Bath & North East Somerset Council	
MEETING:	Healthier Communities & Older People Overview & Scrutiny Panel
MEETING DATE:	18 January 2011
TITLE:	Gynaecology Cancer Services Review
WARD:	ALL
AN OPEN PUBLIC ITEM	
List of attachments to this report: • Main Report :- Gynaecology Cancer Services Review – Next Steps	

1 THE ISSUE

1.1 A comprehensive review of gynaecological cancer services commenced in September 2008 and came to a close in September 2009. At the conclusion of the review the 6 Primary Care Trusts (PCTs) in the Avon & Wiltshire & Somerset Cancer Network made a recommendation that complex gynaecology cancers from the RUH should be transferred to UHB in the future in order to deliver a service that was compliant with the NICE Improving Outcome Guidance (IOG).

1.2 A Joint Overview and Scrutiny Committee was due to be held in June 2010 but following the general election these plans were postponed as the Secretary of State for Health set out new policy commitments on service reconfiguration. These are a set of 4 measures against which proposed service re-configurations should be tested and referred to as the "the four tests".

1.3 The attached paper informs the Healthier Communities & Older People Overview & Scrutiny Panel Committee of the outcome of a local assessment of the gynaecological cancer services review against the "four tests". It also informs the panel based on this assessment of the proposed next steps for a revised local solution to providing gynaecology cancer services.

2 RECOMMENDATION

The Healthier Communities & Older People Overview & Scrutiny Panel is recommended to:

2.1 Note the local assessment against "the four tests" and the proposed set of conditions to work towards delivering local services that are IOG compliant.

2.2 Consider what further briefings or updates the panel requires.

3 FINANCIAL IMPLICATIONS

3.1 There are no financial implications associated with these proposals.

4 THE REPORT

4.1 The attached paper describes the PCT's assessment of the gynaecology review against the "four tests". Based on this review a series of measures have been identified that will strengthen the delivery of local services but seek to retain the surgical treatment of complex gynaecology cancer services on the RUH site.

5 RISK MANAGEMENT

5.1 The review has fully assessed risk and has drawn conclusions based on a risk assessment. The conclusions have been supported by independent bodies.

6 EQUALITIES

6.1 An Equalities Impact Assessment of Gynaecology cancer services was completed by the B&NES commissioning team in 2009 as part of the review and fed into the process. It is proposed that both providers are requested to complete a further equalities impact assessment within 6 months to identify any potential issues.

7 CONSULTATION

7.1 As part of the original review process the PCT carried out a series of engagement activities with members of the general public. Subsequent to the conclusion of the review additional involvement has been sought from UHB and RUH clinicians, the B&NES GP consortia and the National Cancer Action Team.

7.2 Individual patient and public representatives who participated in the review have been written to advise them of the proposed next steps.

8 ISSUES TO CONSIDER IN REACHING THE DECISION

8.1 All the following issues are relevant to Gynaecology Cancer Services: *Social Inclusion; Customer Focus; Sustainability; Human Resources; Human Rights; Health & Safety and Impact on Staff.*

9 ADVICE SOUGHT

9.1 The PCT's Professional Executive Committee (including GP representatives), Board and the Avon and Wiltshire and Somerset Cancer Board have considered the issue prior to its presentation to the Healthier Communities & Older People Overview & Scrutiny Panel.

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Background papers	HCOP O&S meeting on 19th December 2009 - *The future of specialist care for patients with gynaecological cancer*

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NHS
Bath and
North East Somerset

Title: Re-configuration of Gynaecology Cancer Services

Purpose

1. To inform the Healthier Communities & Older People Overview & Scrutiny Panel of:-

- NHS B&NES' local assessment of the Gynaecology Cancer Services Review against "the four tests"
- The proposed set of service improvement measures that will be put in place to work towards delivering local services that are IOG compliant.

Background

2. In response to requests made by B&NES Healthier Communities and Older People Overview and Scrutiny Panel following an earlier review process, a comprehensive review of gynaecological cancer services commenced in September 2008 and came to a close in September 2009.

3. At the conclusion of the review the 6 Primary Care Trusts (PCTs) in the Avon & Wiltshire & Somerset Cancer Network made a recommendation that complex gynaecology cancers from the RUH should be transferred to UHB in the future in order to deliver a service that was compliant with the NICE Improving Outcome Guidance (IOG).

4. The RUH service operates with a catchment population of less than half a million. The IOG recommended catchment population is 1 million. It also operated without the two gynae-oncology sub specialists recommended in a regular peer review by ASW Cancer Services Network. It is led by a single sub specialist consultant gynae-oncological surgeon.

5. The UHB service operates with a catchment population slightly below the 1 million recommended by the IOG and employs three sub specialist consultant gynae-oncological surgeons and a specialist trainee.

6. The impact of the proposed changes was that approximately 100 patients per year (35 of which would be BANES patients) would receive their surgical treatment at UHB whilst all diagnostic, outpatient and follow-up care would continue to be provided at the RUH. The recommendation was subject to review by all six Overview & Scrutiny Committees, 3 of which considered that the service changes were a substantial variation and/ or requested further information about the proposed changes including information on the evidence base for the proposed changes.

7. A Joint Overview and Scrutiny Committee was due to be held in June 2010.

Following the general election these plans were postponed as the Secretary of State set out new policy commitments on service reconfiguration. These policy commitments were outlined in a letter by David Nicholson on the 20 May and were included in the Revision to the Operating Framework for the NHS in England 2010/11, published on the 21 June 2010. Further guidance on service reconfiguration was outlined in the David Nicholson letter of the 29 July 2010.

8. The Secretary of State identified four key tests for service change, which are designed to build confidence within the service, with patients and communities. The tests require existing and future reconfiguration proposals to demonstrate;

    - Support from GP commissioners
    - Strengthened public and patient engagement
    - Clarity on the clinical evidence base; and
    - Consistency with current and prospective patient choice

9. In the light of these announcements the proposal to transfer specialist gynaecological surgical treatment was deferred to enable a full assessment of the new policy requirements to be undertaken.

10. This paper sets out the results of the ASWCS Network and NHS B&NES' assessment of the application of the 4 tests to the proposed re-configuration of gynaecology cancer services and on the basis of this assessment and following dialogue with the SHA sets out a proposed way forward.

Applying the reconfiguration tests

11. The guidance circulated on the 29 July outlines two processes, one for schemes underway and a second process for new schemes.

12. As the reconfiguration of gynaecological cancers in ASWCS had been through a lengthy and thorough process up to consultation with the Overview and Scrutiny Committees the assessment has been undertaken in respect of the guidance for schemes that are underway.

13. Local commissioners must demonstrate to the SHA that the tests have been applied and met. Where the four tests have not been met the SHA should consider halting the proposal and/or seek advice from the Independent Reconfiguration Panel (IRP) or the National Clinical Advisory Board (NCAT). A review and assessment against the 4 tests is detailed below.

Supports from GP Commissioners

14. Engagement with GP commissioners in the Network at the time of the second review (launched in September 2008) was via PCTs respective Professional Executive Committees and Boards. The B&NES PEC Chair a BANES GP, was involved in the process including the Gynaecology Project Steering Group which oversaw the review process. However, there was no separate GP engagement process at that stage.

15. B&NES PCT coordinated the review on behalf of the six PCTs in the Network including Bristol and South Gloucestershire. This was a comprehensive review and consultation programme that aimed to identify the best configuration for specialist gynaecological cancer centre services. The review set out to define excellence,

identify options to achieve this and recommend a preferred option for the future. This was followed by impact assessments carried out by the PCTs and a public consultation process, in line with the Health Overview and Scrutiny Committee recommendations.

16. Recommendations for the preferred option were made to the Avon, Somerset, and Wiltshire Cancer Network Board, and the six Network PCT Boards. The Cancer Network Board and all six PCT Boards accepted the recommendations made and forwarded them to each of the six Network Health Overview and Scrutiny Committees (HOSCs) for their approval. Three of the HOSCs considered that the proposals did *not* constitute a major service change; three considered that it did and were seeking further information. Further consultation with the three HOSCs seeking further information was halted prior to the general election and the subsequent moratorium.

17. At the time of the review the main process for seeking GP support on these proposals was through engagement with GP representatives on the Professional Executive Committees and PCTs Boards; these GPs were supportive of the proposal to transfer complex gynaecology cancers to UHB.

18. Subsequently the views of GPs on the PCT's Professional Executive Committee and the B&NES GP Consortia have been sought on the current position and a potential way forward. There is consensus amongst GPs that a local approach for delivering an IOG compliant service is preferable given the current position.

19. **Assessment:** - **GP involvement at the time of the review was via PCT's Professional Executive and Boards. Engagement processes with GPs are changing with emerging GP Consortia. The PCT has received confirmation that the local GP Consortia and Professional Executive Committee are supportive of the revised proposal set out within Section 39-45 below.**

Strengthened public and patient engagement

20. There is already statutory provision for the engagement of local communities and Local Authority Health Overview and Scrutiny Committees. Section 242 of the National Health Service Act 2006 requires that local health organisations make arrangements in respect of health services to ensure that users of those services such as the public, patients and staff are involved in the planning, development, consultation and decision making in respect of the proposals. Section 244 of the Act places obligations on a PCT to consult with Overview and Scrutiny Committees on issues that may be determined as a substantial change.

21. The Bath and North East Somerset HOSC in their meeting in August 2007 raised objections to the proposal to reconfigure gynaecological cancer services from the Royal United Hospital Bath to the United Hospital Bristol, as they considered this a substantial change. A joint meeting of the six HOSC's in the Network was established in January 2008 and now meets annually to be briefed on current and any subsequent service change in cancer services. The HOSC's were all briefed throughout the review launched in 2008 by members of the Cancer Network and the PCTs involved.

22. A substantial programme of public engagement was undertaken during the review including the establishment of a service user group which included the participation of patients. Members of the public and Local Involvement Network members had participating places on the decision-making steering group. Outside of the business of these groups additional engagement activities were undertaken at

various stages including communications, briefings, other media and opportunities for patients and the wider public to comment. All materials from the review were published openly on the NHS B&NES Website.

23. The Network User Involvement Group has been kept informed of the progress of the gynaecological review and users have been an important element in influencing the progress of the review and participated on the Network Board.

24. Objections and further considerations raised by the users and general public on the proposed service changes have been dealt with carefully and appropriately by NHS B&NES as the leading PCT and the Network and all organisations kept informed and updated. During the review a number of the HOSCs raised concerns about the national policy to centralise and the role of the Cancer Action Team, the body setting the guidance for centralisation.

25. A joint scrutiny review meeting was planned on the 21 June 2010 to liaise with the three HOSCs in the Network who were seeking further information about the proposals and to answer fully questions and objections raised regarding the proposed service changes. Members of the National Cancer Action Team had prepared a response and were planning to come to the Network to discuss concerns with the HOSC representatives; this was postponed because of the moratorium.

26. An external assessment and legal opinion of the efficacy of the approaches taken to satisfy patient and public involvement was completed. This independent report confirmed that the activity undertaken had been adequate to meet the statutory obligations under section 242 and 244.

27. **Assessment**: - **It could be reasonably judged that the review process would satisfy the requirements on Strengthened public and patient engagement, although further work would need to take place with HOSCs and patient groups if the review were to proceed.**

Clarity on the clinical evidence base

28. The Improving Outcomes Guidance (IOGs) was started by the Department of Health in 1996 with Guidance first produced on Breast Cancer and lastly Gynaecological Cancers in 1999. This process was then handed over to the National Institute of Clinical Excellence (NICE) in 2000. The Cancer Action Team has clarified the following;

29. - The IOGs are guidance with an expectation from the centre that the guidance will be followed unless there is a good reason not to. This expectation has been set out in various documents and supporting processes that have been put in place to monitor the delivery of the IOGs.

30. - The 'Improving Outcomes Guidance' set out recommendations for future service delivery of gynaecological malignancies. The Guidance recognised that the most critical aspects of clinical decision making and service delivery require sufficient caseload to justify bringing together the scarce specialist skills and facilities necessary to permit effective multi-professional and multidisciplinary care. This requirement is balanced against the need to provide services as close to the patient's home as possible, but ensuring the patient receives high quality, safe and effective care.

31. The Improving Outcomes in Gynaecological Cancers 1999 was accompanied by Guidance on the research evidence which was designed to be read alongside The

Improving Outcomes in Gynaecological Services –The Manual. There were four questions posed as the basis for the research outlined in the research evidence IOG document:

1. Is there evidence that specialist surgeons or centres, or expert multiprofessional teams, deliver more appropriate treatment and improved survival?

2. Is there evidence that clinical nurse specialists can achieve improved quality of life for women with gynaecological cancers?

3. How important is expert pathology?

4. How effective are specialist palliative care teams for enhancing quality of life in cancer patients and improving communication between health care sectors?

32. Members from the British Gynaecological Cancer Society (BGCS), the Gynae NSSG Leads Group and the BGCS/NSSG Leads Guidelines Group met in 2007 at A Cancer Reform Strategy Gynaecological Cancers Workshop to inform the vision for gynaecological cancer services in 2012. In their resulting paper they confirmed that the configuration of existing gynaecological cancer services is based on the IOG published in 1999 and this would remain the basic structure for services in 2012. However, they felt that new research evidence/accepted clinical guidelines will render aspects of the IOG obsolete and these should be identified by the profession.

33. As part of the review process the evidence base for the IOG was shared with stakeholders. However, it is fair to state that the strength of the evidence base remained a point of contention and debate and was one of the key issues the Cancer Action Team had been asked to address at the cancelled 21 June HOSC event. There is a clinical perspective that supports the concept of a multi-disciplinary team (MDT) arrangement (as highlighted in paragraphs 40-42 as being a clinically effective mode of delivery.

34. **Assessment:** - **Current IOG guidance remains in place and evidence suggests that there remain benefits to service delivery by bringing together specialist skills and facilities. However, locally within the ASWCS network there is insufficient confidence on the current evidence base as part of the gynaecology IOG to enable commissioners to put forward a sufficiently strong case to support the service re-configuration which would receive the support of all stakeholders.**

Consistency with current and prospective patient choice

35. The quality of services at the recommended centre for centralised gynae cancer services was a key theme at the beginning of the review process led by Bath and North East Somerset PCT. Support for the proposed centre was backed up with caveats on improvements that had to be made in United Hospital's Bristol's service. The pathway for patients from Bath and Wiltshire recognised the need for them to receive high quality services as close to home as possible with specialised services provided in a specialised centre where necessary. Although patient choice of provider is for elective services and specifically excludes malignancy, the aim was to localise where possible and centralise only where evidence recommended it would improve outcomes. On this basis, the proposal was that initial diagnosis and some parts of treatment such as oncology and follow-up services could still be provided nearer to the patient's home with complex surgery carried out in the specialist centre.

36. **Assessment: - The re-configuration proposals are consistent with national policy on the patient choice and its application to cancer services.**

Summary

37. In reviewing the process of Gynaecological cancer services reconfiguration started in September 2008 by NHS B&NES the following conclusions against the four key tests have been drawn:

    1. Support from GP Commissioners was not sought comprehensively in practices whose patients will be significantly affected by the case for change; however GP's had been consulted as part of the review. The current perspective of local GP's is that they are supportive of a locally based solution to current service arrangements.

    2. Strengthened public and patient engagement was a key element of the review process from September 2008 with the public and users being involved in planning, development, consultation and decision making. The views of public and patients were mixed with some supporting the proposals and others contesting them. However there was no consensus reached and whilst the independent assessment indicates that the PCT met its statutory obligations, further work would be required to satisfy 3 of the 6 HOSCs.

    3. Clarity of the clinical evidence has been contested, though there remains support for the centralisation of specialist skills as outlined in the 1999 Improving Outcomes Guidance. Locally, there is not currently support amongst local clinicians to the model set out in the IOG which is centralisation at one site. The current and new arrangements in place described below which have a joint multi-disciplinary team and centralised decision-making, leave and sickness cover and audit arrangements meet most of the requirements of the IOG but without fully centralising surgical services.

    4. Consistency with current and prospective patient choice has been upheld as the reconfiguration recommendations support services locally where possible across the patient pathway and centralised where necessary, predominantly for surgery.

38. From the Network's and PCTs assessment of the position against the 4 tests, it is concluded that it will be extremely difficult to engage stakeholders with progressing the review recommendations as set out in September 2009.

Adopting a local solution

39. In recognition of the position described above it is recommended that the reconfiguration proposal set out in September 2009 should *not* be progressed. A local solution should be adopted and further steps taken to strengthen local service arrangements in line with the principles of national guidelines. Commissioners in B&NES have asked the RUH to put in place arrangements to ensure all patient care is overseen by the central specialist MDT and to ensure joint cover and audit arrangements are in place. These arrangements will bring patients many of the benefits of centralisation, without physically moving the location of services.

40. Since the review a robust joint MDT has been established and is now in operation

across the 4 Trusts. UHB is recognised as the centre with joint working taking place between providers and robust prospective audit arrangements in place. These developments represent a change in the service configuration under review, are a significant move forward and are expected to strengthen patient care and patient outcomes.

41. In adopting a local solution it is recognised that there should be a risk assessment of current service arrangements to ensure that patients can be assured that services continue to be provided safely and effectively and where possible service outcomes can be improved. This assessment has been considered and it is proposed that the following measures be put in place to ensure the arrangements fully satisfy clinical standards and give confidence in respect of any perceived risk:

- confirmation of a single specialist multi-disciplinary team for gynaecological cancer hosted by University Hospitals Bristol NHS Foundation Trust;
- confirmation that surgery taking place at the two sites will be to a single tumour site specific operational protocol;
- ensuring proper cover for the surgical team at Bath including arrangements for leave and sickness cover;
- the development of joint job plans, for example honorary contracts in the non-home trust;
- commitment to regular audit that the treatment decisions made at the specialist multi-disciplinary team are carried out, across both sites;

42. The National Cancer Action Team has been consulted on the proposed service enhancements and has confirmed that with these measures in place they would support the revised approach and approve the local solution. The position will be kept under clinical review as part of the Peer Review process.

43. The RUH and UHB have been formally written to request a joint action plan that demonstrates how these conditions will be met with the plan signed off by both Chief Executive Officers.

44. However, there is already evidence of progress against these measures:-

- A single MDT is in place but further work is required to provide teleconferencing to improve communications across the sites to include professionals who are unable to attend
- Cancer managers at both Trusts are in the process of drafting a single tumour site specific protocol
- The site specific group is working on the audit structure now and is expected to agree a position by January 2011

45. The B&NES Professional Executive Committee considered the revised proposal at its meeting on November 25th and supported the measures described. (The meeting included 3 representatives of the new GP Consortia and 3 existing GP PEC members).The proposals were subsequently considered and supported by

the PCT Board at its December meeting.

Recommendations

46. The Healthier Communities & Older People Overview & Scrutiny Panel is recommended to:

- Note the local assessment against “the four tests” and the proposed set of conditions to work towards delivering local services that are IOG compliant.
- Consider what further briefings or updates the panel requires.