



Pan Birmingham



Cancer Network



**Supporting effective
commissioning of
cancer services**



What are the Benefits of Working With Us?

We are the local experts in cancer and have more than 10 years experience of delivering complex service reconfiguration.

Our expert knowledge and effective clinical leadership means we can advise commissioners on all aspects of cancer.

Our success in engaging with patients and clinicians allows us to support commissioners in delivering sustainable programmes of service redesign.

Our programme of audit and key performance indicators allows us to equip commissioners with the knowledge needed to drive improvements.

As an NHS organisation our focus is on generating savings for commissioners, not profit for shareholders.

“ Whatever your commissioning requirements in relation to cancer, we can respond flexibly to meet your needs. ”

Providing Specialist Support to Commissioners

“ **75% of GPs** in the West Midlands agree or **strongly agree** that they will require specialist advice to effectively commission cancer services. ”

Cancer Campaigning Group Survey of GPs, May 2011

Providing Timely and Accurate Data

We can provide everything from reporting routine datasets such as cancer waiting times and national audits, to developing bespoke local solutions such as surgical outcome data, patient satisfaction surveys, activity reports and length of stay analysis.

Commissioning Prioritisation

We provide expert advice to inform the annual planning and contracting intentions of commissioners.

Quality Assuring Cancer Services

We bring together information from many sources so that commissioners can be confident that services are safe and effective.

Enabling Coordinated and Integrated Commissioning

We bring together a range of commissioning stakeholders including PCTs, acute trusts, cancer clinicians, patients and carers to develop consistent and cost-effective pathways of care.

We are ideally placed to bring together GP consortia in order to commission services across a wider population, for example radiotherapy, complex chemotherapy and rarer cancers.

Innovation, Efficiency and Support for Redesign

Within the Network there is an established service improvement team which has a wealth of experience in clinical pathway and process redesign. Our work centres around malignant illness and other acute and chronic diseases.

We use a number of tools and techniques to help clinical teams achieve improvements that deliver benefits to the patients, the service and the NHS as a whole. More detailed examples of our work can be viewed at: www.birminghamcancer.nhs.uk/service-improvement

Reducing the Wait for Cervical Screening Results

The Cancer Reform Strategy stated that *“all women should receive the results of their cervical screening tests within 2 weeks by 2010.”*

Working with 3 laboratories, 4 PCTs, a shared service agency, over 300 GP surgeries and family planning clinics, the whole pathway was mapped. This was the first time that the end to end pathway was understood by all of the people who were involved. The commissioners have been able to deliver and sustain the target by seeing **turnaround reduced from 6-8 weeks to 14 days.**

“ I am able to feel relaxed and comfortable and feel privileged to have one to one care. ”

Patient receiving chemotherapy at home

Herceptin® at Home

The piloting of a Herceptin® at Home project has realised a **£245k saving for commissioners.** Furthermore it has paved the way for other chemotherapy to be delivered in a non acute setting.

The involvement of the service improvement team saw a **900% increase in patient uptake.** Patient experience has been exceptionally positive.

Saving Bed Days in Breast Surgery Recovery

Transforming breast surgery services has released **3700 bed days and £740k**.

The 23hr model was developed in Birmingham and the redesign of preparation for discharge before admission has enabled 80% of women to return home within 1 day. A significant proportion do not have surgical drains either.

more than **12,000**
bed days saved

Enhanced Post Operative Recovery Programmes

Implementing enhanced recovery principles for colorectal patients has released **4600 bed days and £950k**.

A defined surgery specific pathway is the key to empowering all staff to help patients get better sooner, whilst maintaining the same discharge criteria. The principles are now spreading to urology, gynaecology and orthopaedic patients across all Network Trusts. **This work is contributing to the realisation of the SHA's £18 million QIPP programme.**

400% return on investment

Emergency Admission Alerts

We have saved **3716 bed days and £911k** by alerting clinical nurse specialists to the emergency admission of 385 known upper and lower GI cancer patients. This gets patients rapidly on to the appropriate care pathway.

This work is now spreading across tumour sites and Trusts. We are expecting similar benefits to be realised by each speciality. It is also providing opportunities to avoid hospital admissions.

savings of **OVER**
£2.8 million

Lung Cancer Pre Habilitation

The pre habilitation programme for lung cancer patients has seen a **400% return on investment**. The use of physiotherapy and patient education has reduced ITU admissions and readmissions as well as shortened length of stay.

Adding Value to the Patient Journey

EARLY DETECTION AND AWARENESS

Improving bowel screening uptake figures

Implementing the NAEDI agenda

Review of the cervical cytology service

DIAGNOSTICS

Direct referral to imaging, pathology and endoscopy leading to faster access and reduced waits

Improved access to psychological support

Providing Specialist Support to Commissioners

Innovation, Efficiency and Support for Redesign

Patient and Public Engagement

Quality Assurance

Saving More Lives

Working to identify inequalities in health

HPV vaccination programme

PREVENTION

Referral guidelines

Appropriate routes into the system with fewer queues

REFERRAL

Holistic assessment for early recognition of problems

MDT discussion and pre admission

23hr breast surgery recovery

Reducing length of stay

INPATIENTS

OUTPATIENTS AND TREATMENT

Improving the patient experience

Ensuring equity of access to chemotherapy drugs

Herceptin® and chemotherapy at home

Monitoring and improving chemotherapy waiting times

SURVIVORSHIP

User involvement

Living with and beyond cancer

24/7 access to specialist advice

Ensuring a timely discharge

Patient initiated and nurse led follow up

Rehabilitation pathways

DISCHARGE AND FOLLOW UP

Specialist palliative care guidelines

Improved access to psychological support

PALLIATIVE CARE AND END OF LIFE

Patient and Public Engagement

Commissioners have a statutory responsibility to involve patients and the public in the planning and redesign of services. We have a proven track record of securing patient, carer and user engagement and using it to drive improvements in the quality of cancer services.

Measuring Patient Satisfaction

A network wide annual patient survey programme has been in place since 2008. The Network User Partnership Group is involved in developing the surveys, so questions important to patients, carers and other service users can be raised.

Key successes include better access to information about benefits and a greater awareness of Holistic Needs Assessments.

Influencing Commissioning

We have more than 40 patient members of our User Partnership Group (UPG) who positively contribute to Network meetings and attend NSSGs, the Network Governance Committee and the Network Board.

“ Whatever professionals do to patients, or undertake, even if it’s a discussion, they must realise that it should be in partnership with the patient and not in isolation. ”

User Partnership Group Representative

Keeping Patients Informed

Working with both patients and local clinicians, we produce patient information which is available in oncology clinics, via GPs, or in the dedicated patient information section of our website.

Quality Assurance

Our role is to ensure that commissioners have confidence in the quality of the services that they are responsible for. Our specialist groups interpret data, review reports and offer a clinical perspective on the findings. When questions arise which cannot be answered by these reports we can offer bespoke solutions.

Key Performance Indicators

KPIs provide an annual assessment of the outcomes and standards of care.

We have a well established KPI programme that allows commissioners to rapidly review the safety of services.

Audit of Drug Usage

We monitor and audit the uptake of drugs approved by NICE and the Local Collaborative Commissioning Board (LCCB) to forecast future demand for current therapies as well as ensuring consistent use in Trusts.

National and Local Audit

National and local audits are used to inform commissioners on the quality of services, identify areas for improvement and agree how this will be realised.

“ The Cancer Network strongly influences how things happen to patients... it is involved in setting and monitoring local standards. ”

User Partnership Group Representative

Saving More Lives

The average GP will see only 8 or 9 new cases of cancer per year. This is why the work we do to support GPs in accurately and quickly diagnosing patients with cancer is so important.

Improving Access to Screening

To reduce the incidence of cancer and improve the survival rate, early cancer screening and an associated early diagnosis is important.

The uptake in breast cancer screening has increased significantly since 1999, resulting in an increase of 74% in detection rate and 82% 5 year survival.

Bowel cancer has seen a marked improvement in uptake to approximately 60% of the over 60 population, which still offers scope for new methods to encourage participation.

Cervical cancer screening is preventing around 75% of cervical cancers developing.

Promoting Symptom Awareness

The aim is to tackle this issue through a series of events to improve awareness of the symptoms of cancer. The use of social marketing, specific campaigns and established promotional methods have proved successful.

The Cough Cough campaign has asked the public to visit their GP if they have had a persistent cough for more than 3 weeks.

A pharmacy symptom recognition and referral campaign will offer the public further assistance in recognising symptoms of cancer.

Supporting GPs


We employ a local GP lead to work with GP practices and help them understand the disease burden in their own populations.

Improving Access to Diagnostic Tests


We have successfully established a range of direct access diagnostic tests for GPs to use, which includes chest X-rays, CT scans and MRIs.




Improving Patient Experience, Saving Money, Saving Lives



The Pan Birmingham Cancer Network is one of a number throughout the UK established in 2000 with the purpose of delivering the NHS Cancer Plan.



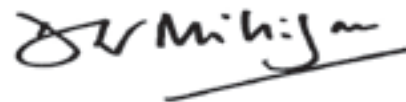
The Network works in partnership with providers, patients and commissioners of cancer care to agree the configuration of services and development of treatment pathways.



Our experience is that doing the best for patients almost always leads to greater efficiency and will deliver savings for reinvestment.

This document has described some of the projects that the Network and its partners have achieved.

For further information about the work of the Network and what we can offer, please visit our website: www.birminghamcancer.nhs.uk



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