

Commissioning Colorectal Cancer Services in NHS England

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24th April 2013

The Health & Social Care Bill

- **NHS England – formerly the NHS Commissioning Board**
 - “The purpose of NHS England will be to use the £80bn commissioning budget to secure the best possible outcomes for patients.”
 - To ensure the whole commissioning architecture is in place and to commission some services

The Health & Social Care Bill (cont)

- **Public Health England (PHE)**
 - Information & Intelligence to support local PH and public making healthier choices
 - National Leadership to PH, supporting national policy
 - Development of PH workforce
 - Home to NCIN, and two 'main' cancer functions of former regional registries – registration, and analysis

- Commissioning Board Established on 1st October 2011
- Full statutory responsibilities to NHS England from 1st April 2013
- One national office in Leeds and four regions
- 27 Area Teams will directly commission GP services, dental services, pharmacy, some optical services and also screening programmes
- 10 Area Teams will also act as specialised commissioning hubs

- Clinical Commissioning Groups (CCGs)
 - 212 CCGs
 - 23 Commissioning Support Units – support to CCGs

Health & Wellbeing Boards

- Forum for local commissioners, public health, social care, elected representatives and Healthwatch (stakeholders and the public)
- Will develop Joint Strategic Needs Assessments and local health and wellbeing strategies
- These will set the local framework for commissioning health care, social care and public health services

Cancer Screening Programmes (from April 2013)

- **DH** will continue to set the strategy and policy for screening (& immunization)
- **NHS England** – will be responsible for commissioning screening services.
- **Public Health England** – those functions for screening and immunization best carried out nationally

Strategic Clinical Networks

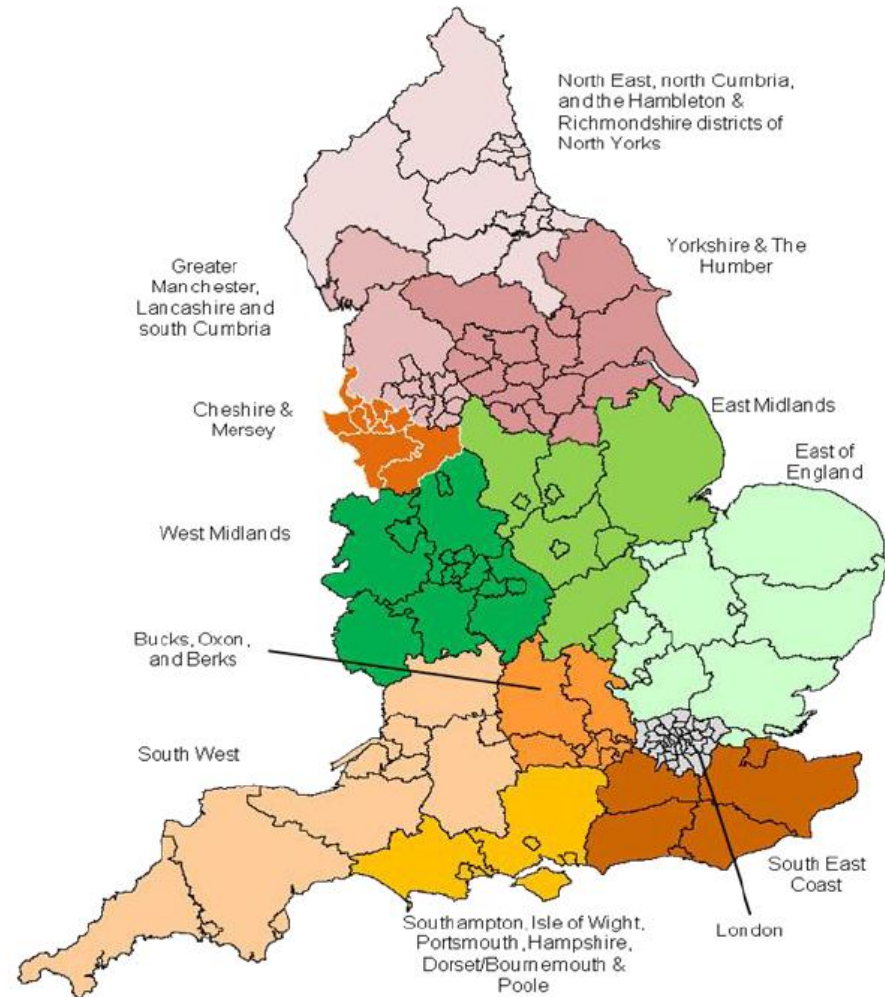
- Established for major healthcare areas where an integrated, whole system approach is needed to achieve change in quality and outcomes of care for patients.
- The first four areas are:
 - Cancer
 - Cardiovascular disease (incorporating cardiac, stroke, diabetes and renal)
 - Maternity and children
 - Mental health, dementia and neurological conditions
- Networks will be established for up to five years initially
- Each of the 12 geographical areas will contain a support team to provide clinical and managerial support for the strategic clinical networks and the clinical senate.

Map of England showing 12 senate / SCNs geographical areas

12 clinical senates –
clinical advice/leadership
at strategic level to
CCGs and HWBs

The number of networks
nesting within each
geographical area is for
local agreement, based
on patient flows and
clinical relationships.

Academic health science
networks - (AHSNs) also
being developed



New Improvement Body – NHS IQ and it's Delivery Partner



- These two bodies will bring together several legacy organisations
 - NHS Institute
 - NHS Improvement
 - National Cancer Action Team
 - End of Life Care Programme
 - NHS Diabetes and Kidney
 - National Technology Adoption Centre
- Work programme based around Domain priorities
- The NHS IQ ~70 staff, focusing on commissioning of delivery of improvement.
- The delivery body ~200.

The Government Mandate to NHS England

- To set out the ambitions for how the NHS needs to improve over the next 2 years.
- Based around 5 domains of the NHS outcomes framework
 - Preventing people from dying prematurely
 - Enhancing quality of life for people with long term conditions
 - Helping people recover from episodes of ill health or following injury
 - Ensuring people have a positive experience of care
 - Treating and caring for people in a safe environment and protecting them from avoidable harm
- NHS England legally required to deliver objectives in Mandate.
- NHS England is under specific legal duties in relation to tackling health inequalities and advancing equality.

CCG Commissioning

(Taken from “Manual for prescribed specialised services”)

- **Clinical Commissioning Groups (CCGs) commission services for patients with the following common cancers with the exception of radiotherapy, chemotherapy and specialist interventions:**
 - Bladder and kidney cancer (except specialist surgery)
 - Breast cancer
 - Germ cell cancer (initial diagnosis and treatment)
 - Gynaecological cancers (Initial assessment of all cancers; treatment of early stage cervical and endometrial cancers)
 - Haematological cancers and associated haemato-oncological pathology
 - **Lower gastrointestinal cancer**
 - Lung cancer (including pleural mesothelioma)
 - Prostate cancer (except specialist surgery)
 - Sarcoma (soft tissue where local surgery is appropriate)
 - Skin cancer (except for patients with invasive skin cancer and those with cutaneous skin lymphomas)

Specialist Commissioning

- All care provided by Specialist Cancer Centres for specified **rare cancers** e.g. Brain, **Anal**, and head & neck cancers
- **Complex surgery** for specified common cancers provided by Specialist Cancer Centres e.g. Gynae, Urological
- **Certain specified interventions** provided by specified Specialist Cancer Centres e.g. Thoracic surgery, Mohs surgery
- **Radiotherapy** service (all ages)
- **Chemotherapy**: for specified rare cancers, the procurement and delivery of chemotherapy including drug costs
- **Chemotherapy**: for common cancers, the drug costs, procurement and delivery of chemotherapy

Service Specifications

- Developed for all specialist services & part of NHS E's contract with Trusts for all specialist services
 - 15 national specifications of care for specialist cancer services developed, including for anal cancers - <http://www.engage.england.nhs.uk/consultation/ssc-area-b/>
- Advisory specifications for CCG commissioned services for Breast, Colorectal and Lung have been developed available on <https://www.cancertoolkit.co.uk> - aim to describe “What a good service looks like” and hence what should be commissioned.
- Format - schedule taken from the standard NHS Acute Services contract.

Key metrics in service specs

More metrics to be developed but will include :-

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

Summary - 1

- A range of new organisations that have a role in commissioning or in supporting commissioning.
- NHS England and CCGs - both will commission cancer services and will need to work together across patient pathways.

Summary - 2

- Service Specifications – developed to support commissioning at all levels
- Service profiles continue to be developed and refreshed to support commissioning
- ***Question:*** *who role will it be to oversee the ‘quality and integration’ for the full patient pathway with multiple commissioners involved?*

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