



# 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