

MDT Coordinators A Stable Influence in a Changing World!

Di Riley

AD Clinical Outcomes, NCIN

- “Our aspiration is that England should achieve cancer outcomes which are comparable with the best in the world”
- “By 2014/15, **5000 additional lives can be saved each year**”

What is your role in supporting this?

How might this happen?

- Increased awareness of symptoms?
- Seeing GP earlier?
- Earlier diagnosis?
- More amenable to treatment?
- Better treatments?
- Better & responsive services?
- Better coordination between services?
- ***BUT every patient is different.....***
- ***AND the NHS has changed.....***

Firstly, the new NHS.....



- NHS England
 - Providers
 - Commissioners
 - Strategic Clinical Networks
- PHE (Public Health England)
 - Public Health
 - Screening
 - NCIN
 - Other Health Intelligence Networks

The Health & Social Care Bill



- **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

Health & Wellbeing Boards



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

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

NHS the focus?

- Where the NHS needs to improve over the next 2 years.
- Focus on '5 Big Killers'
 - heart disease, stroke, cancer, lung and liver disease
 - >150,000 deaths a year among under-75s in England
 - Department of Health estimates 30,000 of these are entirely avoidable
- So how?

5 Domains of the NHS

- Based on 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 & CCGs



- Clinical Commissioning Groups (212 CCGs)
- Strategic Clinical Networks
 - A whole system approach 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
- Specialist Commissioning

Mixed commissioning economy...

- CCGs
 - Diagnostics
 - 'general surgery & services'
 - Allied health services & supportive care
 - Palliative care & EOL
- Specialist commissioning
 - All care provided by Specialist Cancer Centres

Specialist Commissioning

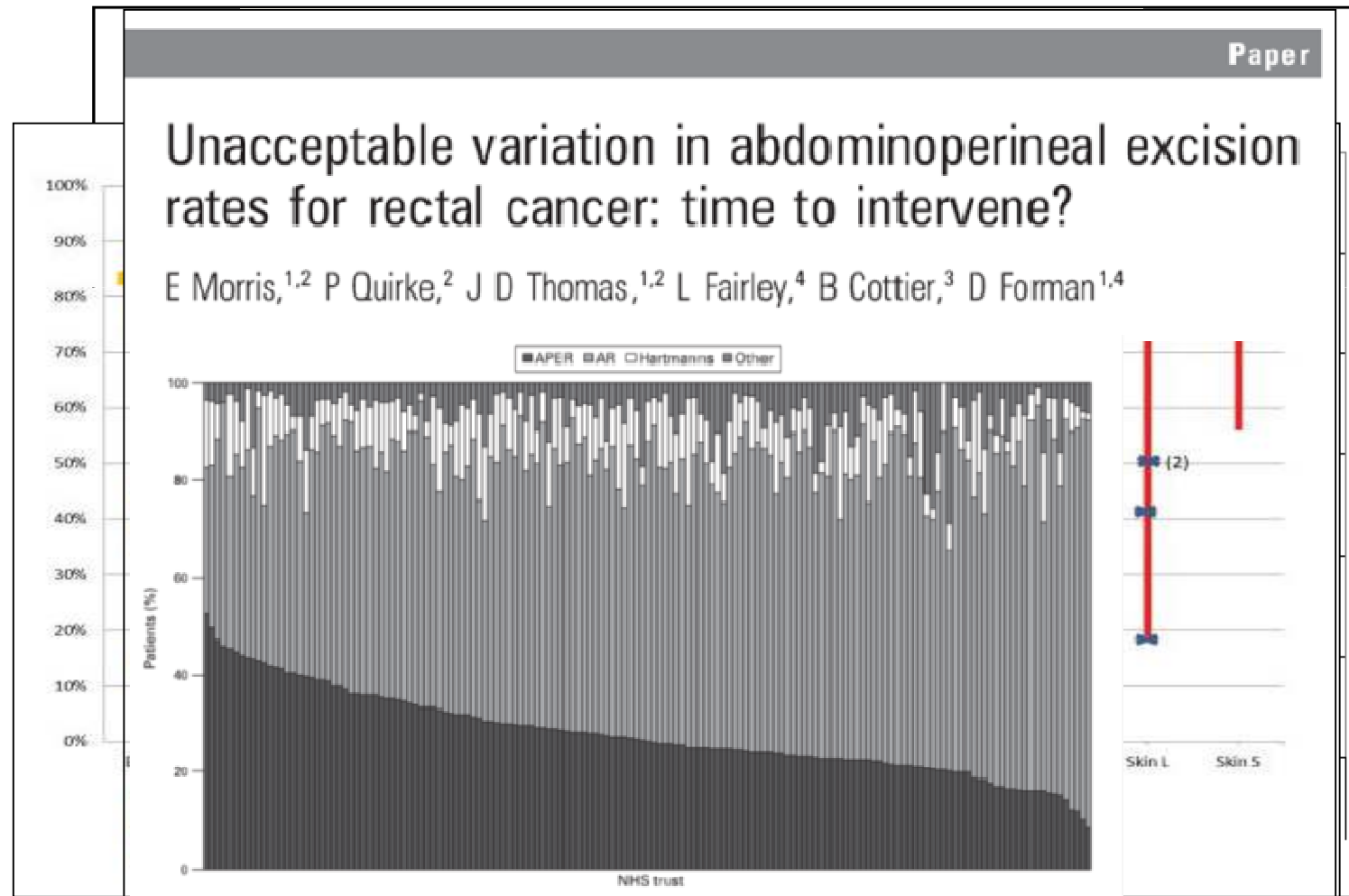
- All care provided by Specialist Cancer Centres for specified **rare cancers** e.g. Brain, Anal, and head & neck cancers
- **Complex surgery** for specified common cancers provided by Specialist Cancer Centres e.g. **Gynae**, Urological
- **Certain specified interventions** provided by specified Specialist 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

What makes a Good Service?

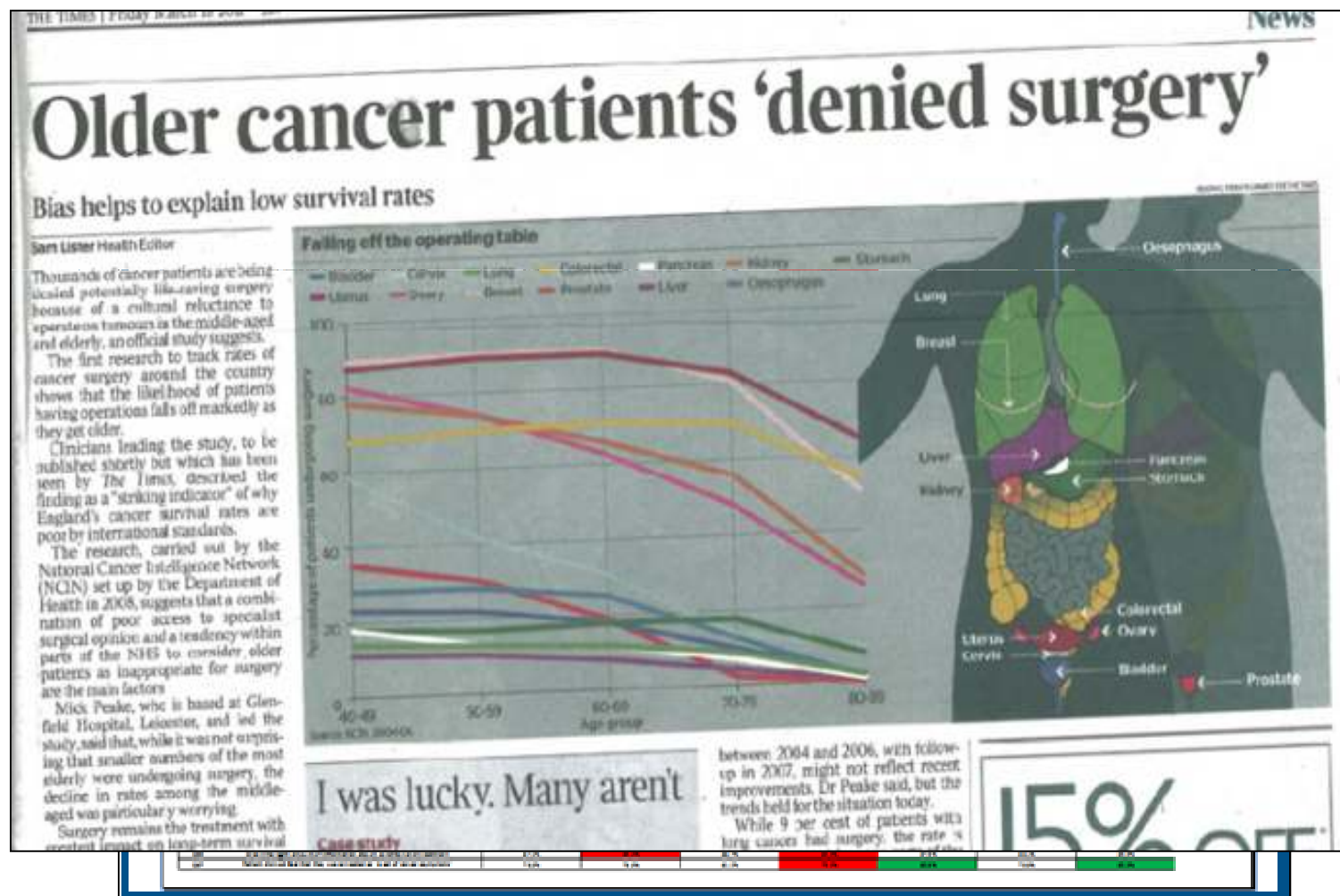
- Latest treatments
- Expert teams
- Good outcomes
- Value for money
- Meets standards
- Close to home
- Access to new drugs
- Good patient support
- Clinical Trials
- Everyone is unique

Everyone wants the best services & best outcomes

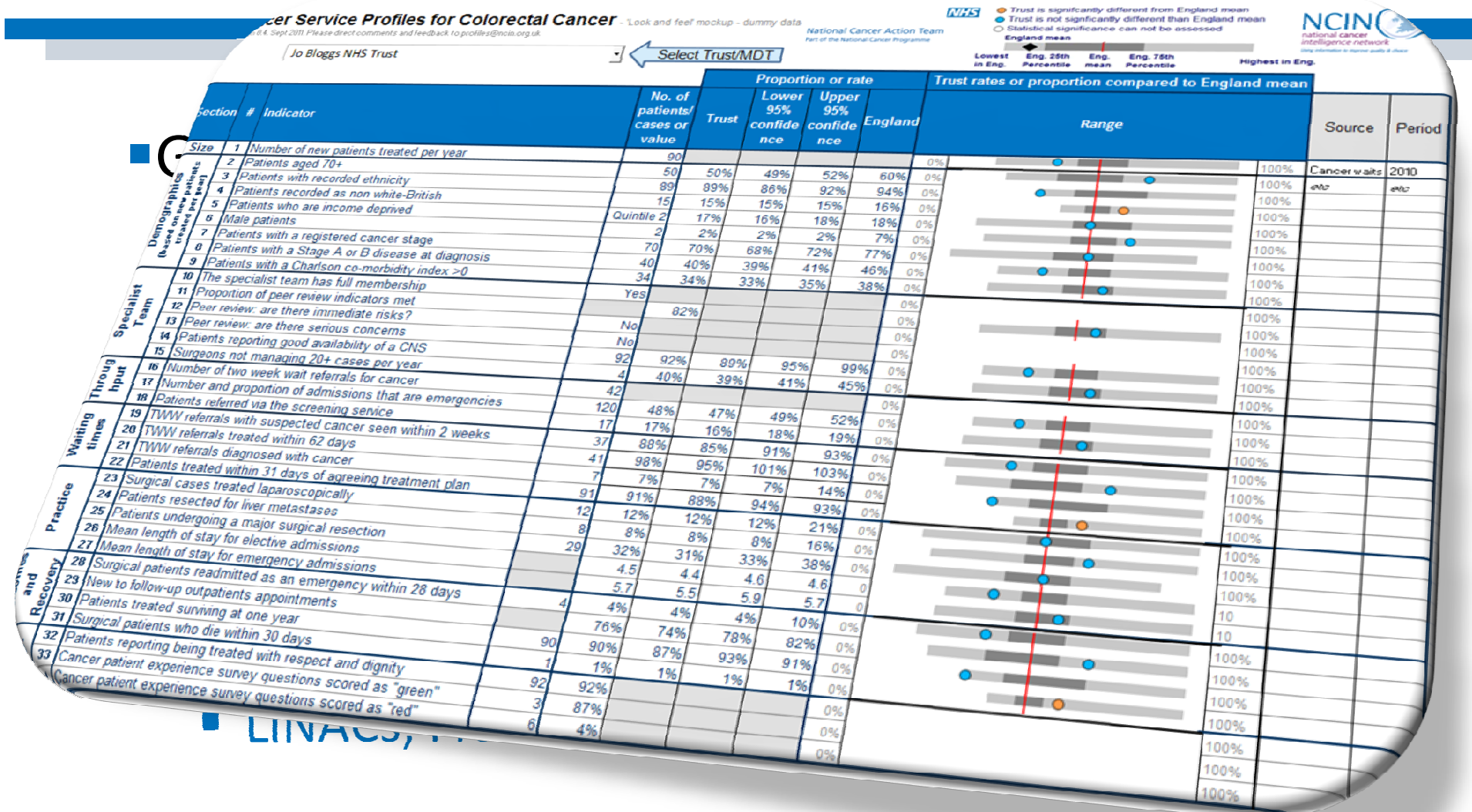
Impact of information?



Newer Information?

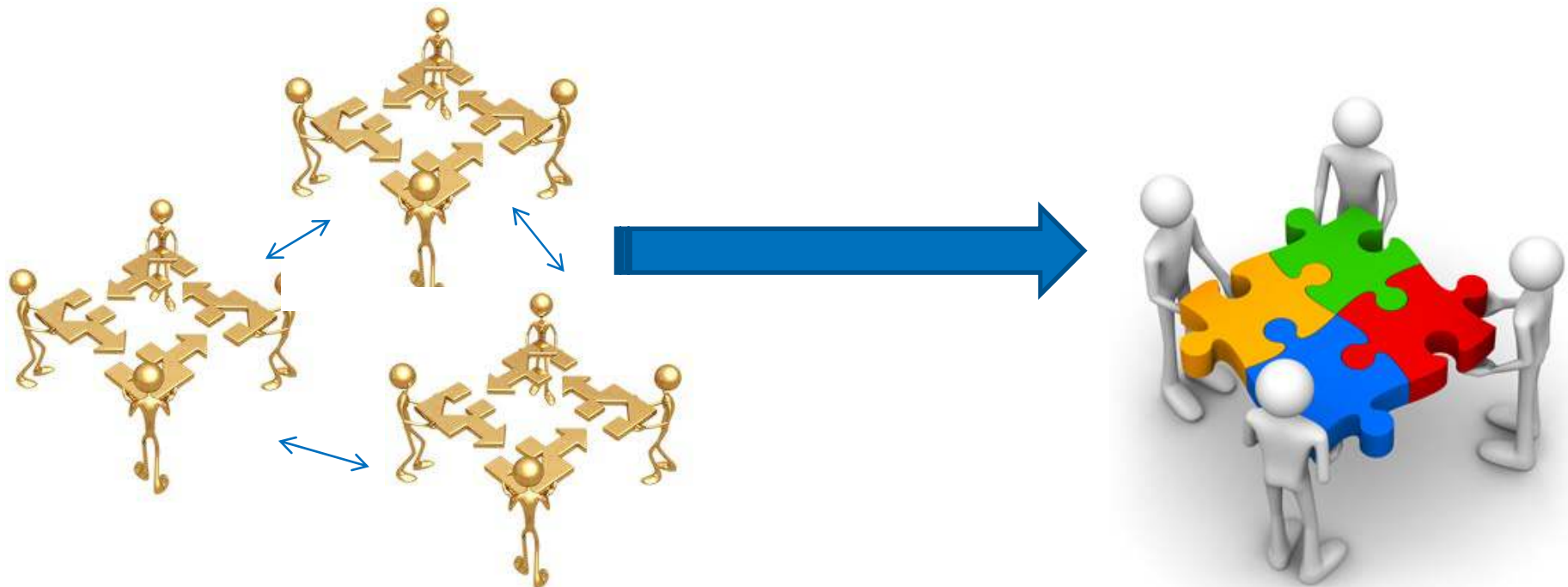


GP & MDT Based Service Profiles

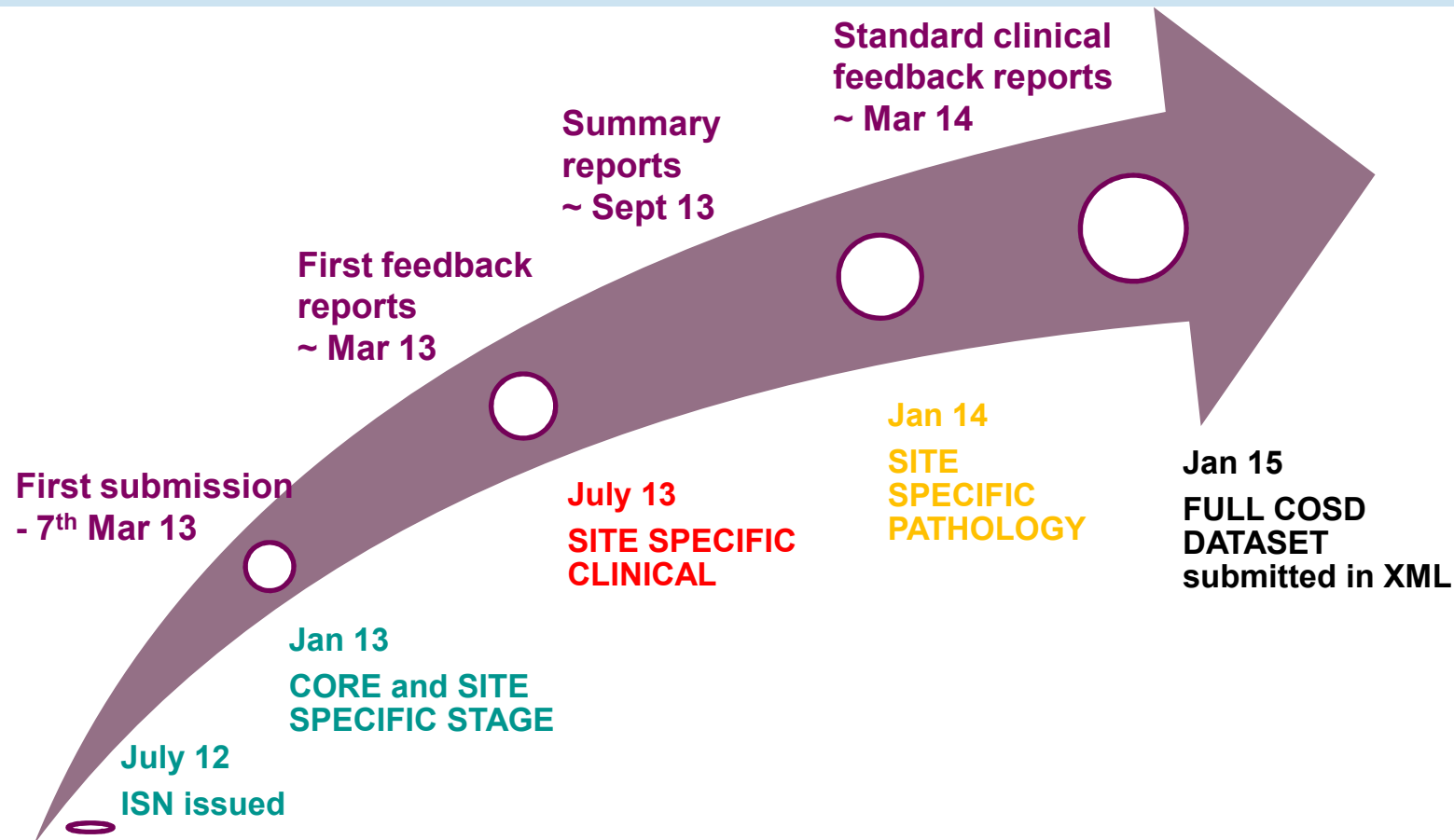


Where does the data and information come from?

Your patients, your MDTs, your hospital!



'COSD' – the 'OMG' moment....



Level 1 Conformance to the COSD – April 2013 diagnosis/treatment data



	Number of Providers	Level 1.1 Percentage of files received as agreed in the Data Transfer Partnership Agreement (DTPA)	Level 1.3 Percentage of files that were received on time	<i>Percentage of MDT files that were received on time</i>	Level 1.4 Percentage of files that were received in the correct format	<i>Percentage of MDT files that were received in the correct format</i>
NCRS NORTHERN AND YORKSHIRE BRANCH	19	100%	100%	100%	95%	100%
NCRS TRENT BRANCH	10	80%	93%	100%	86%	86%
NCRS EASTERN BRANCH	18	100%	100%	100%	100%	100%
NCRS LONDON BRANCH	44	59%	84%	77%	58%	67%
NCRS OXFORD BRANCH	7	100%	100%	100%	100%	100%
NCRS SW BRANCH	21	91%	97%	100%	91%	100%
NCRS WEST MIDLANDS BRANCH	19	90%	94%	89%	89%	89%
NCRS NW BRANCH	29	76%	92%	97%	96%	96%
ENGLAND	167	87%	95%	95%	89%	92%

Understanding Cancer



Understanding Cancer
Oncology Training for NHS
and Public Health non-clinical staff

**Professionally accredited
by the Institute of Healthcare Management**

Free access for all UK users

Key features include:

- flexibility to work at your own pace from work or home
- ability to stop and resume at any point from any computer
- reference guides
- colourful images throughout
- glossary of terms
- learning objectives
- quizzes
- certificate of achievement
- free of charge to UK users

Who it is for and what you will learn

This e-learning tool is aimed primarily at Multi-disciplinary Team Co-ordinators and Cancer Registrars staff who need to know:

- about cancer – medical terminology, diagnoses, tests and treatments
- how cancer services are organised in the NHS
- about cancer types – key risks, including causes, risk factors, signs and symptoms, anatomy and physiology

Other NHS staff can also use the course to improve their understanding of cancer



What to do next
For more information, visit www.ncin.org.uk where you can self-register on to the mylearningspace website by creating a new account.







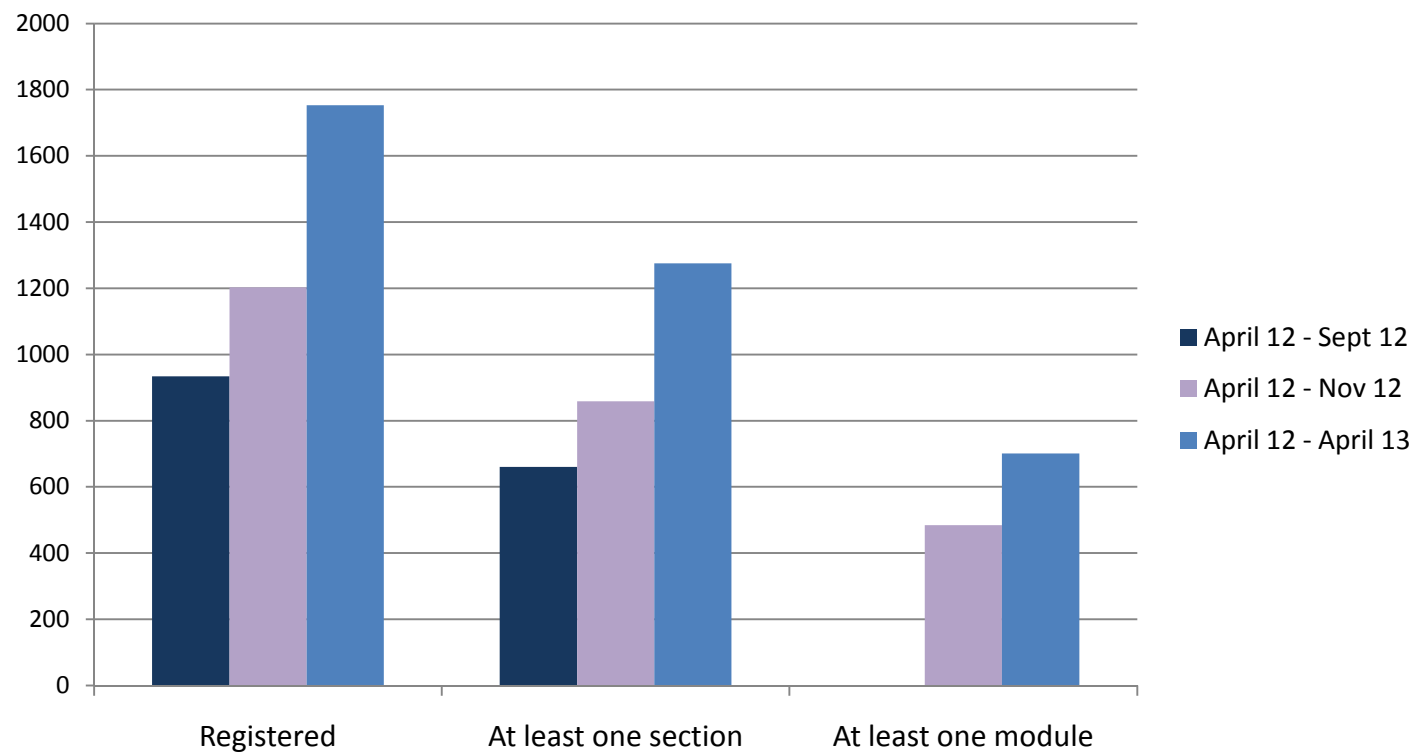

Understanding Cancer
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Launched Modules	
Cancer Surveillance	Lower Gastrointestinal Tract
National Health Service	Respiratory System and Mesothelioma
Cancer Registration	Skin
Multi-disciplinary Teams	New Diagnoses
Cancer Statistics	Melanoma
Terminology, Tests and Treatments	Regulatory Tract Cancer
What is Cancer	Pancreas
Medical Terminology	Gallbladder
Basic Anatomy & Physiology	Liver and Intrahepatic Bile Ducts
Diagnostic Tests	Extrahepatic Bile Ducts
Cancer Treatment	Upper GI Tract Cancer
Tumour site specific cancers	Oesophagus
Brain and Central Nervous System	Stomach
Brain and Central Nervous System	Small Intestine
Pituitary and Pituitary Gland	Urinary Tract Cancer
Breast	Bladder and other Urinary Tract
Female Reproductive	Kidneys (including Renal Pelvis)
Endometrial and Uterus	Male Reproductive Tract Cancer
Cervical	Prostate
Ovarian	Head and Neck
Pharynx	Lip and Oral Cavity
Palatine Tonsils	
Female External Genitals	
Modules in development	
Male Reproductive Tract	Hematopoietic Malignancies
Penis	Leukaemia
Testis	Lymphoma
Head and Neck	Bone and Soft Tissue
Larynx	Bone
Pharynx	Soft Tissue
Nasal Cavity	Cancer of Unknown Primary (CUP)
Major Salivary Glands	Children, Teenagers and Young Adults (CTYA)
Thyroid	

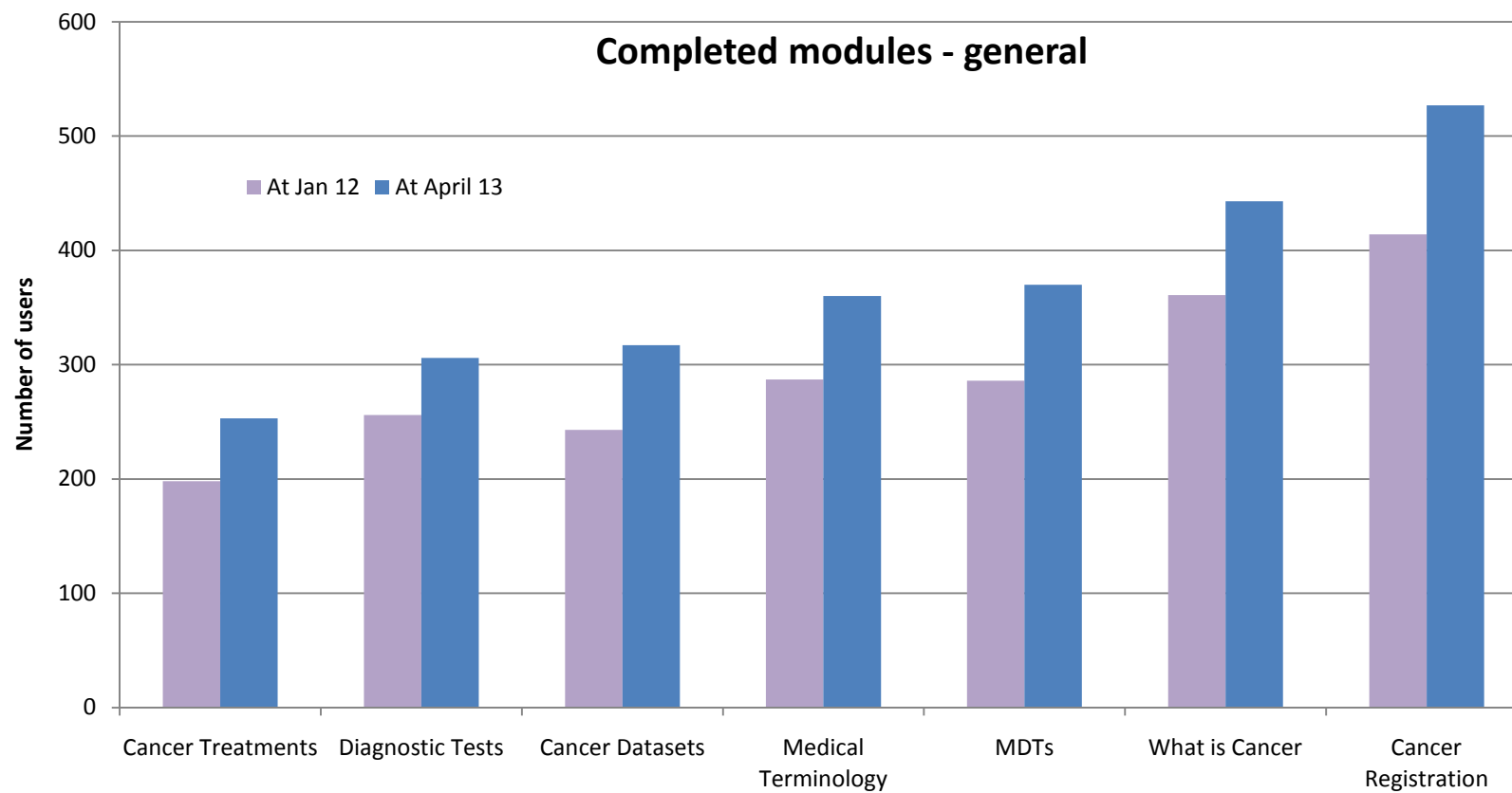
June 2013

Activity (1)

User activity



Activity (2)



So, in summary

- The healthcare landscape has changed
- Providers under the spotlight
- Focus on outcomes and service quality
 - Need a good evidence base to understand variation change over time
- For cancer the evidence comes from YOU and your clinical colleagues

THANK YOU – enjoy your day!