

Cancer Network SkinTSSG 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

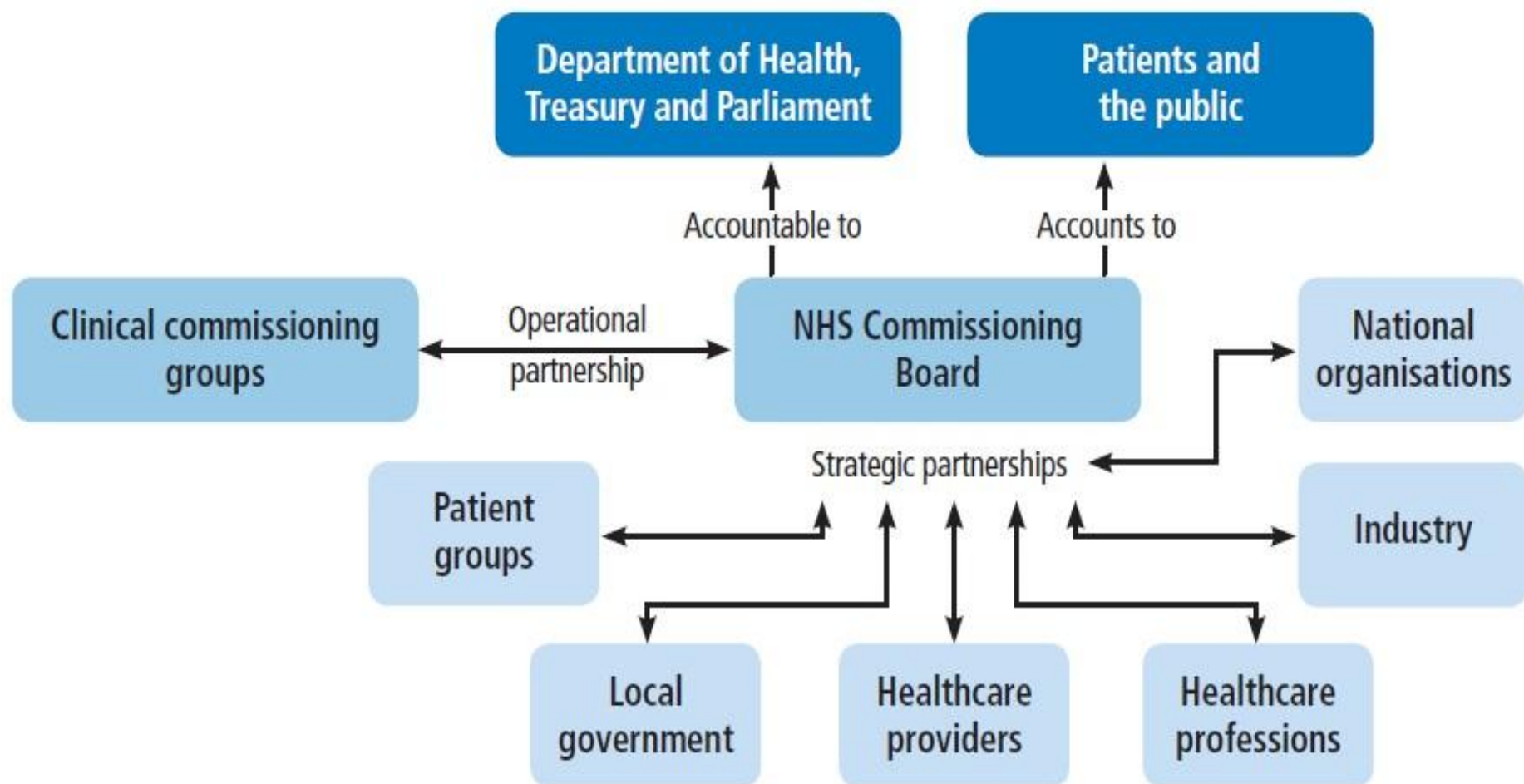
Developing the NHS Commissioning Board

“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

The Board and its key relationships



Developing the NHS Commissioning Board

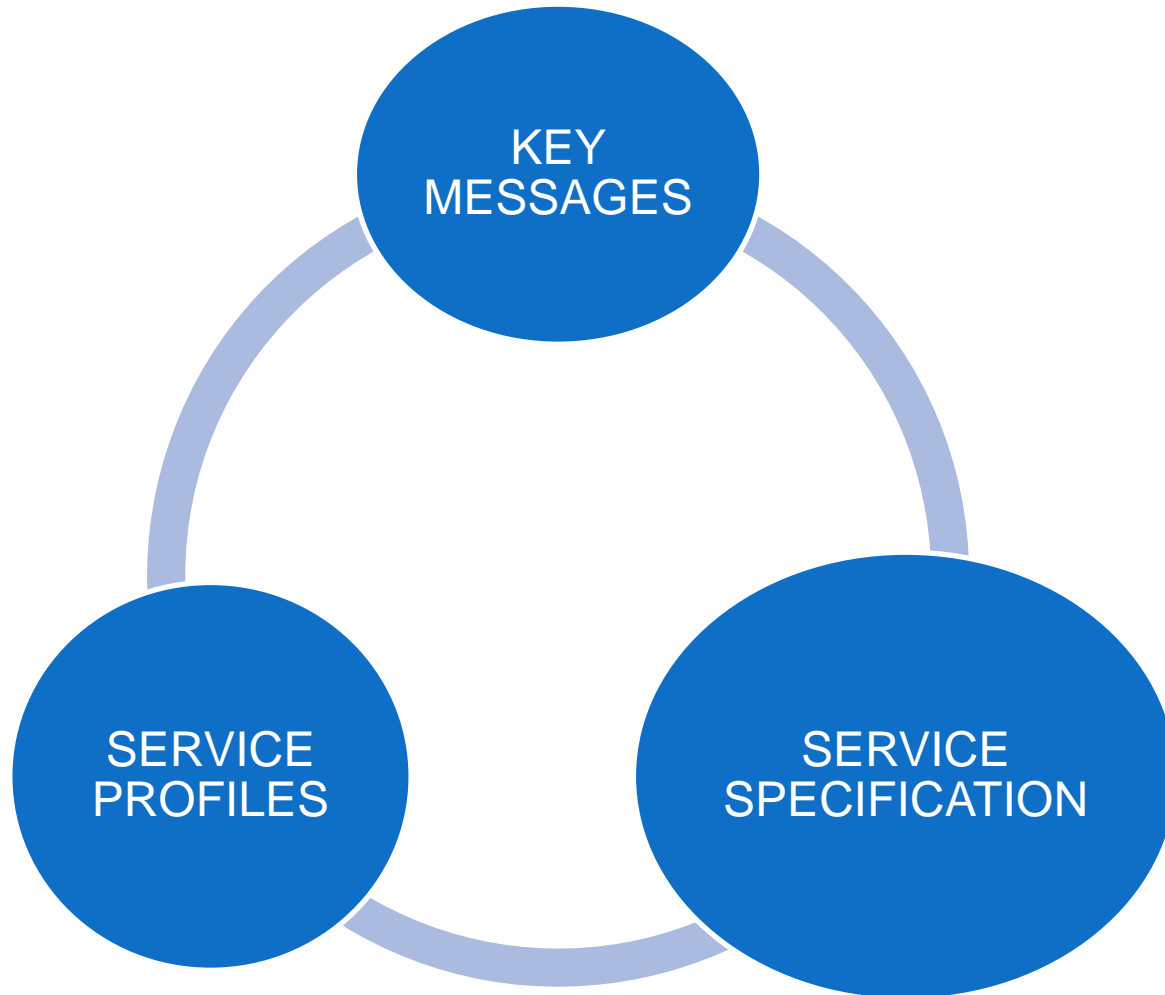
The NHS Commissioning Board will

- host clinical networks
- advise on distinct areas of care, such as cancer or maternity services.
- also host new clinical senates (provide multi-disciplinary input to strategic clinical decision making to support commissioners)

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.

Commissioning Support Packs



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

- ▣ Participation in National Audits
- ▣ Threshold for number of procedures
- ▣ Length of stay
- ▣ National Cancer Patient Experience Survey
- ▣ Recruitment into trials
- ▣ Cancer waiting times
- ▣ 30 day mortality / readmission rates
- ▣ 1 & 5 year survival
- ▣ Registry data submissions – esp staging

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 Breast & Colorectal cancer profiles in Consultation

Targeted cancer-profiles

NCIN
national cancer
intelligence network



Cancer Service Profiles for Colorectal Cancer - 'Look and feel' mockup - dummy data

(04 Sept 2011) Please direct comments and feedback to profiles@ncin.org.uk

Jo Bloggs NHS Trust

Select Trust/MDT

National Cancer Action Team

Part of the National Cancer Programme



Trust is significantly different from England mean
Trust is not significantly different than England mean
Statistical significance can not be assessed
England mean

Lowest in Eng. Eng. 25th Percentile Eng. mean Eng. 75th Percentile Highest in Eng.

NCIN
national cancer
intelligence network

Using information to improve patient choice

- Brings
- GP F
- Hc

Section # Indicator		No. of patients/cases or value	Trust	Lower 95% confidence	Upper 95% confidence	England	Trust rates or proportion compared to England mean		Source	Period
							Range			
Demographics (based on new patients treated per year)	1 Number of new patients treated per year	90								
	2 Patients aged 70+	50	50%	49%	52%	60%	0%		100%	Cancer waits 2010
	3 Patients with recorded ethnicity	89	89%	86%	92%	94%	0%		100%	
	4 Patients recorded as non white-British	15	15%	15%	15%	16%	0%		100%	
	5 Patients who are income deprived	Quintile 2	17%	16%	18%	18%	0%		100%	
	6 Male patients	2	2%	2%	2%	7%	0%		100%	
	7 Patients with a registered cancer stage	70	70%	68%	72%	77%	0%		100%	
	8 Patients with a Stage A or B disease at diagnosis	40	40%	39%	41%	46%	0%		100%	
	9 Patients with a Charlson co-morbidity index >0	34	34%	33%	35%	38%	0%		100%	
	10 The specialist team has full membership	Yes					0%		100%	
Specialist Team	11 Proportion of peer review indicators met	82%					0%		100%	
	12 Peer review: are there immediate risks?	No					0%		100%	
	13 Peer review: are there serious concerns	No					0%		100%	
	14 Patients reporting good availability of a CNS						0%		100%	
	15 Surgeons not managing 20+ cases per year	92	92%	89%	95%	99%	0%		100%	
Throughput	16 Number of two week wait referrals for cancer	4	40%	39%	41%	45%	0%		100%	
	17 Number and proportion of admissions that are emergencies	42					0%		100%	
	18 Patients referred via the screening service	120	48%	47%	49%	52%	0%		100%	
	19 TWW referrals with suspected cancer seen within 2 weeks	17	17%	16%	18%	19%	0%		100%	
	20 TWW referrals treated within 62 days	37	88%	85%	91%	93%	0%		100%	
Waiting times	21 TWW referrals diagnosed with cancer	41	98%	95%	101%	103%	0%		100%	
	22 Patients treated within 31 days of agreeing treatment plan	7	7%	7%	7%	14%	0%		100%	
	23 Surgical cases treated laparoscopically	91	91%	88%	94%	93%	0%		100%	
	24 Patients resected for liver metastases	12	12%	12%	12%	21%	0%		100%	
	25 Patients undergoing a major surgical resection	8	8%	8%	8%	16%	0%		100%	
Practice	26 Mean length of stay for elective admissions	29	32%	31%	33%	38%	0%		100%	
	27 Mean length of stay for emergency admissions	4.5	4.4	4.6	4.6	0			100%	
	28 Surgical patients readmitted as an emergency within 28 days	5.7	5.5	5.9	5.7	0			100%	
	29 New to follow-up outpatients appointments	4	4%	4%	4%	10%	0%		100%	
	30 Patients treated surviving at one year	90	76%	74%	78%	82%	0%		100%	
Recovery	31 Surgical patients who die within 30 days	1	1%	1%	1%	0%			100%	
	32 Cancer patient experience survey questions scored as "green"	92	92%				0%		100%	
	33 Cancer patient experience survey questions scored as "red"	3	87%				0%		100%	
		6	4%				0%		100%	

How to Use Indicators and Data?

- Support Clinical Commissioning Groups to:
 - Understand 'cancer burden' (GP Profile)
 - Understand local services (Service Profile)
- Provide benchmarked information
 - Support Service Specifications
 - Identify Key Performance and Quality Indicators

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 – Skin specifics

- ▣ What are the information “must-haves” for Skin?
- ▣ When might commissioning Skin cancer services need to be commissioned by specialist commissioning?
- ▣ What NICE/other guidance thresholds should be included?
- ▣ Are there natural cancer-type groupings?
 - Non Melanoma (BCC/SCC)
 - Melanoma

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.

**What do we need to consider
for Skin?**

Areas to consider (1)

- ▣ two main types of skin cancer
 - non-melanoma
 - malignant melanoma
- ▣ Non-melanoma - a third of all cancers detected in the UK, with an estimated 100,000 people affected
- ▣ Malignant melanoma is the most serious and causes the majority of skin cancer deaths - around 2,500 per year.

Areas to consider (2)

- ▣ Estimated NHS spends ~ £70 million on skin cancer each year.
- ▣ Main cause of skin cancer is exposure to ultraviolet (UV) radiation from the sun and artificially from sunbeds and lamps.
 - Prolonged exposure can significantly increase the risk of developing skin cancer. [NICE public health guidance](#) encourages a balanced approach
 - helping to ensure that skin cancer prevention activities do not discourage outdoor physical activity
 - while encouraging people to use sensible skin protection.

Areas to consider (3)

- ▣ Focus on how the NHS and local authorities can help prevent skin cancer using public information, sun protection resources and by making changes to the natural and built environment.

Areas to consider (4)

- ▣ Mass-media skin cancer prevention campaigns should continue
 - Commissioners, organisers and planners of national, to develop, deliver and sustain campaigns to raise awareness of the risk of UV exposure and ways of protecting against it
 - But try to integrate campaign messages within existing national health promotion programmes or services to keep costs as low as possible.

**What do we need to consider
for Skin?**