CA2 Nationally Standardised Dose Banding Adult Intravenous SACT

Scheme Name	**CA2 Nationally Standardised Dose Banding Adult Intravenous Systemic Anticancer Therapy (SACT)**
QIPP Reference	QIPP 16-17 S21- Cancer
Eligible Providers	All providers providing intravenous chemotherapy services
Duration	April 2016 to March 2017, extendable for a further year for additional classes of drug.
Scheme Payment (% of CQUIN-applicable contract value available for this scheme)	CQUIN payment proportion [Locally Determined] should achieve payment of c. ½ % of the annual value of the chemotherapy spending to be dose-banded by Q4. Target Value: Add locally CQUIN %: Add locally
Scheme Description	
A national incentive to standardise the doses of SACT in all units across England in order to increase safety, to increase efficiency and to support the parity of care across all NHS providers of SACT in England. A set of dose-banding principles and dosage tables have been developed by a small team of Pharmacists supported by the Medicines Optimisation CRG. (The Nuttall-Clark tables). The behaviour change required is that all NHS England commissioned providers of chemotherapy move to prescribing a range of SACT drugs in accordance with a Nationally approved set of dose bands. These drugs and dose bands will be approved by the Medicines Optimisation CRG, and the Chemotherapy CRG. Providers will be expected to 1. Have the principles of dose banding accepted by their local oncology and haematology teams. 2. Have the drugs and doses approved by their local formulary committees. 3. Have SACT prescribed in accordance with the doses of drugs listed in the National dose-banding tables. CQUIN payment should be targeted at ½ % of the annual value of the chemotherapy spending to be dose-banded by Q4. To set the CQUIN payment amount on this basis, as is required, necessitates a judgment in advance of contract signing and thus in advance of formal baseline assessment of the intended scope and approximate value of the dose-banding to be conducted in the ‘16/17 financial year.	

Measures & Payment Triggers

1. Collection of base-line data. For range of dose banded drugs as agreed with commissioner.
2. Dose banding, with target banding levels to be set for quarters 2, 3, and 4. Each quarter target to be set in terms of the following numerator and denominator:

Numerator: Number of SACT doses given of selected drugs that match standardised doses
Denominator: Number of SACT doses given of selected drugs.

Thus success is achieved the agreed % of chemotherapy doses for a defined list of SACT drugs prescribed and administered in accordance with national dose banded doses.

Defined list will need to be agreed locally as certain providers may not use all dose-banded drugs.

An example is shown below.

Drug	Number of doses administered	Number of doses administered in accordance with national dose banded tables	%
Epirubicin	1,000	750	75
Cyclosphosphamide	1,000	800	80
Vincristine	100	70	70
Doxorubicin	500	400	80
Flurouracil	1,000	900	90
TOTAL	**3,600**	**2,920**	**81%**

Definitions

This CQUIN scheme is limited in scope to Adult chemotherapy.

Partial achievement rules

As below. The commissioner will be able to review data submitted, and where exceptions apply will be able to agree to full payment of the CQUIN. In particular where participation in a trial precludes the use of dose-banded SACT, or where patient mix means that larger numbers of patients fall outside of dose-banding dosing tables.

In Year Payment Phasing & Profiling

Q1	10% of CQUIN for collection of base-line data. For range of dose banded drugs as agreed with Hub. Agreement with hub of stretch target for improvement during course of the year. 10% of CQUIN for demonstrating that local Drugs and Therapeutics committee have agreed and approved principles of dose banding, and dose adjustments required.
Q2	20% of CQUIN payable on achievement of Q2 target. If Q2 target not achieved. 15% payable if within 5% of target. 10% payable if within 10% of target. 0% payable if > 10% variance to target.
Q3	30% of CQUIN payable on achievement of Q3 target.
Q4	30% of CQUIN payable on achievement of Q4 target.

Rationale for inclusion	
Dose banding and dose standardisation will support the National Medicines Optimisation agenda. Standardisation of doses of SACT has the potential to improve patient safety, and ensure that patients are in receipt of doses approved nationally. Dose banded SACT may release some cost savings as costs of preparation may be reduced through preparation of fewer "patient-specific" dosages. Wastage of SACT would also be reduced as potential for re-use of unused dosages would increase. National standardisation should further enable greater efficiency in procurement in due course.	
Data Sources, Frequency and responsibility for collection and reporting	
The National SACT data set records the dose of chemotherapy administered. Therefore the range of drugs covered by the dose-banding tables, will be relatively for local Trusts, Local Area Teams and National Commissioners to validate data and confirm adoption of dose banding. Data quality should be good, and will improve further over time as more Trusts adopt E-prescribing systems for chemotherapy.	
Baseline period/ date & Value	SACT data already being collected. Therefore level of improvement can be measured.
Final indicator period/date (on which payment is based) & Value	SACT report, prepared for SACT by provider, made available to the commissioner.
Final indicator reporting date	Month 12 Contract Flex reporting date as per contract.
CQUIN Exit Route How will the change including any performance requirements be sustained once the CQUIN indicator has been retired?	This scheme is appropriate to support transition and set up costs for providers who are not yet undertaking dose banding, or who are dose banding to a different protocol. Beyond the conclusion of the scheme, it is intended that dose-banding be included in the quality schedule and also put into the national service specification as standard from 2017/18. It is believed that once the principles of dose-banding are accepted and adopted, then hospitals will not revert back to using non-standardised dosing, given the expected saving in costs accruing to the hospital. A National list of dose-banded drugs will also enable providers of electronic prescribing systems to pre-load these drugs and doses into their systems – thus enabling appropriate doses to be populated at the time of prescribing.

Supporting Guidance and References

In Scotland, where dose banding of SACT has been established for a number of years, it has been estimated that 60-70% of all SACT administered is in the form of dose banded preparations.

While limited data exists in the UK – it is clear that there is not a current consensus on doses of drugs, or the method of dose banding to be used. There is therefore significant potential for the adoption of a **single** standardised set of doses for a range of SACT drugs across England.

The National Dose banding of commonly used SACT has been attempted in England on a number of occasions in the past 10-15 years. It has led to savings of over £1m pa one of ten areas in England.

The ultimate outcome is that for a number of SACT drugs every NHS hospital in England will use the same range of doses of these drugs. This will require acceptance at local level of the benefits derived from dose-banding and the efficiencies that this will deliver. It is anticipated that change will take 1-2 years to embed. It should be noted that different providers are at different stages of their dose-banding journey.

The move to dose-banding of certain SACT agents should, in time, reduce costs of preparation of certain SACT agents and reduce waste.

The move to using a standardised set of doses for a range of SACT drugs will require providers to consider how they provide aseptic chemotherapy services, and the most cost-effective method of delivering that service. Costs may be incurred as Trusts review the on-going viability of the aseptic preparation units, and take difficult decisions as to their long-term futures.

Batch preparation of chemotherapy will have some advantages, and may enable Trusts to procure these drugs at lower cost. Over 1-2 years cost savings should be realised through product standardisation, the potential for commercial suppliers to enter the UK market for dose-banded products.

Overall, the standardisation of doses should reduce costs for providers, while releasing capacity within local units to support other activities and in particular clinical trial and research.