

Levers to Support Commissioning

Dr Anthony Gore
NHS Sheffield Primary Care Cancer Lead



1 vision **10** goals and outcomes **19** initiatives **400** lives saved



OR...

How can Cancer information from you
help improve Cancer commissioning
from the likes of me?



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Know your audience!



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Overview

- The challenge of cancer
- Where are we in Cancer?
- Where are we in commissioning?
- Cancer spend & why it's complicated
- The outcomes CCG's are seeking
- What new commissioners need
- Levers & Challenges



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National & Local Picture

- 250,000 people are diagnosed with cancer every year
- 130,000 die from the disease
- In Sheffield more than 2,700 are newly diagnosed with cancer every year
- 5,000 patients are being actively treated for cancer along a care pathway



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Cancer: Improving Outcomes Opportunity

- If England was to achieve cancer survival rates at the European average, then 5,000 lives would be saved every year.
- If England was to achieve cancer survival rates at the European best, then 10,000 lives would be saved every year.
- Additional 100 lives in Sheffield.



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Current Commissioning Arrangements

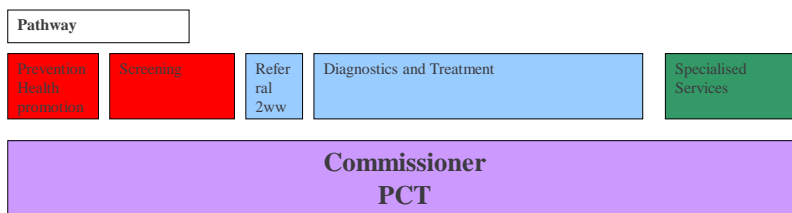
- PCT via SCG (NCB)
- PCT (CCG)
- PCT (PHE)



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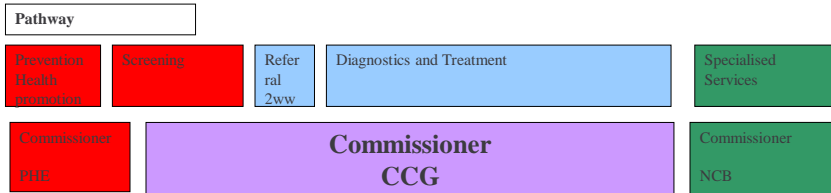
Current Commissioners



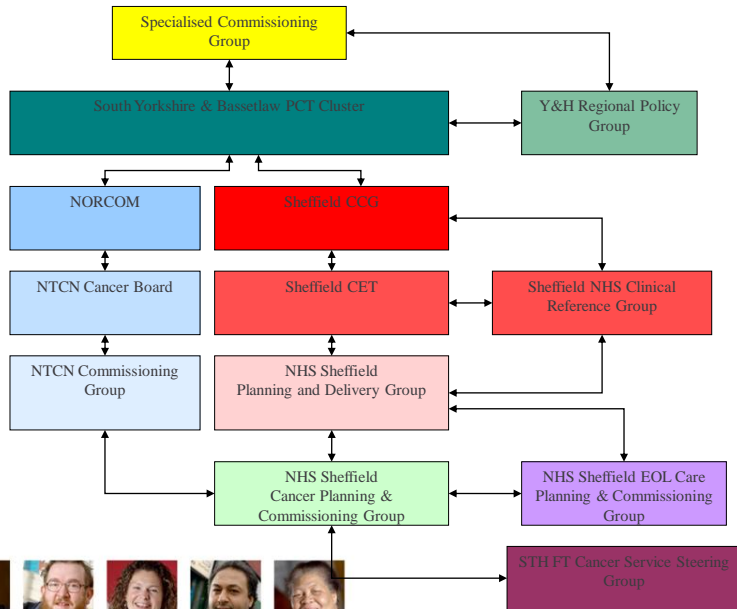
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New Commissioner



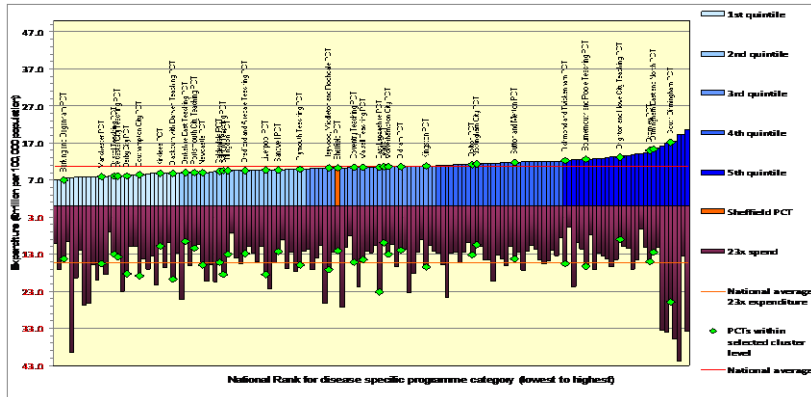
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Finance: cancer spend



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Why is Cancer Spend Complicated?

- Discrete Cancer spend in Sheffield 2011 approx £58.6 million
- However spend through collaborative commissioning arrangement/SCG approx £18.4 million
- That's only 31%
- Nearly 70% of spend on cancer is in the general pot
- Harder to get cancer specific data from general activity



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The outcomes each CCG are seeking

- Improve one and five year survival rates across all cancers with a focus on the four main cancers: Lung, Breast, Colorectal and Prostate cancers.
- Increase one and five year survival rates for all cancers by the end of 2017 to the England average or better.
- To move to a position over the next ten years where the CCG has made continuous, significant improvements towards the best one and five year cancer survival rates in Europe



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CCG Typical Priorities

- Prevention
- Improving access to screening
- Awareness and earlier diagnosis
- Improve equitable access to the best possible treatment
- Survivorship
- Patients' experience



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Practice Profile

Compare Indicators to (COMPARE) WOODHURST MEDICAL CENTRE, SHEFFIELD PCT (PCT)

These profiles compare performance (indicators) to benchmarking and measure indicators at a General Practice level. They are provided to help primary care teams think about their practice and service delivery in cancer care, in particular, early detection and diagnosis. They are not for the purpose of performance comparisons and there are no 'right or wrong' answers. **They are based on aggregated practice data and not on the population in other practices, and therefore do not represent individual practice data.**

Practice population (GPRs): 86,136. Please note: These summary indicators are based on data from 20 out over 12 months of data.

Legend: PCT Mean, PCT Range, PCT Min, PCT Max, Highest in PCT

Domain	Indicator (Check or Progression in brackets)	Practice indicator value	Lower 95% confidence interval	Upper 95% confidence interval	PCT mean	England mean	Lower positive	Range	Highest positive	Source	Period	
Demographics	1 Practice Population aged 65+ (% of population in the practice aged 65+)	1482 (16.2%)	15.4%	16.9%	15.4%	15.6%	0.0%	0.0% - 27.3%	27.3%	RBC	April 2008	
	2 Female:male population. (Number of females in the practice: female population)	Quintile 2	10.5%	9.9%	11.1%	10.9%	10.9%	0.0%	4.0% - 16.0%	16.0%	APRO	March 2010
	3 New cancer cases (Crude incidence rate new cases per 100,000 population)	57	650	477	817	424	412	18	0 - 801	801	NEWCASTLE	2007
	4 Cancer death (Crude mortality rate deaths per 100,000 population)	25	277	179	408	254	238	0	0 - 598	598	PCMD	2008
Cancer screening	5 Prevalent cancer cases (% of practice population on practice cancer register)	114	1.3%	1.1%	1.5%	1.2%	1.3%	0.1%	0.1% - 3.4%	GCP	2009/10	
	6 Females, 50-74, screened for breast cancer in last 24 months (3 year coverage, %)	747	88.4%	85.8%	71.1%	72.0%	71.8%	23.3%	0.0% - 101.0%	101.0%	Open Register	2007/08-2009/10
	7 Females, 50-74, screened for breast cancer within 6 months of invitation (3 month, %)	864	82.3%	79.9%	84.5%	77.9%	74.4%	0.0%	0.0% - 100.0%	100.0%	Open Register	2009/10
	8 Females, 50-64, attending cervical screening within target period (3.5 or 6.5 year coverage, %)	1066	82.3%	80.8%	83.8%	79.8%	75.4%	43.3%	0.0% - 100.0%	100.0%	Open Register	2004/05-2009/10
	9 Males, 60-69, screened for bowel cancer in last 24 months (3 year coverage, %)	561	82.2%	59.0%	65.3%	54.3%	42.2%	24.9%	0.0% - 100.0%	100.0%	Open Register	2007/08-2009/10
	10 Males, 60-69, screened for bowel cancer within 6 months of invitation (3 month, %)	242	84.7%	58.7%	69.4%	55.1%	25.1%	0.0%	0.0% - 100.0%	100.0%	Open Register	2009/10
	11 Testes and prostate (Number per 100,000 population)	208	2301	1860	2931	1197	1815	152	0 - 377	377	CMF	2009
	12 Testes and prostate (Indicating age standardised relative ratio)	208	137.0%	119.0%	156.0%	100.0%	100.0%	12.8%	0.0% - 175.2%	175.2%	CMF	2009
Cancer Malignancy	13 Testes and prostate with cancer (Cancer rate, % of all 7000 referrals with cancer)	21	10.1%	6.7%	14.6%	11.4%	11.2%	0.0%	0.0% - 34.6%	CMF	2009	
	14 Number of new cancer cases (Number of all referrals per 7000 referrals)	36	50.2%	38.7%	69.0%	42.3%	42.0%	0.0%	0.0% - 74.0%	CMF	2009	
	15 Testes and prostate with suspected breast cancer (Number per 100,000 population)	36	431	307	500	260	326	0	0 - 550	CMF	2009	
	16 Testes and prostate with suspected lung cancer (Number per 100,000 population)	26	288	188	421	248	251	0	0 - 610	CMF	2009	
	17 Testes and prostate with suspected liver cancer (Number per 100,000 population)	8	88	38	174	66	66	0	0 - 258	CMF	2009	
	18 Testes and prostate with suspected pancreatic cancer (Number per 100,000 population)	46	626	372	879	297	298	0	0 - 1120	CMF	2009	
	19 Testes and prostate with suspected colorectal cancer (Number per 100,000 population)	49	521	291	754	472	513	144	0 - 1352	HES	2009/10	
Prevalent & Diagnostic	20 Incident or day case sigmoidoscopy procedures (Number per 100,000 population)	31	343	233	467	280	388	61	0 - 523	HES	2009/10	
	21 Incident or day case upper GI endoscopy procedures (Number per 100,000 population)	125	1383	1151	1647	1363	966	193	0 - 2794	HES	2009/10	
	22 Number of emergency admissions with cancer (Number per 100,000 population)	85	840	751	1165	783	907	35	0 - 1625	HES	2009/10	
	23 Number of emergency admissions with cancer (Number per 100,000 population)	13	24.6%	14.6%	37.6%	28.4%	23.7%	0.0%	0.0% - 89.7%	RHD	2007	
	24 Number of emergency admissions with cancer (% of practitioners)	23	43.4%	31.0%	56.7%	53.8%	48.6%	0.0%	0.0% - 80.0%	RHD	2007	
25 Number of other practitioners (% of practitioners)	17	32.1%	21.1%	45.5%	19.7%	27.7%	0.0%	0.0% - 100.0%	RHD	2007		



North Trent Cancer Network

1:Practice data

- Practice level data needs to be made more readily available
- Practice profiles
 - Very useful introduction for practices to the world of cancer
 - Limited by small size of an individual practice – large variability year to year
 - Lacking trend data over several years
 - Need to consider profiles for groups of practices that work in same locality
 - RtD- Can it be replaced by something more timely and therefore more relevant?
- Practices need support to understand the various data sources out there to support GPs. Registry, HES, Open Exeter etc.



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Cancer Service Profiles for Colorectal Cancer - Draft (for consultation purposes)

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 draft 'Data data for profile reference'. For advice on how to use the profiles and the construction, please refer to 'Profile consultation guidance'. Please direct comments/feedback to services.profiles@nhs.uk

Sheffield Teaching Hospitals NHS Foundation Trust - MDT - Sheffield

NCIN National Cancer Institute

Version 1.16 - 04 November 2011

Section	#	Indicator	No. of patients cases or value	Percentage or rate				Trust rate or percentage compared to England		Source	Period	
				Trust	Lower 95% confidence limit	Upper 95% confidence limit	England	Low est	Range			
Site	1	Number of new patients treated per year, 2010-11	421							NCT	2010-11	
	2	Number of newly diagnosed patients treated per year, 2009	403							SW TNCOR	2009	
	3	Patients aged 70+	200	50%	45%	55%	57%	58%			2010-11	
	4	Patients with recorded ethnicity	372	92%	89%	94%	90%	72%			2010-11	
	5	Patients with recorded ethnicity which is not White-British	35	9%	6%	12%	7%	0%			2010-11	
	6	Patients who are Income Deprived (1)	17	4%	2%	6%	1%	0%			2010-11	
	7	Male patients	224	53%	53%	53%	52%	44%			2010-11	
	8	Patients with a registered Duke's stage	257	64%	59%	69%	74%	20%			2010-11	
	9	Patients with registered Duke's stage which is A or B	150	36%	33%	39%	31%	22%			2010-11	
	10	Patients with Charlson comorbidity index >0 (to be included in later profile releases)	150	36%	33%	39%	31%	22%			2010-11	
Specialist Team	11	Does the specialist team have full membership? (1)	5	Yes							NCPR	2010-11
	12	Proportion of peer review indicators met	5	98%			88%				NCPR	2010-11
	13	Peer review: are there immediate risks? (1)	5	No							NCPR	2010-11
	14	Peer review: are there serious concerns? (1)	5	No							NCPR	2010-11
	15	CPES (1): Patients surveyed and % reporting being given name of a CNS (1)	68	85%			87%	87%			CPES	2010
Throughput	16	All symptoms managed (1): cases per year	Yes				84%				NCPR	2008-09
	17	Number of urgent GP referrals for suspected cancer	1,526				21%				SW T	2010-11
	18	Episodes following an emergency admission (new and existing cancers)	543	42%	39%	45%	53%	20%			HEE	2008-10
	19	Patients referred via the screening service	35	10%	7%	13%	5%	0%			NHSBS	2008
	20	Urgent GP referrals for suspected cancer seen within 2 weeks	422	97%	95%	99%	94%	97%			SW T	2011-12 Q1
Waiting times	21	Treatment within 62 days of urgent GP referral for suspected cancer	36.5	84%	79%	92%	79%	0%			SW T	2011-12 Q1
	22	Urgent GP referrals for suspected cancer diagnosed with cancer (to be included in later profile releases)									SW T	2010-11
	23	Cases treated that are urgent GP referrals for suspected cancer	Yes								SW T	2010-11
	24	First treatment began within 31 days of decision to treat	288	98%	96%	99%	98%	88%			SW T	2011-12 Q1
	25	Surgical cases treated laparoscopically	72	25%	20%	30%	34%	0%			HEE	2010-11
Practice	26	Patients referred for liver metastases (casemix adjusted)	78	7%	4%	10%	4%	0%			SW TNCOR	2010-11
	27	NBOCAP audit cases undergoing a major surgical resection	201	63%	58%	68%	60%	0%			NBOCAP	2008-09
	28	Mean length of episode for elective admissions	7.0				7.7	2.7			HEE	2008-10
	29	Mean length of episode for emergency admissions	7.1				7.2	3.5			HEE	2008-10
	30	Surgical patients readmitted as an emergency within 28 days	11	11%	6%	19%	12%	0%			HEE	2010-11
Outcomes and Recovery	31	First outpatient appointments of all outpatient appointments	7637	34%	34%	35%	49%	0%			PBR BUS	2010 Q3 Q4
	32	Patients treated surgically at one year (to be included in later profile releases)									SW T	2010-11
	33	Surgical patients who die within 30 days (casemix adjusted)	74	7%			0%	0%			NCPR	2010
Patient Experience	34	Patients surveyed & % reporting always being treated with respect & dignity (1)	186	87%			80%	68%			CPES	2010
	35	Number of survey questions and % of those questions scoring red and % Red (1)	36	2%			0%	0%			CPES	2010
	36	Green (1)	36	14%			0%	0%			CPES	2010

Definitions: (1) Based on patient position and using the base of Multiple Deprivation (MS) 2010. (2) Peer Review (2010) scores: 10 (critical), 9 (serious), 8 (immediate risks or serious concerns) may not have a lower number of items or a higher score for immediate risks or serious concerns. (3) CPES - Clinical Practice Experience Survey. (4) CPES - Clinical Practice Experience Survey. (5) NBOCAP - National Bowel Cancer Audit Programme. (6) NBOCAP - National Bowel Cancer Audit Programme. (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 fewer than 10 respondents were not given a score. N/A value displayed = the total number of viable questions, used in the denominator to calculate the % of red/green for the trust. N/A - not applicable or not available.

2:Commissioners

- Support from the information experts to interpret the data and understand its limitations to manage expectations
- Robust governance frameworks to ensure that each organization can access the level of data they need to commission effectively
- Obviously need accurate and timely data in an understandable format
- Understand need for delay in publication to allow for thorough data quality checks
- Need robust information to ensure safe and sustainable services are commissioned
- Need to understand baseline to ensure services are performing, and to understand if a new service is offering better VFM



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2:Commissioners ctd.

- Need information to understand local population, treatment inequalities, and access rates. Where to focus efforts
- Data to understand risk, horizon scanning and to ensure system isn't destabilized
- Need the national frameworks to ensure consistent currencies are used to enable accurate comparisons (particularly AQP need to ensure they are able to share data/info in the same way as NHS)
- Need to work closely with public health colleagues with this information.
- Will be responsible for outcomes, so need access to information to demonstrate improvement or areas of concern
- Information needed to monitor Provider performance etc



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Levers & Challenges

- Raise your profile
- Engage with the new organisations
- Speed the flow of data (yes, including staging!)
- Transform from data repositories to proactive "providers" of data to their customer, the commissioners
- Data speed and quality will be expected
- Questions?



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