

INTEGRATED CANCER SYSTEMS IN LONDON BRIEFING

Officer Contact

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Papers with report

None

REASON FOR ITEM

Information item to inform the Committee of the proposed implementation of the cancer model of care.

OPTIONS AVAILABLE TO THE COMMITTEE

1. To note and ask questions about the proposals and the presentation.

INFORMATION

London Health Programmes identifies the health needs of Londoners and redesigns services to improve the way healthcare is delivered in the capital.

Supported by clinical and health intelligence, the models of care are clinically led with input from patients and commissioners to ensure that the services we are designing improve clinical outcomes, patient experience and the efficiency of the health service.

Employing an efficient, once for London approach, services are developed on behalf of London's commissioners and in partnership with the health sector to ensure that the capital's health needs are met and that care is delivered to a consistently high standard. They seek to reduce the fragmentation of care and improve communication between all providers, leading to better outcomes and experiences for patients.

Over 13,000 people die from cancer in London each year, with more than half of these under 75 years of age. The number of cancer cases in London is expected to increase as the population ages and continues to grow.

London Health Programmes want to make sure cancer is diagnosed as quickly as possible and are working to improve care and ensure equitable access to specialists, GPs, hospitals and healthcare professionals.

August Briefing Update

1. In December 2010, a case for change for cancer services in London was published. It showed that the lack of progress in implementing co-ordinated cancer services across the capital means that services may be excellent in some instances but is hugely variable. This has an impact on clinical outcomes and means patients often experience fragmented care.

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2. A proposed model of care was published in August 2010. The model of care details clinically-developed solutions that will ensure that radical improvements are made to London's cancer services.
3. The proposed model of care was the subject of a three-month engagement process with GPs, the public and Local Authorities. The feedback received was supportive and the proposals are now being taken forward.
4. Central to the implementation programme is the expectation that providers will work together in *integrated cancer systems* to ensure that patients experience seamless care. These systems, rather than individual organisations, will be commissioned to deliver pathways of care from next April.
5. An integrated cancer system is defined as a group of providers that comes together in a formal, governed way to provide services across the whole of the cancer pathway. The integrated cancer system will be commissioned to provide cancer care based on defined care pathways to meet patients' needs.
6. A workstream has been established to explore and develop the commissioning process for integrated cancer systems. The working group will develop commissioning specifications for pathways including pathway contracting arrangements and tariffs, and establish key measures for pathways and integrated cancer systems.
7. To facilitate the development of integrated cancer systems the implementation team worked closely with providers to develop a specification against which providers submitted their proposals to become integrated cancer systems. The specification states that systems should have clear organisational and integrated governance (including clinical governance) systems and structures with clear lines of accountability and responsibilities for all functions.
8. Two groups of providers have submitted their proposals to become integrated cancer systems. One encompassing the providers in north east and north central London (London Cancer), and the other the providers in south east, south west and north west London (working title 'The Crescent'). They were required to demonstrate that they can meet the final specification and deliver the recommendations of the model of care.
9. Submissions are currently being assessed against the criteria set out in the final specification. Both the strength of the proposed integrated cancer system arrangements and the strength of service proposals will be assessed.
10. Ongoing work with the emerging systems will take place throughout the assurance process and the implementation team will continue to work with clusters, GPs and commissioners to ensure that local plans are aligned to the implementation programme.
11. The case for change also highlights that the earlier that cancer is diagnosed and treated, the greater a patient's chance of survival and improved quality of life. It is estimated that 1,000 lives per year could be saved in London through earlier diagnosis.
12. A Public Health and Primary Care working group has therefore been established to work with GPs, public health professionals, commissioners and existing cancer networks to

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support the ongoing implementation of the cancer model of care. The work is predominantly led by the cancer networks

13. The work will focus on developing a strategy for improving early diagnosis and driving the ongoing implementation of the National Awareness and Early Diagnosis Initiative (NAEDI). Key recommendations include improving public awareness of cancer symptoms, increasing GP access to diagnostics, maximising effectiveness of referrals to secondary care, improving the patient pathway and reducing health inequalities. This work also includes the ongoing implementation of new models of post treatment community based care.
14. The group has worked with the emerging Innovative Cancer Solutions (ICSs) to ensure that there is a focus on early diagnosis that will see increased benefits to patients, not only in saving lives but also in improving patients' experience of their cancer journey.

SUGGESTED COMMITTEE ACTIVITY

1. Members note the report and presentation.
2. Members to ask questions of the witnesses and seek clarification, as appropriate.

BACKGROUND DOCUMENTS

None

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SUGGESTED KEY QUESTIONS/LINES OF ENQUIRY

1. What interaction have you had with health professionals in Hillingdon with regard to the proposals?
2. What impact will the changes of the proposals have on the delivery of services to Borough residents?
3. What additional pressure will there be, if any, on other organisations under the new proposals?
4. How confident are officers on the smoothness of the transition of the new proposals? What action has been / will be taken to ensure the transition is seamless?
5. Are there any new impacts to services that need to be considered as a result of the proposal?
6. Are there any concerns about the level of support that would be made available?