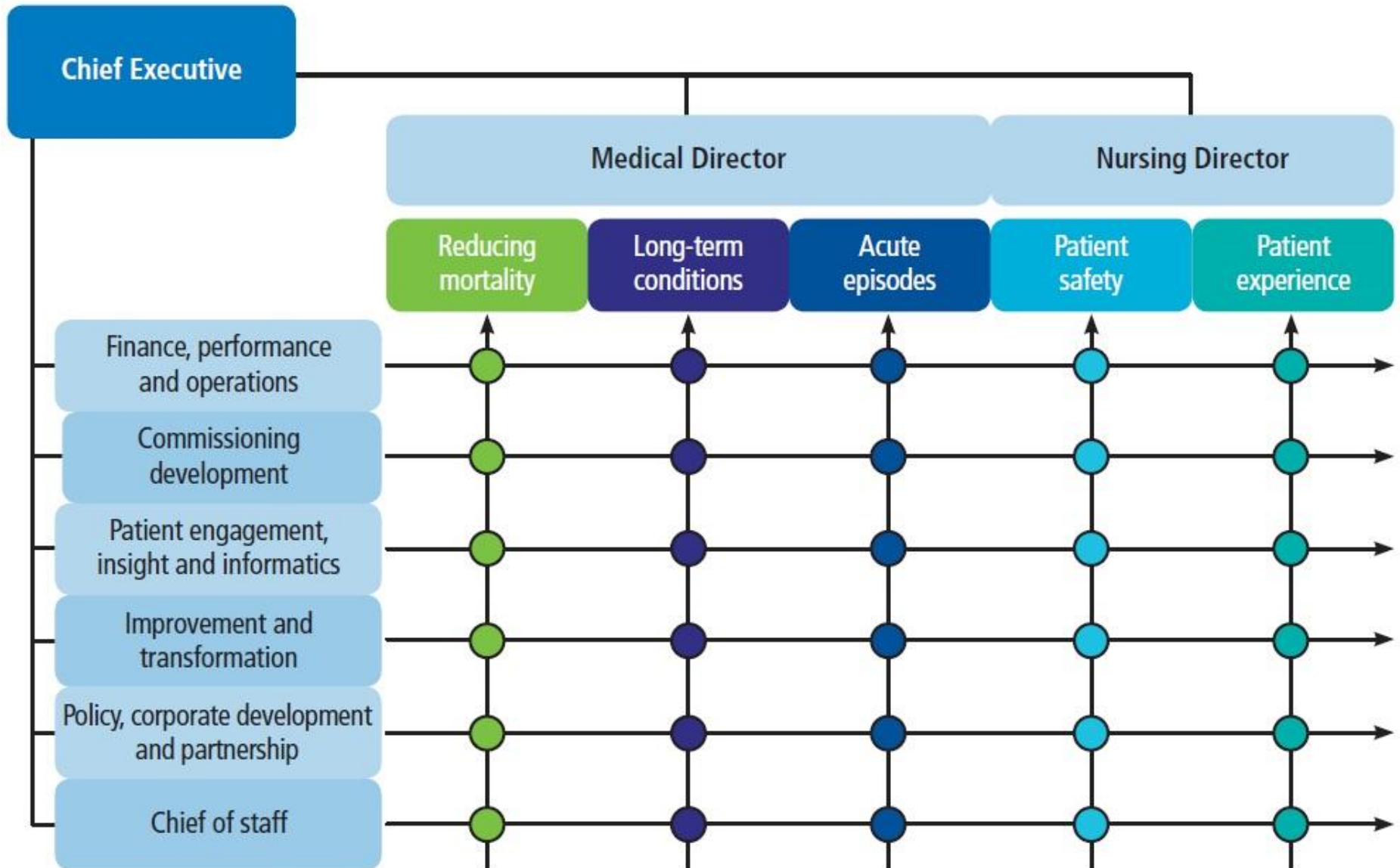
## The Board and its key relationships



## Roles and responsibilities for extending patient choice (from NHS Future Forum report on *choice and competition*)



# Proposed discharge of the functions of the Board at national level



# Developing the NHS Commissioning Board

The NHS Commissioning Board will host clinical networks, which will advise on distinct areas of care, such as cancer or maternity services. The Board will also host new clinical senates which will provide multi-disciplinary input to strategic clinical decision making to support commissioners, and embed clinical expertise at the heart of the Board

The purpose of these groups is to ensure that clinical commissioning groups and the Board itself have access to a broad range of expert clinical input to support and inform their commissioning decisions



# How this relates to Cancer

- ▣ **Preventing people from dying prematurely:** cancer metrics could include incidence, mortality, survival stage of diagnosis, screening uptake, lifestyle change and prevention data
- ▣ **Enhancing quality of life for people with long term conditions:** metrics associated with survivorship and PROMs
- ▣ **Helping people to recover from episodes of ill health or following injury:** proportion of people managed via MDTs(Peer Review); adherence to guidelines, clinical lines of enquiry
- ▣ **Ensuring people have a positive experience of care:** Patient satisfaction surveys PROMS, waiting time information, delays, SUIs
- ▣ **Treating and caring for people in a safe environment and protecting them from avoidable harm:** IOG implementation milestones and completion dates. Enhanced recovery data length of stay information etc.

# Service Specifications

- ▣ These may be by pathway or clinical speciality
- ▣ Services may be commissioned locally or by Specialist Commissioning groups
- ▣ Mandatory Headings 1-3
  - Mandatory, but detail for local determination and agreement
- ▣ Optional headings 4-6
  - Optional to use, local determination and agreement

# Key Service Outcomes

- ▣ Allogeneic transplant related mortality (TRM) at day 100
- ▣ Autologous transplant related mortality (TRM) at day 100
- ▣ Allogeneic transplant overall survival (OS) at 1 year, 2 years, 5 years
- ▣ Autologous transplant overall survival (OS) at 1 year, 2 years, 5 years
- ▣ Allogeneic transplant progression free survival (PFS) at 1 year, 2 years, 5 years
- ▣ Autologous transplant progression free survival (PFS) at 1 year, 2 years, 5 years

# Service Spec (ii)

## 4) Other Issues

- Discharge criteria
- Service user/carer information
- Local requirement e.g Accredited by JACIE

## 5) Service User Placements

- ?Price

## 6) Quality Requirements

# Service Profiles – what are they?

One strand of commissioning support.

A package of information for commissioners packaged at a trust level.

A wide range of information from multiple sources covering –

- Demographics of the patient cohort at the trust
- Composition of the specialist team
- Throughput of cases
- Key Waiting Time indicators
- Clinical practice (varied and mostly cancer type-specific)
- Outcomes and recovery
- Patient experience

Currently in active development for Breast & Colorectal cancer.



# Service Profiles – supporting commissioning

The profiles support commissioning by –

- ▣ Collating a range of information in one place.
- ▣ Defining indicators in a well-documented and clinically robust way.
- ▣ Providing site-specific information tied-in to relevant guidance.
- ▣ Allowing easy comparison across the ‘patch’.
- ▣ Allowing comparison to national benchmarks.

# Service Profiles – Haematology specifics

- ▣ What are the information “must-haves” for haematology?
- ▣ Where does commissioning haematology cancer services depart from ‘solid tumour commissioning’?
- ▣ What NICE/other guidance thresholds should be included?
- ▣ Are there natural cancer-type groupings, e.g. leukaemia, NHL, other lymphomas?



# Summary

- ▣ There is a new commissioning landscape in development
- ▣ Services will be commissioned at different levels still to be determined
- ▣ Cancer networks and their clinical tumour groups will have a role to play
- ▣ The service profiles are an important element within commissioning support – but need clinical input to fulfil their potential.

# Service Spec (i)

## 1) Purpose of Service

- Aims & Objectives of service
- National/local context and evidence base

## 2) Scope

- Service Description
- Service user groups
- Exclusion criteria
- Interdependencies with other services

## 3) Service Delivery

- Service model
- Referrals processes and sources
- Equity of access to service
- Location of services (accredited service provider)