

# Oncology

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# Introduction

Oncology is a singularly complex healthcare area. In clinical terms, every year the NHS must treat thousands of patients with a huge range of different cancers - at different stages and rates of morbidity and mortality. Rare tumour types must be dealt with just as more common ones.

At the same time, more and more **diagnostics and treatments** – pharmacological, surgical, radiological, genetic – are being adopted. Systems must find new ways of funding all these effectively and equitably.

And **at a managerial level, a remarkably wide range of services must be put in place** to optimise the stretched resources, staff and experience available. As well as direct treatment, this includes services for prevention, screening, diagnosis, post-operative care, support and rehabilitation, as well as end-of-life care.

In the English NHS, **new stakeholder groupings** such as cancer alliances, **new pathways, new funding mechanisms and new drivers** such as addressing health inequalities and improving population health are all influencing cancer care. There is also a focus on finding undiagnosed patients and rolling out improved screening processes locally.



## Industry impact

All this points to a challenging picture for suppliers to the NHS, attempting to navigate who, where and how to segment, target and engage – and with what proposition.

## Wilmington Healthcare insight

At Wilmington Healthcare we offer our clients a range of solutions to help them understand the issues, refine their propositions for the NHS and effectively engage with the most important stakeholders for their cause.

We work with and analyse many different NHS, public health and prescribing sources to provide **a rich and actionable data picture; we consult on your value proposition**, where services and products fit into a pathway; we **advise on the right organisations and people to contact and engage** to suit your sales model; and we provide an array of **tools and metrics** to help you manage your cancer customer base.

This briefing looks at some of the solutions Wilmington Healthcare holds in the fast moving and complex landscape of oncology.





# Solutions in oncology

Key questions this briefing addresses:



Who the customers are and how they are arranged into decision-making units



What the pressures on services are and how industry can best engage with the NHS on them



What is the condition of patient populations, what their needs are and how they can gain access and benefit from the latest treatments



# Oncology in 2022

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Cancer services are always a totemic issue in healthcare, and with the Health Secretary promising an **ambitious 10-year cancer plan**, improving how the NHS manages these services is set to be prominent part of the government's reform story.

It is perhaps to be expected then, that oncology is in line for a shake-up. Important shifts are already underway that will transform the way the NHS funds and commissions high-cost drugs, all of which will have important implications for oncology prescribing and the NHS's commercial relationship with industry.



# New funding mechanisms

**The first (and perhaps most important) of these involves funding flows.**

Most chemotherapy drugs are currently designated as specialised services, and have hitherto been funded nationally by NHS England, while high-cost novel cancer drugs were supported by the Cancer Drugs Fund, again funded centrally.

For non-specialised hospital drugs, meanwhile, Clinical Commissioning Groups (CCGs) had – until 2019 – been responsible for paying their costs via a ‘pass-through’ payment system whereby the cost of what was used by trusts was passed through to CCGs following BlueTeq approval, with medicines procured centrally by NHSE’s commercial medicines unit.

## So what is changing?

We know that the Cancer Drugs Fund will remain in place, with £340million committed to fast-track new treatments into the NHS this year – the same amount will also be available through a new Innovative Medicines Fund for other novel drugs, bolstering the funding available to support a pipeline of novel therapies.

However, there will be a number of shifts in the way commissioning and funding works for other high-cost drugs.

First, CCGs have disbanded, replaced by Integrated Care Systems (ICSs), and there is a new blended payment mechanism in place for ICSs, which was established last year.

This includes a fixed element to be disbursed by the new ICSs, which is intended to cover everything that would have previously been done under pass through, including drugs, some of which were high-cost drugs (HCDs).



# New funding mechanisms

## The second key change involves responsibility for specialised commissioning.

The newly published Roadmap for Integrating Specialised Services paves the way for ICSs to assume responsibility for commissioning many of these services from next year.

2022/23 is a transitional year, and NHSEI's commissioning team will be working in partnership with ICSs on decisions, though no formal transfer of responsibility will happen before April 2023.



### Industry insight

Taken together, these changes create a new funding landscape for oncology, centred around ICSs holding a 'single pot' of money. This brings together current CCG commissioning budgets, primary care budgets, the majority of specialised commissioning spend, the budgets for certain other directly commissioned services, as well as central support or sustainability funding, and nationally-held transformation funding that is allocated to systems. It is a huge shift in responsibility – and power – away from the centre.

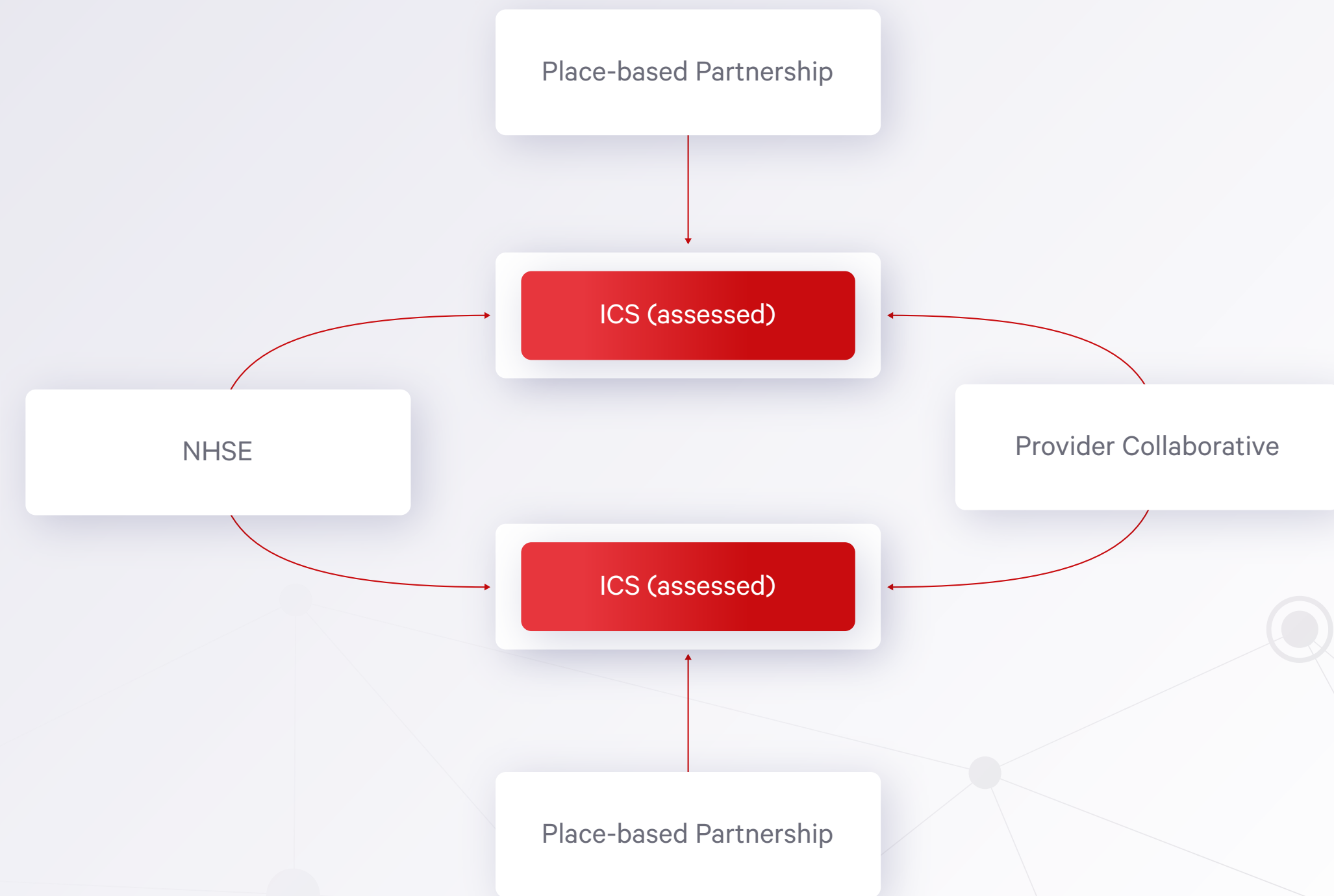


# 2023 - Specialised commissioning (cancer/tertiary care)

NHS England will **delegate specialised commissioning budgets** (as set out in the diagram) to ICBs, which will contract services with provider collaboratives and place-based partnerships to deliver care.

From April 2023 ICBs will be the commissioner for the primary, community, secondary and tertiary elements of pathways for their population.

They will be empowered to make decisions about investing upstream in interventions that will reduce demand for specialised services and that require more interventionist approaches to treatment.





# Delegated Cancer Services from April 2023

PSS Manual Line	PSS* Manual Line Description	Service Line Code	Service Line Description
94	Radiotherapy services (adults and children)	01R	Radiotherapy services (adults)
		51R	Radiotherapy services (children)
		01S	Stereotactic Radiosurgery/radiotherapy
105	Specialist cancer services (adults)	01C	Chemotherapy
		01J	Anal cancer
		01M	Head and Neck cancer
		01N	Kidney, bladder and prostate cancer
		01Q	Rare brain and CNS cancer
		01U	Oesophageal and gastric cancer
		01V	Biliary tract cancer
		01W	Liver cancer
		01Y	Other rare cancers
		01Z	Testicular cancer
		04F	Gynaecological cancer
		19V	Pancreatic cancer
		24V	Skin cancer
106	Specialist cancer services for children and young people	01T	Teenage and young adult cancer
		23A	Children's cancer



# New stakeholder networks

## This will inevitably affect pharma's stakeholder mapping.

These changes, along with the statutory duties embedded in the Health and Care Act, formally establish ICSs – and Integrated Care Boards (ICBs) in particular – as the apex decision-makers in the new NHS. They will now hold the budgets, set the strategy and oversee the delivery of the services for the populations they support.

However, ICSs sit on top of a much wider network of stakeholders and influencers that have the potential to make or break a product launch or brand strategy.

## Much of the operational delivery of cancer services will, in practice, be done at 'place' – a level below 'system', covering a footprint similar to local authorities.

In most cases, it will be driven by provider collaboratives, which bring together trusts and other care providers to develop more integrated service plans across a system footprint, drawing on the priorities and direction set by the ICB.



### Industry impact

- Understanding what is going on at place level, in terms of governance, formulary arrangements and the individual power brokers that shape decision-making, is key to securing market access.
- It is equally important that pharma engages with the relevant clinical networks operating at different geographical levels within the NHS. From an oncology perspective, there are well-established Cancer Alliances in place at regional level and these will continue to play a vital role in shaping ICS/ICB thinking. They are particularly critical partners to work with for developing propositions that may have quality improvement and pathway implications.



# New service models

It should be stressed that pathway redesign is very much where pharma should be centring the conversation with its NHS customers.

Operational and financial pressures, coupled with the experience of doing things differently during COVID, mean that NHS bodies are primed to develop bold and innovative solutions.

Some of these new service models are already taking shape. The backlog of cancer cases – with **40,000 fewer diagnoses and 300,000 fewer patients coming forward for diagnostic tests during COVID** – has accelerated the development of community diagnostic centres, which have now achieved a landmark of delivering 1 million checks.

Technology is another important avenue of change, with a considerable drive around developing remote-monitoring solutions and, specifically, the development of virtual wards for vulnerable patients, including for oncology and palliative care patients **as Norfolk and Norwich University Hospital is doing.**

Many cancer services are also run through a ‘hub and spoke’ system, with prescribing decisions typically made by clinicians and senior pharmacist operating out of the ‘hub’ (typically a big teaching hospital) though the drugs themselves may be administered at the ‘spoke’ institution (which may be a smaller district general hospital).



## Industry impact

- What is abundantly clear, therefore, is that all commercial propositions will have to engage meaningful with the operational realities and pain points of local services, as well as the strategic priorities set at ICS level.
- That might mean, for example, pinpointing how your offer can help to drive clinical efficiencies, or make better use of available workforce resources, or reduce the backlog and support elective recovery, and so on. As ever, knowing local circumstances is key.



# New drivers

**Finally, underpinning all of this is the drive to reduce health inequalities and improve population health.**

Already woven into the fabric of ICSs is a mission to “tackle inequalities in outcomes, experience and access”. We can expect this also to be writ large in the government’s cancer plan, with Sajid Javid pledging to be “relentlessly focused on tackling disparities in cancer outcomes.”



## Industry impact

- Industry has the means to become major players in this conversation. First, its data and expertise can help the NHS to understand disease prevalence and risk factors, allowing it to build a clinical strategy built around a clear view of how certain cancers may affect different communities or populations.
- Pharma can also work with the NHS on new approaches to extending access to diagnostics for certain demographic and social groups who may be missing out on early treatment. It is also possible, using our prescribing data, to pinpoint variations in prescribing practices between specialist centres, which can expose potential disparities in access to leading-edge treatments.



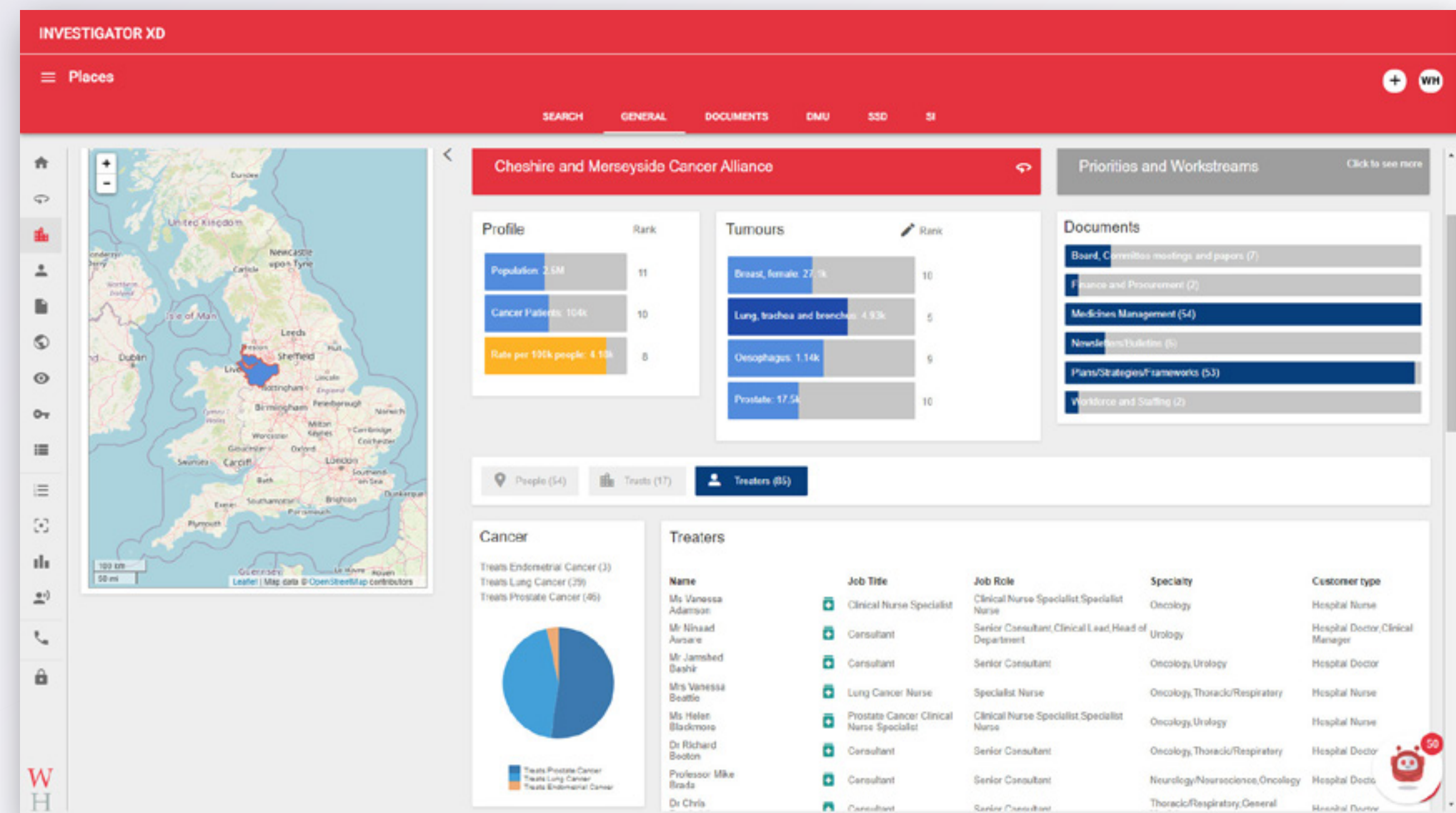
# Oncology stakeholders: Cancer Alliance 360 View

Cancer Alliances bring together clinical and managerial leaders from different hospital trusts and other health and social care organisations, to transform the diagnosis, treatment and care for cancer patients in their local area.

These partnerships enable care to be more effectively planned across local cancer pathways.

## Wilmington Healthcare Insight

With Wilmington Healthcare's Cancer Alliance 360 view in our Investigator XD platform, you can view the profiles of the different Cancer Alliances and choose your own tumour types to make the tool relevant to your account plans. There are live daily feeds of publications and personnel updates from our research team and quarterly reviews of the plans and profile insight.





# Oncology stakeholders: Cancer Alliance 360 View

As with the System 360 view, our researchers have reviewed each of the Cancer Alliance plans for you highlighting their vision, challenges, priorities and workstreams - saving you time trawling the internet to gather the right information to support tailored customer engagement.

**Priorities & Workstreams**

## Cheshire and Merseyside Cancer Alliance

**Vision/Aims**

**Ambition**

Cheshire and Merseyside Cancer Alliance brings together organisations, patients and others affected by cancer to drive improvements in clinical outcomes and patient experience. The long-term ambition of Cheshire and Merseyside Cancer Alliance is to take every opportunity to prevent cancer and ensure outstanding cancer care is provided across Cheshire and Merseyside.

**Areas of work include:**

- Embedding cancer prevention within treatment pathways, through the principle of teachable moments
- Creating equitable access to screening programmes linked to social determinants of cancer
- Increasing GP access to diagnostics
- Improving access to radiology, pathology and endoscopy
- Reducing emergency presentations including improved acute oncology pathways and ambulatory care.

The Alliance wants to help more people to survive cancer and support them to live well, with and beyond cancer.

**The Alliance will:**

- Deliver high quality, equitable, and integrated cancer care
- Ensure that Cheshire and Merseyside Cancer Alliance always focus on quality, patient experience and sustainability in equal measure
- Drive improvements in cancer prevention, achieve earlier diagnosis, ensure access to comprehensive treatments in a research-active climate and accelerate the adoption of new technologies and innovations
- Build on the strengths of Cheshire and Merseyside Cancer Alliance existing single service model, promoting change which is necessary to deliver system sustainability, working with partners across the Cheshire and Merseyside Health and Care Partnership

**The Alliance will aim to achieve the following by 2025:**

- 1-year survival to increase to more than 75%
- The new Faster Diagnosis Standard by 2021, to support 62-day compliance
- Reduce adult smoking rates to 13%
- Deliver the cancer recovery package to all, including supported self-management
- Improve access to clinical trials
- Deliver greater system sustainability by focusing on networked capacity solutions for radiology, endoscopy and pathology (and IM&T); supporting necessary system change and implementing best practice management pathways

[Back to Top](#)

**Challenges**

**Organisational Overview**

**Priorities**

**Key Activities/Deliverables/Workstreams**



# Oncology stakeholders: Cancer Alliance 360 View

As the Cancer Alliances form their own site-specific advisory groups, Wilmington Healthcare will flag the new chairs as they are established enabling you to be up to date with any changes within the organisations.

People (54)

Trusts (17)

Treaters (87)

Job Role

Cancer Alliance Board Member (25)  
Cancer Alliance Chair (1)  
Cancer Alliance Clinical Lead (7)  
Cancer Alliance Manager (12)  
Clinical Advisory Group Chair (4)  
Expert Advisory Group Chair - Acute Oncology (1)  
Expert Advisory Group Chair - Breast (2)  
Expert Advisory Group Chair - Children and Young Ppl (1)  
Expert Advisory Group Chair - CNS and Brain (1)  
Expert Advisory Group Chair - Colorectal (1)  
Expert Advisory Group Chair - Prostate (1)

Specialty

Dermatology (1)  
Gastroenterology (1)  
General Medicine (1)  
Nephrology/Renal (1)  
Neurosurgery (1)  
Obstetrics and Gynaecology (1)  
Oncology (11)  
Pathology (2)  
Radiology (2)  
Surgery (3)  
Thoracic/Respiratory (2)  
Urology (1)

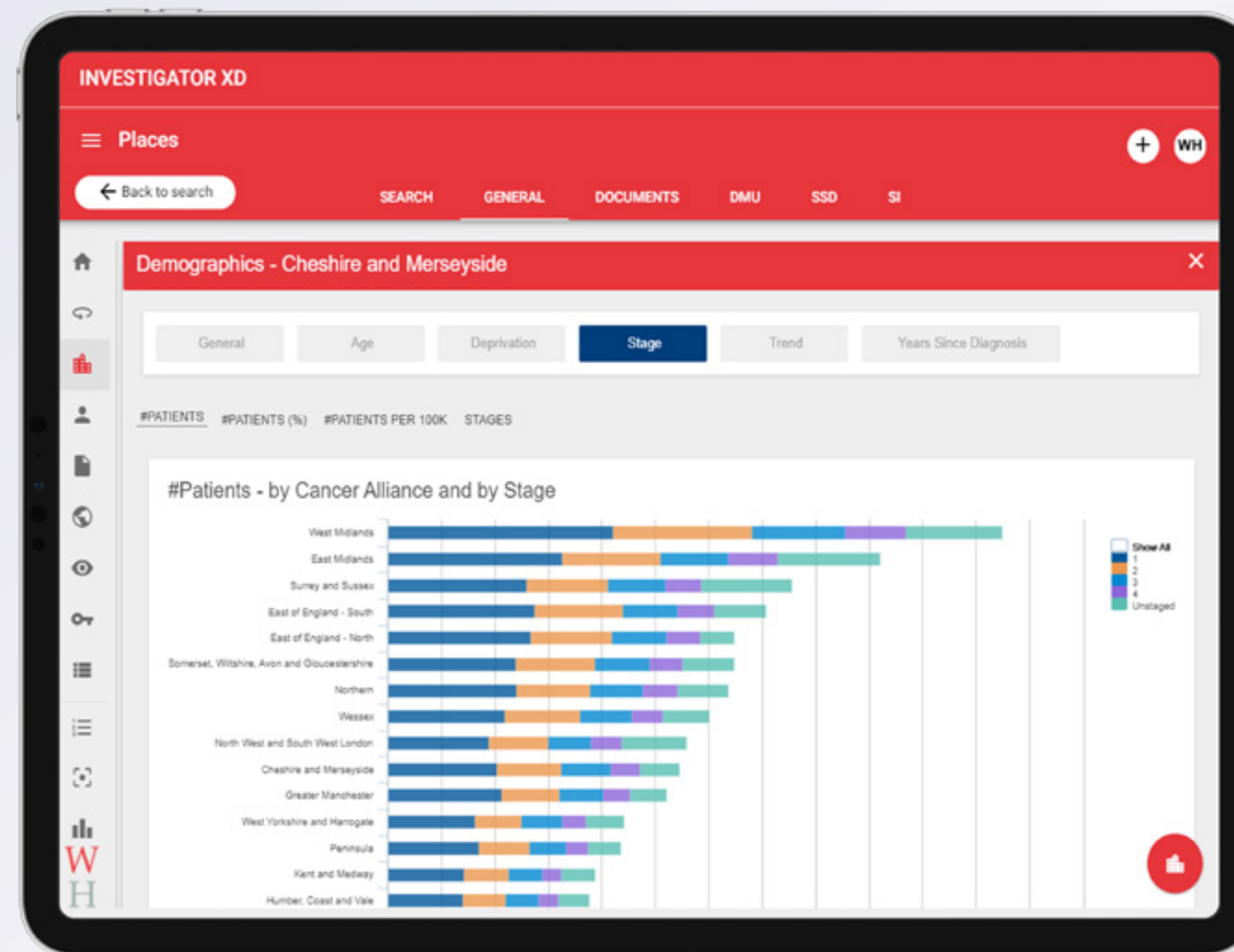
People

Name	Job Role	Specialty	Customer type
Farida Alam	Expert Advisory Group Chair - Teenage and Y Adults	Oncology	Board Member
Nasim Ali	Expert Advisory Group Chair - Sarcoma	Oncology	Board Member
Mark Bakewell	Cancer Alliance Board Member		Board Member
Chris Barben	Expert Advisory Group Chair - Colorectal	Surgery	Board Member
Heather Barnett	Cancer Alliance Manager		Operational Manager
Sarah Barr	Cancer Alliance Board Member		Board Member
Andrew Bibby	Cancer Alliance Board Member		Board Member
Liz Bishop	Cancer Alliance Board Member, Cancer Alliance Chair		Board Member
Caroline Brammer	Expert Advisory Group Chair - Head and Neck	Oncology	Board Member
Dominic Bray	Clinical Advisory Group Chair		Board Member
Andy Brodbelt	Expert Advisory Group Chair - CNS and Brain	Neurosurgery	Board Member
Clare Byrne	Clinical Advisory Group Chair, Cancer Alliance Board Member		Board Member
Sinead Clarke	Cancer Alliance Board Member		Board Member
Rob Cooper	Cancer Alliance Board Member		Board Member
Andrew Crawshaw	Cancer Alliance Board Member		Board Member
		General	



# Oncology stakeholders: Cancer Alliance 360 View

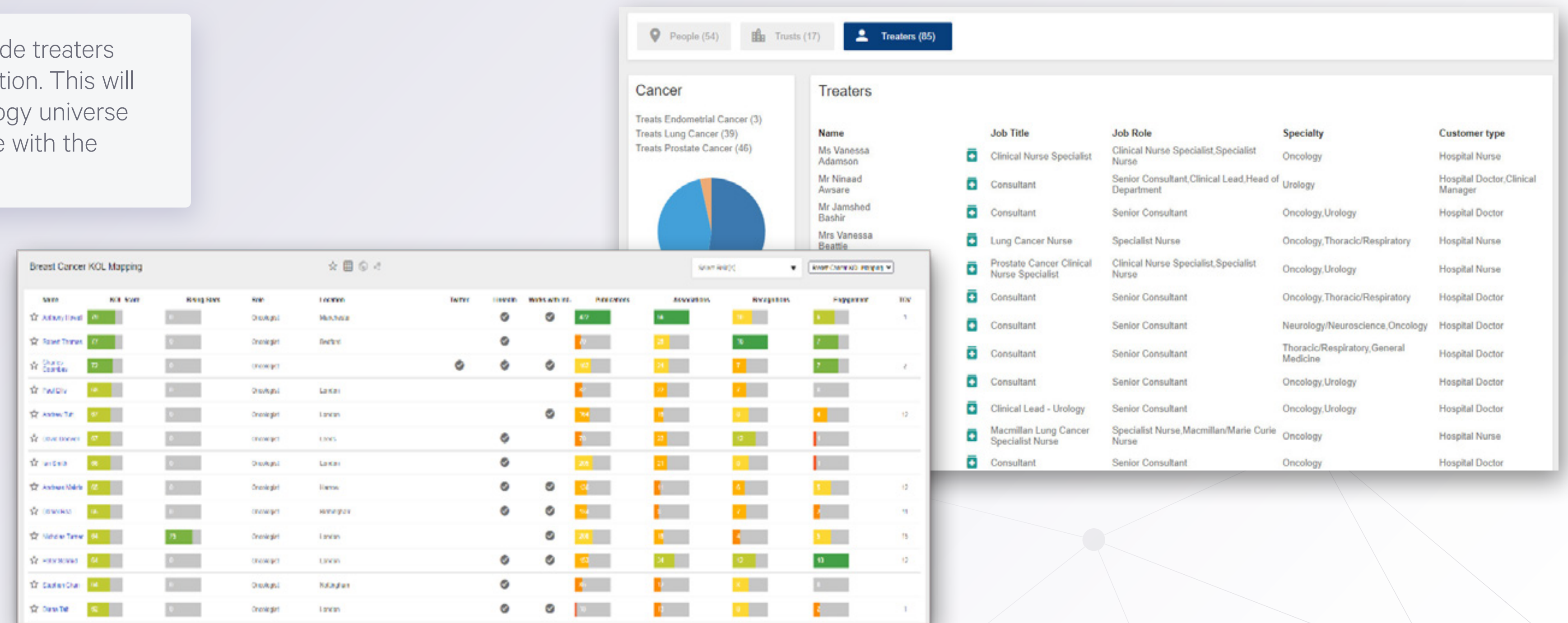
New features allow you to compare Cancer Alliances across populations and tumour types. For example, comparing the stage of diagnosis for all tumour types by organisation:





# Oncology stakeholders: Cancer Alliance 360 View

Additional bolt-on modules are available to include treaters of specific tumour types or KOLs for your indication. This will enable you to have a target list within the oncology universe and compare the level of HCP resource available with the prevalence of the disease.





# Oncology Prescribing: Specialised Share Data on Investigator XD

Wilmington Healthcare's **Specialist Share Data** (SSD) service provides product and disease specific patient numbers and share by NHS Trust or devolved Health Board, helping you establish how far your products are used, where, and for what indication.

As SSD directly collects patient numbers by disease, there is no need to undertake any pack to patient conversions, or to try to apportion product usage between different diseases

or indications. Further, where different products may be used in combination, SSD can provide patient numbers for each combination, as well as stand-alone products.

These features make **SSD data particularly powerful in oncology**, where a single molecule may be used in numerous types of cancer and may be used stand-alone or in combination with many other molecules.



# Oncology Prescribing: Specialised Share Data on Investigator XD

For example, Pembrolizumab may be used as monotherapy for advanced Melanoma, Non-small cell lung cancer, Urothelial carcinoma, Head and neck squamous cell carcinoma and colorectal cancer.

It is also used in combination with chemotherapy for advanced Non-small cell lung cancer, Head and neck squamous cell carcinoma, Triple-negative breast cancer and Oesophageal cancer, and in combination with Axitinib for Renal Cell Carcinoma. Only SSD can help split out Pembrolizumab monotherapy and combination therapy usage across all the above indications.

SSD reports three times per year in most therapy areas, therefore enabling a view of how the patient shares of Pembrolizumab, and competitor products, are changing through time, and how they are impacted by varying market dynamics such as a new product launch.

Unlike custom market research that works with small panels of health care professionals, SSD typically covers 85-90% of all acute hospital trusts/devolved health boards in the nation (achieved at a fraction of the cost for market research). This wide coverage enables SSD insights to feed directly into strategic planning at a national level, as well as tactical planning and management at sub-national or individual account-level.

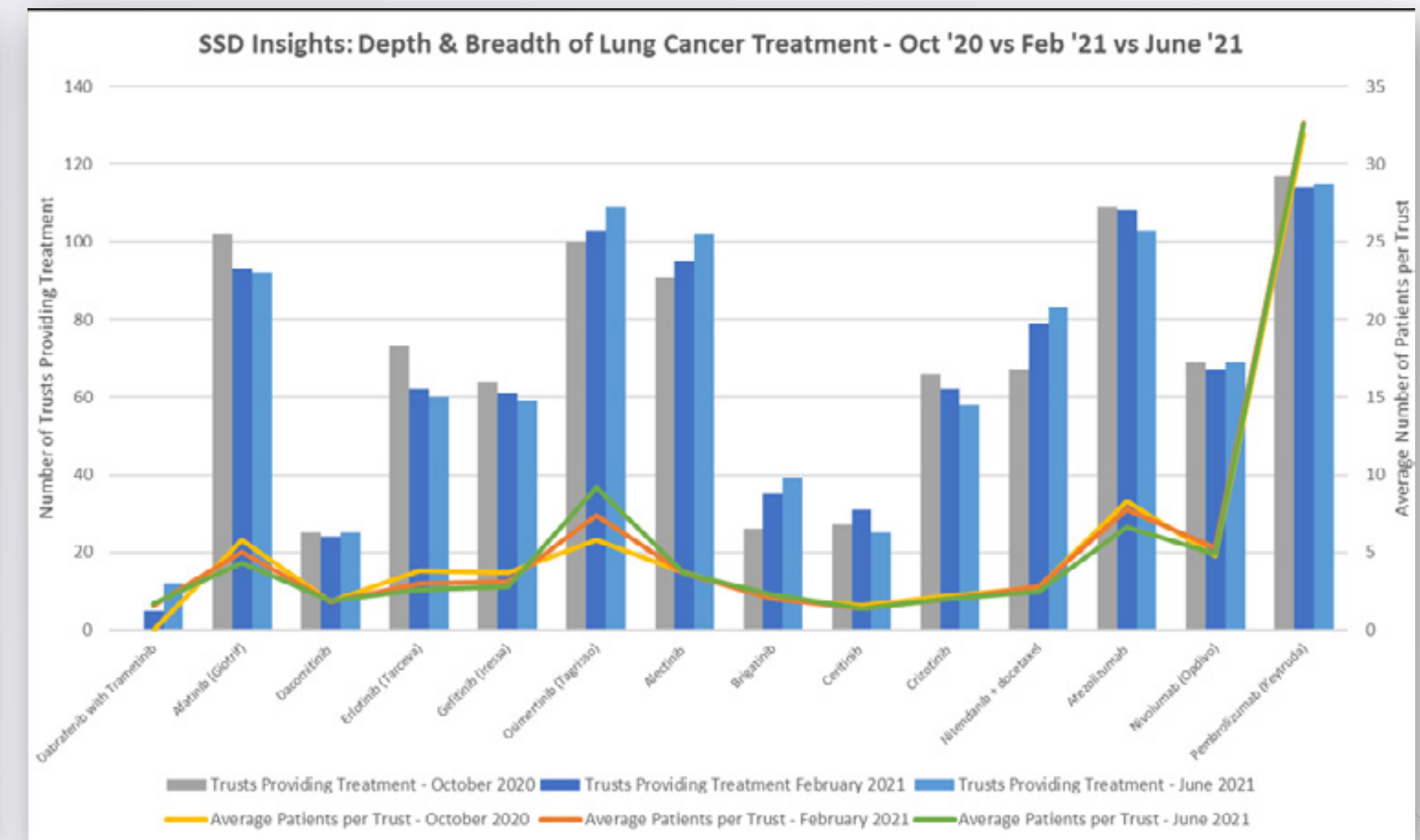
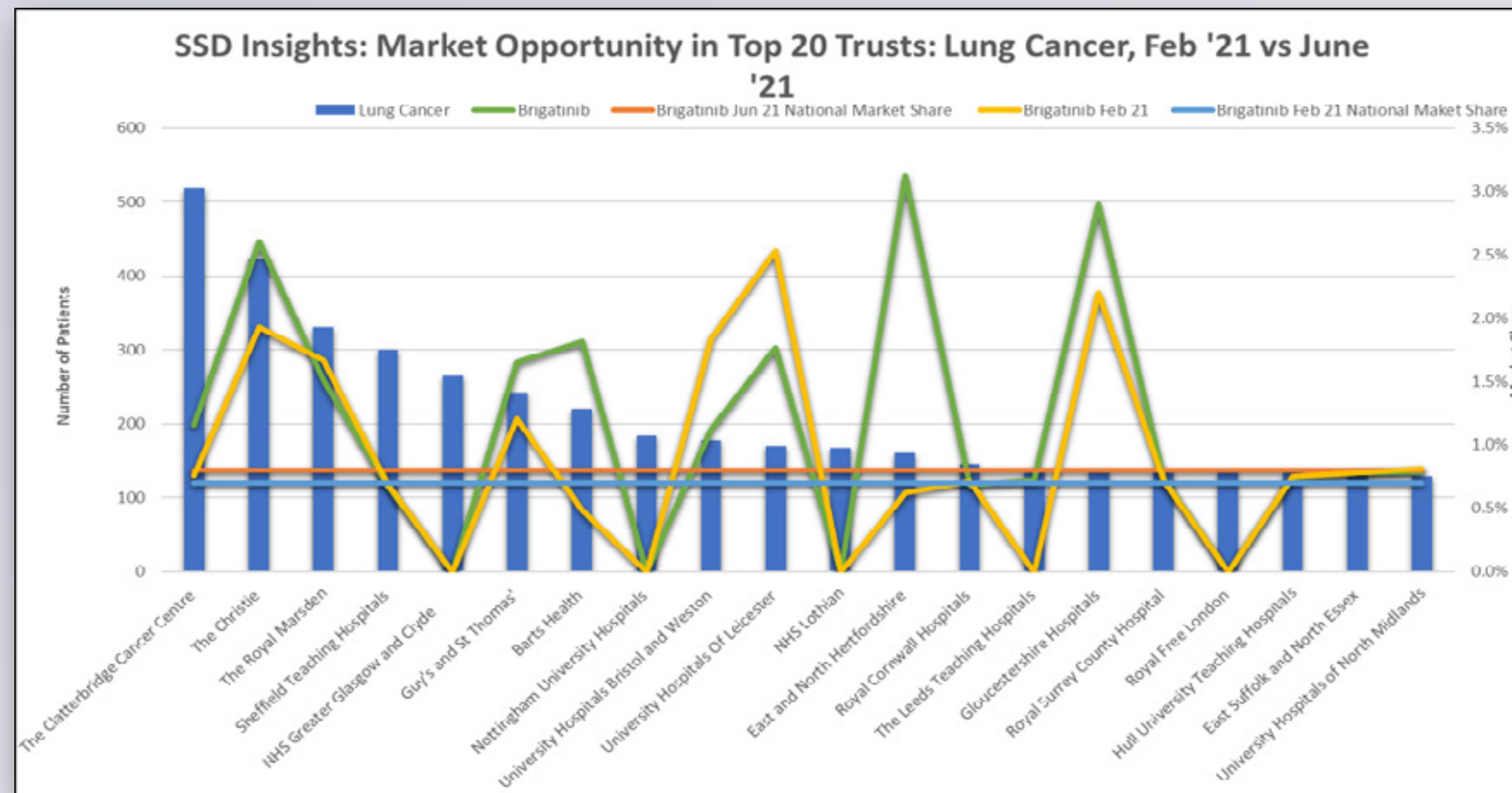
Whether a client wants to develop a product forecast, determine the optimal size of their sales force, design their sales territories, segment their customers, maximise their product launch, or manage their key customers, SSD offers the most comprehensive and relevant data and insights available in the UK - particularly for oncology.







# Oncology Prescribing: Specialised Share Data on Investigator XD





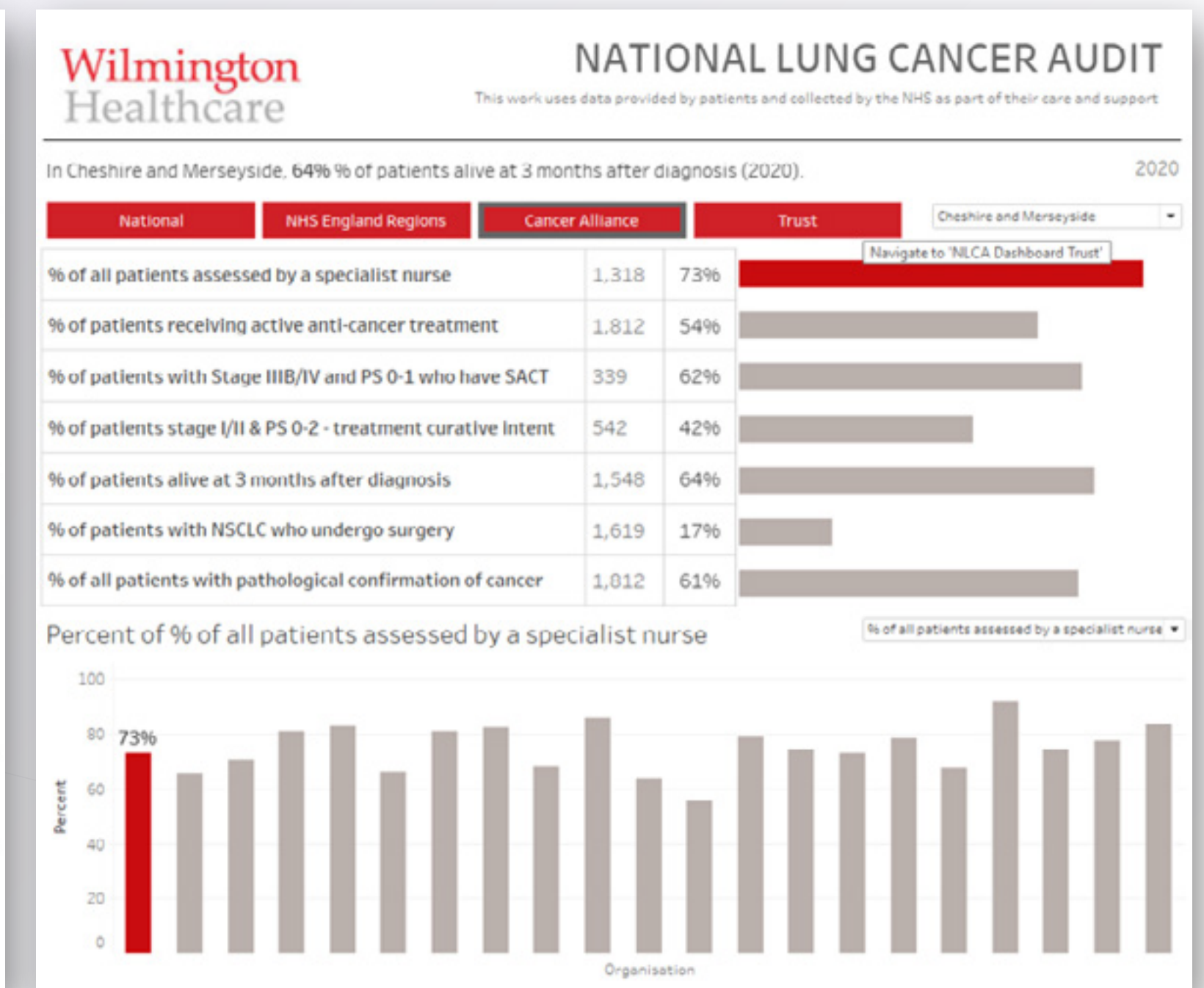
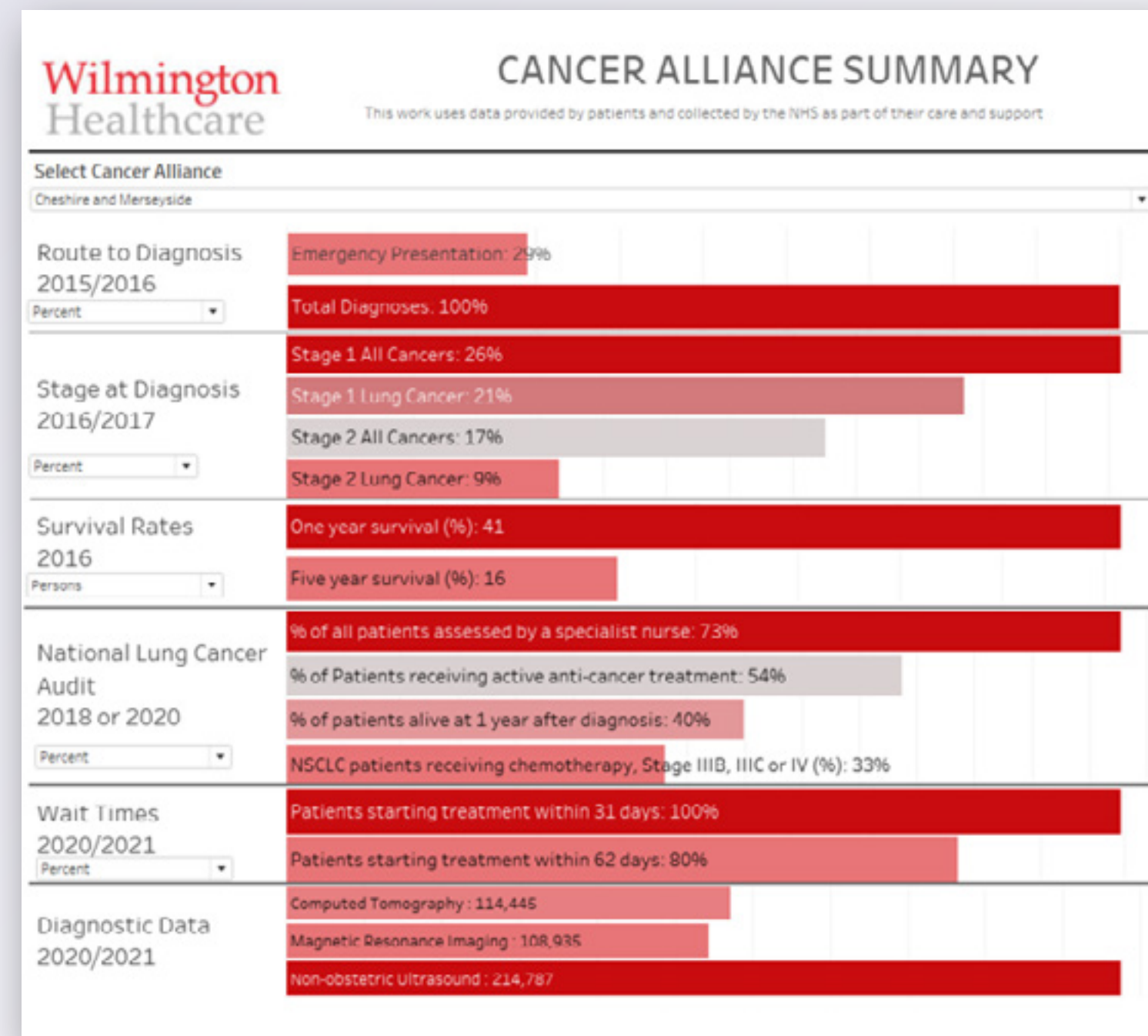
# Oncology Data and Real World Evidence: Quantis

If you need to present persuasive material to NHS stakeholders in support of a case for change to benefit patients and the wider NHS, using **compelling and credible real world evidence** is a pre-requisite.

In cancer, this can take the form of demographics, disease burden, survival rates, number of patients by age, stage, ethnicity, tumour type, statistics on mortality and morbidity, inequality and deprivation.

It can cover NHS operational figures such as waiting times, referral to treatment times, number of finished consultant episodes, length of stay, and numbers of patient on primary care cancer registers.

Our team of analysts and data scientists running the **Quantis platform** are expert in preparing and presenting just such compelling data, allowing it to be viewed from a regional or local perspective, by ICS, Cancer Alliance or Trust, so as to best shape a data story with stakeholders in a target territory.





# Oncology Sales Environment: Wilmington Healthcare Consultancy

Our **dedicated consultancy team** is there to help you navigate and excel in the unique UK oncology market.

Whatever your needs in these areas, we can discuss and forge a solution with you.

It might be to explain internally how **the UK oncology market** operates in the new changing NHS.

It could be to show how the UK can be a centre for innovation. We work with **government affairs** teams, **market access**, and **marketing teams**, and can help shape your UK **value proposition** in oncology.

We can establish the role of your therapy in a **new optimal cancer pathway**, or provide a **costed integrated patient scenario** to present to NHS stakeholders developing new services in the integrated NHS landscape.

Recently we have advised companies' patient experience teams **on cancer alliances and other new NHS structures** to develop an understanding of them and how they operate.

In another project, we looked at the use of spinal cord stimulation for use in **cancer patients with neuropathic pain**.

This included identifying the specific cancers that were relevant, mapping the location of cancer patients per ICS, the numbers of procedures per trust - and identifying the possible **unmet need**.

Finally, an established client wanted to gain understanding regarding health inequalities and required insight on **disparities within prostate cancer, multiple myeloma and lymphoma** based on **ethnicity and deprivation**.

Aligned to our market-leading data and analytical services, Wilmington Healthcare Consultancy can assist in a huge range of areas in oncology.



# Conclusion

Even at the best of times, oncology is a singularly complex healthcare area, covering a huge range of different cancer with more and more diagnostics and treatments – pharmacological, surgical, radiological, genetic – being adopted.

The four shifts underway, in terms of funding, stakeholders, service models and the strategic approach, add to that complexity and mean that industry must now engage with the NHS in a markedly different way.

In short, this requires a new conversation with the NHS – one that is increasingly data-driven, pathway rather than product oriented, and above all sympathetic to the stark operational pressures and new strategic parameters that NHS organisations will be working to.



Wilmington Healthcare holds contact data on all cancer alliances and all cancer alliance board members. We can also identify cancer stakeholders by subspecialty, from a wide variety of cancer types.

Our unique range of services and oncology expertise enables improved partnership and stakeholder engagement with the NHS and helps you to tailor your value propositions to optimise sales and market access strategies.

Through our unrivalled healthcare insight and analytic capabilities, we translate healthcare data into actionable insights to enable more effective working with your NHS customers in any geography, disease or tumour type.

We also provide data on waiting times and diagnostic stages. Our presentation tools including heatmaps enable visualisations such as where the greatest challenges are to help highlight the story you want to take to oncology decision-makers.

Contact us to find out more about how our oncology solutions can support you.

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FOR HEALTHCARE LEADERS  
**HSJ**

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