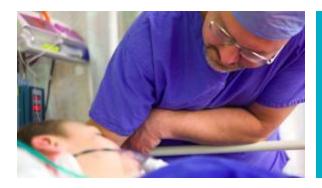
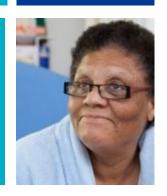


NCIN CTYA Workshop: TYA CRG Priorities







Alison Cameron
TYA CRG
Chair of Metrics Sub Group







What does NHS England commission?

- Specialised cancer services for 16 24 year olds in PTC and designated hospitals
- 'The Manual' http://www.england.nhs.uk/wp-content/uploads/2012/12/pss-manual.pdf defines the scope of prescribed specialised services page 237
- ".. Specialist cancer services for children and young people from Children's PTCs and Teenage and Young Adult PTCs...[and] .. services delivered at about 90 shared care centres through the 26 PTCs. Specialist cancer services for children and young people include:
- All cancer chemotherapy and radiotherapy
- Specialist palliative care services, survivorship, long-term follow up and specialist therapies and rehabilitation

TYA CRG web page



http://www.england.nhs.uk/resources/spec-comm-resources/npc-crg/group-b/b17/

TYA CRG Chair - Rachael Hough					
NORTH		MIDLANDS & EAST			
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Greater Manchester	Michael Leahy	East of England	Helen Hatcher		
Yorkshire + Humber And Vice Chair	Dan Stark	East Midlands	Jo Poole		
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Patient rep	Mathew Cooke	NCIN	M Stevens / M McCabe		
Patient Advocate	Laura Clark	RCGP	Richard Neal		
Patient Advocate	Dara De Burca	TYAC	David Wright		
Accountable Commissioner	Claire Foreman	Assoc. Commissioner	Sonja Tattermusch		



TYA Commissioning Products

CRG advise on the following products:

- Service specs, policies and policy statements to clarify what is routinely commissioned and to what standard
- Quality dashboards key clinical indicators to identify variation http://www.specialisedservices.nhs.uk/info/specialised-services-quality-dashboards (examples from other CRGs)
- QIPP clinically appropriate scheme which delivers quality and productivity improvements
- CQUIN financial incentive scheme for stretching improvements over and above standard
- Data and pricing



Priorities for improving outcomes in TYA

- Visibility TYA as a whole, and site specific
- Ensuring IOG implemented (TYA MDT, choice)
- Service configurations (clear PTC and designated hospital pathways)
- Quality, quality, quality
 - Quality I (real time data on activity e.g. where are they?)
 - Quality II (data on pathway / referrals e.g. clinical trials, TYA MDT referrals)
 - Quality III (data on outcomes, especially PROMS / PREMs)



Priorities for data

- Established a metrics sub group
- Volunteered for quality dashboard from 15/16
- Desire for linkage of existing datasets
- Need to know where patients are and referral pathways
- National Patient Survey data analysis for TYA
- Use of CQUIN to drive improvement if the data is there and timely to demonstrate it
- Improve currency and pricing in TYA services



What do patient tell us?

Many feedback routes – including CRG PPE members - but common themes emerge as areas for improvement:

- Quality of life is as important as survival
- Routes to diagnosis, diagnosis experience and primary care
- Choice and access to specialist services
- Peer support and role models
- Staff that understand YP and their needs
- Information about cancer, services, late effects, support
- Psychological support and building confidence post treatment



Thinking about TYA quality measures.....

Our starting point....

- What's most important to young people, clinicians?
- What data is available and can we get easy access to it?
- How can we start to move from input measures to outcome measures?
- Are there proxy measures we can use in the meantime?
- How do we get support and resource to develop robust / quality PROMs / PREMs



Suggested quality measures.....

Quality Requirement	Threshold	Method of Measurement		
Domain 1: Preventing people dying prematurely				
Overall survival at 5 years	Unknown. Observe initially and set target once baseline known	NWCIS dataset: Include all patients over a 5 year period with a minimum follow up of 1 year		
Proportion of TYA patients discussed in the TYA MDT within 28 days of diagnosis	100%	PTC and network trusts core data. % of those discussed compared to all new patients		
Domain 2: Enhancing the quality of life of people with long-term conditions				
Proportion of patients discussed within the TYA MDT who have a holistic assessment completed and documented	100%	TYA MDT data set		
Proportion of patients who have a treatment summary and care plan documented within 3 months of completion of treatment	100%	Trust cancer records		



Suggested quality measures.....

Quality Requirement	Threshold	Method of Measurement		
Domain 3: Helping people to recover from episodes of ill-health or following injury				
Proportion of patients recruited to an NCRI clinical trial, where one exists	70%	TYA MDT		
Domain 4: Ensuring that people have a positive experience of care				
% of patients who report receiving enough information in patient experience exercise	To be populated once mean derived from national dataset	Quality health		
Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm				
% of patients dying within 30 days of start of last chemotherapy cycle	To be populated once mean derived from national dataset	NCEPOD		



Future quality measures....

- PROMs / PREMs to be considered and developed through PPE sub group
- Time to diagnosis (including number of visits to GP/A+E etc)
- A palliative care metric?



Contacts

Stakeholder registration

https://www.engage.england.nhs.uk/consultation/crg-stakeholder/consult_view

- For more information about TYA CRG generally contact CRG Chair, Accountable Commissioner or Associate Commissioner
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- For more information about TYA CRG Metrics sub group contact the Sub Group Chair <u>Alison.Cameron@UHBristol.nhs.uk</u>