

# **Establishing an HDR Brachytherapy Service - A Commissioning Perspective**

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# Commissioning

The process by which PCTs identify the health needs of the population and make prioritised decisions to secure care to meet those needs within available resources. It includes longer term strategic planning, medium term planning and the shorter term agreement and performance management of service agreements.

# Commissioning Agenda

## Cancer Commissioning Guidance

### NW Cancer Plan



### Cancer Reform Strategy



**worldclass**  
commissioning

# Cancer Reform Strategy : Commissioner Perspective

- 4 key drivers for delivery
  1. Using information to drive quality and choice
  2. Stronger commissioning
  3. Funding world class cancer care
  4. Planning for the future

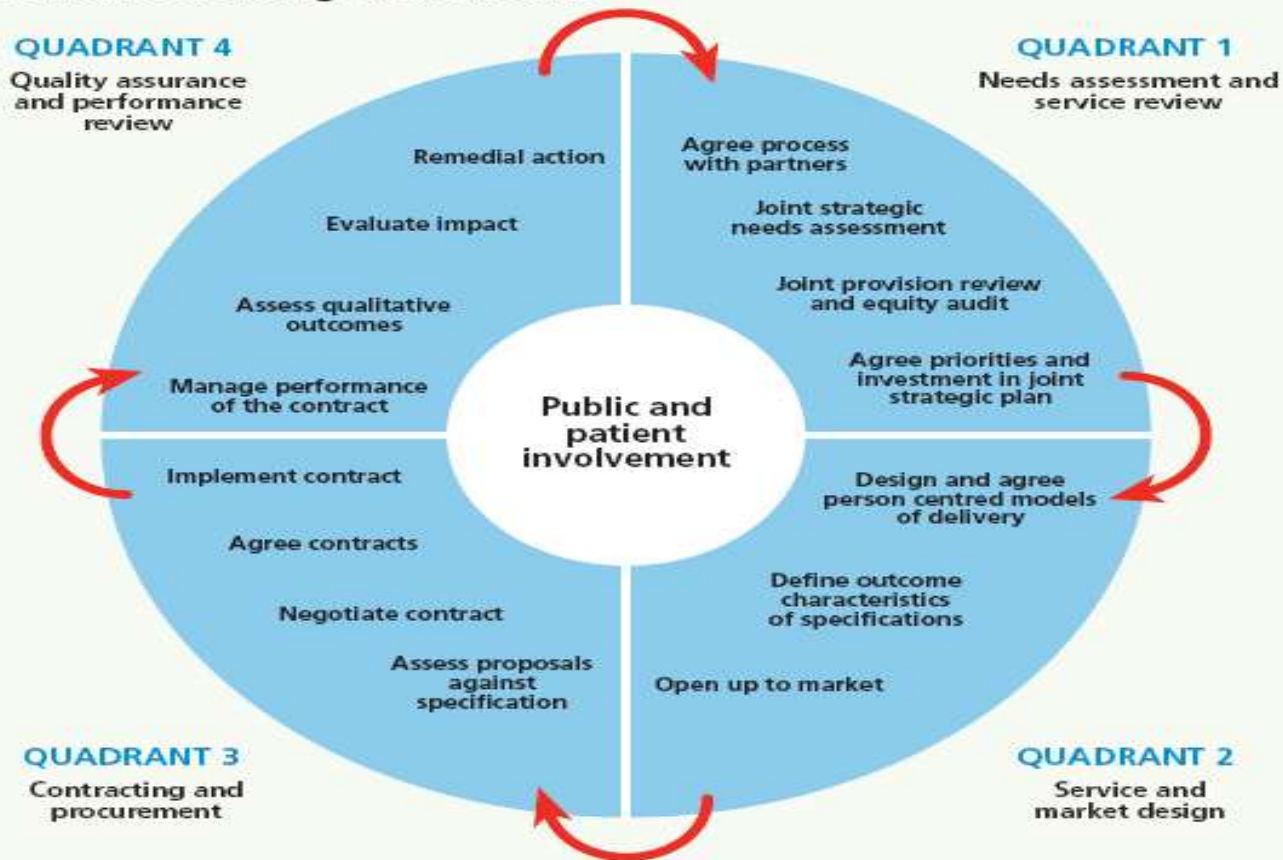


# Using Information to Drive Quality & Choice

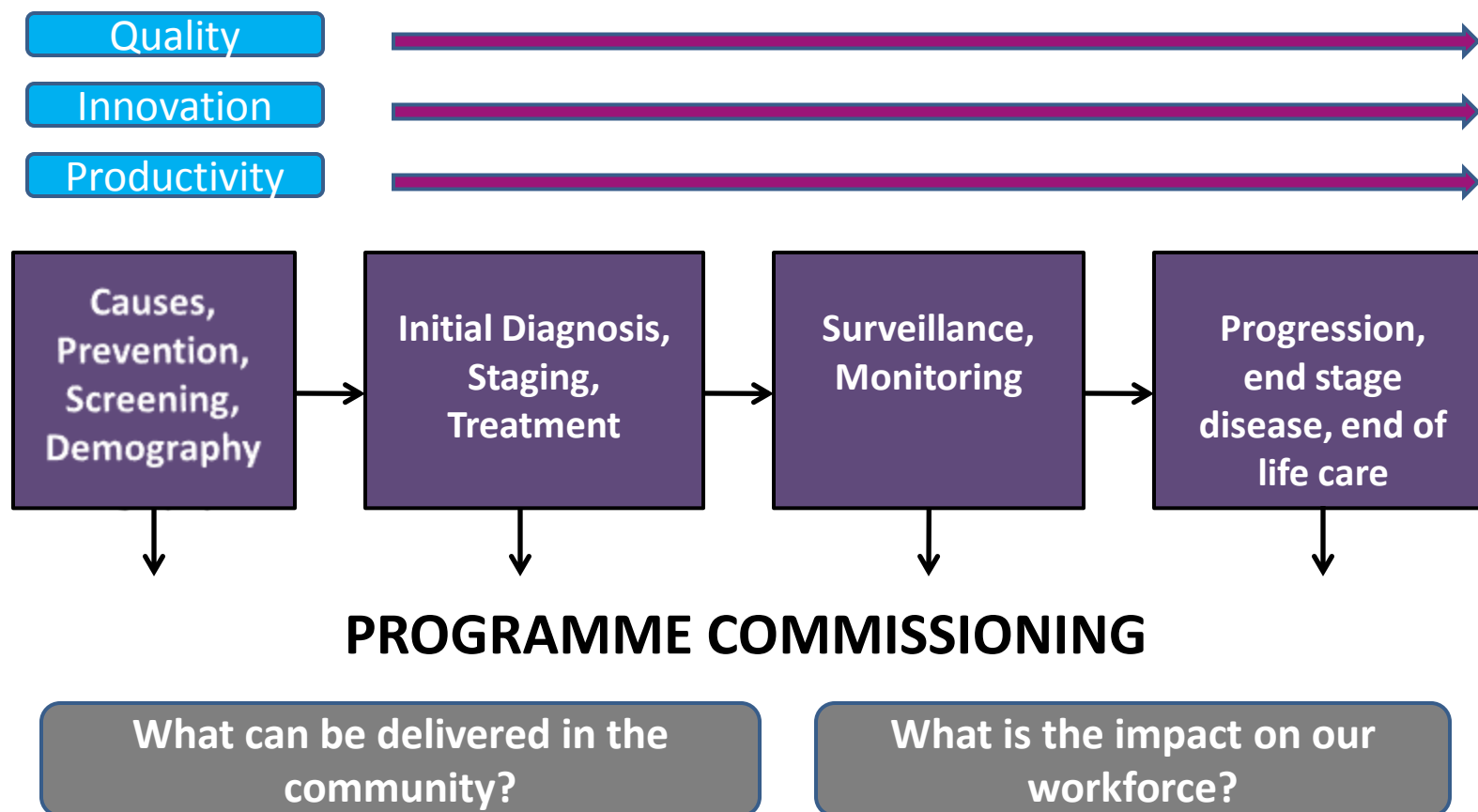
- Rationale: Better information on cancer services and outcomes will enhance quality, inform commissioning and promote choice.
- Actions to make:
  - Surveys of awareness of risk factors and symptoms of cancer
  - Surveys of patients' experience of care and patient reported outcomes
  - Collection of defined clinical datasets by Trusts / MDTs as part of national contract
  - Establishment of a National Cancer Intelligence Network to coordinate these activities
  - Association of Public Health Observatories (APHO)
  - Operating Framework Vital Signs
  - Cancer Commissioning Toolkit Metrics

# Stronger Commissioning

## The Commissioning Quadrants



# Cancer Commissioning Tool Kit



# Funding World Class Cancer Care

- Cancer Reform Strategy Actions:
  - Committed to fund world class cancer services, but NHS to deliver **value for money**
  - New investment is being made to fund
    - o Increased activity relating to increased incidence of cancer
    - o Innovations deemed cost effective by NICE
  - PCTs will have the funds to cover the commitments in the CRS, but will have to ensure that expenditure **which carries no benefit** is eliminated
- The Cancer Reform Strategy endorsed the recommendations of the National Radiotherapy Advisory Group (NRAG), which advised ministers on:
  - how to ensure that current resources are deployed to best effect
  - how to plan for a world-class service in the longer term.

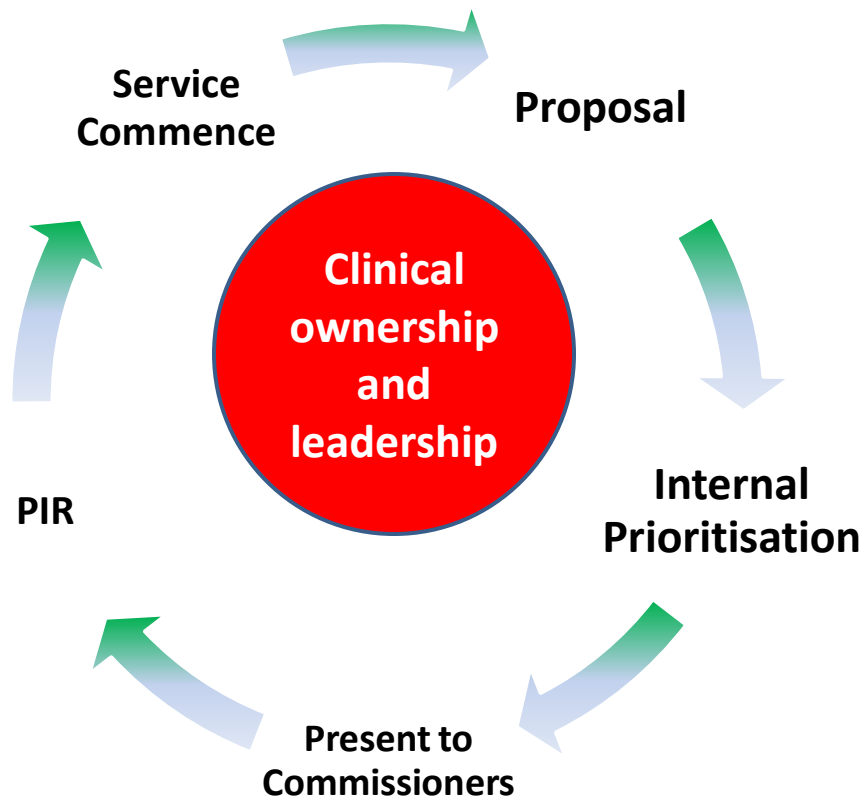
## Planning for The Future

- New opportunities and challenges will continue to arise. Cancer is changing rapidly
  - Needs assessment and detailed strategies
  - Clinical input and continued partnerships with stakeholders
  - Expert horizon scanning
  - Epidemiology



# Our Experience Commissioning Services with The Christie

# NW Cancer Commissioning Process @ The Christie



## Proposal

Clinical business case generated

## Internal Prioritisation

Proposals internally prioritised to ensure cases of top organisational priority are progressed

## Present to Commissioners

Annual Stakeholder Event where clinicians present case to NW commissioners and network leads

## PIR

Co-ordinating commissioner makes recommendations to the system

## Service Commence

Service commences and progress & clinical outcomes reported to commissioners

# Services Commissioned

	Service / Investment	2008-09 £'000	Service / Investment	2009-10 £'000
1	High Dose Rate (HDR) Brachytherapy	276	Intensity Modulated Radiotherapy (IMRT)	335
2	Robotic Laparoscopic Prostatectomy	64	Psycho-oncology	75
3	Selected Internal Radiation Therapy (SIRT)	184	Extension of 08-09 investments (1-4)	460
4	Heated Intraoperative Chemotherapy for Peritoneal Carcinomatosis (HIPEC)	463		
5	Radiotherapy, Chemotherapy & growth in demand	8,024	Radiotherapy, Chemotherapy & growth in demand	2,140
6	NICE Cancer drugs	4,281	NICE Cancer Drugs	2,300

# HDR Brachytherapy Service at The Christie

# Service Background

- Clinical case identified
  - Incidence of prostate cancer increasing rapidly
  - Effective means of treatment for high risk prostate cancers
  - Improved outcomes for patients (reduced side effects)
  - NICE approved
  - Improvements in overall survival
- Agreed funding (future funded based on clinical evidence and positive outcomes)
  - 2008-09 30 patients
  - 2009-10 60 patients
  - 2010-11 90 patients
- Service commissioning 2007-08, commenced April 2008
  - July 2008 1 patient per week
  - March 2009 2 patient per week

# Making the Case

## **Strong proposals will include;**

- Strong clinical support
- Affordability analysis
- Cost effectiveness – are costs offset by any savings?
- Strong clinical evidence
- Evidence of need
- Clinical effectiveness and improved quality of life for patients – how/when will this be measured and evidenced.
- How is quality improved – access, equity, patient/user experience
- Innovation
- Productivity and efficiency
- Preventative benefits
- Cost V benefit analysis
- Identified risks – clinical, political and financial

# Outcomes & Evaluation Audit

- Outcomes presented at annual Stakeholder Event
- Patients numbers and clinical outcomes
  - Results show minimum toxicity in short term
  - Long term outcome/toxicity data collected
- High patient satisfaction rates
- Existing HDR centres adopting Christie approach

# Summary

- Strong Clinical Leadership
- Pledge to fund world class cancer care
- Business cases needs to be strong in current economic environment
- Services need to reform
- Clinical behaviour needs to change to meet QIPP