

## Proposed Example Implementation Plan for Liver Metastases IOG in East Anglia

Key Milestone	Specific Action Required	Responsibility	AngCN-SSG-C13 Liver Metastases Service Criteria Reference	Manual for Cancer Services (HPB Measures) Version 1 Reference
<b>1.1 Develop the Liver Metastases IOG-compliant Service</b>				
Network Configuration Confirmed	<p>Catchment area of referring Trusts confirmed as meeting IOG population requirements.</p> <p>Network configuration of referring Trusts and MDTs, and specialist centre and SMDT documented, signed off by Area Team Medical Director</p>	<p>Area Team</p> <p>Provider</p>	Section 4.4	13-1C-101n
Pathways Developed	<p>Production and/or review of all required Guidelines (e.g. Clinical Guidelines for the Management of Patients with Liver Metastases (including Referrals and Supportive &amp; Palliative Care), Imaging, and Pathology). Documentation of new pathways.</p> <p>For the first issue of these documents, sign off is required by the EoE Specialised Commissioning Team, the Strategic Clinical Network (Cancer) Clinical Director, and</p>	Provider	<p>Section 6.2</p> <p>Section 6.4</p>	<p>13-1C-105n</p> <p>13-1C-106n</p> <p>13-1C-107n</p>

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	the chairs of both the HPB and Colorectal NSSGs in Anglia.			
NSSG Set Up and Operational	<p>Ensure that the Constitution (including Terms of Reference), Work Programme (including Trials Programme) and Annual Report are all available, or on the project plan for completion, and that the membership represents the agreed catchment area.</p> <p>Constitution to be signed off by the Area Team Medical Director.</p> <p>Work Programme and Annual Report to be signed off by the HPB and Colorectal NSSG Chairs.</p>	Provider	Section 6.8.2	13-1C-102n 13-1C-103n 13-1C-104n 13-1C-110n
Catchment Area-Wide Data Infrastructure in Place	Clear identification of the dataset to be collected by all MDTs within the agreed Network configuration - expected to be the Cancer Outcomes Services Dataset	Provider in association with the HPB and Colorectal NSSGs in East Anglia	Section 6.7 Section 8	13-1C-108n 13-1C-109n 13-2N-116 13-2N-117 13-2N-118

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	(COSD), and how and when it will be reviewed by the NSSG.  For the first issue of this dataset, signoff is required from the Strategic Clinical Network (Cancer) Clinical Director			
<b>1.2 Develop the Surgical Centre</b>				
Sufficient capacity built in for surgery and post-operative care	Capacity assessed and made available, in terms of clinical needs and IOG guidance  Network agreement on timely and safe implementation of reconfigured service.	Provider	Section 5.6 – Surgery Section 7.3	13-2N-106 13-2N-107 13-2N-108
Formal adoption of operational policies and procedures, amended where necessary	Alignment of local policies and procedures to the new/revised guidelines.  Operational policies to be agreed by the Network.	Provider		13-2N-109 13-2N-110

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<b>1.3 Develop the Specialist Multi-disciplinary Team (SMDT)</b>				
SMDT Established and Operational	Agree Terms of Reference; Identify core and extended membership that is representative of the whole catchment area, and develop and agree Operational Policies and Guidelines.	Provider, in association with Provider Network (referring Trusts)	Section 5.3 Section 5.5 Section 5.6 – Chemotherapy, Palliative Care and Follow-Up Section 6.1 Section 6.3 Section 6.8	13-2N-101 13-2N-102 13-2N-103 13-2N-104 13-2N-105 13-2N-111 13-2N-113 13-2N-115
<b>1.4 Develop the Referring Units</b>				
Referral Processes and Criteria Agreed	Each referring unit to ensure that all MDTs (not just Colorectal MDTs) are signed up to the referral criteria and process for patients exhibiting symptoms suggestive of liver metastases.	Referring Trusts / Network	Section 4.1 Section 5.4 and 6.4	13-1C-107n 13-2N-112
Agreed Governance Arrangements	Including pre and post-operative care arrangements between the surgical centre and referring units, and transfer of clinical responsibility for patients.	Provider in association with referring Trusts / Network	Section 6.5	

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	This document will be signed off by the Strategic Clinical Network (Cancer) Clinical Director			
<b>1.5 Develop the Patient Pathway</b>				
Full Care Pathway developed, in line with service criteria and national service specification	Care pathway developed, with full involvement and agreement of the Network, to ensure majority of non-surgical care is provided at a location that is as local as possible to the patient	Provider / Network	Section 4.3	
Procedures for the Communication of Patient Information between Providers	Policies developed to include how patient records will be exchanged, during the handover of the patient between Trusts. These are to be documented within the Operational Policy.	Provider (patient forums)	Section 6.5	
Disease-Specific Patient Information Available	Patient information leaflets developed and agreed by Network.	Provider	Section 6.6	13-2N-114
Patient Travel Arrangements and Local Information Documented	Including criteria for use of hospital rooms, plus information on local B&Bs or	Provider	Section 6.6	

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	hotels, to be added to patient travel information			
Car Parking Facilities Reviewed	Provider to advise	Provider	Section 6.6	
<b>1.6 Develop Stakeholder Information</b>				
Communication Plan in Place for Project Implementation News	Establish list of stakeholders and communication content and frequency. To be signed off by the SCN Liver Metastases Project Steering Group	Provider		

### Notes:

1. This is a sample implementation plan, which highlights key areas which the East Anglia Area Team would expect to be included in the final Provider Implementation plan.
2. The provider implementation plan will be developed as a priority, following final ratification of the Expert Panel recommendation. The final plan will take account of the outcome of the JHOSC and Regional Management Team recommendations and outcome of the Engagement exercise.
3. Progress against the agreed implementation plan will be monitored by the East Anglia Area Team, through the Strategic Clinical Network Liver Metastases Project Steering Group.