

Local Members' Interest
n/a

Healthy Staffordshire Select Committee - 11 November 2013

Staffordshire & Stoke on Trent Transforming Cancer & End of Life Programme

Recommendation

That the Committee:-

- note the Transforming Cancer and End of Life Programme, a partnership programme with Macmillan Cancer Support covering five Clinical Commissioning Groups across Staffordshire and Stoke on Trent and
- consider and comment on the programme of change set out in the report

Summary

Report of the Clinical Commissioning Groups

Report

Background

Current figures from The Office for National Statistics (ONS) show that the number of new cases of cancer registered in England since 2001 has gone up by 20% in 10 years. Macmillan estimates there are currently 2 million people living with or beyond cancer in the UK and this figure is set to double to 4 million by 2030. Such figures highlight the massive challenge ahead for the NHS and the importance of planning future cancer and end of life services to meet need.

Recent research by Macmillan Cancer Support showed that by 2020, almost half of Britons will be diagnosed with cancer in their lifetime, with 38% surviving the disease.

The National Cancer Patient Satisfaction Survey 2011/2012 and the National VOICES Bereavement survey 2011 reflect what local patients, carers and members of the public are telling us. Local care delivery is varied and inconsistent, people fall 'through the gaps' communication is not always as it should be and coordination of care is an issue.

Macmillan Cancer Support and five Clinical Commissioning Groups (CCGs) in Staffordshire and Stoke-on-Trent are working together to transform the way people with

cancer or those at the end of their lives are cared for and supported, whether that is at the GP surgery, in hospital, at home or in any other setting.

This is a new and innovative project which will pioneer a different way of working and will benefit everyone involved in cancer or end of life care, from patients and carers through to the doctors, nurses and other professionals.

Recent changes to the NHS mean that it is now possible for CCGs to buy services for a whole pathway or population over a longer period of time than is previously allowed. This gives the opportunity to look at cancer care from prevention, to early diagnosis through treatment and beyond, and at end of life care as a whole, rather than as a series of individual interventions.

The core aim of the programme is to transform the commissioning process, from the current system of commissioning intervention or services, to commissioning the entire patient journey.

This will ultimately lead to one sole provider being responsible for the whole cancer/end of life pathways from beginning to end, rather than the current system of a number of providers with a series of contracts for each separate part of the care pathway. It would be for the successful Prime Provider(s) to organise the best model of care across a network of providers, who would be subcontracted to deliver specific services. Outcomes based service specifications will be used as a framework for this.

Initially four cancer sites will be focussed on, namely breast, lung, bladder and prostate, but over time it is intended that the Prime Provider will be responsible for ensuring the delivery of care across all tumour sites.

Why do we need to change?

Cancer

The Office for National Statistics (ONS) show that the number of new cases of cancer registered in England since 2001 has gone up by 20% in 10 years and cancer rates are likely to increase as the population increases.

The local picture:

Cancer incidence by CCG, 2008-2010 (provisional)

	Number of new cancer cases (annual average)	Age-standardised rate per 100,000 population	Statistical difference to England
Cannock Chase	690	416	Higher
East Staffordshire	600	376	Similar
North Staffordshire	1,150	372	Lower
South East Staffs and Seisdon Peninsular	1,160	377	Similar
Stafford and Surrounds	870	404	Similar
Stoke-on-Trent	1,320	407	Higher
Staffordshire and Stoke-on-Trent CCGs	1,930	391	Similar
England	262,750	387	

Macmillan estimates there are currently 2 million people living with or beyond cancer in the UK and this figure is set to double to 4 million by 2030. Such figures highlight the massive challenge ahead for the NHS and the importance of planning future cancer services to meet need

End of Life Care

Just over 1% of people die each year. In 2010 around 455,000 people died in England two thirds of whom were over the age of 75. It is anticipated that deaths in England are expected to rise by 17% from 2012-2030.

The local picture

Table 1: Number and proportion of deaths by CCG and setting, 2011

	Home	Hospital	Hospice	Other settings	Total
Cannock Chase	511 (45%)	536 (47%)	78 (7%)	15 (1%)	1,140 (100%)
East Staffordshire	430 (40%)	590 (55%)	45 (4%)	10 (1%)	1,075 (100%)
North Staffordshire	838 (41%)	1,063 (52%)	124 (6%)	29 (1%)	2,054 (100%)
South East Staffs and Seisdon Peninsular	836 (42%)	987 (50%)	109 (6%)	43 (2%)	1,975 (100%)
Stafford and Surrounds	565 (45%)	580 (46%)	92 (7%)	24 (2%)	1,261 (100%)
Stoke-on-Trent	839 (35%)	1,319 (55%)	199 (8%)	40 (2%)	2,397 (100%)
Staffordshire and Stoke-on-Trent CCGs	4,019 (41%)	5,075 (51%)	647 (7%)	161 (2%)	9,902 (100%)

Around 53% of deaths in England take place in hospital despite the fact that this is the location least preferred by the patient.

The cost of service provision is rising year on year and, with diminishing budgets, there is a demand for moving to more sustainable community and home based settings for the delivery of care. Between 355,000 and 457,000 patients need palliative care every year. According to Marie Curie, if additional community services were developed to enable even 30,000 patients to reduce their hospital stay by just four days there would be a potential saving of £34 million.

Ensuring quality through better commissioning of services

At the moment, cancer and end of life services are commissioned by CCGs as individual interventions, and often form part of wider contracts for a range of specialities, using a variety of individual providers. End of life care services involve in excess of 70 individual contracts each of which represent a portion of the cancer pathways. CCGs are required to monitor contracts to ensure that the patient journey and transition points across departments and providers are effective and seamless. At the moment there are fewer than two dedicated commissioners accountable for doing this, and so the ability to assure the quality of the delivery of service provision is questionable.

What happens if we maintain the status quo?

The consequences of maintaining the status quo in relation to service provision and commissioning are likely to include:

- Patients living longer will place a bigger burden on the cost and demand for acute services.
- Increasing unmet needs (as access to services not currently available e.g. psychology) with demand for services outstripping supply.
- Existing services needing to be closed (currently services are duplicated across the patch) as funding for service provision is unsustainable.
- Differences in clinical and organisational practice causing variation in the quality of services offered.
- Inconsistency in patient experience based on geographical access to services.
- Uncoordinated service delivery with patients falling through the gaps.
- Lack of assurance of the quality of care that patients receive.
- Increasing staff sickness/absenteeism through to increased demands placed on them.

Our programme for change

Macmillan Cancer Support is providing funding for the project management and infrastructure costs that are necessary to radically transform the way that cancer and end of life care services are commissioned, with the aim of transforming the way in which these services are delivered.

The Transforming Cancer and End of Life Care Programme is focusing on the whole cancer pathway, from the first suspicion of cancer by the patient or their GP, through to the referral process into specialist cancer services, the integration of primary and secondary care, delivery of new survivorship services, and to enable people to make the choices that are right for them at the end of their life. It is doing the same for the whole of End of Life Care in Staffordshire and Stoke-on-Trent, not just for people with cancer but all people at end of life.

The model we believe will produce the best outcomes for patients, carers and clinicians is that of a 'prime provider' - that of commissioning one provider to be responsible for the whole pathway of care - with that prime provider then having the responsibility for managing the sub-contracting of specific interventions as appropriate. This will ensure that patients and their carers are easily able to access appropriate services, and will enable a seamless journey through the different cancer and end of life services. Whilst saving money is not the aim of this activity, this will also have the advantage of making the pathway more efficient, allowing the resources that we do have to be used to best effect.

By the end of the programme, we want to have appointed two prime providers, one each for cancer and end of life care, who will hold the contracts for a term of 7-10 years.

The outcomes and benefits

The specific outcomes for this programme are being determined through discussions with cancer patients, carers and clinicians, and will be written into the new contracts for the prime providers.

There will be personal, professional and organisational benefits from delivering this programme successfully:

For patients and carers:

- Consistently high-quality care when and where it is needed, reducing uncertainty and confusion, and allowing people to navigate around services to enable appropriate support at the right time.
- Appropriate care, particularly around pain relief, at home at the end of life, meaning people are able to die in the place of their choice, and can avoid unnecessary and distressing hospital admissions.
- Better co-ordination between hospital and community care, so that people do not get lost in the system and are supported appropriately wherever they are.

For health and social care professionals:

- Increased job satisfaction as the system meets the needs of their patients.
- Knowledge that resources are being used in a more efficient manner, and that patients are more satisfied with the outcome.
- Reduced barriers to accessing specific care – greater consistency across the county.

Organisational benefits:

- Clinically sustainable, high-quality services that are well-rated by patients and clinicians and can be properly monitored.
- More effective networking with specialist care providers
- More efficient use of limited resources, as time is not spent picking up the pieces when something goes wrong, or dealing with unnecessary hospital admissions.

Partnership working

At the heart of this programme is partnership working between Macmillan Cancer Support, the partner CCGs, patients, carers and clinicians.

Since the beginning of 2013, we have been talking to patients, carers and clinicians using various channels. These have included individual meetings, questionnaires, focus groups and larger round-table discussions. We are working hard to obtain feedback from across the county and from groups not always included in this type of dialogue.

We have established a patient forum that is now meeting on a regular basis. Six locality forums across Staffordshire and Stoke on Trent are being established with patient champions for each locality.

The feedback we have received from our engagement activity will go into producing the specifications for the prime provider contracts, and we will continue to engage with patients, carers and clinicians once proposals have been put forward as to how these specifications are to be met.

Support from Experts

A National Expert Advisory Group has been established to provide support and external challenge to the programme. Representation on the group is from the Department of Health, Academia and other health and social care experts.

We are working closely with experts from NHS England, Monitor and other bodies to ensure that what is being done is within current guidelines on contracting and is within all the necessary legislation.

Clinical Champions

The Programme Director is working with the Chief Medical Officer (CMO) for Macmillan to look at identifying national clinical champions to act as critical friends for the programme. The other Macmillan redesign the system (RTS) programmes are in the process of identifying clinical champions to support the programme and the CMO would be keen to support a similar arrangement for this Programme.

Engagement

Engaging with Clinicians

Two facilitated workshops took place in February to engage with clinicians on Cancer care.

We wanted to understand their thoughts and opinions on the services they deliver and obtain their aspirations for future service delivery.

A further three facilitated workshops took place during June and July 2013 to engage with clinicians about how end of life care services are delivered, their experiences (good and bad), and their aspirations for future service delivery.

Engaging with the Public

Since the beginning of the programme we have undertaken a range of engagement activities with the public, including, open events, one to one meetings, facilitated events, visits to support groups and questionnaires.

A public launch was held on 21st October 2013.

The purpose of this launch was to inform the public of the early work that we have done so far, and also to find out how best we can continue to work with them over the coming months. Six road-show across Staffordshire and Stoke-on-Trent are taking place over the last week of October and the first week of November, with the purpose of gathering more patient/carer/relative/friend experiences of local cancer and end of life care.

We are also asking them to work with us to help plan the way those services should be delivered in the future.

Engaging with Hospices

Visits have already taken place with Hospices, with more scheduled over the coming weeks. The Programme Team are keen to ensure links with children's end of life care service providers, and as a starting point are engaging with the Donna Louise Hospice. The Programme Manager has attended a mapping session hosted by the hospice to explore the current provision of end of life care children services.

Engaging with other Voluntary Sector Agencies

The Programme team continue to identify and engage with other agencies including:

- The Beth Johnson Foundation
- Disability Solutions
- The Carers Association
- Health Watch

For more information

Regular updates on how the programme is progressing will be available on www.staffordshirecancerandeol.com.

Link to Trust's or Shared Strategic Objectives – Improved care pathways and evidence-based clinical decision making.

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Appendices/Background papers

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