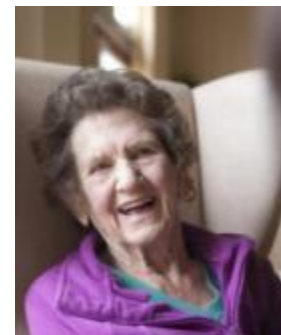
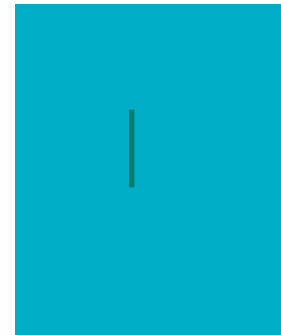


The new commissioning framework and the metrics to support commissioning





Geography of NHS England

- 10 Specialised Commissioning Hubs
- 12 Strategic Clinical Network Areas
- 27 Area Teams
- 211 CCGs

Local Area Teams

- 27 Local Area Teams
- Core functions;
 - Primary Care,
 - Public Health including CCG development and assurance, and quality and safety.
- 10 LATs lead on contracting specialised services.
 - Setting priorities and strategic direction is done nationally
 - All contracting is through the ten LATs.

Clinical Reference Groups (CRGs)

- Specialised services directly commissioned by NHS England
- Develop products for effective commissioning of specialised services.
- Clinical and patient led development and delivery of commissioning products.
- 'Core' set of products - defined timeline.

Role of CRG Members

- Expert advice and guidance to develop and shape products
- Communication with wider professional groups
- Development and completion of specialised services during 2013/14.
- Horizon scanning, identifying and short-listing potential innovations within the relevant service area.
- Advice to CCGs

The Products

- **Scope** – defined and quantified
- **Service Specification** - key requirements of service to be commissioned from the provider.
- **Commissioning Policy** –healthcare treatment commissioned by NHS for a defined patient group with a particular illness within a defined financial year

Service Specification

- CRG Determined Specialist Service
 - Contract agreed

- Guidance for CCG
 - Diagnostic services

The Products

- **CQUINS** – successful delivery of specific outcomes and actions - financial incentive
- **QIPP** – productivity and efficiency through a programme of clinically approved schemes

The Products

- **Quality Measures** – clinical outcomes, patient experience and service effectiveness
- **Innovation Portfolio** – potential innovations

Prescribed Specialised Services 2013/14

- Upper GI Surgery (B11)
 - Upper GI Cancers
 - Certain Complex Surgery – minimally invasive
- Hepatobiliary and Pancreas (A02)

Scope for OG

- OG Cancer
- Complex Benign OG Services
- Gastro-paresis

Scope for HPB

- Hepatitis C
- Hepatobiliary Surgery
- Pancreatic Surgery
- Interventional Radiology

EVERYONE COUNTS:

PLANNING FOR PATIENTS 2014/15 TO 2018/19



be delivered. Maximising quality, effectiveness and efficiency means working at volume and connecting actively to research and teaching. Specialised services are currently being delivered out of too many sites, with too much variety in quality and at too high a cost in some places. Through NHS England's direct commissioning we shall be looking to reduce significantly the number of centres providing NHS specialised services, require standards of care to be applied consistently across England and maximise synergy from research and learning. Our strategy for specialised services is still in the early stages of development, but we can foresee a concentration of expertise in some 15 to 30 centres for most aspects of specialised care. Academic Health Science Networks

5 Year Strategy

OG Cancer

1. Status quo
Currently 40 surgical centres
2. Specialist teams by “old” Cancer Network
Based on existing centres within the 28 Networks
3. Specialist teams by conurbation / populations of 2M
Based on geographical distribution of existing centres but would need to consider population density, demographics and travel links
4. Specialist teams by number of resections with 4-6 surgeons per team with a minimum of 60 curative resections annually
Similar to 3 but will reflect population incidence
5. Provision of services in 15 centres across England
Based on populations of 3-4M

NHS England

- Task force on Specialist Commissioning
 - Future of CRGs
- “Refresh” of Cancer Strategy
- Different models – one size does not fit all
- Political Imperatives
 - 31 / 62 day targets
 - Data transparency
 - NHS Choices – “My NHS”

Task Force Workstreams

1. Strategic Projects
2. Strategy
- 3. Clinically Driven Change**
4. Operational Leadership
5. Commercial and Technical Delivery
6. Strong Financial Control
7. Analytics

Commissioning

- HPB
 - Specialist
- OG
 - CCG – Diagnostic
 - Specialist - Centre Treatment

CCG Outcomes Indicator Set 2014/15

- Preventing people from dying prematurely
- Enhancing quality of life for people with long-term conditions
- Helping people to recover from episodes of ill health or following injury Ensuring that people have a positive experience of care
- Treating and caring for people in a safe environment and protecting them from avoidable harm

CCG Outcomes Indicator Set 2014/15

- Early detection
- Diagnosis via emergency routes
- Record of stage at diagnosis
- Under 75 mortality from cancer
- One year survival

CCG Commissioning Upper GI Cancer

- Diagnostics
- Local Care
 - Palliative care
 - Local oncology
 - Chemotherapy
 - Acute oncology service
- Specialist Care

CCG Commissioning HPB

- Simple gallstone disease without suspicion of gallbladder cancer
- Acute and chronic pancreatitis not requiring surgery
- Initial diagnostic investigations of suspected HPB cancers under the direction of the designated HPB specialist MDT
- Diagnosis and initial assessment of jaundice
- Identification and surveillance of populations at risk of HPB cancers

OG Cancer Service Specification

- Draft circulated end of 2012
- Draft available currently on line
- Revised Specification for 2013/14 contracting
- Annual review

Service Specification

Oesophageal and Gastric Cancer

- Stage of disease
- Survival rates for curative intent 30 days, 12 months, 5 year – case mix adjusted
- Overall 12 months survival rates overall.
- Adverse effects of treatment.
- Curative resection rates
- Resection performed outside a specialist team centre?
- Rates of pre-operative chemotherapy?

Service Specification

Oesophageal and Gastric Cancer

- Surgery Indicators
 - resection line involvement?
 - anastomotic leak rate?
 - Rate of returns to theatre?
 - average length of stay after resection
- Palliative Indicators
 - Waiting time to first palliative intervention
 - All patients with non-curable cancer to be known to palliative care services
 - community review within 2 weeks after discharge

Specialist Commissioning

HPB

- All tumours (malignant and benign) involving the liver, bile ducts and pancreas
- All strictures of the bile ducts and pancreatic ducts
- Complications of acute pancreatitis requiring surgical intervention
- Chronic pancreatitis requiring surgery
- Liver, biliary and pancreas trauma, including iatrogenic bile duct injuries following laparoscopic cholecystectomy

Future

- NCIN to provide data for CRG / CCG commissioning
- ? Integration of SSCRG and CRG
- Service profiles