

**Overview and
Scrutiny
Committee
Briefing Report**

Improving Outcomes –
Specialised Cancer
services



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Foreword

The purpose of this report is to engage with the Overview and Scrutiny Committee on the proposed redesign of specialised cancer services in order to improve outcomes of treatment, enhance patients' experience and ensure safe and sustainable services are provided within Greater Manchester and East Cheshire.

In the past, as cancer treatment evolved there were many common treatments and interventions but as medicine has progressed, increasingly techniques have become more specialised.

Specialised services are those services provided in relatively few hospitals, to catchment populations of more than one million people. The number of patients accessing these services is small and a critical mass of patients is needed in each centre to achieve the best outcomes and maintain the clinical competence of NHS staff. Concentrating services in this way also ensures that specialist staff can be more easily recruited and their training maintained. It is also more cost-effective and makes the best use of resources such as specialist equipment and staff expertise.

Currently, specialist services for a number of cancers that are provided to the people of Greater Manchester and East Cheshire do not comply with national standards and guidance. There are too many teams providing specialist surgical care which means that minimum populations and therefore surgical volumes set out in national standards have not been reached. These standards are based on clinical evidence which clearly demonstrates that outcomes are improved by increasing volumes in institutions carrying out specialised cancer surgery.

This proposal relates specifically to **specialist surgery**. We want to ensure that the people of Greater Manchester and East Cheshire have access to the best possible treatment. Therefore our approach involves a concentration of surgical expertise with fewer centres carrying out specialist operations to ensure best outcomes for patients.

The location of other cancer treatment such as chemotherapy and radiotherapy services will not change and most cancer care will continue to be provided locally. Patients with suspected cancer will continue to be referred to their local hospital by their GP, for further investigation and diagnosis. Our proposal is to establish a 'single service' so that patients who need specialist treatment are managed by a single specialist team. Where appropriate, specialist surgery will be undertaken on one of two sites which will support easier patient access. This means that there will be access to the same specialist care irrespective of where patients live with clinicians working to the same guidelines and pathways across Greater Manchester. A consistent approach will also lead to better research and development along with teaching and training of specialist staff.

We are working in full partnership with local Clinical Commissioning Groups (CCGs) through the 'Healthier Together' programme. Trafford CCG, as lead cancer commissioner on behalf of Greater Manchester CCGs, is providing invaluable support in ensuring that these connections are maintained.

The Healthier Together public consultation does not directly affect NHS England's specialised commissioning proposals, which at this stage are focused on the model of care and not specific hospital sites. We will continue to work closely together to make sure there is a fully joined up NHS approach to providing the highest quality services for patients.

This report describes the commissioning approach being taken by NHS England for the following cancers;

- Urological cancers (kidney, bladder and prostate)
- Hepatobiliary (liver, bile duct and gall bladder) and Pancreas cancers
- Upper Gastro-intestinal cancers (oesophagus and stomach)
- Gynaecological cancers.

Appendix 1 provides a summary of each service.

1. Why change – the story so far

From 2002, a series of national standards for different types of cancer were developed by the National Institute for Health and Care Excellence (NICE) called 'Improving Outcomes Guidance'. These standards led to the development of multi-disciplinary teams and described the service pathways that should be in place between primary care, secondary (hospital) care and specialist care.

For rarer cancers such as those above, the standards require specialised teams to manage minimum population sizes to ensure that surgeons and teams are undertaking sufficient numbers of operations to maintain specialist skills and achieve the best outcomes for patients.

In January 2011, *Improving Outcomes: A Strategy for Cancer* was published which set an ambitious target to improve death rates from cancer and 'save 5000 lives' – which would bring English mortality rates in line with the European average. One of the main aims in this policy was to ensure patients had access to the best possible surgical treatment by a greater degree of specialisation.

In December 2013, NHS England published planning guidance for the services it is responsible for commissioning. *Everyone Counts: Planning for Patients 2014/15 to 2018/19* signalled the intention to further reduce variation by commissioning specialised services in larger centres of excellence where the highest quality can be delivered.

NHS England has undertaken a national exercise to assess whether providers of specialised services meet national clinical standards. This highlights that a number of teams within Greater Manchester do not comply.

2. What this means for local services – the vision

NHS England is working to ensure that people in Greater Manchester and East Cheshire have access to specialised services that are fully compliant with national guidance in line with clinical evidence to improve patient outcomes and mortality rates.

3. The proposal we are engaging on

The table below indicates where change will occur;

| Tumour | GP Referral & diagnosis in local hospital | Complex diagnosis | Specialist surgery | Chemotherapy & radiotherapy | Follow up and supportive care |
|----------------------------|---|-------------------|--------------------|-----------------------------|-------------------------------|
| Hepatobiliary and Pancreas | | Some change | Fewer sites (1) | | |
| Gynaecology | | | Fewer sites (2) | | |
| Urology | | | Fewer sites (2) | | |
| Upper gastro-intestinal | | | Fewer sites (2) | | |

= no change

The concentration of surgical services in larger centres in line with national standards is a common approach and is a model that has been established in other parts of England for many years.

The following information summarises the position with each of the four cancer areas:

Hepatobiliary and Pancreatic cancer – there are currently two organisations providing specialised surgery. By October 2014, providers and commissioners have agreed to the transfer of the service from Pennine Acute Hospitals NHS Trust to Central Manchester University Hospitals NHS Foundation Trust, bringing clinical experts together in a single team that serves the population of Greater Manchester, Central and East Cheshire.

Gynaecological cancer – three organisations currently provide specialised surgery, at Central Manchester University Hospitals NHS Foundation Trust (CMFT), University Hospital of South Manchester NHS Foundation Trust (UHSM) and The Christie NHS Foundation Trust. The service at Salford Royal NHS Foundation Trust has already transferred to The Christie. UHSM has also confirmed that it no longer wishes to continue providing this service. By March 2015 it is proposed that there will be a single specialist team involving CMFT and The Christie.

Urological cancer – five organisations provide specialised services, at CMFT, Salford Royal NHS Foundation Trust (SRFT), UHSM, Stockport NHS Foundation Trust and The Christie. Although clinical and hospital staff fully support the move to fewer sites, there is no agreement about where this should be therefore the next stage is to determine where surgical services should be provided via a procurement exercise commencing in June 2014. This will lead to a single specialist team being established with operating on fewer sites to ensure that patients receive the same high quality care irrespective of where they live.

Upper Gastro-intestinal cancer – three organisations provide these specialised services, at Central Manchester University Hospitals NHS Trust, Salford Royal NHS Foundation Trust and University Hospital of South Manchester NHS Foundation Trust. As with urological cancer, there is no agreement amongst providers about where this service should be provided. A procurement process will commence in September 2014.

Usually people view the establishment of world class centres as very positive as long as local hospital services are not compromised. In developing these proposals, account is being taken of the impact on other services. For example, capacity in A&E and Intensive Care Units may be freed up as a result of concentrating services in larger centres. We will continue to work alongside local Clinical Commissioning Groups to ensure that the 'single service' model for specialised cancer surgery aligns with work being undertaken through the 'Healthier Together' programme and that patient safety and quality standards are met.

4. Engagement so far

The former Greater Manchester and Cheshire Cancer Network and more recently the Strategic Clinical Network has engaged with its constituent organisations involving clinicians and managers, and patient representatives regarding the provision of specialist cancer surgery. We also work closely with the Manchester Cancer Provider Board which includes clinical and executive representation from hospital trusts in Greater Manchester. In addition;

- There has been extensive engagement on the single service model at the NHS Greater Manchester Cancer Summit (2012) and Convention (2013) at which over 140 people attended including representation from patients, GPs, chief executives, hospital clinicians and CCGs
- Clinical teams and hospital managers support the development of a single specialised team that provides surgery on fewer sites to ensure that patients receive access to the same high quality care irrespective of where they live
- Local clinical commissioning groups are supportive of this proposal
- Close links exist with the Strategic Clinical Network who have ensured good engagement with the Greater Manchester Partnership Group on these proposals, ensuring that proposals have the support of local clinicians and are evidence based
- National Clinical Reference groups that produced these specifications upon which our plans are based include patient/carer representatives. These have been subject to detailed public consultation
- Our proposals are a regular standing item at the Greater Manchester Association Governing Group with all CCGs present.

We are engaging with each Overview and Scrutiny Committee within Greater Manchester and East Cheshire throughout June and July to ensure that our plans are transparent going forwards.

5. What happens next

We will continue to inform and engage key stakeholders throughout this process, including patients, local Healthwatch organisations, Overview and Scrutiny Committees and providers.

We expect the procurement process to be completed by March 2015 for urology, and June 2015 for upper GI and will attend future Overview and Scrutiny Committees to inform them about mobilisation plans for these services.

Summary Position on Specialised Cancer Services

| Service area | Geographical area | Catchment Population | Current Providers | National Guidance on No. Providers to reach compliance | Specialist surgical operations (per annum) | Estimate of number of patients likely to be affected | Rate per 100,000 (adult population) |
|--------------------------------|-------------------|----------------------|-------------------|--|--|--|-------------------------------------|
| Cancer Surgery Upper GI (O.G.) | GM | 3 million | SRFT | 2 | 87 | | 3.68 |
| | | | CMFT | | 39 | | 1.64 |
| | | | UHSM | | 24 | | 1 |
| Total | | | | | 150 | 50 | 6.3 |
| Cancer Surgery Urology | GM | 3.2 million | SRFT | 2 | 105 | | 4.16 |
| | | | Christie | | 71 | | 2.8 |
| | | | Stockport | | 176 | | 6.9 |
| | | | UHSM | | 61 | | 2.41 |
| | | | CMFT | | 133 | | 5.2 |
| Total | | | | | 546 | 330 | 21.6 |
| Cancer Surgery Gynaecology | GM | 3.2 million | CMFT | 2 | 148 | | 5.86 |
| | | | UHSM | | 94 | | 3.7 |
| | | | SRFT | | 40 | | 1.5 |
| | | | Christie | | 56 | | 2.22 |
| Total | | | | | 338 | 110 | 13.4 |
| Cancer Surgery HPB | GM | 3.2 million | PAHT | 1 | 194 | | 7.6 |
| | | | CMFT | | 142 | | 5.63 |
| Total | | | | | 336 | 194 | 13.3 |
| Grand Total | | | | | 1370 | 684 | |

Source:

Upper GI/Urology/Gynaecology – surgical data based on major surgical resections defined within NHS England service specifications (B11/S/a, B14/S/a, E10/S/f). Extracted from Secondary User Service activity data 2013/14 (11 month projected)

HPB - Trust data 2012