

## **East Anglia Area Team – Specialist Commissioning**

### **Metastatic Liver Resection Service (MLRS) External Review Panel (ERP)**

#### **Terms of Reference**

##### **Background**

The Colorectal Improving Outcomes Guidance (IOG) states that the liver metastases surgical resection service must have a population base of at least 2 million, with all surgery taking place on the site of the trust hosting the Specialist MDT. A surgical resection service provides curative treatment for people with liver metastases. The Midlands and East wish to commission a service that increases access to this surgery for the population within the Anglia Cancer Network (ACN). A service treating a higher number of patients ensures that the team can become more expert and thus improve outcomes for this group of people.

A review was held of each of the cancer networks in the East of England against the required IOG population. The Essex Cancer Network population has a pathway to a single centre in London and the Mount Vernon Cancer Network population (Hertfordshire and south Bedfordshire) a single pathway to the Royal Free in London. Both of these centres are compliant with the 2 million population criteria.

There were five referral pathways for the Anglia Cancer Network population, with 3 existing services within the Anglia Cancer Network (the Network) – Ipswich Hospital, Norfolk and Norwich Hospital in Norwich, Addenbrookes Hospital in Cambridge; and 2 centres outside the network – Basingstoke for the Bedford referral pathway and Leicester for the Peterborough referral pathway. Ipswich Hospital has more recently stopped this service leaving 4 remaining pathways. Initial analysis of current activity suggests that the number of people with access to liver resection services is lower than the national average.

NHS England through the East Anglia Area Team is responsible for commissioning this service and is only able to commission from an IOG compliant provider. The remit of the MLRS Project Group is to oversee the identification and the implementation of a single specialist surgical centre for liver metastases within the Anglia Cancer Network to ensure compliance with the IOG. The designation of a single surgical site is the first phase of this project. Once a single site has been identified the project will move into the implementation phase.

Criteria for a metastatic liver resection service have been developed and interested providers have been asked to submit a service proposal that will enable them to deliver the service model as described by these criteria.

In response to a challenge raised by some clinical teams involved in the current service provision concerning the appropriateness of the IOG for the ACN, the National Cancer Action Team agreed to conduct a review in November 2011. The review, with support from expert independent clinicians, was to explore appropriate levels of work to provide a safe and effective service for patients with liver metastases. The then SCG received the review report from the National Cancer Action Team on the 3<sup>rd</sup> August 2012. The report endorses the proposed IOG reconfiguration of a single surgical centre serving the ACN.

### **Purpose/Remit**

The ERP is a time limited (task and finish) group whose remit is to make an assessment of the submitted service proposals from providers within the Anglia Cancer Network who express an interest in providing the network service. The purpose of this assessment is to advise whether each of the service proposals can meet the criteria. In addition to this if they do not meet the criteria what would the service need to develop in order for it to meet it. The ERP will also advise which of the services is better placed to be the single surgical centre detailing the reasons why.

A final report will be produced for the MLRS Project Group.

The ERP is accountable through the Project Group to the East Anglia Area Team for NHS England.

If any member of the panel believes they have a potential conflict of interest this should be disclosed to the coordinator at the outset.

### **Membership**

Members of the panel shall be appointed by the MLRS Project Group.

The panel shall be made up of at least six members.

Only members of the panel have the right to attend meetings.

Appointments to the panel shall be for the period of the project duration which is expected to be a maximum of 2 months.

The External Review Panel will consist of:

- Two specialist expert clinicians sourced from the Royal College\* one of which will chair the panel discussions.
- An external expert commissioner, who if possible is from an area with similar geographical challenges \*
- A Clinical Nurse Specialist with an interest in liver metastases \*
- At least one Patient Representative, preferably two who can represent the position from all areas.
- A member of the NSSG who will be a potential user of the new service
- A Panel Coordinator from specialist commissioning.

\*Panel members will be external to the East of England

### **Secretary**

The coordinator from the East Anglia Area Team shall act as the secretary to the ERP.

### **Quorum**

The quorum necessary for the transaction of business will include one of the two specialist expert clinician members, the commissioning member, the patient representative and the coordinator.

A duly convened meeting at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the panel.

### **Meetings, Duration and Frequency**

The ERP shall be appointed for a 6 week period following receipt of the service proposals from trusts.

It is expected that the panel will meet over 2-3 days including a visit to each of the providers.

The ERP will be coordinated by specialist commissioning and all communication with the ERP and between the ERP, providers and MLRS Project Group will be facilitated by the Coordinator.

Remuneration: All travel expenses for members of the panel will be met by the SCN if not met by the panel member's employer.

### **Duties**

Service proposals will be sent to members of the ERP for their individual assessment. Members of the ERP can request clarification of any point of query in the service proposal through the panel coordinator

The ERP will meet to discuss their individual assessments and discuss the provider visits and through the Coordinator notify the providers of any specific needs during the provider visits, this may include the requirement to visit to a particular area or meet with a specific member of the provider team.

The ERP will visit each of the providers that have submitted a service proposal to meet with the clinical and managerial teams. This visit may include a visit to clinical areas, if this is the case there will be prior notification.

The coordinator will facilitate any other visits or appointments as requested by the ERP

The ERP will meet for a final time to discuss their assessment, make their recommendations and draft the final report to the MLRS Project Group

### **Output of Review**

A final report will be produced and made available to the MLRS Project Group in the first instance for review. The MLRS Project Group will be responsible for communicating the recommendation to the Strategic Clinical Network and East Anglia Area Team.

MLRS Project group  
Nov 2012

Revision April 2013.