



Skin Cancer Prevention and Early Diagnosis Initiative

Commissioning Toolkit for Acute Hospital Trusts

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1. Introduction

Welcome to the South West Public Health Observatory (SWPHO) Toolkit for providers of skin cancer services. The toolkit is part of the SWPHO Skin Cancer Prevention and Early Diagnosis Project, funded by the National Cancer Action Team and sits alongside the website 'Skin Cancer Hub' (www.swpho.nhs.uk/skincancerhub).

1.2 Purpose

The NHS has been through many changes and will continue to do so, however it is clear that achieving the highest quality for the best value and ensuring best outcomes for patients will be the continued emphasis. At the time of writing this toolkit, the impact of the recession on public spending is imminent and the NHS is entering a period of emphasis on cost reduction or at best, cost neutral commissioning of services.

In the current climate, Primary Care Trust Commissioners are looking for high quality innovation which specifically reduces costs, eradicates any waste or non-value added areas in the system and will target areas which demonstrate overall improvement. A new programme called QIPP has been launched by the NHS Chief Executive to ensure implementation of Lord Darzi's *High Quality Care for All*.¹ QIPP stands for Quality, Innovation, Productivity and Prevention and is the new platform upon which the NHS operates.



World Class Commissioning is the focus for Primary Care Trusts; two key drivers are quality and best value for money. This toolkit is a quick guide to the commissioning process for providers of skin cancer services, explaining how to undertake a robust review of services and make a case to Primary Care Trust Commissioners for service developments.

"Delivering improvements in the concepts enshrined in QIPP is the way we will bank the benefits we made in the good times and continue to improve services into the future". (M. Farrar, *Health Service Journal*)²

Skin cancer services are over-stretched and in the process of reconfiguring to meet the requirements of the NICE guidance. In view of this challenge and against the current economic background, it will be crucial for clinicians and service managers of skin cancer services to understand how to work effectively with Primary Care Trust Commissioners, respond to their expectations and ensure their services are high quality and cost effective.

Skin Cancer Hub website

- Statistics on skin cancer and its risk factors;
- Details of interventions to prevent skin cancer and support early diagnosis;
- Information on where to go and what to do if you are worried about skin cancer;
- Resources such as guidance, statistics and news;

- Toolkits for establishing and supporting skin cancer prevention and early diagnosis programmes;
- Details of how social marketing can be used effectively to target skin cancer awareness campaigns.

www.swpho.nhs.uk/skincancerhub

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TOOLKIT

The aim of this toolkit is to give a high level overview of commissioning and highlight some key steps in how to review services and present a case to commissioners.

It is not exhaustive nor is it imperative that every step is followed. It cannot guarantee investment as that will depend on Primary Care Trusts' competing priorities.

1.3 The commissioning process

This section outlines what commissioning is and how the current system operates.

What is commissioning?

Commissioners are working to improve the health of the population, reduce health inequalities, guarantee choice and secure the best possible services.³ Commissioning is driven by needs, unlike purchasing and contracting which are motivated by cost or contracts. The launch of World Class Commissioning in 2007,⁴ has brought a new robust platform for the commissioning of services. The effect on providers has presented challenges and opportunities to ensure services are tailored to patients' needs; service improvement techniques are embedded into mainstream services to meet the demand.

World Class Commissioning model

All Primary Care Trusts are focussing on developing their services within the core competencies of World Class Commissioning (see list to the right).

The current planning cycle

The annual NHS operating framework sets out the contracting timetable and every Primary Care Trust must agree a robust local delivery plan (LDP) with NHS providers. This process commences in December 2009 with the Department of Health issuing the operating framework for the forthcoming year along with guidance on priorities and payment by results tariff details. Primary Care Trusts must then agree contracts with providers in February 2010 and then submit to the Strategic Health Authority for review, prior to sign off in March 2010.⁵

2. Building a case

Researching and analysing services will provide a solid platform to build a business case.

2.1 Needs assessment

To enable production of a robust proposal, it will be important to understand the needs of the local population. Some of this information (1, part of 2 and 6) would have been gathered for peer review visits and

NHS and Social Care Commissioning Cycle



Source: Association of Public Health Observatories. *Intelligent Commissioning*. 2009. <http://www.apho.org.uk/resource/item.aspx?RID=72783>

The world class commissioning competencies that Primary Care Trusts must achieve are:

1. **Locally lead the NHS**
2. **Work with community partners**
3. **Engage with public and patients**
4. **Collaborate with clinicians**
5. **Manage knowledge and assess needs**
6. **Prioritise investment**
7. **Stimulate the market**
8. **Promote improvement and innovation**
9. **Secure procurement skills**
10. **Manage the local health system**
11. **Make sound financial investments**

might simply require pulling together and analysing (see Table 1 overleaf).

2.2 Service appraisal

On completion of the needs assessment, the next stage is to analyse the steps in the patient pathway which will help to fully understand the service composition and provide a comprehensive picture to commissioners. Table 2 overleaf provides some examples of what should be analysed – again, use what is already available for peer review and other processes before sourcing new information. When reviewing the pathway consider the four key themes of QIPP – Quality, Innovation, Productivity and Prevention.

Table 1: Needs Assessment

Preparation work	Detail and information sources
1. Benchmark local area service profile against others	Look at the Skin Cancer Hub to review incidence and mortality by Local Authority or Primary Care Trust.
2. Existing information and future projections	Contact the local cancer registry to find out available data on Trust caseload and obtain projection analysis.
3. Service settings	Review outreach clinics in terms of spread, attendance and user satisfaction.
4. Outpatient and inpatient workload	Review and benchmark the number of new and follow-up appointments and inpatient/day case episodes against other providers of similar catchment size. Use HES online.
5. Understand risk factors	Review catchment population characteristics: ethnicity, beaches and other outdoor tourist attractions. Contact Local Authorities to find out number of sunbeds in the catchment area.
6. Review qualitative information	Review any audits undertaken on referral and patient satisfaction and analyse relevant complaints.
7. Review inequalities	Review access by age, gender, socio-economic group and geography.

Table 2: Service Appraisal

Raising awareness & prevention	Early diagnosis	Referral into secondary care	Investigations/ diagnosis/ staging	Treatment	Quality of treatment	Multidisciplinary team	Follow up	New primary/ recurrence
<ul style="list-style-type: none"> Work with Primary Care Trusts, Local Authorities and schools to highlight the risks of sunburn/ sunbed use to the general public 	<ul style="list-style-type: none"> Family history clinics Nurse-led assessment clinics Community risk assessment Work with GPs and ensure quality feedback on referrals 	<ul style="list-style-type: none"> One-stop or similar process Ensure good communication links with GPs 	<ul style="list-style-type: none"> Review pathology throughput Review waiting times 	<ul style="list-style-type: none"> Analyse service workload: capacity and demand Outpatient ratios: routine and urgent Case workloads: day case and inpatient Ensure compliance with NICE guidance and peer review 	<ul style="list-style-type: none"> Undertake and review results of audits, e.g. resection margins 	<ul style="list-style-type: none"> Ensure full composition of team and excellent communication links Undertake training and ensure robust governance arrangements with GPs Review referrals to specialist care, i.e. numbers and outcomes, waiting times and communication 	<ul style="list-style-type: none"> Ensure national guidelines are adopted and Network guidelines and protocols are agreed Ensure a clear follow-up protocol for SHOs, registrars and nurses, GPs and patients 	<ul style="list-style-type: none"> Ensure that patient access to secondary care with new primary or recurrence is clear
Patient experience at the heart of NHS services								

3 Proposals

Completing a needs assessment and service appraisal will have undoubtedly highlighted a number of service issues and potential unmet needs of patients, so there will be potential for service development and areas of change.

Establish good communication links with commissioners and provide them with feedback on results of service changes. When presenting a case to commissioners, they will have expected a needs assessment and service appraisal to have been carried out and areas of service redesign tested or implemented. It will be important to think and set the proposal in terms of QIPP and World Class Commissioning. Speak to

the commissioners early on in the process and ask them what their requirements are to ensure these are incorporated. Here are some key areas that should be covered when presenting a case to commissioners:

- Background, why the change and analysis of future projections;
- Outline key proposal; align to Primary Care Trust and Acute Trust priority areas;
- Review pros and cons and describe how you will manage risks and ensure sustainability;
- Analyse cost-benefit: ensure value for money and demonstrate efficiency savings and potential for increased output;
- Highlight where areas of inequalities may be addressed;
- Describe links with partners and involvement with patients and carers;
- Highlight any clinical developments or interventions that are already taking place or in the planning stages. Include evaluation of these developments;
- Ensure demonstration of compliance with NICE guidelines, supported by audit results, peer review visit report and action plan to meet deficiencies.

4 Summary

The NHS is a constantly changing organisation and must react to new challenges to ensure that services are modern and innovative, are of high quality and value for money whilst meeting the needs of service users. The aim of this toolkit was to provide an overview of commissioning and some practical guidance on how to effectively engage with commissioners with a view to developing services.

We would value your feedback on this toolkit so that we can improve on its usefulness and effectiveness. Please send us your suggested improvements and general comments by visiting www.swpho.nhs.uk/skincancerhub/about/feedback.aspx

References

- 1 Department of Health. High Quality Care For All. NHS Next Stage Review Final Report. 2008 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085825
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