

Health and Social Services Committee

HSS(2)-14-06(p1c)

Meeting date: Wednesday 11 October 2006

Venue: Committee Room 1, Senedd, National Assembly for Wales

Title: Cancer Commissioning by Health Commission Wales

Purpose

1) To outline current arrangements and key issues in relation to the commissioning of cancer services by HCW.

2005/06 Expenditure On Cancer Services

2) In 2005/06 HCW spent about £30m on cancer services excluding screening programmes:

- Welsh NHS Trusts £20.0m
- English NHS Trusts £ 9.0m
- Individual patient arrangements £ 0.6m

Cancer Services Commissioned By HCW

3) The list of services which fall within HCW's commissioning responsibility is described in WSI 2003 no 816 and in WHC (2003) 63. An exercise was undertaken when HCW was created to map resources for commissioning cancer services. There are a number of issues relating to the cancer services commissioned by HCW:

- The two lists are similar, but not identical. The issue of which list HCW, LHBs and providers should be working to is the subject of ongoing discussion. The differences in the two lists lead to regular discussions with the LHBs regarding commissioning responsibility for the management of cancer treatments
- The resources mapped to HCW do not match exactly either service definition list. For example, brain, head and neck cancer, sarcoma, complex gynaecological and urological cancer fall within HCW's commissioning responsibility, but the question of whether the resources have been mapped to HCW will depend on the provider rather than the service. A review of the SLA with Swansea Trust shows that the resources are not mapped to HCW for any of the above services, apart from any element of the treatment that takes place within plastic surgery. However resources have been mapped to HCW for treatment taking place at Velindre NHS

hospital trust or under one of the English SLAs. Equally radiotherapy and most of the common and intermediate cancers (breast, lung, colorectal, most of gynaecological and urological) do not fall within HCW's commissioning responsibility, but resources have been mapped for 28% of radiotherapy at Velindre NHS Trust, as has funding for the treatment of all cancers which are referred to most English Trusts.

4) The fact that HCW and LHBs share the commissioning of different treatment options for the same cancer can cause difficulties, as HCW has recently encountered with brachytherapy.

5) Clarity regarding commissioning responsibility is essential as lead commissioners need to ensure that SaFF targets relating to cancer waiting times and implementation of service action plans are met. Action is being taken to resolve these issues:

- HCW has been working with the cancer networks to clarify the list. This work has now been completed and the proposed revised list has been sent to the LHBs and HCW as the commissioning organisations for approval. If commissioner support is confirmed, work will need to take place on the mapping of resources to support revised commissioning arrangements.
- The Department of Health and Social Services is undertaking a review of commissioning arrangements. Commissioners have contributed to this process, which will set the direction for the development of more effective commissioning in Wales and clarify some of the current anomalies.

Links With Other Organisations And Groups Involved In The Commissioning And Provision Of Cancer Services

Relationship with the Cancer Networks

6) HCW is a member of all three cancer networks. The representation on the cancer network boards is:

- South East: Specialised commissioner (cancer services)
- South West: Medical Director (who has chaired a review of clinical oncology at Swansea in March 2004 with a review in November 2005 which has led to agreed investment by the Local Health Boards and HCW including the appointment of 2 additional consultant oncologists.)
- North Wales: Specialised commissioners for North Wales and Cancer.

7) In addition the specialised commissioner (cancer services) attends the commissioning group meetings of the South East and South West Cancer Networks.

8) Specific arrangements relating to the commissioning of cancer services operate in North Wales. A

service agreement is in place between HCW and the cancer network for the latter to provide commissioning support for HCW.

9) The specialised commissioner (cancer services) has regular update meetings with the directors of all three cancer networks.

Relationship with Cancer Services Commissioning Group (CSCG)

10) HCW contributes to different elements of CSCG in the following ways:

- The Medical Director is invited to the Advisory Board meetings and the meeting of the Chairmen of each of the clinical cancer site groups.
- The specialised commissioner (cancer services) attends the core meeting. This is chaired by the Advisor for cancer services, Dr Jane Hanson, and is attended by the network lead clinicians and directors.
- HCW also seeks the participation of the All Wales Cancer Site groups in the development of policies, and the specialised commissioner attends the All Wales Cancer Site group meetings on an invitation basis.

Relationships with LHB commissioners and providers

11) Discussions with LHB and hospital trust colleagues takes place at cancer network meetings and SaFF meetings. HCW works closely with other commissioners and providers in developing policies for cancer services.

Current Key Issues

12) Cancer Waiting Times Targets

- WHC 2005 027) set out targets which are scheduled to be achieved by 31st December 2006. The targets specify that first definitive treatment take place within 2 months where a patient is referred as suspected cancer and that diagnosis is confirmed, and one month where a patient is not referred as urgent suspected cancer, but where a cancer diagnosis is later confirmed.

13) These targets are a high priority. Hospital trusts now have to complete weekly monitoring reports. The DSU has appointed a Performance Improvement Manager to help Trusts achieve the targets. There is a general concern that these targets are very difficult to achieve as the Welsh standard is 100% rather than 98% as in England.

14) The achievement of these targets can be influenced significantly in the rare cancer sites where the number of referrals is small, eg if there are 5 referrals and 1 patient is not seen within the timescale, the target will not be met.

15) Patient pathways can be complex and involve a number of specialties and providers.

16) The degree of urgency varies between cancer sites. For some cancers (eg prostate) patients are invited to take time to consider treatment options.

Cancer Services Action Plans

17) WHC (2005) 051 requires cancer networks to develop action plans for the implementation of clinical standards for all the main cancer sites: breast, lung, colorectal, upper GI, gynaecology, urology, skin, head and neck, haematology, thyroid and children and teenage cancer, specialist palliative care, sarcoma and brain.

18) The action plans were submitted at the end of March to the Clinical Advisor, Cancer Services of the Welsh Assembly Government. The action plans described work in progress to implement the clinical standards. Formal feedback on the content of the plans is awaited.

Radiotherapy and other non surgical oncology capacity planning

19) It has been accepted by WAG and commissioners that Wales is underprovided with linear accelerator machines. In south east Wales this is particularly acute, with the number of linear accelerators at 3.55 per million population, compared with a national average of 4, and a recommended number of 5 per million population by the Royal College of Radiologists. In line with Scotland and England, it has been agreed that Wales requires a strategy for the future development of radiotherapy in order to improve access and waiting times.

Current initiatives include:

- Velindre IMPACT initiative to increase radiotherapy capacity in the short term by 10%
- Velindre Transitional Plan including one new and one replacement linear accelerator to maintain capacity in order that waiting times and access are maintained.
- Strategic plan for the future development of radiotherapy services for South East Wales. The South East network is working with WAG on the development of a strategic plan.
- WAG has established an all Wales radiotherapy group to develop a capital investment framework for the future provision of radiotherapy. The second meeting of this group is in November.
- Planning for radiotherapy services should not take place in isolation, but should be integrated with chemotherapy services. The South East Network is meeting with WAG representatives to agree an integrated Strategic Outline Programme by the middle of October.
- North Wales is less pressing but more complex, as the population already has access to 4.2

linear accelerators per million population, and will need to link in with the North West of England for future capacity planning.

Introduction of New Drugs

20) The implementation of new drugs which have not been subject to NICE technology assessment review is an important issue. The All Wales Medicines Strategy Group, working in conjunction with the Welsh Medicines Partnership, considers the evidence base for new drugs which have not been subject to NICE assessment. It is proposed that a Cancer Drugs Group be created to support the All Wales Medicines Strategy Group. The proposal has been circulated to the cancer networks for comment.

PET Scanning

21) There are three main issues:

Current provision

- Waiting times for PET scans have been cited as a reason for difficulty in meeting lung cancer waiting times targets. During the last few months HCW has encouraged referrals to be directed to the scanner at Cheltenham which is offering a turn-round of scans and reporting of 4 working days.
- There is evidence to suggest that the number of scans in 2006/7 is increasing. HCW is considering how this position can be managed.
- HCW is reviewing the indications for PET as the evidence base changes. This is part of an ongoing discussion with clinicians, and the current request is to include staging for oesophageal cancer.

Interim provision

- There is demand for local mobile scanners for all parts of Wales. The specialised cancer commissioner is exploring this possibility for south and west Wales, and will look at how north Wales can integrate with the north west of England for future planning of PET.

Future provision

- HCW is a member of the Project Board for the All Wales PET scanner. Discussions are ongoing regarding the contribution of HCW to the scanner. The Cardiff based scanner will not be able to provide an accessible service for the population of North Wales, and services for the North Wales population need to be planned separately.

Bowel Cancer Screening

22) HCW is working with Velindre Trust to develop a programme for implementation of bowel cancer screening. Necessary pre-requisites for implementation are:

- Lead in project phase of 18 months
- Confirmation of revenue funding to support roll out of the programme to the 50-69 age group.

Brachytherapy for the treatment of localised prostate cancer

23) HCW approved a policy for the commissioning of brachytherapy at the June meeting of its National Commissioning Advisory Board. Regrettably HCW is not in a position to implement the policy in full in 2006/07, as specialist centres in England are unable to offer the service within the budget which HCW has been able to identify for the commissioning of this service.

24) HCW is working with Velindre NHS Trust and LHB commissioners to consider the role of brachytherapy treatment in the context of the range of treatments for localised prostate cancer and to explore the option of establishing a service in Wales in the future.

Bone Marrow Transplantation

25) UHW has put in place a range of actions to increase capacity for Bone Marrow Transplantation, including the opening of two beds, the use of hotel facilities, and the appointment of specialist nurses. HCW is developing a policy with the clinicians to streamline the care pathway for BMT throughout Wales.

Commissioning of Specialised Services for Pseudomyxoma Peritonei

26) A commissioning policy was approved at the June NCAB meeting. After discussion with the All Wales Colorectal Cancer Group, adjustments are being made to the care pathway. HCW is planning to visit the designated provider for 2006/7, the service at Basingstoke, with our local gatekeepers to ensure that policy operates smoothly.

Health Commission Wales

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