Anglia Cancer Network

Agenda Item: **12**

From: **Mary Emurla, Associate Director/Programme Manager**

BOARD REPORT – IOG Implementation Report

1 Purpose

1.1 To advise the Board on the following:

- Haemato-oncology pathology timeline for implementation
- Paediatrics implementation update
- TYAs implementation update
- Sarcoma implementation update
- Metastatic Spinal Cord Compression implementation plan
- Liver resection update

2 Background

2.1 The Haemato-oncology pathology recommendations are the last to be addressed for the Haematology IOG (NICE 2003). A number of Networks have not addressed this and in December 2010 NCAT published a re-draft of the pathology section of the IOG, providing more clarity on service configuration. In April 2011 the Board agreed the broad implementation process and requested a detailed implementation timetable.

2.2 Implementation of the CYP IOG was completed for Paediatric services in December 2010, and the Principal Treatment Centre (PTC) and Paediatric Oncology Shared Care Units (POSCUs) formally designated by SCG Board in January 2011. At this time Hinchingbrooke was not formally designated as a POSCU because the paediatric oncology service provided by Cambridgeshire Community Services (CCS) did not comply with staffing and training requirements. There was also a concern about low numbers of patients.

2.3 The target date for implementing the TYA IOG was December 2010. There were concerns that peer review measures for TYA had not been published and may result in changes to service configuration. As a result SCG has not been in a position to designate AngCN non-PTC TYA Units. In April 2011 the Board were advised of measures put in place to demonstrate solid progress towards IOG compliance in the absence of the measures.

2.4 The Sarcoma IOG was implemented in December 2010 however when the measures were published it became apparent that the soft tissue service did not fully meet the requirements.

2.5 Cancer Networks are tasked with implementing NICE guidance on metastatic spinal cord compression (NICE 2008). The guidance aims to ensure that facilities are available for early diagnosis and that treatment is coordinated, follows best practice and whenever possible prevents paralysis from adversely affecting the quality of life of people living with cancer. This service forms part of the Acute Oncology services currently being implemented across the Network.

2.6 Action to address surgical re-section of liver metastases came with the revised colo-rectal IOG guidance in 2008 and the Peer Review Team has encouraged the Network to address this. A plan was agreed by the Board in April 2011 and the service specification is being developed by the steering group.

3 Haemato-oncology pathology

3.1 The Network has engaged procurement support from the East of England Procurement Hub who provided the following assessment of the commissioning options:

- Any Willing Provider (AWP) - haemato-oncology pathology is not a service that is accessed directly by patients and the aim of the review is not to open up more choice for patients. **AWP is not relevant for consideration**.
- Contract management - as we are dealing with multiple contracts which may not give specific details on the basis of haemato-pathology services currently, the Procurement Hub have recommended that **Contract Management should not be considered at this stage**.
- Competitive tender – used to facilitate service change or improvements where the change is deemed so significant that it would fundamentally alter the original basis for contract award. It can be open to all possible providers (which in this case may include out of area providers or private companies) or restricted to NHS providers with mini-competition, commissioners would be asked to take a view on this point. **The Procurement Hub are recommending this as a possible model of procuring a SIHMDS**
- Negotiation (competitive dialogue) - can be used to determine the "best placed provider" or to produce a shortlist for mini-competition. A negotiated process allows for specifications to be developed with possible providers as opposed to a competitive process where the specification is clearly defined at the outset and identifies the outcomes required. **The Procurement Hub are recommending this as a possible model of procuring a SIHMDS**.

3.2 The Network therefore recommends a process of implementation which may use either **competitive tender** or **negotiation** to commissioning an IOG complaint Specialist Integrated Haematological Diagnostic Service (SIHMDS) for the region. If there is only 1 Trust within the Network willing and in a position to provide a SIHMDS for Anglia and commissioners express an interest in developing a Network service, a SIHMDS may be implemented through negotiation with the chosen provider.

3.3 If 2 or more Trusts within the Network are willing and in a position to provide a SIHMDS for Anglia OR Commissioners express an interest in looking outside the Network for a provider (this may be because no Trusts within the Network are in a position to meet the specification or because an external organisation, NHS or otherwise, could offer better value for money) then a competitive tender or mini-tender would be run.

3.4 Either option requires a commissioning needs assessment to understand existing provision, identify gaps in provision and engage with potential service providers. Commissioners will then be in a position to decide if any of our current providers are in a position to deliver a SIHMDS on behalf of the Network. The number of potential providers will influence the commissioning process.

3.5 As reported to the Board in April, CUHFT and NNUHFT are currently providing specialist haemato-pathology services that are partly compliant with the guidance. The Network has been informed of recent developments at CUHFT which may impact on the delivery of this project, these are:

- CUHFT run a Haemato-Oncology Diagnostic Service (HODS) that serves a large proportion of AngCN, as well as some Trusts in Hertfordshire and Essex. CUHFT estimate that they serve a population of 3.5 million. The Network will work with neighbouring cancer networks to establish the pathways they intend to commission for their population.
- CUHFT are in discussions with the SIHMDS based at Leeds with a view to partially integrating the two services. This partnership would aim to align processes, research, and integrated reporting systems across the two services. CUHFT anticipate the potential to benefit from economies of scale if this partnership is formalised. As part of this process the Network will clarify with CUHFT the nature of the proposed partnership and how this may impact upon the plan to deliver a compliant SIHMDS for the whole of the region.

Recommendations

3.6 The Board is asked to approve the proposed process and timeline for implementation as follows:

<table>
<tr><td rowspan="4">2011</td><td>Jul</td><td colspan="2" rowspan="4">• Develop understanding of current service: current activity , pathways and costs
• Understand implications of developing SIHMDS; benefits for patients, cost of setting up a SIHMDS within the Network
• Develop service specification based on IOG Re-draft Guidance</td></tr>
<tr><td>Aug</td></tr>
<tr><td>Sep</td></tr>
<tr><td>Oct</td></tr>
<tr><td rowspan="2"></td><td>Nov</td><td colspan="2" rowspan="2">• Service specification to be externally reviewed
• Network hold an information day for all stakeholders
• Commissioners will lead the evaluation of the two procurement options</td></tr>
<tr><td>Dec</td></tr>
<tr><td rowspan="10">2012</td><td>Jan</td><td colspan="2">• The Board will be asked to approve the method of procurement</td></tr>
<tr><td></td><td>Scenario 1: Competitive Tender</td><td>Scenario 2: Negotiation</td></tr>
<tr><td>Feb</td><td>• Advertise tender</td><td rowspan="2">• Specification is negotiated with provider</td></tr>
<tr><td>Mar</td><td>• Expressions of interest received</td></tr>
<tr><td>Apr</td><td>• Potential providers shortlisted</td><td rowspan="2">• Action plan towards full compliance developed and agreed with the provider</td></tr>
<tr><td>May</td><td rowspan="2">• Specification is negotiated with bidders</td></tr>
<tr><td>Jun</td><td>• Contracts prepared and signed</td></tr>
<tr><td>Jul</td><td>• Interviews/presentations with shortlisted providers</td><td>• SIHMDS Provider agreed</td></tr>
<tr><td>Aug</td><td>• Decision on contract award
• Contracts prepared and signed</td><td>• Process for transition to new provider agreed between Trusts and commissioners</td></tr>
<tr><td>Sep</td><td>• SIHMDS Provider agreed</td><td rowspan="2"></td></tr>
<tr><td>Oct</td><td>• Process for transition to new provider agreed between Trusts and commissioners</td></tr>
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4 Metastatic Spinal Cord Compression (MSCC)

4.1 The Board requested an MSCC implementation plan and a high level extract is included in Appendix A.

4.2 The clinical service is defined by 3 main aspects:

- MRI Facilities: the activity here is to formalise any out of hours services needed by Trusts who do not have a 24/7 service;
- Radiotherapy Service: Peterborough has been included in the Acute Oncology Services Declaration as an MSCC treatment centre for radiotherapy. The activity here is to understand how that will work in practice as the service currently offered is not a 7 day a week service;
- Spinal Surgery Service: there are 3 spinal surgery treatment centres at Addenbrookes, Ipswich and Norfolk & Norwich. The activity here is to ensure that all 3 can offer a fully compliant service and there is a concern that the Norfolk & Norwich may be under-resourced to do so.

4.3 A major concern relates to significant requirements for care in the community in the areas of physiotherapy, equipment and nursing care (in some cases up to 24 hours a day). These types of community resource are already stretched, and funding can also be an issue. A subgroup composed mainly of AHPs has been formed to define the ideal care plan and discharge pathway, which will help to quantify these issues.

Recommendations

4.4 The Board are asked to approve the MSCC implementation plan.

5 Paediatrics

5.1 In April 2011 NCAT notified Networks that in exceptional circumstances some Level 1 POSCUs may opt out of delivering IV bolus chemotherapy to children because they do not have the critical mass necessary to achieve and sustain safe practice.

5.2 In June 2011 the Network received a formal request from Cambridgeshire Community Services NHS Trust to 'opt out' of the delivery of IV bolus chemotherapy for level 1 POSCU services at Hinchingbrooke Hospital. This request has been supported in principal by the East of England Children and Young People's Co-ordinating Group (CYPCNCG). However, Hinchingbrooke Hospital is still not formally designated as a level 1 POSCU by SCG as they haven't demonstrated compliance with key requirements:

- Designation of a Lead Nurse for the service
- Training of all nurses in line with the measures

5.3 The Network and SCG have agreed the following process with CCS:

- The job description for the lead nurse should be agreed between CCS, the Network and the PTC prior to the Network Board meeting, and AfC grading approved by the end of July.
- CCS must demonstrate completion compliance with essential training for nursing staff, in line with the CCN agreed training policy prior to the SCG Board on 19th July.
- CCS to provide the Network and SCG with formal written confirmation that the above 2 points have been completed no later than the 18th July 2011. A clear action plan should also be provided at this time detailing timescales for the completion of all other outstanding aspects (for example non-essential training) and this should be agreed by the Network and SCG.

Recommendations

5.4 The Network recommends that Hinchingbrooke be allowed to discontinue providing an IV chemotherapy service to paediatric patients.

5.5 The Network recommends that Hinchingbrooke be designated as a Level 1 POSCU, with IV chemotherapy 'opt out', by the SCG Board on 19th July 2011 providing that all of the above conditions are met.

5.6 The Network supports Hinchingbrooke's request to continue giving IV chemotherapy to one patient until September 2011 (3 more doses) on the basis that this is given by the Lead Clinician at Hinchingbrooke Hospital.

5.7 The Board are asked to support these recommendations to be put formally to the SCG Board, who are responsible for final designation, on 19th July 2011.

6 TYAs

6.1 In April the Board was advised that SCG has not been able to designate AngCN non-PTC TYA Units because there has been very limited guidance on what is expected. SCG will be unable to designate until there is clarity on the role of these units which will be confirmed in the final peer review measures, and similarly the units cannot put the necessary age-appropriate infrastructure in place until they have been designated.

6.2 Since the last Board meeting the Network has been advised that the final measures are unlikely to be available for some and that there will be a five month period from publication to self-assessment against the peer review measures.

Recommendation

6.3 The Board notes the ongoing position with regards to designation of PTC TYA Units and the delay in publication of the peer review measures.

7 Sarcoma

7.1 The sarcoma IOG was implemented in line with the national deadline of December 2010. However when the draft sarcoma measures were published in February 2011 the Network highlighted that clinicians within AngCN were managing soft tissue sarcoma patients locally without being members of the MDT at the centre(s). This is not compliant with the measures.

7.2 In response SCG asked the Sarcoma SSG to clarify the rationale behind managing this cohort of patients locally and to explore the possibility of developing a soft tissue sarcoma centre within the Network.

7.3 Initial discussions indicate that CUHFT and NNUHFT are willing to work together to develop a compliant local network service which would offer better quality to patients, however the viability of a Network service hinges on the number of new patients diagnosed per year with soft tissue sarcoma, the measures clearly specifying a minimum of 100 new patients per year.

Recommendation

7.4 The Board are asked to agree that the Network works with commissioners and providers to develop a plan for an IOG compliant soft tissue pathway. This will be brought to the next Board meeting and include an assessment of the Networks ability to provide a service locally and options for an out of network service should this be required.

8 Liver resection

8.1 The Network has received a number of responses to the draft service specification and will give due consideration to feedback prior to finalising the service specification on 4 July 2011.

9 Appendix A – MSCC Project Implementation Plan

Key Milestone	Target Date	Progress
Establish a Network MSCC Group 11-1E-108y	April 2011	Complete. Network MSCC Group held inaugural meeting Monday 4th April 2011 and agreed Terms of Reference which are on the 14th June agenda for NAOG agreement. The Network Lead and Chair of the MSCC Group is Dr Simon Russell.
Network Information on Early Detection of MSCC 11-1E-105y	June 2011	Complete. Reviewed and agreed by MSCC Implementation Group (04/04/11) and NAOG (14/06/11).
Training for MSCC Co-Ordinators 11-1E-107y	Aug 2011	Dependent on agreement to the Network Consultant Oncologist On-Call Service, which includes MSCC Coordinators as part of the on-call oncology team
The MSCC Senior Clinical Advisor Service 11-1E-109y and Case Discussion Policy 11-1E-110y	Aug 2011	Early draft of specification being updated prior to review by MSCC Group.
The MSCC Coordinator Service 11-3Y-304	Aug 2011	Dependent on agreement to the Network Consultant Oncologist On-Call Service, which includes MSCC Coordinators as part of the on-call oncology team
MSCC Patient Pathway and Clinical Guidelines	Sept 2011	Patient pathway drafted and reviewed by MSCC Group. Clinical guidelines being drafted
Discharge and Care Planning for MSCC Patients	Sept 2011	First draft of patient pathway in review
Education Event To Raise Awareness of MSCC	Oct 2011	
MSCC – The Audit of Timeliness of the	Nov 2011	Audit questions and process agreed within the MSCC Group. Personnel involved, and length of time of audit, to be agreed with Trusts.
MSCC – The Audit of Timeliness of Definitive Treatment of MSCC 11-1E-112y	Nov 2011	Audit questions and process agreed within the MSCC Group. Personnel involved, and length of time of audit, to be agreed with Trusts.
Implementation of MRI, Radiotherapy and Spinal Surgery Services compliant with NICE Guidance	Dec 2011	Trusts providing different elements of these services are known. Consideration is needed in respect of whether the current hours of operation at each Trust enable a network-wide service that is compliant with NICE Guidance
MSCC – The Audit of the Outcome of Definitive Treatment of MSCC 11-1E-113y	Feb 2012	Audit questions and process to be defined by MSCC Group
MSCC Research Programme	Dec 2011	