



Reconfiguring Surgical Oncology

Lessons learned from implementing NICE Guidance

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Cancer Service Guidance

1: Origins

- 'Eurocare 1' 1993
- Expert Advisory Group report (Calman/Hine) 1995
- Improving Outcomes in Cancer Guidance (IOG) 1996-2006
 - DH/NHS Executive 1996-2001
 - NICE 2001-2006
- NICE Guidelines 2005-present

Cancer Service Guidance

2: Principles

- Teams make better decisions than individuals
- Specialists get better outcomes than generalists
- Sometimes, to specialise, we have to centralise
- Most of the evidence actually followed the guidance rather than informing it

Matters arising.....

- Lots of resistance to specialising by procedure
 - Disrupting long established practices
 - Threat to esteem
 - Impact on private practice
- Lots of resistance to transferring surgery
 - Corporate esteem (and income)
 - Private practice
 - Effect on clinical adjacencies

Current issues

- Still unfinished business (e.g. Essex urology, Manchester pancreas)
- Growing evidence base that big is beautiful (for hard outcomes)
- Growing evidence base on volume/outcome relationship
 - May lead to tightening of the population base and surgeon volume criteria
 - Actively looking at oesophago-gastric and colorectal excision

Looking ahead

- Day of the week gradient
 - Oddly large for elective surgery
- Alignment with interventional radiology/endoscopy
 - Commissioning a service not a procedure
- Colocation of diagnostics
 - Another internal boundary to manage

Thank you

Happy to answer questions