

Commissioning

Nicky Coombes
National Cancer Intelligence Network

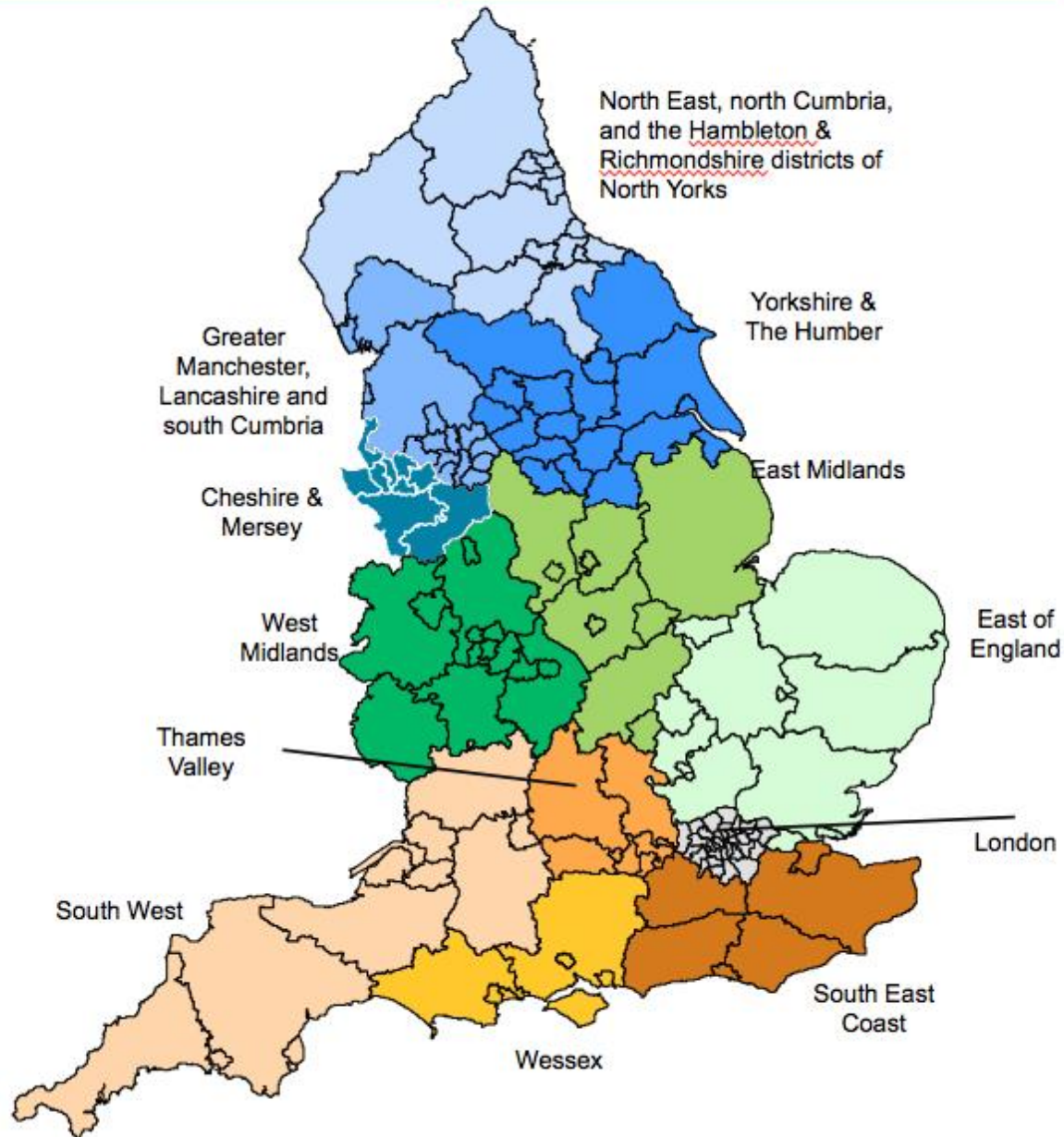
The Health & Social Care Bill 2012: Two New Organisations

- **NHS England**
 - “The purpose of NHS England is to use the £80bn commissioning budget to secure the best possible outcomes for patients”
 - To ensure the whole commissioning architecture is in place; will also commission some services directly
- **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
 - A civil service function, not NHS

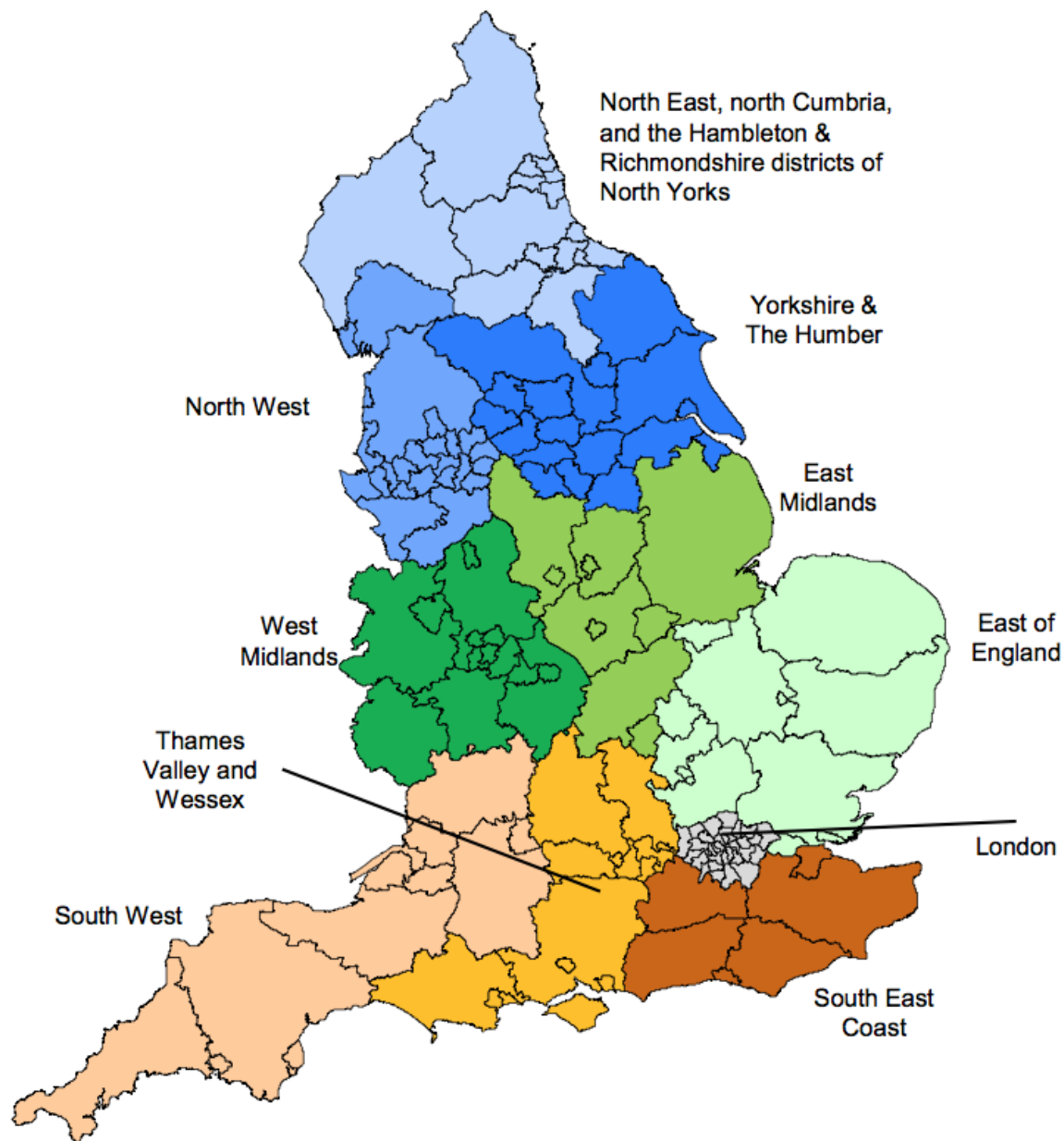
- One national office in Leeds
- **4** regions, directly commission primary care & specialist services
- **10** specialised commissioning hubs within **27** Area Teams
- **12** clinical senates – clinical advice/leadership at strategic level to CCGs and HWBs
- **12** strategic Clinical Networks (up to 5 years)
- **12** Academic Health Science Networks
- **18** Commissioning Support Units – support to CCGs
- **27** Area Teams will support CCG development
- **211** Clinical Commissioning Groups (CCGs)
- **152** Health and Well Being Boards

- There are 27 Area Teams
- 10 Area Teams take a lead on Specialised Commissioning
- There are 12 Strategic Clinical Network Areas / Clinical Senate Areas
- 4 Regions (London, North, Midlands, South)

Clinical networks map



Specialised commissioning hubs



Commissioning Specialised services

- Responsibility of the NHS England - £12bn budget for specialised services from April '13
- Specialised services are 'Directly Commissioned', alongside primary care, screening, military health & offender health
- Previously commissioned by multiple PCTs / Specialised Commissioning Groups - so significant variation in requirements / policies

What is “Specialised”

- All care provided by Specialist Cancer Centres for specified rare cancers (*includes Upper GI cancers*)
- Complex surgery for specified common cancers provided by Specialist Cancer Centres
- Certain specified interventions provided by specified Specialist Cancer Centres (*includes thoracoscopically assisted oesophagectomy, laparoscopic gastrectomy for cancer*)
- All Chemotherapy
- All Radiotherapy

Clinical Reference Groups (CRGs)

Specialised Services Directly
Commissioned by NHS England

Lead development of the
products required for the
effective commissioning of
specialised services.

75 Clinical Reference
Groups

Clinical Leadership in
Specialised Commissioning

Patient & Stakeholder Views

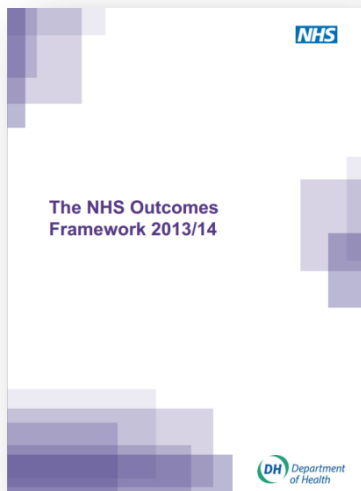
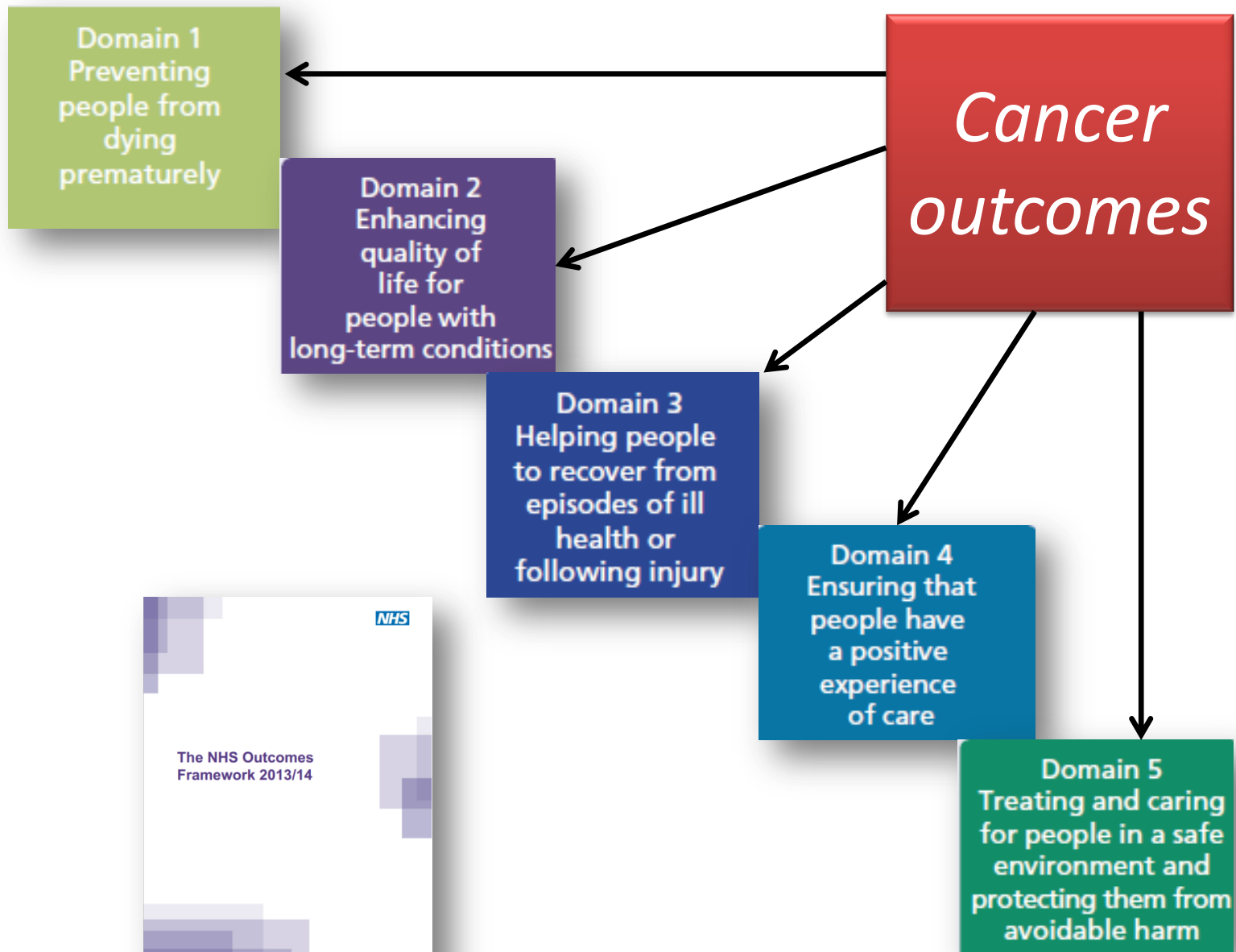
Clinical Reference Groups

- cancer

- **Radiotherapy - *Nick Slevin***
- **PET-CT - *Wai Lup Wong***
- **Specialised Cancer - *Sean Duffy***
- **Blood and Marrow transplantation - *Antonio Pagliuca***
- **Thoracic surgery - *Richard Page***
- **Upper GI Surgery - *William Allum***
- **Sarcoma - *Jeremy Whelan***
- **CNS tumours - *Paul Grundy***
- **Specialised urology - *Vijay Sangar***
- **Chemotherapy - *Peter Clark***
- **Complex Head & Neck - *Peter Thomson***
- **Teenage and Young People Cancer - *Rachael Hough***

Clinical Commissioning Groups

- Diagnostics
- Referrals
- ‘Common cancers’
 - Service specifications – advisory
- Follow up
- Palliative Care



NHS OF 2013/14 Dashboard

1 Preventing people from dying prematurely

Overarching indicators

	Latest data	Indicator value	Unit
1a.i Potential Years of Life Lost (PYLL) from causes considered amenable to health care - Adults	2011	M - 2,157 F - 1,700	per 100,000 population
1a.ii - Children and young people	2011	M - 616 F - 531	per 100,000 population
1b.i Life expectancy at 75 - Males	2010	11.3	period expectations of life - years
1b.ii Life expectancy at 75 - Females	2010	13.1	period expectations of life - years
Improvement areas			
1.1 Under 75 mortality rate from cardiovascular disease	2011	58.0	per 100,000 population
1.2 Under 75 mortality rate from respiratory disease	2011	23.5	per 100,000 population
1.3 Under 75 mortality rate from liver disease	2011	14.9	per 100,000 population
1.4 Under 75 mortality rate from cancer	2011	107	per 100,000 population
1.4.i One-year survival from colorectal cancer *	2006-2010_11	74.4	%
1.4.ii Five-year survival from colorectal cancer *	2006-2010_11	55.3	%
1.4.iii One-year survival from breast cancer *	2006-2010_11	95.5	% female
1.4.iv Five-year survival from breast cancer *	2006-2010_11	84.3	% female
1.4.v One-year survival from lung cancer *	2006-2010_11	31.6	%
1.4.vi Five-year survival from lung cancer *	2006-2010_11	9.8	%
1.5 Excess under 75 mortality rate in adults with serious mental illness	2010/11	921	absolute gap per 100,000 population
1.6.i Infant mortality	2011	4.2	per 1,000 births
1.6.ii Neonatal mortality and stillbirths	2011	8.2	per 1,000 births
1.6.iii Five-year survival from all cancers in children	Indicator to be developed		
1.7 Excess under 60 mortality rate in adults with a learning disability	Indicator to be developed		

2 Enhancing quality of life for people with long-term conditions

Overarching indicators

	Latest data	Indicator value	Unit
2 Health-related quality of life for people with long-term conditions	Jul12-Mar13	0.75	avg EQ-5D score
Improvement areas			
2.1 Proportion of people feeling supported to manage their condition	Jul12-Mar13	69.3	%
2.2 Employment of people with long-term conditions	Jan-Mar13	11.8	% gap
2.3.i Unplanned hospitalisation for chronic ambulatory care sensitive conditions (all ages)	2011/12	801	per 100,000 population
2.3.ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 15s	2011/12	321	per 100,000 population
2.4 Health-related quality of life for carers	Jul12-Mar13	0.8	avg EQ-5D score
2.5 Employment of people with mental illness	Jan-Mar13	39.0	% gap
2.6.i Estimated diagnosis rate for people with dementia	2011/12	48.0	%
2.6.ii A measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life	Indicator to be developed		

3 Helping people to recover from episodic conditions

Overarching indicators

3a Emergency admissions for acute conditions that should not usually require hospital admission (all ages)	
3b Emergency readmissions within 30 days of discharge from hospital	
Improvement areas	
3.1.i Total health gain as assessed by patients for elective procedures - Hip replacement	
3.1.ii - Knee replacement	
3.1.iii - Groin hernia	
3.1.iv - Varicose veins	
3.1.v - Psychological therapies	
3.2 Emergency admissions for children with lower respiratory tract infections	
3.3 An indicator on recovery from injuries and trauma	
3.4 Proportion of stroke patients reporting an improvement in activity/lifestyle on the Modified Rankin Scale at 6 months	
3.5.i Proportion of patients with a fragility fracture recovering to their previous levels of mobility at 30 days	
3.5.ii Proportion of patients with a fragility fracture recovering to their previous levels of mobility at 120 days	
3.6.i Proportion of older people (65 and over) who were still at home 31 days after discharge from hospital into rehabilitation services	
3.6.ii Proportion offered rehabilitation following discharge from acute or community hospital	

NHS Outcomes

* Data displayed are for 2012/13 indicators as data for 2013/14 is not available

200X indicates calendar year
200X/00X indicates financial year

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Clinical Commissioning Group Outcomes Indicator Set

2013/14 CCGOIS

- under 75 mortality rate from cancer
- 1 and 5 year survival from all cancers
- 1 and 5 year survival from breast, lung & colorectal cancers

2014/15 additional indicators for cancer

- cancers diagnosed via emergency routes
- 5 year survival - children
- cancer stage at diagnosis
- cancers detected at stage 1 or 2
- Lung, breast and colorectal cancer specific indicators

- PHE brings together public health specialists from more than 70 organisations into a single public health service.
- The PHE mission is to protect and improve the nation's health and to address inequalities

- making the public healthier by encouraging discussions, advising government and supporting action by local government, the NHS and other people and organisations
- supporting the public so they can protect and improve their own health
- protecting the nation's health through the national health protection service, and preparing for public health emergencies
- sharing our information and expertise with local authorities, industry and the NHS, to help them make improvements in the public's health
- **researching, collecting and analysing data to improve our understanding of health and come up with answers to public health problems**
- reporting on improvements in the public's health so everyone can understand the challenge and the next steps
- helping local authorities and the NHS to develop the public health system and its specialist workforce

- PHE - Knowledge Directorate
 - NCRS
 - KITs - Analytical workforce from 8 registries moved into regional Knowledge and Intelligence Teams
 - SSCRG Lead Area Work Programmes
 - Local contribution
 - Health Intelligence Networks (HINs) (Mental Health, Maternity, & Children, Cardiovascular, End of Life, **NCIN**)

Public Health England: Emerging Intelligence Structures

**Public Health England
Chief Knowledge Officer
(Prof. John Newton)**

**Health Intelligence
Networks
(Prof. Brian Ferguson)**

**Disease
Registration
Service
(Dr Jem Rashbass)**

**PHE Information
Services
Chris Carrigan**

**Knowledge &
Intelligence Teams
(KITs)**

**National Cancer
Intelligence Network**

The English National Cancer Registration System

- English National Cancer Registration System
- Comprehensive data collection and quality assurance over the entire cancer care pathway on all patients treated in England
- Single national system across England
- Routine electronic sources in registry practice
- Single integrated workforce
- Director of Disease Registration
- Evolving operational links with hospital leads
- Pan-England roll-out completed September 2013



Cancer Outcomes Conference
9 & 10 June 2014
Hilton Birmingham Metropole

www.ncin.org.uk/conference



ukiacr
United Kingdom and Ireland
Association of
Cancer Registries



NCIN
national cancer
intelligence network

Using information to improve quality & choice

The Cancer Outcomes Conference 2014 will explore the 'power of information' both locally and nationally.

It will examine how UK-wide cancer registration data and other health related datasets are being exploited to reduce cancer incidence, mortality and morbidity.

To find out more, visit www.ncin.org.uk/conference



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#NCIN2014



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