East Anglia Area Team

REPORT FOR THE CAMBRIDGESHIRE, NORFOLK AND SUFFOLK JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE FOR LIVER RESECTION SURGERY

IMPACT OF THE PROPOSALS ON PATIENT AND CARER EXPERIENCE

---

1. PURPOSE

1.1 This paper seeks to provide assurance to the Joint Health Overview & Scrutiny Committee (JHOSC), with regards to the proposals to move to a single specialist surgical centre for patients with secondary liver cancer (liver metastases), within the boundaries of the Anglia Cancer Network region.

1.2 It follows the first meeting of the joint committee held on 25 September 2013, where members sought further assurance on a number of issues. It is intended that the information summarised in this paper will enable the JHOSC to make a clear recommendation with regard to the process undertaken by NHS England to date, to review the current service provision and develop proposals for the future. It also highlights the proposed actions, to ensure that the implementation of the proposed model of care is subject to a comprehensive programme of engagement with service users, carers and key stakeholders. It is recognised that this is essential to ensure that access to high quality, responsive and appropriate services are available as locally as possible.

2. BACKGROUND

2.1 The Joint Health Overview & Scrutiny Committee has a key role in considering the process undertaken to complete the review and the plans for implementation, including the plans for public engagement, which will inform the decision of NHS England.

2.2 At the meeting of JHOSC held on 25 September, members were provided with information on the review process, undertaken by an External Review Panel and the outcome, which concluded that the optimal model of care for the population of Norfolk, Suffolk and Cambridgeshire was to establish a single surgical centre, working as part of a network with local hospitals across the area. The Review undertaken, concluded that the preferred site for the surgical centre should be Addenbrookes Hospital, Cambridge University Hospital Foundation NHS Trust. Only surgery and immediate follow up should occur at the single specialist surgical centre, with all other aspects of a patient's care delivered locally.

2.3 In addition to some specific information requested by the JHOSC, members also identified a number of areas where they wished to have assurance in relation to the impact of the proposal on patient and carer experience.

3. IMPACT ON PATIENT AND CARER EXPERIENCE

3.1 The joint committee has identified a number of important questions which are considered below, both in relation to the work undertaken to date, and in relation to the work planned to support implementation. It is noted that the proposed engagement programme to support implementation, referred to below, is included in the additional information provided.

3.1.1 What are the views of the public and patients?

Review: As has been reported, there was good patient representation on the Project Implementation Steering Group and the on the External Review Panel. The consistent message throughout the review process, and in discussion with patients and carers, has reinforced the view that quality, safety and improved outcomes are seen as the most important consideration over access. There was also acceptance that based on the evidence presented, the benefit of moving to a single surgical centre would improve the quality and safety of the service and survival rates for patients undergoing this surgery, whilst ensuring the majority of non-surgical care was provided at a location that was as local as possible to the patient.

Implementation: NHS England is committed to working with patients, their carers, and the public to explain the rationale for the proposed change and what this means to the current and future level of care they can expect to receive.

There will be a 12 week period of engagement with interested stakeholders, patients and the public with a series of focused events held across Norfolk, Suffolk and Cambridge to ensure that they have the opportunity to learn more about the changes, what this means to the level of care they will receive and to give their feedback on the plans.

Comments received during the engagement period will be used to inform the proposed plans for change and future implementation, helping to ensure the new service meets the needs of those who may need it. NHS England is currently in discussion with local Healthwatch colleagues and third sector partners to agree how this can best be facilitated as set out within the engagement plan.

3.1.2 What are the views of referring hospitals?

Review: The review process has benefitted from the input of clinicians from the referring hospitals across the catchment area. An event, held on the 11 July 2011, brought together clinicians from providers within the Anglia Cancer Network (ACN) area, which is referenced and recorded in the initial pack of papers distributed. There has been broad consensus on the rationale for establishing a single surgical centre, working within a network and supporting local services, from all of the independent expert clinicians involved in this process.

Several meetings have also taken place with Chief Executives/Medical Directors/senior managers from hospitals that previously or currently provide surgical services in this catchment, to ensure input into the External Review process and consensus on the membership of the panel.

Implementation: Subject to a final decision being made, detailed work will be undertaken to agree a single care pathway with all referring hospitals that will form the network. Some preliminary work has been undertaken as part of the review, however it has been recognised that it would not be appropriate to progress this until a final decision is taken.

3.1.3 How much of the care pathway can be kept local when this specialty goes central?

Review: The recommendations from the review are clear that it is only specialist surgery and immediate follow up that will be provided at the single specialist surgical centre.

All other aspects of the patients care will continue to be delivered locally, with clinicians working together as part of a network service to ensure that patients continue to have immediate access to potentially life-saving surgery at the single specialist surgical centre.

Implementation: Commissioners have fully accepted the recommendations of the expert panel and are committed to ensuring that local services continue, with access to a responsive surgical centre which works as part of a network supporting Multi-Disciplinary Team working.

Some preliminary work has been undertaken as part of the review to develop the patient pathway and this has identified a significant opportunity to strengthen local services, however it has been recognised that it would not be appropriate to progress this until a final decision is taken.

3.1.4 How will the referral system work in practice?

Review: The Expert Review Panel identified that currently there were fewer patients being identified as being appropriate for surgery than would be expected for our population. The recommendations therefore identified the need to develop a single patient pathway with the aim of developing the relationships between the local services and the specialist surgical centre to ensure that all patients who have the potential to benefit from surgery are identified at the appropriate stage in their care pathway.

Implementation: Commissioners have fully accepted the recommendations of the expert panel and are committed to ensuring that local services work together, as part of a network, with the specialist surgical centre. There are similar models that have been developed across other specialised services which benefit from a single surgical centre, which can be used to inform this work.

Commissioners will work with the Strategic Clinical Network and providers to develop systems for ensuring all patients with suspected or confirmed liver metastases, regardless of primary cancer diagnosis, will be referred to the specialist Multi Disciplinary Team (MDT) for assessment and agreement of the treatment plan. This will improve the identification of patients suitable for surgery, as well as access to surgery.

In simple terms the referral pathway (see Appendix 1) would be as follows:

- GP refers patient to District General Hospital (DGH)
- Patient gets appointment at DGH diagnostic clinic(s)
- Local MDT at DGH discusses patient diagnostics and, if suspected liver metastases, refers patient to Specialist MDT at the centre.
- Specialist MDT, in conjunction with local MDT clinicians, discusses the patient diagnosis and agrees treatment plan and if the patient should be referred for surgery.

3.1.5 What arrangements will be in place to ensure that the patient is clear about who is responsible for their care at each stage of the pathway?

Review: This issue has not been explicitly considered as part of the review; however it would be expected that all patients currently have access to a specialist nurse who is responsible for supporting patients through their care pathway, including providing clarity on the different elements of the care they will receive.

Implementation: It is anticipated that the development of the care pathway will ensure that all patients have a named professional to support them through each stage of their care. For the majority of patients this will be a specialist nurse. The service criteria document, which the implementation plan must adhere to, is very specific about handover of clinical responsibility at each stage of the patient pathway. A key theme within the engagement plan is to seek views from patients and carers about the information *that they need to help them understand the service and the support that will be available to them.*

3.1.6 What arrangements will be in place for ensuring communication between the new service and the referring units?

Review: The service criteria identified the need for providers to develop an operational policy that must cover the following areas:

- Clinical Leadership of the service and how this will develop to ensure appropriate clinical engagement in the patient pathway across the network, ensuring a standardised approach is achieved and maintained.
- Proposed working with the Colorectal National Site Specific Group (NSSG) and other relevant Site Specific Groups (SSGs) and MDTs.
- Referral arrangements into the MDT and the policy for clinical responsibility for patients at different points in their pathway.
- Communication to referrers and how the MDT will manage whole system relationships, sharing information between all Hospitals and clinicians in order to support patients across their care pathway, including:
    - Key Worker policy
    - Emergency cover arrangements*
    - Re-referral arrangements

The proposed model has highlighted the importance of communication across the network and the role of the Strategic Clinical Network in supporting this development.

Implementation: Development of the care pathway, in line with the service criteria, (as a vital part of the implementation process) will support effective multi-disciplinary team working across the network, effective decision making and continuity of care. Preliminary work has been undertaken, as part of the review; however it has been recognised that it would not be appropriate to progress this until a final decision is taken.

3.1.7 What reassurance will be given to the public and patients that they will only have to travel for the parts of the care pathway that cannot be provided locally and the rest of the pathway that will be provided at the nearest locally available hospital?

Review: As noted above, the recommendations from the review are clear that it is the surgical service and immediate follow up that will be provided at the specialist surgical centre a single site. It is expected that all other aspects of the service will continue to be provided locally, working together as part of a network service.

Implementation: A process of on-going review and monitoring of the pathway will be agreed, as part of the implementation stage of this project, in liaison with local Healthwatch colleagues. This will include assurance that care is being provided locally, where this is appropriate and in line with the agreed pathway. Once the care pathway is finalised, this will need to be signed off by the whole network.

3.1.8 What do the proposals mean in practical terms for patients and family/carers who will have to travel to CUHFT and what will be done to mitigate transport, parking provision and accommodation issues?

Review: The recommendations from the Expert Panel would result in all patients who are assessed as being suitable for surgery, having their surgery at an IOG compliant centre i.e. Addenbrookes in Cambridge. This would result in a changed pathway for patients from Norfolk and Suffolk (although the pathway for many patients from Norfolk and Suffolk, depending on where they live, is already at Addenbrookes).

Implementation: While, as noted above, the detailed pathway will be developed as part of the implementation, it would be expected that as much pre-operative assessment will be undertaken locally to minimise the need for travel to the surgical centre. Information for families/carers on the support available will also be developed, as set out in the engagement plan, noting that there are already a number of specialised services which are provided in regional centres. While recognising that this will have implications for the small number of patients who currently receive surgery more locally, it is suggested that this issue will require a broader consideration across all services, in conjunction with Clinical Commissioning Groups (CCGs), providers and transport service providers.

3.1.9 How will access and quality of the reconfigured service be reported transparently and openly in order that the public can be reassured that it has been successful in terms of improving patient care?

Review: The focus of the External Review Panel has been to ensure that all residents of Cambridgeshire, Norfolk and Suffolk have access to a sustainable, high quality surgical service for patients with suspected or confirmed liver metastases, to improve survival rates and save more lives.

Implementation: The surgical service will be required to provide routine monitoring data, in line with IOG requirements, which will result in publically available information on surgical outcomes. In addition, as part of the implementation arrangements, a process of on-going review and monitoring of the pathway will be agreed by the network

On-going: The National Cancer Intelligence Network (NCIN), which is part of Public Health England, is a UK-wide initiative, working to drive improvements in standards of cancer care and clinical outcomes by improving and using the information collected about cancer patients for analysis, publication and research.

The Cancer Outcomes and Services Dataset (COSD) replaces the previous National Cancer Dataset as the new national standard for reporting cancer in the NHS in England. Data will be submitted from NHS Providers of Cancer Services and will be linked with data from other sources, by the National Cancer Registration Service (NCRS) at patient level, using NHS numbers, to compile the full dataset.

Reports from NCIN will provide independent analysis including:

- monitoring trends in cancer incidence, prevalence and survival among different geographical areas and social groups
- evaluating the quality and outcomes of cancer care, through the provision of comparative data about treatment patterns and outcomes

.

3.1.10 How will local patient groups be included in the on-going monitoring and accountability arrangements?

Review: The Project Steering Group patient representative is the Chair of the Norfolk Together Against Cancer (TAC) and the External Review Panel patient representative is the Chair of the Anglia Patient Partnership Group, representing all patient groups in Anglia.

Implementation: The framework for on-going monitoring will be agreed as part of the implementation and patient representatives, on both the Pancreatic and Colorectal NSSGs, will be involved in reviewing and auditing the service.

It is anticipated that there will be a key role for the Strategic Clinical Network, which has strong patient representation through a number of forums, where the liver metastases service would be discussed. Key groups that we intend to engage with are the Anglia Local Cancer Forum (attended by representatives from all providers and all

commissioning groups within the Anglia region), and the East of England Cancer Steering Group, which sits above the local cancer forums in each area. These forums all include patient representation, and a critical role is comparing aspects of a cancer service, against similar data from neighbouring cancer networks and England averages.

3.1.11 How will the proposals impact on rural communities and hard to reach groups and what will be done to mitigate this?

Review: The main impact was identified as the following three patient groups:

- Those in Norfolk (and parts of Suffolk), who would typically have gone to Norfolk and Norwich University Hospitals for their surgery. There are good public transport links between Norwich and Cambridge, and the A11 is currently being developed to improve access. The rest of Norfolk is fairly rural, which may lead to exacerbated transport problems for the small numbers of patients requiring life saving surgery.

- Those patients who currently go to Leicester (usually from Peterborough): As the Leicester service is IOG compliant, patients will be offered a choice of being referred to Leicester or the new specialist surgical centre in covering East Anglia.

- Those patients who currently go to Basingstoke (usually from Bedford): As above, patients will be offered the choice of which specialist surgical centre they would like to go to. It is anticipated that patients and their families will find the travelling easier to Addenbrookes.

Implementation: There are other examples of tumour types where patients have to travel to a single specialist centre (sometimes outside of Anglia e.g. London), in order to receive the best treatment.

Work will need to be undertaken with local CCGs, Local Councils, patient transport services etc. to establish where any improvements can be made to local transport services. This is part of a much wider issue for Norfolk and (parts of) Suffolk residents.

Further work will be undertaken with Public Health England to gain a better understanding of the rural communities and hard to reach groups, to ensure access to the surgical centre, for the small (but equally important) numbers of patients effected.

4. COSTS FOR ESTABLISHING A NETWORK WIDE CENTRE AT ADDENBROOKES

4.1 All aspects of the care pathway are covered under the Payment by Results tariff arrangements. In essence, the funding follows the patient in line with the various components of care. Therefore this development will be cost neutral, albeit the intention is to increase the number of patients accessing surgical services, which will be met through year on year growth funding arrangements.

4.2 Commissioners have received confirmation from the Director of Commissioning at Addenbrookes that any set-up costs to further develop capacity will be covered by the additional tariff income.

Date: 12 November 2013
Specialist Commissioning Team, EA AT

APPENDIX 1 PROPOSED PATIENT JOURNEY

Proposed patient journey for liver metastases (secondary liver cancer)

Patient visits GP with symptoms

GP refers patient to District General Hospital (DGH)

Patient gets appointment at their local hospital diagnostic clinic (s)

Local Multi-Disciplinary Team (MDT) at the local hospital discusses patient diagnosis.

If suspected secondary liver cancer the local MDT will refer the patient to the Specialist MDT at the Specialist Surgical Centre

Specialist MDT, at the Specialist Surgical Centre will work together with the local MDT clinicians to discuss the patient diagnosis.

This includes agreeing the treatment plan and if the patient should be referred for surgery.

Patient receives specialist surgery at the surgical centre and immediate follow up

Following surgery and immediate follow up, patient returns to their local hospital

All other aspects of the patients care will continue to be delivered locally, with clinicians working together as part of a network service