

Improving Outcomes – Specialised Cancer Services



Purpose

To engage with the Health Scrutiny Committee on the proposed redesign of some specialised cancer services.

These plans have been developed to;

- Improve outcomes of treatment
- Ensure delivery of safe and sustainable services
- Enhance patients' experience
- Ensure services meet standards set out in national guidance

What are Specialised Services?

Highly specialised

- Rare conditions
- Very low patient numbers
- Very few hospitals
- Examples:
 - *Heart and lung transplantation*
 - *Treatment of rare eye conditions*



Specialised services (1)

- Episodic specialised services
- Examples:
 - *Paediatric and Neonatal Intensive care*
 - *Severe burn care*
 - *Specialised cancer surgery*



Specialised services (2)

- 'Pathway' specialised services
- Long term conditions
- Examples:
 - *Kidney care*
 - *Mental health*
 - *Cardiac care*
 - *Cancer services*



Why is change needed in specialised services?



Too many providers

Move towards 7 day working



Some hospitals don't have enough specialist staff

Too much variation in quality and outcomes

Some Providers are not seeing enough patients



Some providers are not meeting core quality standards



Guiding principles

The driver is improvement in clinical outcomes and patient experience

Plans must address variations in access and outcomes



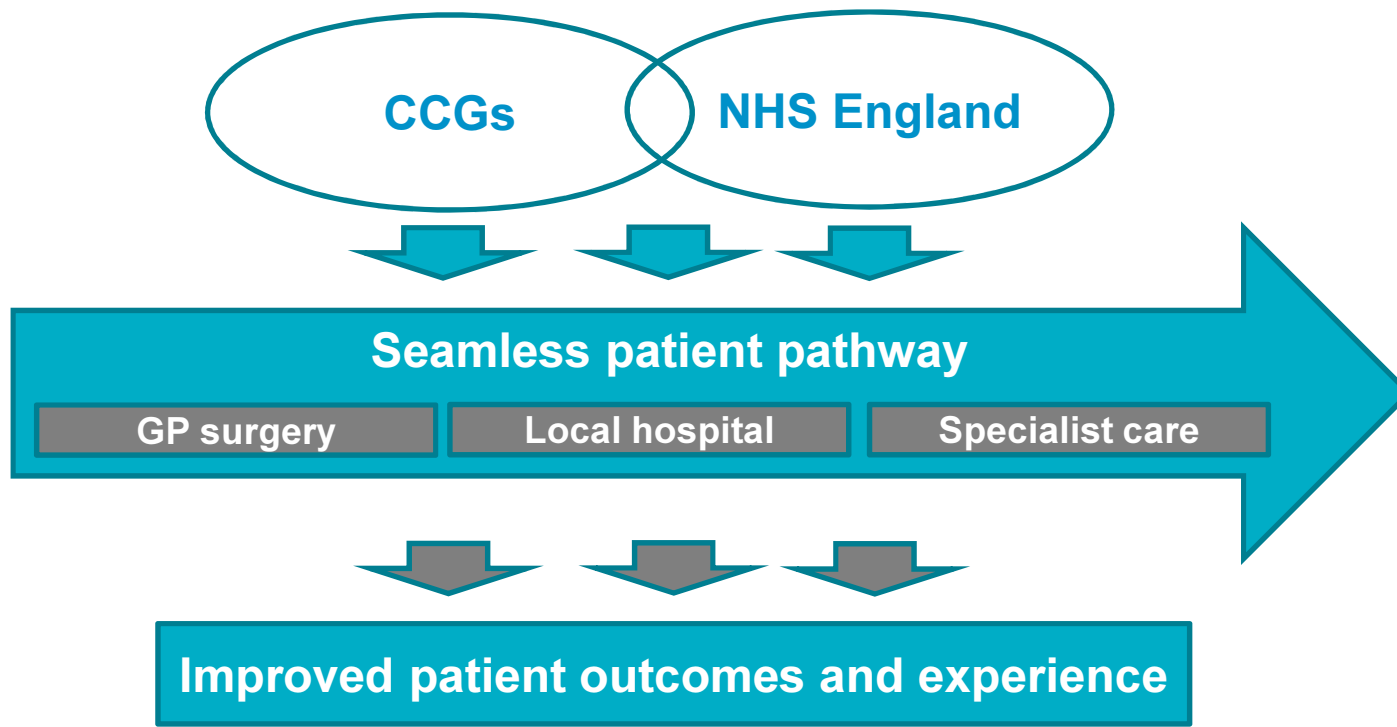
Important to align the whole system of care

Open and transparent approach to planning approach

INTEGRATION IS VITAL



Clinical Commissioning Groups (CCGs) are **critical** to the ambition to achieve **world-class patient outcomes** and **experience** in specialised services. Strong working relationships and shared decision-making are important.



National Guidance for Specialised Cancer Services

Improving clinical outcomes:

- Specialised cancer teams managing minimum populations to maintain skills
- Surgeons operating on minimum volumes
- Need for a greater degree of specialisation
- Larger centres of excellence

Commissioning Principles

- NHS England will only commission specialised services from providers that meet national standards
- Key drivers:
 - A clear focus on improved clinical outcomes
 - Patient experience and engagement
 - Specialist team working
 - Holistic care across pathway
 - Access to range of services - co-dependencies

Cancer Care across Greater Manchester



- Some specialised cancer services do not currently meet national guidance (called Improving Outcomes Guidance)
 - Hepatobiliary and pancreas cancer
 - Gynaecology cancer
 - Urology cancer
 - Upper gastrointestinal cancer
- This means these cancer services are not organised in the best possible way – there needs to be a single specialist team working together
- This is known to affect the care patients receive.



What this means for patients (1)

- These changes relate specifically to specialist surgery
- Most cancer treatment remains the same

Cancer Service	GP Referral & diagnosis in local hospital	Complex diagnosis	Specialist surgery	Chemotherapy & radiotherapy	Follow up and supportive care
Hepatobiliary and Pancreas		Some change	Fewer sites (1)		
Gynaecology			Fewer sites (2)		
Urology			Fewer sites (2)		
Upper GI			Fewer sites (2)		

10 = no change

What this means for patients (2)

- Single service for Greater Manchester so that patients have access to same high quality care irrespective of where they live
- Specialist surgery on two sites where required in line with population need
- Close alignment with local cancer services – seamless care for patients from referral to follow up care

Specialised Cancer Surgery – Impact of Change



Cancer Service	Total number of surgical cases per annum	Rate per 100,000 (adult Population)	Estimate of numbers of patients affected by change
Upper GI			
Total	150	6.3	50
Urology			
Total	546	21.6	330
Gynaecology			
Total	338	13.4	110
HPB			
Total	336	13.3	194
Grand Total	1370		684

Commissioning Approach

Cancer Service	Process	Timeline
Hepatobiliary and Pancreas	Implementation plan agreed	October 2014
Gynaecology	Discussions progressing	September 2014
Urology	Procurement	June 2014
Upper GI (OG)	Procurement	September 2014

Summary

- Majority of cancer care will remain unchanged – diagnostic services, non specialist treatment, chemotherapy, radiotherapy and aftercare
- Better outcomes will be achieved by concentrating complex diagnostic and surgical expertise and facilities for patients with rarer cancers
- Safe and sustainable services will be provided by fewer specialist providers in centres of excellence
- Scale of change will be minimal – a concentration of sites affects less than 700 patients undergoing surgical resections per annum
- Governance arrangements between GPs, local hospitals and specialist centres will ensure consistent high quality care irrespective of where patients live.

Engagement and Consultation



- There has been extensive engagement on the single service model through NHS Greater Manchester
- Clinical teams and hospital managers support concentration of expertise on fewer sites
- Our plans are closely aligned with CCGs – Healthier Together Programme
- Close links with the Strategic Clinical Network to ensure engagement with patient groups, proposals have the support of local clinicians and are evidence based
- National specifications have had public consultation
- Clinical Reference Groups have patient representatives /national patient panel
- OSCs will be provided with regular updates at each milestone

Questions

