Intelligence

National Cancer Action Team
Part of the National Cancer Programme

NHS

National Cancer Peer Review Programme

Evidence Guide for: Children's Cancer Network Commissioning Function Measures

Foreword

This evidence guide has been formulated to assist specialised commissioning groups, networks and their constituent cancer service teams in preparing supporting evidence for peer review. The contents of this guide are not exhaustive and organisations should continue to tailor their commission processes to reflect activity of the respective teams, whilst demonstrating compliance with the quality measures. Specialised commissioning groups, networks and their constituent teams during the review process will be required to demonstrate ownership of all commissioning arrangements, and assure visiting review teams that these are reflective of practice.

Agreement

Where agreement to commissioning arrangements, strategies etc. is required this should be stated clearly on the cover sheet of the 3 key documents including date and version. Similarly, evidence of commissioning arrangements, strategies etc. requires written evidence unless otherwise specified. The agreement by a person representing a group or organisation (chair or lead, etc) implies that their agreement is not personal, but that they are representing the consensus opinion of that group.

Confirmation of Compliance

Compliance against certain measures will be the subject of spot checks or further enquiries by peer reviewers when a peer review visit is undertaken.

When self assessing against these measures a statement of confirmation of compliance contained within the relevant key evidence document will be sufficient.

Key themes for Children's Cancer Network Commissioning Function Measures

Introduction

With reference to the guidance on Key Themes, when completing a report, please provide comments including details of strengths, areas for development and overall effectiveness of the Children's Cancer Network Commissioning Function.

Any specific issues of concern or good practice should also be noted. It is important to demonstrate any measurable change in performance compared to previous assessments.

Children's Cancer Network Commissioning Function Key Themes:

1. Structure and function of the service

Comment in relation to leadership, operational policies and progress towards implementing IOG recommendations. In addition comment on links to the CCNCG, PTC and POSCUs.

Teams should specifically comment with regard to the following question:

- Can you demonstrate that there is overall leadership and coordination of the commissioning of children's cancer services?

2. Coordination of care/ patient pathways

Comment on the adoption of a common pathway for communications to the SCG relating to the commissioning of children's cancer services. There may be information from related commissioning initiatives not covered by the measures.

Teams should specifically comment with regard to the following question:

- Can you demonstrate that the planning, commissioning and funding for all aspects of care for children with cancer, across the whole healthcare system is co-ordinated to ensure that there is an appropriate balance of service provision and allocation of resources?

3. Patient experience

Comment on the commitment of the Children's Cancer Network Commissioning Team to gain feedback on patient experience. In addition, comment on the achievement of improvements to service delivery and overall patient experience. Consider information associated with patient support initiatives, communication with and information for patients.

SCG Measures Commissioning Arrangements - Agreement Cover Sheet

The Commissioning Arrangements have been agreed by:

Position: Chair of the Specialised Commissioning Group Board (11-8A-101)

Name:

Organisation:

Date Agreed:

Position: Named Lead for commissioning of children's cancer services (11-8A-102)

Name:

Organisation:

Date Agreed:

Position: Delegated Representative from each organisation responsible for commissioning aspects of the pathway (11-8A-102)

Name:

Organisation:

Date Agreed:

SCG Measures Commissioning Strategy - Agreement Cover Sheet

Category	Link to Measure	Guidance for Compliance* (Please refer to full details of the measure)	Additional Guidance
Introduction		Confirm the pattern of association of individual cancer networks and organisations within the CCN and detail the catchment population of the PTC.	
Leadership Arrangements	11-8A-101	State name of the lead for commissioning for children's cancer services and detail role description.	This should be at director level.
Delegation Agreement	11-8A-102	Detail the agreement for each organisation.	Agreement should specify: • which organisations are responsible, including cancer networks, individual PCTs, children's networks (i.e. networks dealing with children's services in general), local authorities and practice-based commissioners; • what each organisation is responsible for, covering where relevant, which patient pathways or parts of pathways, which geographical parts of the network and which part of the commissioning function; • who is responsible for monitoring the performance and quality and feeding back to the contract lead.
Agreements		Confirm date when commissioning arrangements were agreed by the relevant personnel.	

SCG Measures Commissioning Strategy - Agreement Cover Sheet

The Commissioning Strategy has been agreed by:

Position: Named Lead for commissioning of children's cancer services (11-8A-103)

Name:

Organisation:

Date Agreed:

Stakeholder Representatives agreed this Commissioning Strategy on:

Date Agreed:

Commissioning Strategy Review Date:

SCG Measures Evidence Guide – Commissioning Strategy

Category	Link to Measure	Guidance for Compliance* (Please refer to full details of the measure)	Additional Guidance
Commissioning Strategy	11-8A-104	Include the commissioning strategy.	It should fulfill the following criteria: • it should encompass the period of the five years which is in line with the specialised service designation process; • it should specify priorities for service change and investment to meet the requirements of the health needs assessment; • it should have dated milestones for progressive implementation; • it should specify the metrics for progress assessment, which should include peer review. The strategy should include the process and evidence of designation and re-designation. The evidence may be part of a wider strategy document. An extract to demonstrate compliance with the above is sufficient.
Health Needs Assessment	11-8A-103	Add the details of the CCN wide, integrated children's cancer health needs assessment as an appendix to the commissioning strategy.	The service model used to develop the needs assessment should include reference to the National Service Framework for Children and the CYPIOG/Children's Cancer Peer Review Measures.
Agreements		Confirm date when commissioning strategy was agreed by stakeholders.	Stakeholder representatives should include: • clinicians involved in the service at PTC and POSCU level; • each individual PCT involved, whether as provider or commissioner; • network NHS service providers; • involved 'adult' cancer networks; • involved children's health networks; • involved local authorities; • involved voluntary and independent sector providers; • users and carers.

SCG Measures Service Specification - Agreement Cover Sheet

This Service Specification has been agreed by:

Position: Named Lead for commissioning of children's cancer services (11-8A-105, 11-8A-107)

Name:

Organisation:

Date Agreed:

Position: Delegated Representative from each organisation responsible for commissioning aspects of the pathway (11-8A-105)

Name:

Organisation:

Date Agreed:

Position: Chair of the CCNCG (11-8A-107)

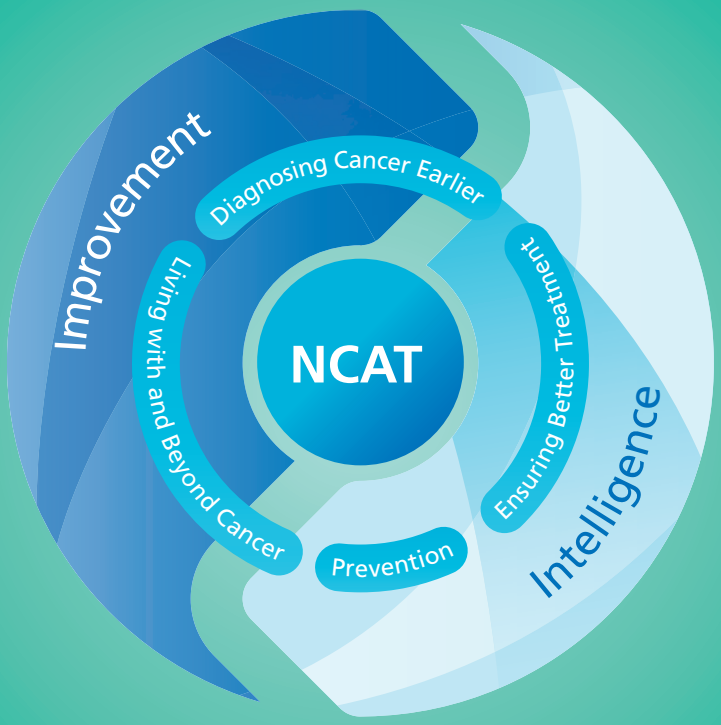
Name:

Organisation:

Date Agreed:

SCG Measures Evidence Guide – Service Specification

Category	Link to Measure	Guidance for Compliance* (Please refer to full details of the measure)	Additional Guidance
Service Specification	11-8A-105 11-8A-106	Detail the service specification for the CCN.	The annual service specification for the CCN should fulfil the following: • it specifies the patient pathways; • it refers to the milestones for service change required by the commissioning strategy; • it has components specific to all providers; • it is integrated across the CCN as evidenced by its agreement by all identified commissioning bodies. The SLAs should reference to the relevant parts of the service specification and the relevant children's cancer measures.
Service Monitoring	11-8A-107	State the service monitoring criteria. Detail the agreed remedial actions.	The service monitoring criteria should include the following as relevant to the part of the patient pathway and the part of the CCN in question: • performance against waiting times • cancer registration • specified clinical outcome audits • clinical trial entry rates • patient reported outcome measures • providing data required to support designation process.
Agreements		Confirm date when service specification was agreed by the relevant personnel.	



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