

# **Key Issues in Haematology Commissioning**

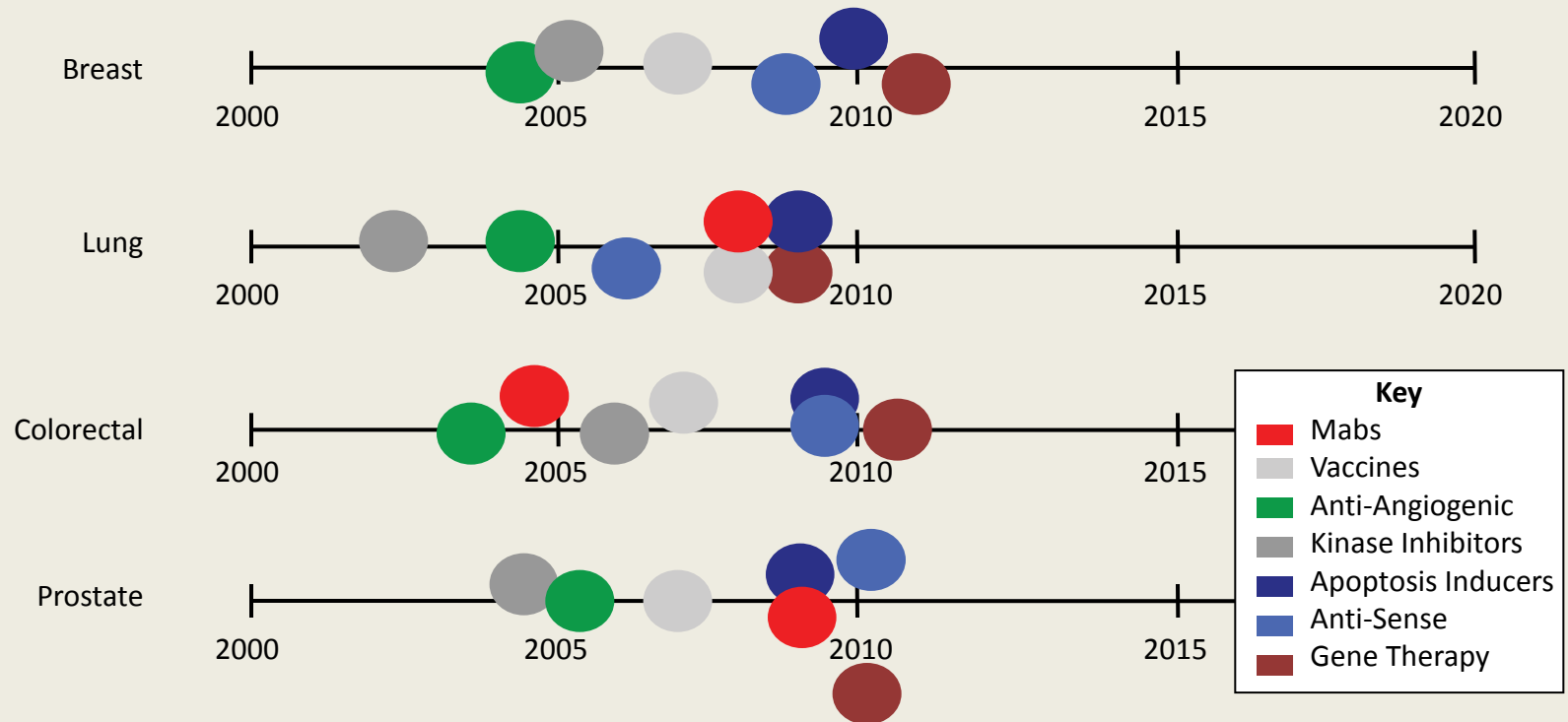
**Professor Adrian Newland**

**Chair, The London Cancer New Drugs Group**

**Deputy Chair, Chemotherapy CRG**

**Barts Health NHS Trust**

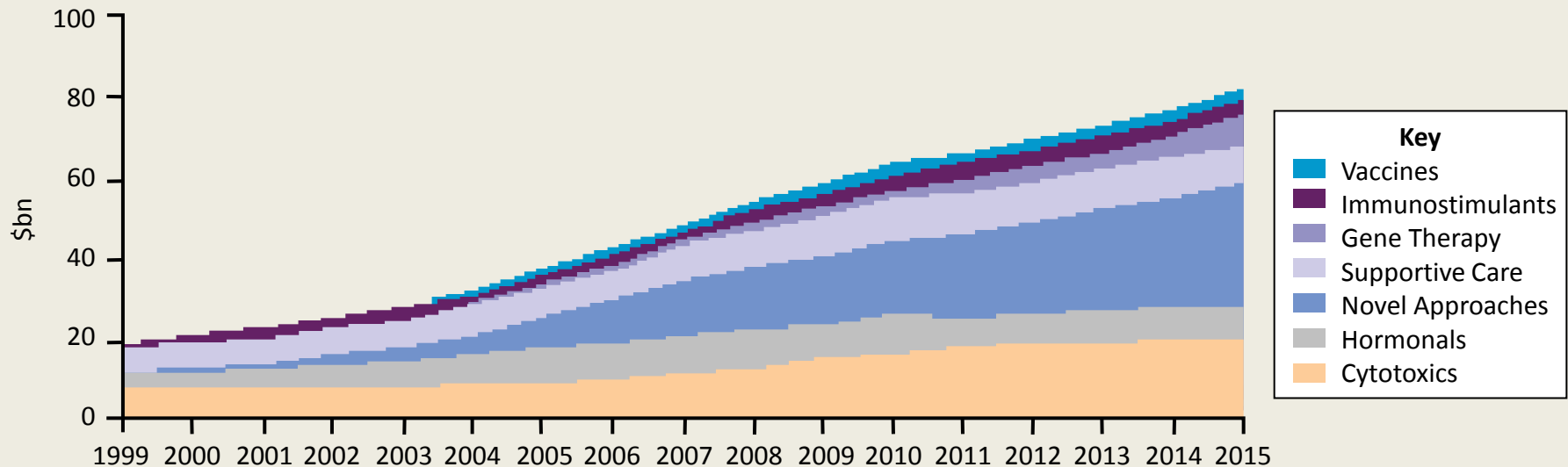
# Launch date for molecular therapies in the USA



# Cancer market tripled over last decade

McKinsey Consulting, New York

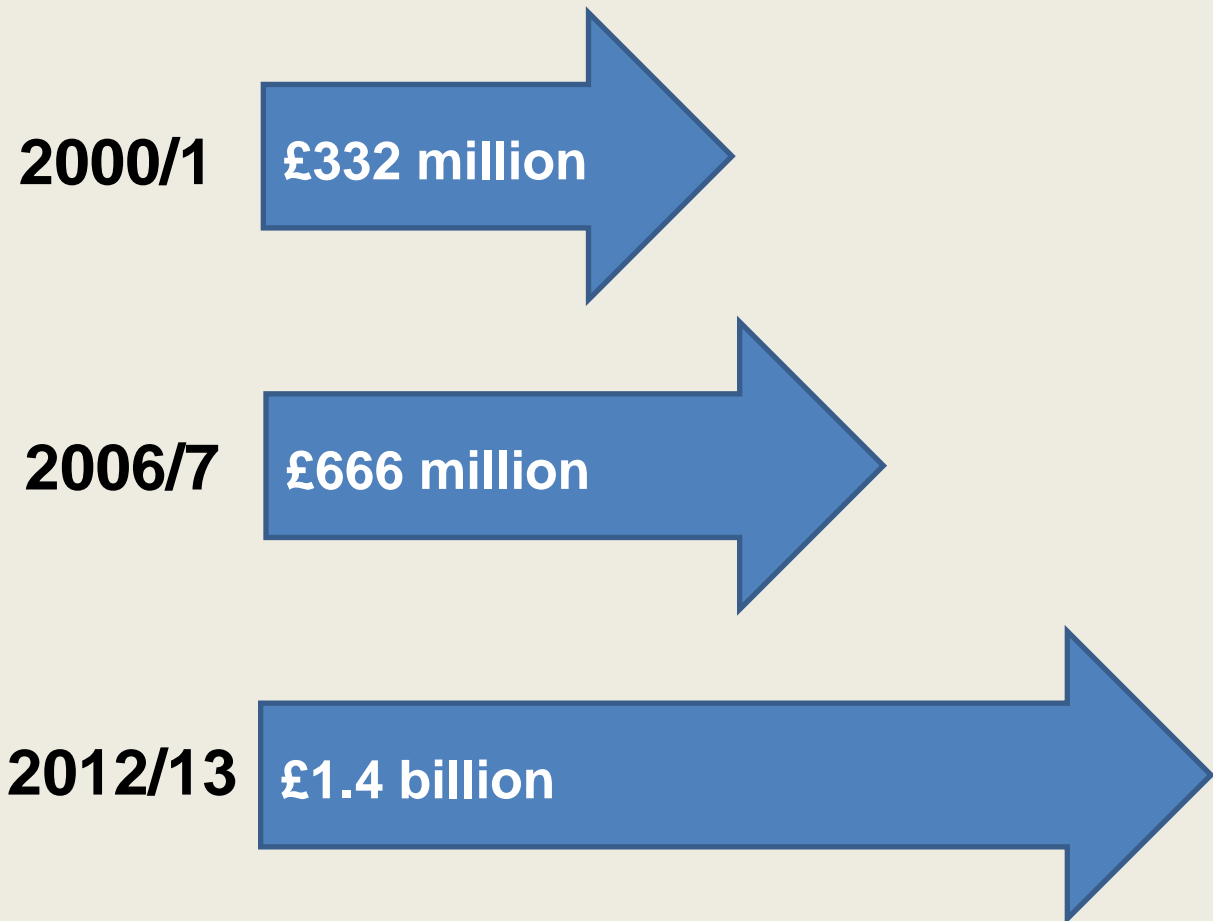
Global cancer market by sector



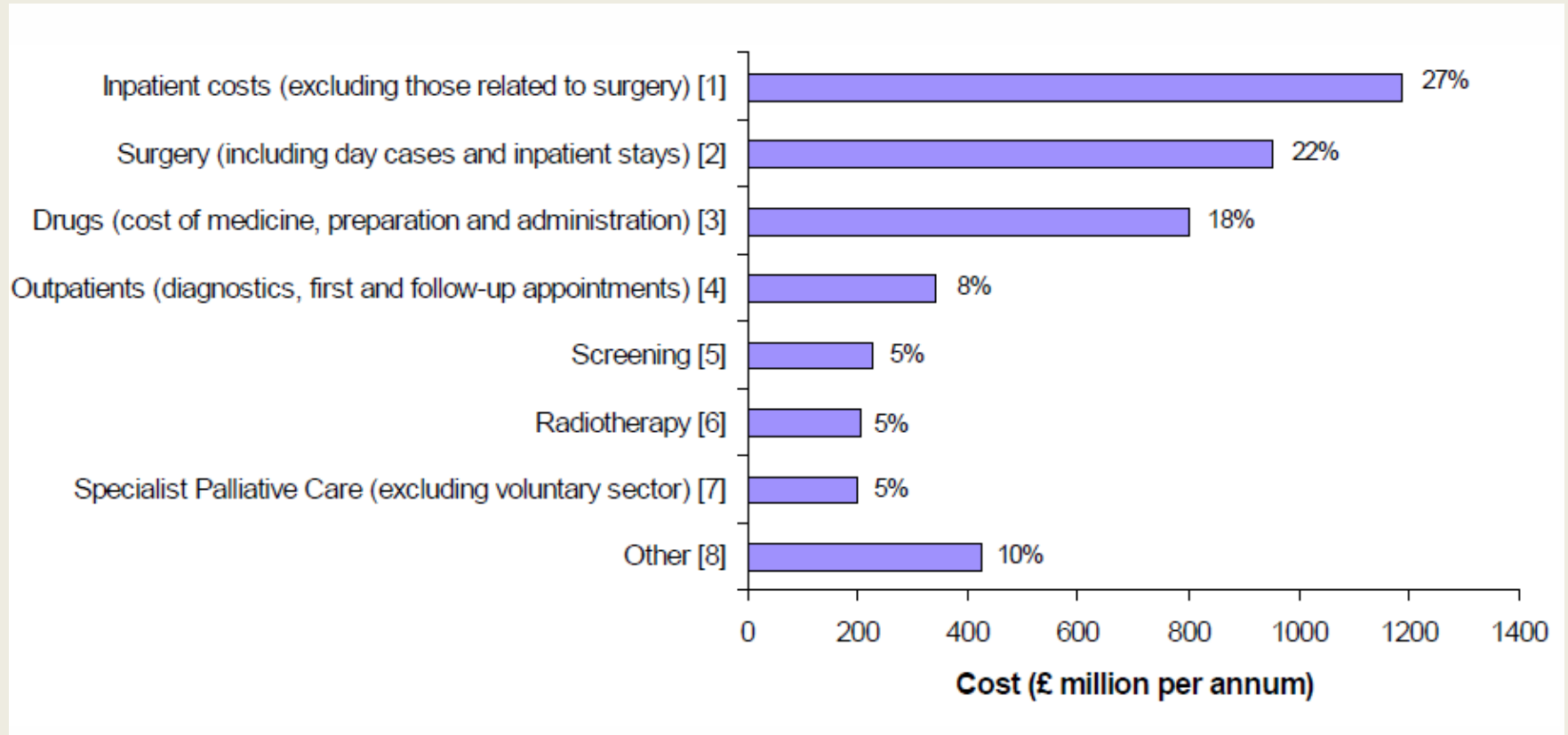
2010 sales \$64bn, CAGR 12% driven by:

- New technology – targeted therapies
- Earlier intervention
- Patient numbers (ageing population – other diseases controlled)

# Increased spend on cancer drugs year on year in England

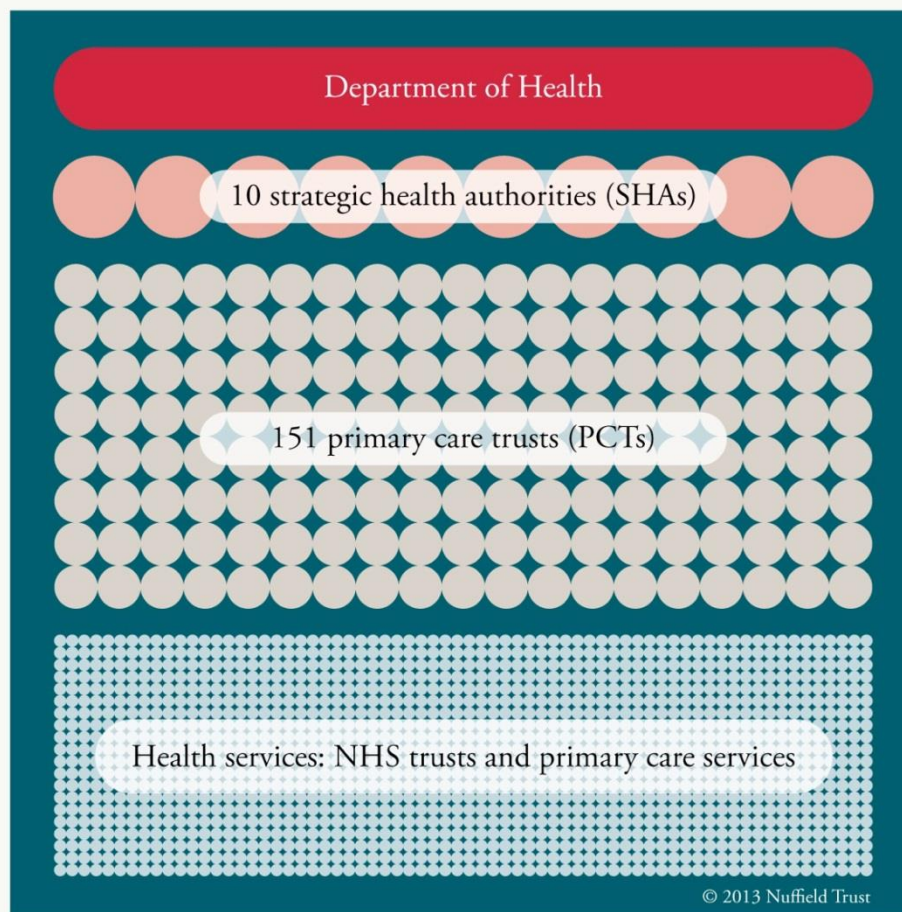


# Cancer expenditure in England

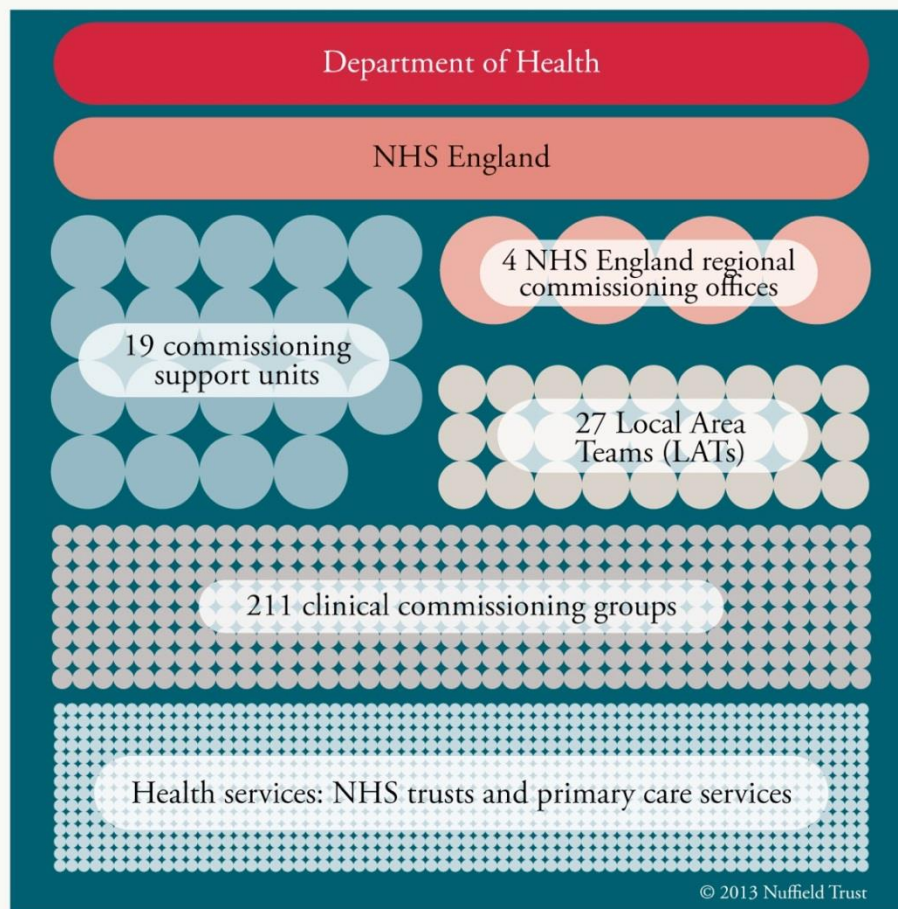


Total expenditure: around £4.35bn pa in England  
Expenditure per head of population = £80  
(compared with £121 in France and £143 in Germany)

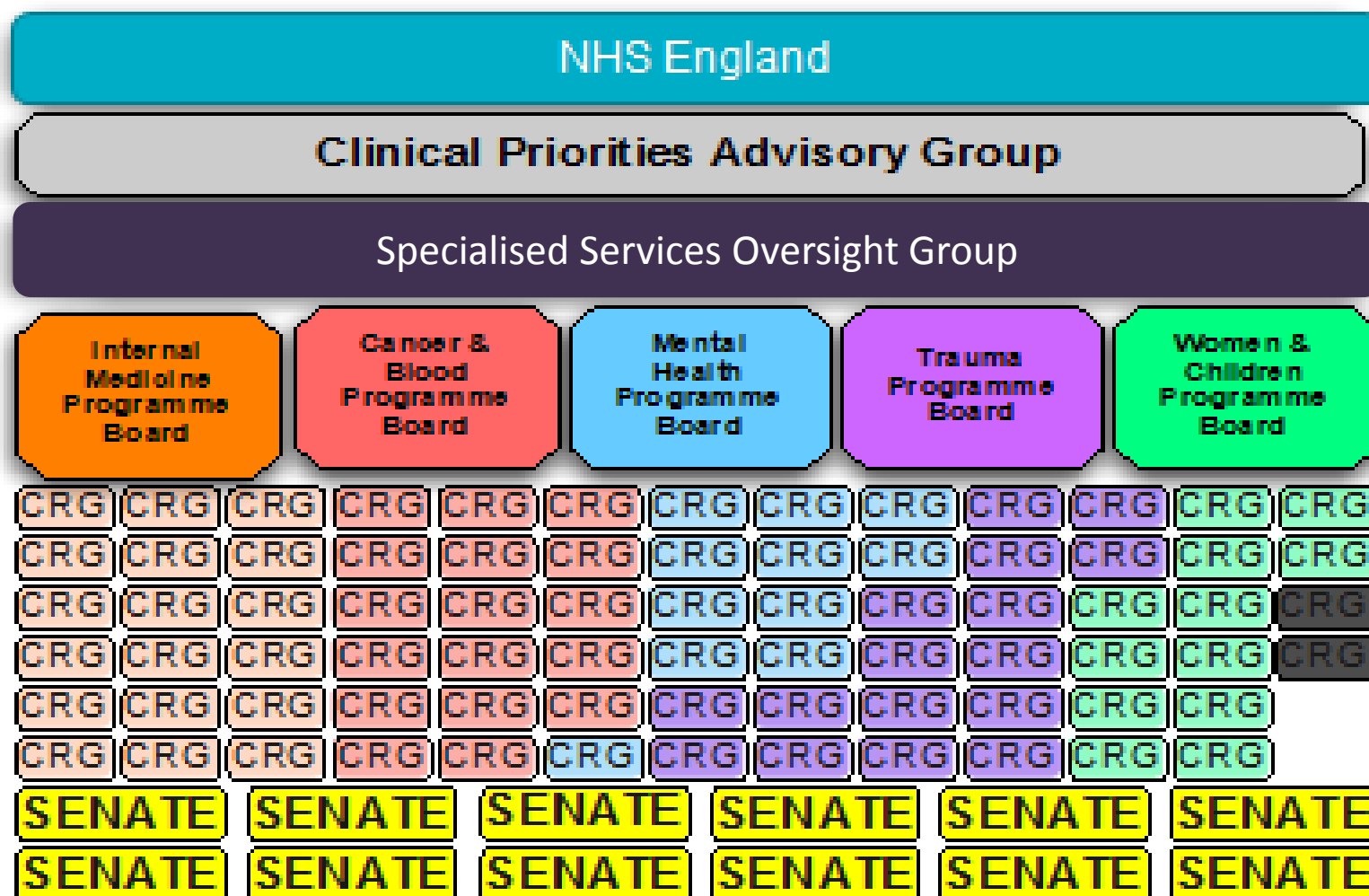
# The NHS in England before the reforms



# NHS April 2013 onwards



# New structure





Pathway	Old Arrangement	New Arrangement	Notes
Awareness raising	PCT	Public Health	Although commissioned by PH, <b>CCGs</b> and NHS England are expected to support awareness campaigns as appropriate
Early detection (GP Referral)	PCT	NHS England	<b>CCGs</b> expected to manage and improve GP referrals as appropriate
Screening	PCT	Public Health through NHS England	GPs directly provide cervical screening (sample taking) and can support programmes in general by endorsing them , working with PH and encouraging patients to attend
Diagnostics	Mostly PCT, some Specialised Commissioning	<b>CCG</b>	
Surgery	Mostly PCT, some Specialised Commissioning	Mostly <b>CCG</b> , some NHS England	<b>CCGs</b> responsible for common cancers such as breast and colorectal. NHS England responsible for rare cancers such as brain and anal.
Chemotherapy	Mostly PCT, some Specialised Commissioning	NHS England	
Radiotherapy	Mostly PCT, some Specialised Commissioning	NHS England	
Living with and beyond cancer	PCT	<b>CCG</b> / NHS England collaboratively	Commissioning arrangements for this area need to be worked through with NHS England.

# QIPP

- Cancer services need to make a contribution to the £20billion NHS savings required
- Reducing unnecessary admission and reducing length of stay will improve quality and productivity
- While at the same time, improving early diagnosis, reducing premature deaths, improving QoL and enhancing end-of-life care
- Concentrate on prevention and screening

# The role of the Chemotherapy - CRG

- NHS England's Chemotherapy Clinical Reference Group formed in April 2013
- To provide expert clinical advice to inform the commissioning of chemotherapy services
  - the management of the Cancer Drugs Fund
- The group is working on the following areas to improve outcomes in chemotherapy services:

# The role of the Chemotherapy - CRG

- Defining **systemic therapy algorithms**, initially for the more common cancers but subsequently for all malignancies
- **Minimising variation in practice**, partly by algorithms but by data-driven outputs from the Systemic Anti-Cancer Therapy (SACT) database
- **Efficiency savings** in terms of setting delivery tariffs, for example encouraging trusts to set up home delivery systems
- **Establishing e-prescribing** for chemotherapy everywhere (rather than the 55% at present) and rationalising pharmacy services
- **Supporting acute oncology** teams to ensure the rapid identification, treatment and discharge of patients suffering the side-effects of chemotherapy
- Inputting to the establishment of a framework for the delivery of appropriate **molecular diagnostics**

# The role of the Chemotherapy - CRG

The Cancer Drugs Fund – managed by a sub-group and separate from the CRG

- Management of the Cancer Drug Fund to deliver the greatest degree of clinical value to cancer patients
- Evaluation of new drugs using a prioritisation tool
- Partnerships with pharmaceutical companies on the early introduction of innovative drugs with planned data collections to aid assessment of value in everyday practice to patients and NHS England

# CRG QIPP PROGRAMME

- Algorithms for pathways
- Dose banding and Vial Sharing
- Oral Chemotherapy – reduce wastage
- Area Team scrutiny of expenditure
- Chemotherapy delivery tariffs
- Supportive drug therapies
- Palliative Chemotherapy – valid rationale

# Commissioning of cancer drugs

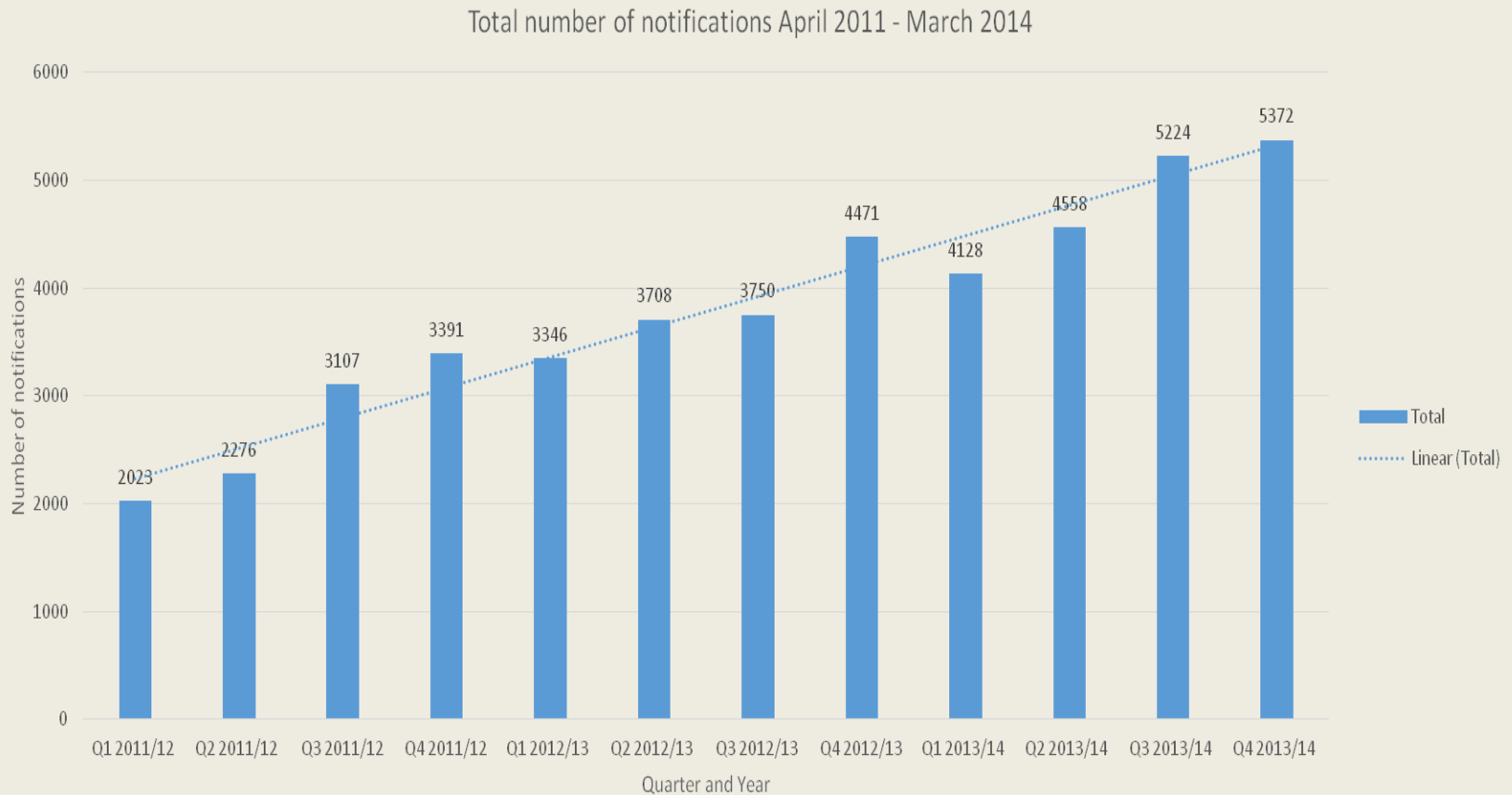
- Baseline commissioning via NICE approval – legal obligation on NHSE to fund NICE recommendations: clinically and cost effective cancer drugs;
- Baseline commissioning via NHSE policy – any policy that has additional costs has to compete with all the other cost improvement policies within specialised commissioning
- Cancer Drug Fund - £200m+/year to April 2016
- NHSE chemotherapy costs: approx £1400m for drug cost, £300m for delivery
- Of £1100m drug cost in baseline, >£900m is NICE TA recommended

# The Cancer Drug Fund: types of drugs

- NICE 'no' drugs: clinically effective but not cost effective - 65% of patient applications
- NICE appraisal in progress drugs - 20%
- Drugs for rarer cancers - 12%: below NICE's radar
- Off label indications - 3%
- Currently 76 different indications for cancer drugs in CDF
- CDF has scoring system for clinical value: ranks drugs on a scale incorporating effect on progression-free survival, overall survival, quality of life, toxicity and unmet need
- National CDF panel has considered 55 applications for new indications since April 2013: 40% approved, 60% rejected



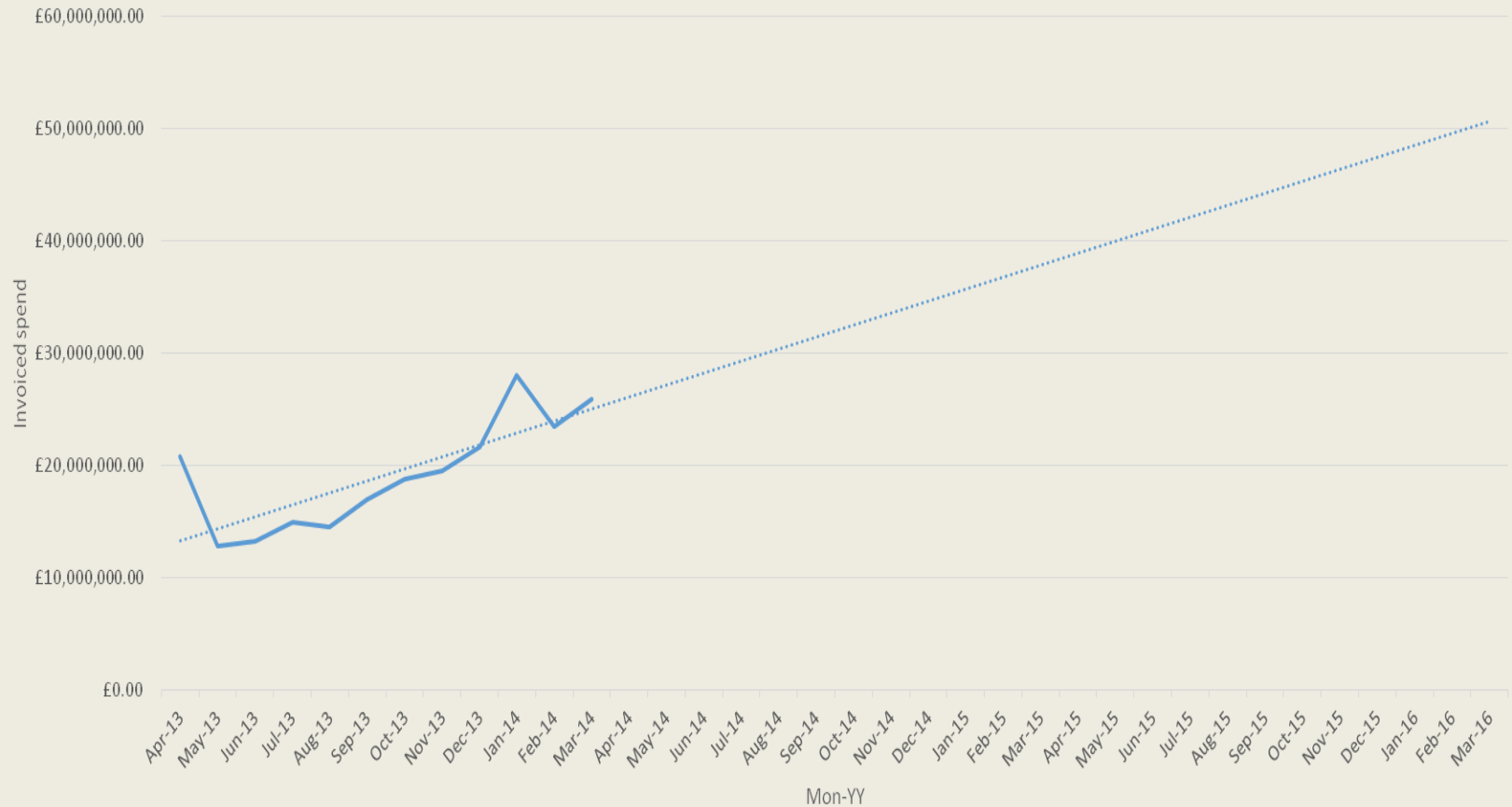
# Consistent and constant increase in CDF patient applications



# CDF expenditure

- Annual budget £200m – expenditure 2012-13: £185m
- End of 2012-13: major NICE ‘yes’ decisions e.g. 3 drugs which took £50m out of CDF expenditure in 2013-14
- 2013-14: £230m+
- 2013-14: CDF approval for some drugs e.g. in breast cancer which cost £60-90K per patient
- 2014-15: will see licensing of some exciting new drugs which are likely to cost £30-100K per patient with expenditure at £320m+
- Recent announcement increasing budget to £280m

# Invoiced spend per month in 2013/14 extrapolated over 2014-16



# NCIN - Datasets

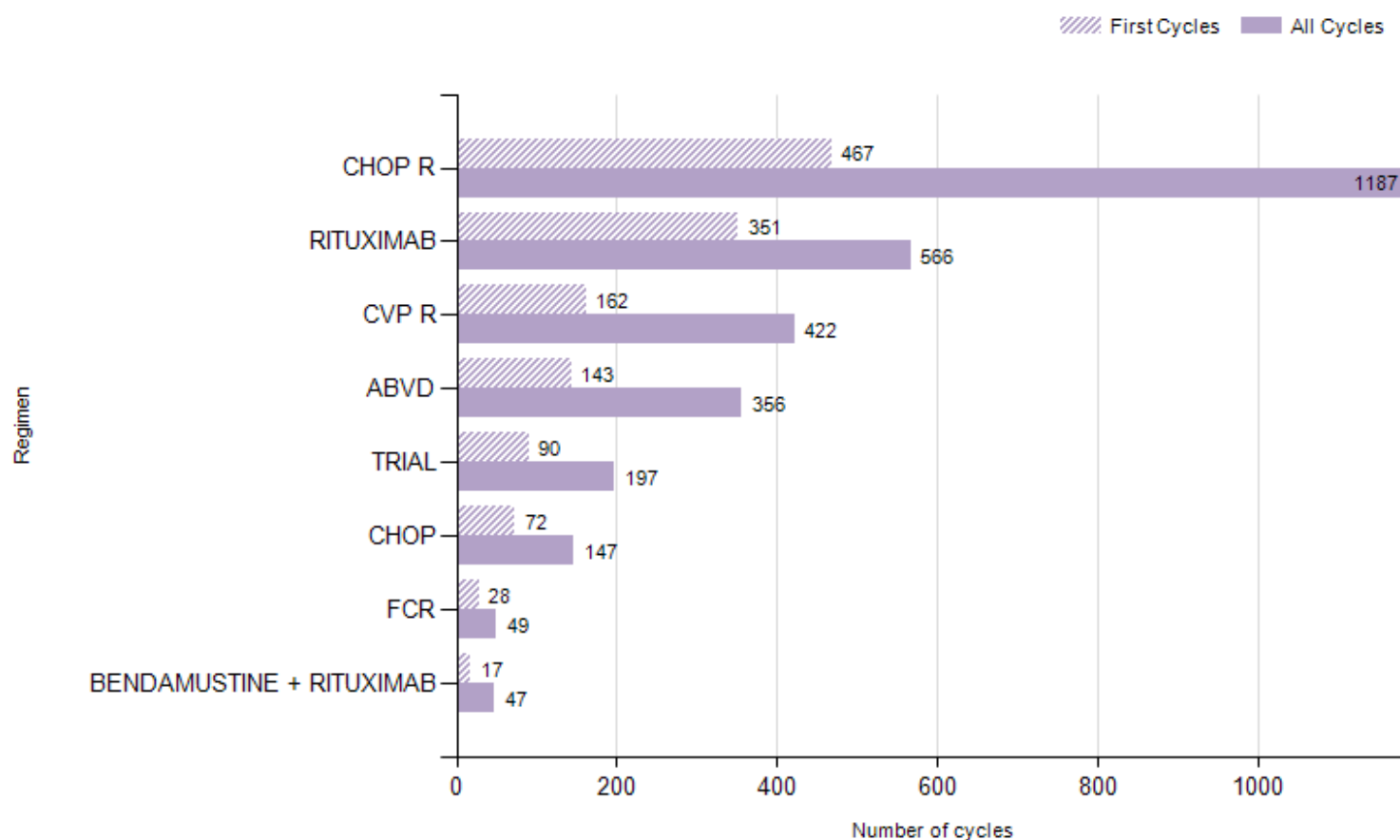
- Radiotherapy Data Set (RTDS)
- Diagnostic Imaging Dataset (DIDs)
- Cancer Services & Outcomes Dataset (COSD)
- Systemic Anti-Cancer Dataset (SACT)

# Top Regimens by Diagnostic Group

## Lymphoma (ICD10: C81-86, C884)

All submitting trusts aggregated

Data received for April - June 2012



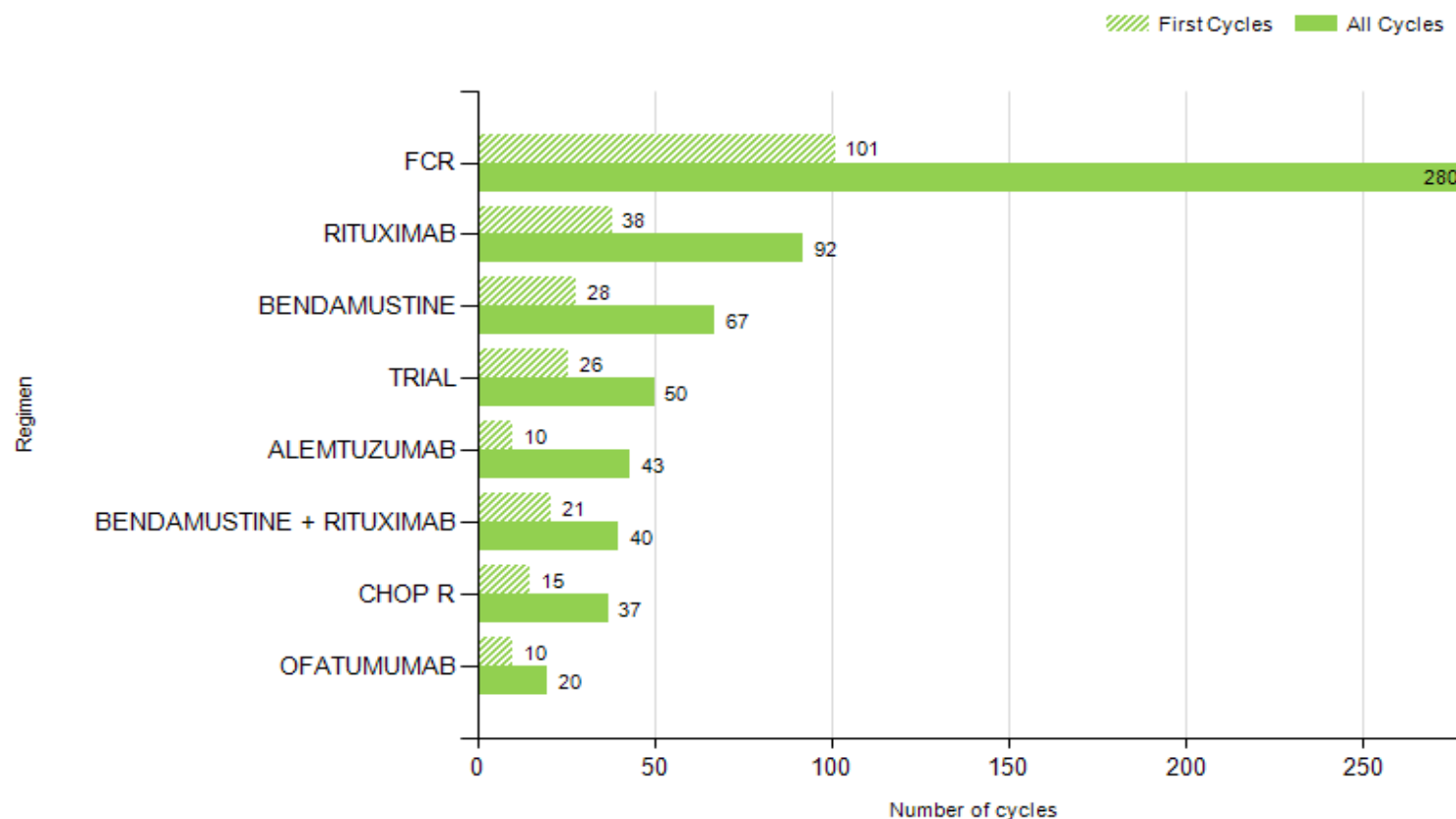
# Top Regimens by Diagnostic Group

## Leukaemia (CLL)

ICD10: C91.1

All submitting trusts aggregated. Patients aged 16 and over

Data received for April - July 2012



# Repositioning medicines

- Support better outcomes
- Support greater productivity
- Support/require workforce re-design
- Supply chain
- Value-based pricing

# Innovation, Health and Wealth: promoting uptake of NICE guidance

- Support for adoption of NICE guidance
- Compliance regime and uptake metrics
- End to local duplication of NICE evaluation
- Support for the NICE scientific advice programme
- Targeted effort to implement diagnostic and treatment recommendations
- Immediate transfer of DH Innovative Technology Adoption and Procurement Programme (iTAPP) to NICE



# The Five-year Cancer Commissioning Strategy

- Earlier detection of cancer - GP direct access to diagnostics
- Reducing Variation in secondary care

All services will participate in peer review

MDTs quorate for 95% of meetings

Members attend 66% of meetings (better decision making)

Best practice timed pathways

Agree and implement service consolidation plans

Management of treatment related fertility issues

Provision for MSCC

- Living with and beyond cancer

To deliver a recovery package

Stratified pathways



# What are the barriers to adopting innovation?

- Perverse incentives
  - Trusts lose income
  - Solution to share efficiencies across the LHE
    - \* Integrated Cancer Systems in London
- UK slow adopters (compared to Europe) of innovation
  - \* Thrombolytic therapy in MI
  - \* Molecular Diagnostics

## Why?

# Why are some people not offered appropriate care?

- **People are not diagnosed**
  - 23% of newly diagnosed cancer patients come through A&E
- **Tests required by NICE are not done**
  - The need for EGFR testing outstrips the number done by 1.7
- **Varying access to specialist care**
  - 18% of those with glioma did not receive carmustine as not discussed at an MDM
- **Capacity to deliver is insufficient**
  - The rate of delivery of chemotherapy for lung cancer doubles if seen by a CNS
- **Commissioning is deficient**
  - Commissioners and providers argue over who should pay
- **Policies are variable**
  - The elderly with lung cancer do not receive chemotherapy as often as their condition warrants

# Cancer Commissioning Toolkit (CCT)

- [www.cancertoolkit.co.uk](http://www.cancertoolkit.co.uk)  
(registration needed to access most recent / small numbers data)
- Developed by NCIN in 2008 - Multiple data sources brought together for the first time
- Source of cancer profiles – Service, CCG and Practice level
- Regularly updated

[Overview](#) [Filters](#)
**Organisation level**

Area team **CCG**

**Organisation**

1 CCG(s) Selected

- ☐ Show all CCGs in my AT
- ☐ Show all CCGs in my SCN
- ☒ Show all England (99)

**Cancer type**

All Cancers

**Age group**

15-99

**View by**

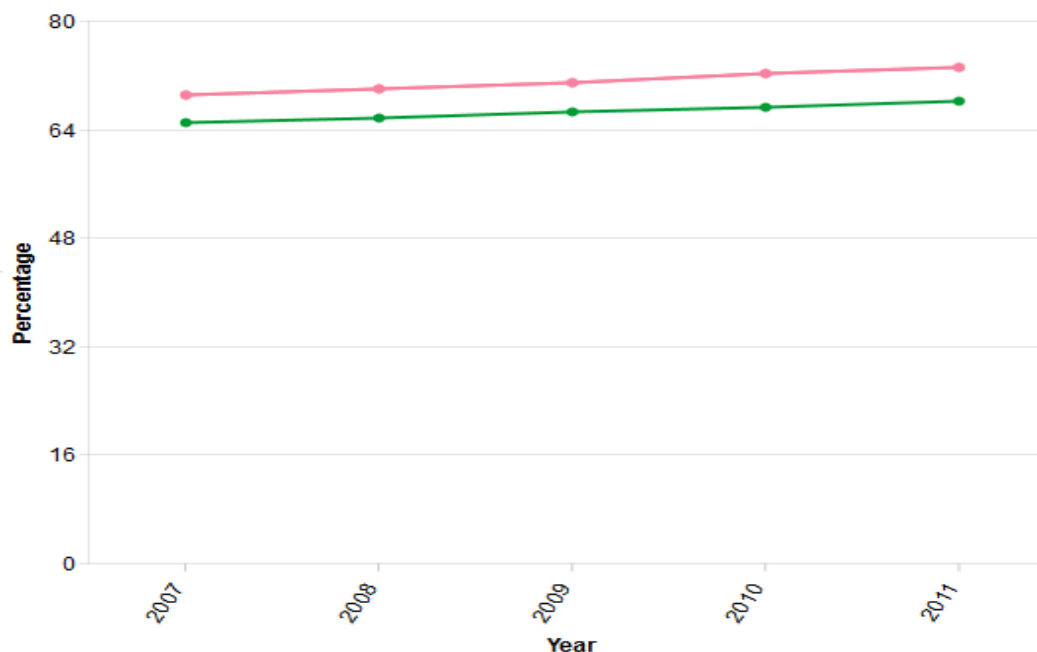
single year **time trend**

**1 Year** 5 Years

**Year(s)**

5 Year(s) Selected

[Filter](#)

**Survival index estimates**
**1 year survival index : All Cancers : 15-99 age group(s)**


[Download PDF](#)



[Export to CSV](#)

● NHS Central London (westminster) CCG (09A)

● All England

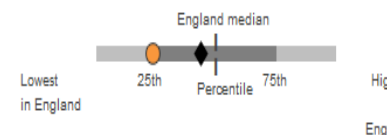
Select Trust/MDT:

Chelsea and Westminster Hospital NHS Foundation Trust MDT - Chelsea &amp; Westminster

Lung 2013/14 - Chelsea and Westminster Hospital NHS Foundation Trust MDT - Chelsea &amp; Westminster

Export to PDF

- Trust/MDT is significantly different from England mean
- Trust/MDT is not significantly different from England mean
- Statistical significance cannot be assessed
- England mean



				Percentage or rate				Trust rate or percentage compared to England		
Section	#	Indicator	No. of patients/cases or value	Trust	Lower 95% Confidence Limit	Upper 95% Confidence Limit	England	Lowest	Range	Highest
Size	G2	Number of newly diagnosed patients per year *	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	L1	Number of NLCA patients - lung cancer	70	n/a	n/a	n/a	30976	n/a	n/a	n/a
	L2	Number of NLCA patients - mesothelioma *	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Demographics	G3	Patients (from #G2) aged 70+ *	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	G4	Patients (from #G2) with recorded ethnicity *	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	G5	Patients (from #G2) with recorded ethnicity which is not White-British *	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	G6	Patients (from #G2) who are Income Deprived (1) *	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	G7	Male patients (from #G2) *	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	L3	Number and proportion of patients (from #L1) with a stage assigned	70	100 %	95 %	100 %	94 %	52 %		100 %
	L4	Number and proportion of patients, excluding SCLC, with stage I or II assigned	15	23 %	15 %	35 %	23 %	9 %		85 %
	L5	Number and proportion of patients, excluding SCLC, with a stage IIIA assigned	5	8 %	3 %	17 %	13 %	0 %		25 %
	L6	Number and proportion of patients, excluding SCLC, with a stage IIIB and IV assigned	45	69 %	57 %	79 %	56 %	0 %		75 %
	L7	Proportion of patients (from #L1) with a Performance Status assigned	70	100 %	95 %	100 %	91 %	29 %		100 %

# Local Cancer Intelligence

- [www.lci.cancertoolkit.co.uk](http://www.lci.cancertoolkit.co.uk)
- Developed by Macmillan and NCIN in 2014, using similar sources to the CCT
- Gives detailed narrative on individual CCGs and measures with comparison to national data.



## Headlines for NHS Central London (Westminster) CCG

### ► Prevalence

As of the end of 2010, around 4,200 people in your CCG were living with and beyond cancer up to 20 years after diagnosis. This could rise to an estimated 8,100 by 2030.

[For more information](#) ►

### ► Incidence

There are 528 new cancer diagnoses per 100,000 people each year. This is lower than the England average.

[For more information](#) ►

### ► Mortality

There are 253 cancer deaths per 100,000 people each year. This is lower than the England average.

[For more information](#) ►

### ► One Year Survival

One-year cancer survival is 73%. This is better than the England average of 68%.

### ► Five Year Survival

Five-year cancer survival is 48% in your Area Team. The England average is 48%.

Search for your Clinical  
Commissioning Group:

NHS Central London (Westmins



### ▼ Headlines

◀ Cancer Prevalence

◀ Cancer Incidence

◀ Cancer Mortality

◀ Cancer Survival

◀ Patient Experience

### ▼ Routes To and From Diagnosis

◀ Breast

◀ Lung

◀ Prostate

◀ Brain and CNS tumours

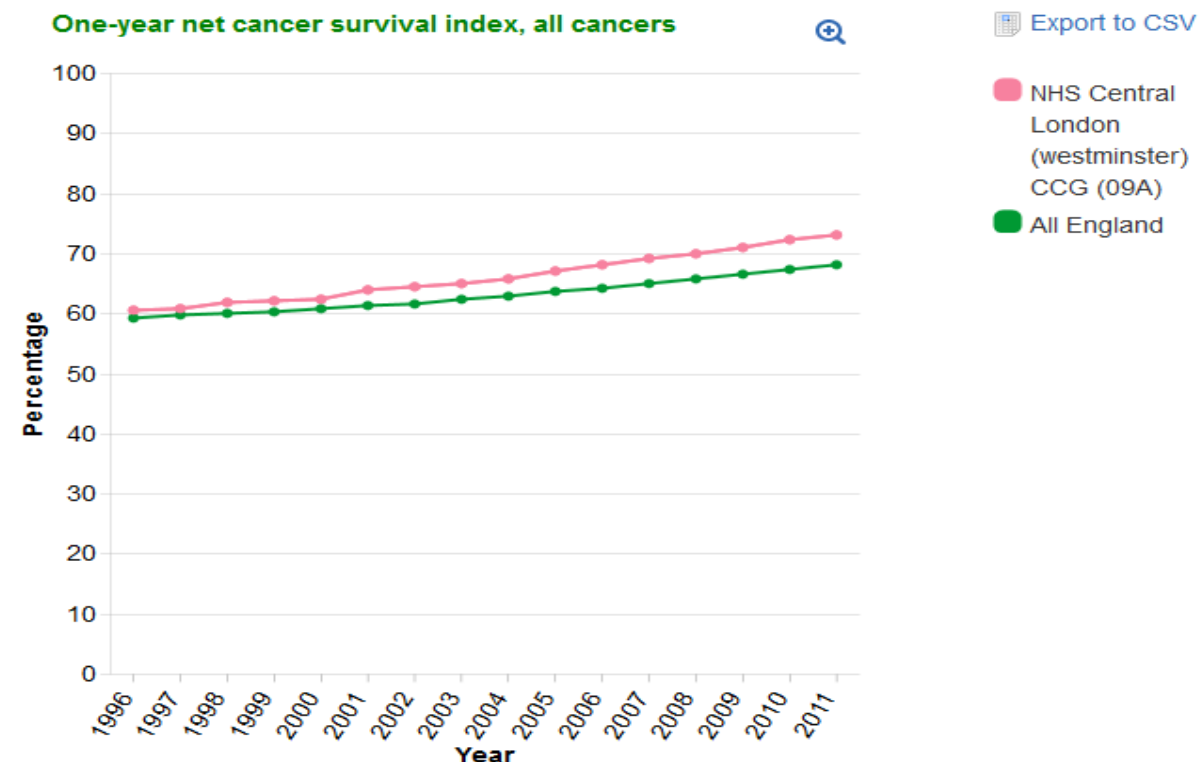
This page shows all-cancer survival rates for your Clinical Commissioning Group (CCG) – the percentage of people who survive for one year (for people diagnosed in 2011) and five years after diagnosis (for people diagnosed in 2007 in your Local Area Team).

The survival rates give an indication of successful service provision, and variations could indicate differing practice which may need to be further investigated. Understanding variation in survival rates can facilitate service planning and development, and help target resources.

Cancer survival rates are improving thanks to earlier diagnosis and better treatments. However, survival rates in England and the UK still lag behind much of the rest of Europe. Variation exists across the country as well as for different segments of the population and for people with different cancer types.

### How has all-cancer survival changed over time?

The charts below show changes in the net survival index over time. One-year survival is shown for your CCG, while five-year survival is shown for your Local Area Team, as data by CCG are not available (see the FAQs for more details).



◀ Cancer Incidence

◀ Cancer Mortality

▼ Cancer Survival

◀ Patient Experience

▼ Routes To and From Diagnosis

◀ Breast

◀ Lung

◀ Prostate

◀ Brain and CNS tumours

## FAQ

[What is an all cancers net survival index and where are the data from?](#)

[Why are CCG data not available for five year net survival and only for 2007?](#)

[If CCGs came into existence in April 2013, why does the tool contain data from before this for CCGs?](#)

[What does it mean when we say 'better than', 'poorer than' 'similar to' or compared to the England average for survival?](#)

# Local Cancer Statistics (CRUK)

- <http://www.cancerresearchuk.org/cancer-info/cancerstats/local-cancer-statistics/>
- Developed by CRUK in 2013 with data from NCIN
- Allows for direct comparison of CCGs/Local Authorities/Constituencies

## Local Cancer Statistics

Search



Data is displayed at the geographic level at which it is published.

 **NHS Central London (Westminster) CCG** **NHS Vale of York CCG****Early Diagnosis****Incidence****Survival****Mortality****Screening****Smoking**

## Incidence



### Cancer incidence for all cancers combined

Lung Incidence Rate

Breast Incidence Rate

Bowel Incidence Rate

Prostate Incidence Rate

Cervical Incidence Rate

Oesophageal Incidence Rate

Ovarian Incidence Rate

Stomach Incidence Rate

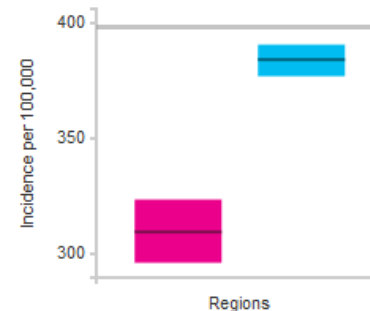
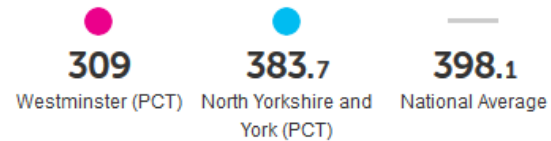
### Cancer incidence for all cancers combined

The cancer incidence rate in Westminster (PCT) (309.0 per 100,000) is lower than North Yorkshire and York (PCT) (383.7 per 100,000).

More than four in ten cases of cancer could be prevented by lifestyle changes, such as not smoking, keeping a healthy body weight, cutting back on alcohol, eating a healthy, balanced diet, keeping active, staying safe in the sun and others.

You can read more about cancer incidence statistics [here](#)

The data presented is representative of your selected area.



[Detailed graph view](#)

*This is the average European age standardised incidence rate per 100,000 population per year for the period 2008-2010.*

*Data is for all cancers, excluding non-melanoma skin cancer (ICD-10 C00-C97 exc C44).*

*Data from [NCIN Cancer E-Atlas](#)*

## Survival



# Recommendations

- **Diagnosis:**

Test the quality of MDT decision making

- **Funding:**

Molecular tests should be commissioned by the CB

A new system for non-PbR excluded drugs needs to be introduced

- **Delivery:**

Early diagnosis

Acute Oncology Service

Expand the specialist nursing workforce

Peer Review

A viable Cancer Network system is needed

# The Future

- Specialist Commissioning Budget ~ £12b (10% of NHS spend)
- Cancer Drugs Budget ~ £1.4b (£1.7b with VAT)
- CDF & IFR spend ? £200m plus

How do we control budget?

How do we reduce drug spend?

How do we reduce overall cancer spend?

How do we do this while introducing innovations and improving the quality of the service?