

# CANCER CENTRE EDUCATION NEWSHEET

July 2007

Please find below all the education events for this month  
The Cancer Centre Education Group

**Nurse Led**                      **Guest Speaker**                      **Departmental Meeting**  
**Junior Doctor Oncology Teaching**                      **Mandatory Training**                      **Palliative Care Education**

Date	Topic	Venue	Comment
2 <sup>nd</sup>	Herceptin Update and Overview	Coffee Room, Chemo Suite, 12.30 – 13.00, 13.00 – 13.30	Alexander Old, Roche Lunch provided
2 <sup>nd</sup>	Basic Life Support	MSC Lecture Hall	0930 - 1230
3 <sup>rd</sup> – 4 <sup>th</sup>	Teaching Tips	MSC Lecture Hall – 09.00 – 16.30	Book via Anni Hall
3 <sup>rd</sup>	Conversations in Palliative Care	MSH Seminar Room – 14.00 – 15.00	No need to book
5 <sup>th</sup>	Education Meeting	MSC Meeting Room – 13.15 – 14.30	Sarah Russell
5 <sup>th</sup>	Infection Control Meeting	Marie Curie Day Room – 14.30 – 15.30	Coffee and Cake provided
6 <sup>th</sup>	Action Learning Set – Group 1	MSC Meeting Room – 14.15 – 15.15	Sue Alexander
6 <sup>th</sup>	Oncology Study Day – Radiotherapy	MSC Lecture Hall – 10.00 – 16.00	Palliative Care Team
9 <sup>th</sup>	Basic Life Support	MSC Lecture Hall	0930 - 1230
10 <sup>th</sup>	Palliative Care Day 1	MSC Lecture Hall – 10.00 – 16.00	Palliative Care Team
11 <sup>th</sup>	Syringe Driver 1	MSC Lecture Hall – 10.00 – 12.30	Palliative Care Team
11 <sup>th</sup>	Syringe Driver 2	MSC Lecture Hall – 13.15 – 15.00	Palliative Care Team
12 <sup>th</sup>	Oncology Nurse Development Programme – Male Oncology	Marie Curie Lecture Room – 14.15 – 15.00	
13 <sup>th</sup>	Clinical Cases in Palliative Care	MSC Lecture Hall – 13.00 – 14.00	Sandwich Lunch provided
13 <sup>th</sup>	Action Learning Set – Group 3	MSC Meeting Room – 14.15 – 15.15	Sarah Russell
16 <sup>th</sup>	Basic Life Support	MSC Lecture Hall	0930 - 1230
16 <sup>th</sup>	Zometa in prostate cancer – new data	Coffee Room, Chemo Suite, 12.30 – 13.00, 13.00 – 13.30	Abbey Riaz, Novartis Lunch provided
17 <sup>th</sup>	Conversations in Palliative Care	MSH Seminar Room – 14.00 – 15.00	Just turn up
17 <sup>th</sup>	Cancer Centre Visit	MSC Meeting Room	Book via Anni Hall
18 <sup>th</sup>	Out of Hours Training	MSH Seminar Room – 13.30 – 15.00	Book via L Saul
18 <sup>th</sup>	Basic Life Support	MSC Lecture Hall	0930 - 1230
20 <sup>th</sup>	Volunteer Training	MSC Lecture Hall – 10.00 – 12.00	Book via Joanne Edwards
23 <sup>rd</sup>	Basic Life Support	MSC Lecture Hall	0930 - 1230
23 <sup>rd</sup>	Nexavar – managing adverse events	Coffee Room, Chemo Suite, 12.30 – 13.00, 13.00 – 13.30	Melissa Hough, Bayer Lunch provided
25 <sup>th</sup>	Basic Life Support	MSC Lecture Hall	0930 - 1230
26 <sup>th</sup>	Oncology Nurse Development Programme – Nausea and Vomiting	Marie Curie Lecture Room – 14.15 – 15.00	
30 <sup>th</sup>	Update on Breast Cancer	Coffee Room, Chemo Suite, 12.30 – 13.00, 13.00 – 13.30	Lunch provided
31 <sup>st</sup>	Conversations in Palliative Care	MSH Seminar Room – 14.00 – 15.00	No need to book
31 <sup>st</sup>	Fire, Health and Safety	MSC Lecture Hall	All day

## Dates for your Diary

11<sup>th</sup> September Cannulation Training                      13<sup>th</sup> September – Essential Communication Skills  
18<sup>th</sup> September – Introduction to End of Life Tools

To add your education event to this diary, please contact Lorraine O'Connell on EXT 4669 with your name, designation, dept, ext no, date, teaching topic & speaker, target audience and preferred date & venue choice

PLEASE TURN OVER

***Welcome to the 13<sup>th</sup> edition of the Cancer and Palliative Care Education  
Newsheet from the Mount Vernon Cancer Centre Education Group***

## Payment by Results (PbR)

Kay Bell –Head of Nursing Cancer and Palliative Care

**This should more accurately be termed Payment by Activity.**

In the past, funding of the NHS providers was often based on historical practice rather than on what care they actually delivered. The government felt this system held little incentive to do more work because there was no guarantee that providers would receive any additional income. Commissioners had limited scope to re direct funds if a provider could not deliver required level of activity or quality.

Payment by results (PbR):

- Was implemented to try to change all this and to provide a transparent link between activity and income.
- It is hoped that this new system would facilitate patient choice.
- Is based on clinically meaningful currencies and therefore should allow benchmarking of different service models, and put greater emphasis on the service provided to patients.

There is a national PbR tariff. It is hoped that the transitional phase from local to national tariff will be complete by 2008/09, however the roll out of PbR to all areas of the NHS will take a lot longer. Some elements of cancer are not being included until 2009/10. Currently only inpatient episodes and a few defined outpatient interventions (sub-cutaneous injections for instance!) fall into this category and are eligible for PbR. All outpatients are still covered under block contract so this means for the next year or so we have to run both systems.

PbR is not without its problems :

- There is some concern over the creditability of the data that underpins the tariff and the way it is organised.
- Also classifications need to reflect latest clinical practice and it reality often lag behind. It needs to better differentiate routine from more complex cases, and costs data needs to be robust.
- All interventions/ treatments are allocated to a healthcare resource group (HRG) so types of treatments are grouped together. The costs/ interventions are worked out from clinical coding. Cancer treatments are in HRG 4

In the Cancer Centre we will need to be better at clinical coding all our interventions. Currently OPCS codes are those that code each individual intervention with a patient. Clinical coders take all in-patient notes and use the information recorded in them to code using OPCS. The codes are then put through a piece of software called a grouper to identify the HRG which best fits the work carried out for that patient and therefore how much money we will be paid for them, this is why it is important to record as much information as possible in the medical records as this is where the coding is done from.

Radiotherapy has had individual HRGs for some time but are now being updated to reflect current practice. The OPCS codes map exactly to an HRG. Chemotherapy HRG (4) are being developed and are out now for consultation and specialist palliative care is some way off

Out patients do not get coded in the same way yet as OP activity is not paid for under PbR yet. This does happen for some activity but is coded at source rather than going to the coders.

Eventually the coding will be done on the wards or in the clinics. You won't be able to close a clinic or discharge a patient until the coding has been done. It will, however, be more automated than it is now!!!!

*Do you have information that you want published or disseminated? Let us know and we will publish and distribute for you in this newsletter.  
Contact Sarah Russell on [sarahrussell@nhs.net](mailto:sarahrussell@nhs.net)*