National Cancer Action Team Part of the National Cancer Programme





Using information to improve quality & choice

# **Pathways & Profiles**

# Julia Hill



## 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

### Developing the NHS Commissioning Board



Using information to improve quality & choice

The NHS Commissioning Board will

host clinical networks - advise on distinct areas of care, such as cancer or maternity services.

 host new clinical senates - provide multi-disciplinary clinical input to support commissioners, and the NHS CB

# **Levels of Commissioning**



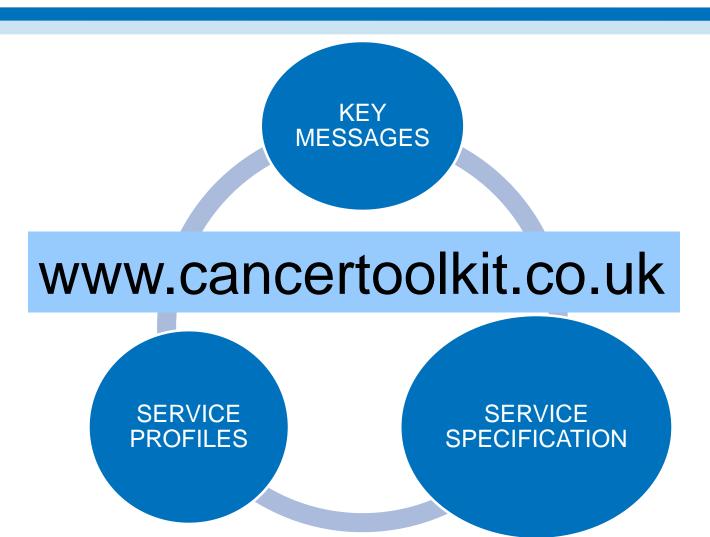
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- National level (<500 incidence)</p>
- Specialized Commissioning Groups (~7.5m pop)
- Clinical Commissioning Groups (local)

Commissioning along a pathway challenges with what is commissioned locally e.g. diagnostics and what nationally?

#### **Commissioning Support Packs**









- The Incidence is rising: 250,000 new cases p.a. now; 300,000 by 2030
- Cancer services and outcomes (survival and mortality) have improved over the past 10–15 years. Much of the improvement has been in the hospital sector (MDTs etc)

# Key messages on cancer (2)



- Despite this, survival for many cancers remains
  poor in comparison with other developed countries
  - 5000 lives a year could be saved if we matched the European average
  - 10,000 lives a year could be saved if we achieved the level of the best
- **4. Late diagnosis** is the major factor underlying the poor survival rates in this country





- 5. 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
- Initiatives to promote early diagnosis are likely to be highly cost effective

# Key messages on cancer (4)



- 7. Particular attention should be given to:
  - Reducing emergency presentations (23% of all cancers) as these have very poor survival
  - The elderly who often present late
  - Ensuring that providers record staging and report this to their cancer registry

### **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/ readmission rates
- National Cancer Patient Experience Survey
- Recruitment into trials
- Cancer waiting times
- 30 day mortality, 1 & 5 year survival
- Registry data submissions esp. staging

# **Service Profiles – what are they?**



One strand of commissioning support.

Trust level information for commissioners

A wide range of information from multiple sources

- 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

# Service Profiles – supporting commissioning



- Collate a range of information in one place.
- Define indicators in a well-documented and clinically robust way.
- Provide site-specific information tied-in to relevant guidance.
- Allow easy comparison across the 'patch'.
- Allow comparison to national benchmarks.

#### **Cancer Service Profiles for Breast Cancer**

Data displayed are for patients for which the trust of treatment can be identified. For a full description of the data and methods please refer to the 'Data Definitions' document. For advice on how to use the profiles and the consultation, please refer to 'Profiles guidance'. Please direct comments/feedback to service.profiles@ncin.org.uk

		····, ·····			in England in England in England Part of the Xian								
		Select Trust/MD			Percentage or rate			Tru	Trust rate or percentage compared to England			r -	
Section	#	Indicator	No. of patients cases o value	r Trust	Lower 95% confidence limit	Upper 95% confidence limit	England	Low- est	Range	High- est	Source	Period	
Size	1	Number of new patients treated per year, 2010/11		69				63		759	CWT	2010/11	
	2	Number of newly diagnosed patients treated per year, 2009	1					8	0	754	CWT/NCDR	2009	
Demographics (based on newly diagnosed patients treated, 2009)	3	Patients aged 70+		46 37%		46%	30%	13%	• 0	57%	CWT/NCDR	2009	
	4	Patients with recorded ethnicity	1			96%	91%	73%	• <b>0</b>	99%	CWT/NCDR	2009	
	5	Patients with recorded ethnicity which is not White-British		2 2%		6%	9%	0%	•	71%	CWT/NCDR	2009	
	6	Patients who are Income Deprived (1)		25%			14%	6%	· · · · · ·	29%	CWT/NCDR	2009	
	7	Male patients		3 2%		7%	1%	0%	<b>*</b>	2%	CWT/NCDR	2009	
	8	Patients with a nationally registered Nottingham Prognostic Index (NPI)		8 7%		13%	50%	0%	•	88%	CWT/NCDR	2009	
	9	Patients with a nationally registered NPI in excellent or good prognostic groups	r	/a n/a	n/a	n/a	62%	39%	<b>•</b>	73%	CWT/NCDR	2009	
<u>व</u>	10	Patients with Charlson co-morbidity index >0 (to be included in later profile release)									CWT/NCDR	2009	
Specialist Team	11	Does the specialist team have full membership? (2)		R Ye							NCPR	2010/11	
		Proportion of peer review indicators met		'R 91%			76%				NCPR	2010/11	
		Peer review: are there immediate risks? (3)		R No							NCPR	2010/11	
		Peer review: are there serious concerns? (3)	_	R Ye							NCPR	2010/11	
	15	of 20 (i). I data the bar to you and its toporting boing growtham of a ofter (6,6)	n				94%	73%		100%	CPES	2010	
		Surgeons not managing 30+ cases per year		1 25%	5%	70%	40%	0%	• •	80%	HES	2009/10	
Throughput		Number of urgent GP referrals for suspected cancer	1,2					307			CWT	2010/11	
		Patients with invasive cancer and treated at this trust	1			100%	92%	52%			CWT	2010/11	
		Patients with non-invasive cancer and treated at this trust		1 1%		3%	8%	0%	•	48%	CWT	2010/11	
		Episodes following an emergency admission (new and existing cancers)	1			60%	37%	10%	· · · · · · · · · · · · · · · · · · ·		HES	2009/10	
		Patients referred via the screening service		3 2%		7%	33%	0%	•		WMCIU	2009	
	22			99%		100%	97%	68%	••		CWT	2011/12 Q2	
	23			27 100%	88%	100%	97%	86%	◆ ○	100%	CWT	2011/12 Q2	
Waiting	24		r								CWT	2010/11	
times		Cases treated that are urgent GP referrals with suspected cancer profile release)									CWT	2010/11	
		Q2 2011/12: First treatment began within 31 days of decision to treat		100%	93%	100%	99%	88%	••		CWT	2011/12 Q2	
	27		3			100%	96%	61%	• <u>•</u> •	100%	CWT	2011/12 Q2	
Practice		Surgical cases receiving sentinel lymph node biopsy	_	34 55%		63%	43%	0%	• <b>0</b>		HES	2010/11	
		Day case or one overnight stay surgery	1			79%	72%	28%			HES	2010/11	
	30	materier parente recerting introducte recerted delleri	_	17 23%		34%	19%	0%	•0		HES	2010/11	
	31	Major surgeries in breast cancer patients (including in-situ cases)	_	98 79%		85%	74%	50%	• •		HES/NCDR	2009	
		Surgical patients receiving mastectomies		72 52%		60%	39%	22%	• •		HES	2009/10	
		Mean length of episode for elective admissions		2.4			2.8	0.7	. O <mark></mark> ◆		HES	2009/10	
	34	Mean length of episode for emergency admissions		4.7			4.9	2.4	<u> </u>		HES	2009/10	
Outcomes		Surgical patients readmitted as an emergency within 28 days		7 4%		8%	4%	1%		15%	HES	2010/11	
and		Q2-Q4 2010/11: First outpatient appointments of all outpatient appointments	3,6	54 41%	40%	42%	43%	23%	<b>0</b>	71%	PBR SUS	2010/11 Q2-Q4	
Recovery		Patients treated surviving at one year (to be included in later profile release)											
Patient Experience - CPES (4)		Patients surveyed & % reporting always being treated with respect & dignity (6)	n				82%	65%	•	95%	CPES	2010	
		Number of survey questions and % of those questions scoring red % Red	- n	/a n/a				0%			CPES	2010	
	40	and green (7) % Green		n/a	a			0%		72%	CPES	2010	

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Definitions: (1) Based on patient postcode and uses the Index of Multiple Deprivation (IMD) 2010; (2) Peer Review (NCPR) source - IV-Internal Verification, PR – Peer Review, EA = Earned Autonomy; (3) The immediate risks or serious concerns may now have been resolved or have an action plan in place for resolution; (4) CPES = Cancer Patient Experience Survey; (5) CNS = Clinical Nurse Specialist; (6) Italic value = total number of survey respondents for turnour group. (7) Based on scoring method used by the Department of Health - red/green scores given for survey questions where the trust was in the lowest or highest 20% of all trusts. Questions with lower than 20 respondents were not given a score. Italic value displayed = the total number of viable survey questions, used as the denominator to calculate the % of red/greens for the trust. Na = not applicable or not available

Version 1.23 - December 2011



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

England median

Highest in England

75th

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England mean

Lowest 25th

NHS

# **Clinical Aspects e.g. Breast**



	28	Surgical cases receiving sentinel lymph node biopsy
	29	Day case or one overnight stay surgery
	30	Mastectomy patients receiving immediate reconstruction
Practice	31	Major surgeries in breast cancer patients (including in-situ cases)
	32	Surgical patients receiving mastectomies
	33	Mean length of episode for elective admissions
	34	Mean length of episode for emergency admissions
Outcomes	35	Surgical patients readmitted as an emergency within 28 days
and	36	Q2-Q4 2010/11: First outpatient appointments of all outpatient appointments
Recovery	37	Patients treated surviving at one year (to be included in later profile release)

# **Evidence Base**



#### DH

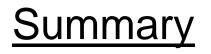
- Improving Outcomes; a Strategy for Cancer Department of Health (2011)
- Cancer Commissioning Guidance Department of Health (2011)

#### NICE

- Improving Supportive and Palliative Care for adults with cancer NICE(2004)
- Improving Outcomes in Breast Cancer NICE (2002)
- Referral guidelines for suspected cancer NICE Clinical Guideline 27 (2005)
- Quality Standard for Breast Cancer NICE (2011)
- Quality Standard for end of life care for adults NICE (2011)

#### **National Cancer Peer Review**

- NCPR Handbook NCPR, National Cancer Action Team (2011)
- Manual for Cancer Services: Breast Measures, Version 3.0 NCPR, National Cancer Action Team (2011)





- There is a new commissioning landscape in development
- Services will be commissioned at different levels some 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.