

Round-table discussion breakfast

on

Commissioning for Cancer Care

with John Baron MP

and Prof Sir Mike Richards, National Cancer Action Team

House of Commons, Dining Room C

13th October 2011, 8.30am-10.00am

Key Action Points

Facilitate collaborative working:

- Improve understanding between commissioners and clinicians
- Institute a communication framework to facilitate collaboration between networks and CCGs

Improve performance:

- Rank CCGs and provide performance benchmarking
- Improve data collection at the national level to inform policy (e.g. staging info)
- View costs on a whole pathway basis rather than by singular transactions to root out inefficiencies in the system

Improve patient outcomes:

- Invest in early diagnosis and disinvest in unnecessary inpatient care
- Improve GP and patient awareness by developing key messages for cancer
- Remove disincentives for GPs referring to secondary care
- Increase endoscopy capacity to increase early diagnosis of bowel cancer (proven method).

Introductory Comments

Key considerations for the future role of cancer networks:

- Cancer expertise must be maintained
- Must ensure networks are up to the challenge
- Must support local authorities to raise awareness about cancer
- Must prevent clinical pathway fragmentation due to any willing provider
- Networks need proper support from their statutory organisations

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- Must have a framework to communicate with CCGs that is both workable and scalable
- Can do more to help patients to self direct support and care
- Must retain their strengths - locally responsive and flexible

Why is cancer commissioning so complex?

- There are many different types of cancer
- The pathways are all different, and there isn't even one pathway for one cancer type
- The pathways and interventions take place in different organisations
- There isn't a single commissioner for one patient – services are commissioned locally for all cancer patients with just the specialised aspects commissioned centrally

What's wrong with cancer commissioning?

- Must get commissioners and providers to work together
- Commissioners don't understand the care pathway and clinical teams don't understand commissioning
- Even between networks and commissioning teams there's a divide
- We haven't defined our priorities for cancer
- There is a lack of good data at the national level to inform policy
- Money flow isn't tracked properly, so we don't know what we're spending on what

What can we do about it?

- Define priorities that focus on outcomes
- Improve data collection
- Improve GP understanding by developing key messages for cancer
- Rank CCGs and provide benchmarking to compare their performance
- Invest in earlier diagnosis and disinvest in unnecessary inpatient care
- Develop patient orientated networks
- Use the networks to develop a common simple way of collaboration
- Commission around the 5 domains

What do networks need to do for the future?

- Need to define what are the network's responsibilities and what are the individual partners within the networks' responsibilities
- Every network should have an action plan
- Need to clarify their role in supporting reform implementation
- Need to clarify their role in commissioning

- Need to plan the transition and prevent loss of expertise
- Mustn't disenfranchise the CCGs

Discussion

Where will cancer networks sit in the new landscape?

They were never well integrated into the NHS as they straddle multiple organisations.

They aren't beholden to anyone and shouldn't be.

Their job is to be "the grit in the oyster", advocating for the patient based on evidence.

They will be a part of the NHSCB but there is a risk this will hamper them and you'll lose a lot of what works well now - flexibility and the ability to "ask irritating questions".

But there is an argument for them being nationally supported too, because of the complexity of care and the current national priorities to improve outcomes and reduce variability.

If the networks sit in the NHSCB, how can we ensure they don't become disconnected from CCGs?

CCG chief exec could also chair the network.

Need an integrated care system where managers and clinicians talk to each other.

We need a more effective vehicle for communication between networks and CCGs. So far, video conferencing has proved useful.

How do we improve outcomes?

Once the NHS detects cancer, its outcomes are comparable to that of other countries.

The key to unlock the 5000 lives saved is earlier diagnosis.

Even though screening campaigns will increase patients in secondary care, it's still cheaper to treat early stages than to treat less people at a later stage.

Increase endoscopy capacity to increase early diagnosis of bowel cancer (proven method).

How do we increase early diagnosis?

It's hard to convince CCGs of the financial benefits of early diagnosis due to lack of data.

The one year survival rate figures are not robust at CCG level, so there is a need for proxy measures such as staging and emergency presentation statistics (and what else?)

It should be mandatory to report staging information, and to make it more accessible.

We need to make it an imperative – each CCG told they must save 20 lives.

We must remove disincentives for GPs referring to secondary care.

We can offer financial incentives.

We also need to hold CCGs to account, ranking CCGs and providing benchmark for performance.

We should raise awareness and encourage patients to seek help when they detect symptoms.

How can we cut costs?

All our costing measures and data are based on each transaction cost and not around the patient's entire pathway.

Networks could look at the whole pathway for a person and track what they've cost the NHS throughout the course of their treatment to identify areas for cost savings.

The technology exists but someone needs to pick it up and run with it.

Can we manage more common cancers in primary care to free up secondary care services?

When we hit the clinical target, the financial target will follow.

Rarer cancers:

We must improve detection and treatment.

There is a gap between diagnosis and start of the treatment pathway.

We can come up with some common symptoms of cancer and create key messages so that patients will know to seek help or GPs will know to refer.

Cancer charities do a lot to engage GPs and raise awareness of key messages, but some cancers get more press than others.

It's important for networks, public health and HWB to work together to help local authorities plan services and raise awareness.

Some 2020health further thoughts

Clinical pathways are already fragmented so why would the introduction of a well commissioned pathway involving AWP make things worse? Providing the same level of accountability is in place and there are good performance management and governance arrangements it should be possible.



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Are these all in place now? We already often have more than one commissioner and one provider without a costed pathway so how will we ensure that income is distributed correctly?

There is a lack of completed information which leads to knowledge gaps resulting in a lack of real feedback of results in pathway changes, driving up of standards and improving outcomes. For example at a national level we do not know how many people have chemo. Impossible to benchmark.

The lack of knowledge on costings and not being able to define how much each element costs holds us back. We do not know what is VFM and if we are getting it. Cancer is not the only area that this is happening in.

Accreditation and Authorisation of organisations needs to be much more robust. By using these tools we can be assured that commissioners, networks and providers are fit for purpose. However the lack of a failure regime means there is very little or limited accountability.

Attendees

John Baron MP	Member of Parliament for Basildon and Billericay	House of Commons
Prof Sir Mike Richards	National Cancer Director and National Clinical Director for End of Life Care	National Cancer Action Team
Julia Manning	Chief Executive	2020health
Emily Arkell	Policy Manager	Cancer Research UK
Mary Barnes	Network Director	Avon, Somerset & Wiltshire Cancer Network
Gail Beer	Consultant Director	2020health
Clare Dulson	Senior Specialist Account Manager for Oncology and Haematology	Pfizer
Dr Samantha Gan	Researcher	2020health
Prof Willie Hamilton	Visiting Fellow	School of Social and Community Medicine, University of Bristol
Matt James	Chief Executive Officer	Private Hospitals Alliance
Ray Jordan	Solutions Director	PlannedCare Solutions
Dr Elspeth MacDonald	Network Director and Clinical Lead	East Midlands Cancer Network
Julie Stansfield	Chief Executive Officer	In Control
Nick Wensley	Director	Farthing Consulting Ltd