

## Greater Manchester Joint Commissioning Board

Date: 16 July 2019

Subject: GM Gynaecological Cancer Surgery Specification

Report of: Sarah Price, Executive Lead for Population Health and Commissioning, GM Health and Social Care Partnership

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### PURPOSE OF REPORT:

This report provides information about the changes made to the GM Gynaecological (Gynae) Cancer Surgery Service, the process by which it was developed and recommendations to consider.

### KEY ISSUES TO BE DISCUSSED:

The GM Gynae Cancer Surgery Specification sets out an ambitious plan for specialist gynae cancer surgery services, aimed at improving patient experience, choice and outcomes through delivery of high quality, holistic care and reduced variation. The new specification sets out how this will be achieved, by bringing the 2 gynae surgical teams together from St Mary's Hospital (part of Manchester NHS Foundation Trust) and The Christie NHS Foundation Trust, to work as one team and collaboratively with the local cancer diagnostic units, through a number of new and reviewed operational processes and standards.

The final version of the specification can be shared with JCB members, should they wish to review it in more detail.

### RECOMMENDATIONS:

- The specification is approved by the Responsible Commissioner, Jon Rouse, on the recommendation of the GM Specialised Commissioning Oversight Group and Directors of Commissioning.
- The Greater Manchester Joint Commissioning Board is asked to endorse the new single service for Gynaecological Cancer and support a review to be undertaken of the gynae cancer local diagnostic units within the next 12 months.

## **CONTACT OFFICERS:**

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## **SYSTEM ENGAGEMENT**

The specification has been shared for feedback with the following groups:

- GM Specialised Commissioning Oversight Group (SCOG)
- Gynae Cancer Implementation Board
- Gynae Cancer Operational Subgroup
- Gynae Cancer Clinical Subgroup
- GM Gynae Pathway Board
- GM Cancer Board
- GM Cancer Commissioning Managers
- External Clinical Advisory Panel (ECAP)
- GM Directors of Commissioning
- CCGs outside of GM (Cheshire & N. Derbyshire)
- Service users via Macmillan Cancer Services and dedicated workshops.

### **PRIMARY CARE ADVISORY GROUP (PCAG)**

Has the paper been discussed by PCAG? YES.

- The specification was shared with PCAG on 13 June 2019.

### **PROVIDER FEDERATION BOARD (PFB)**

Has the paper been discussed by PFB? N/A.

- The draft specification has been shared with GM Cancer Board. The final specification will be shared with the GM Cancer Board on 22 July 2019 for onward sharing with PFB.

### **WIDER LEADERSHIP TEAM (WLT)**

Has the paper been discussed by WLT? N/A.

### **STRATEGIC PARTNERSHIP EXECUTIVE BOARD (PEB)**

Has the paper been discussed by PEB? N/A.

### **GM CCG DIRECTORS OF COMMISSIONING (DOCS)**

Has the paper been discussed by DoCs? YES.

Date of meeting: 11 June 2019.

Key points to be fed into JCB:

- Directors of Commissioning received the final specification on 13 June 2019 and have commended it to the JCB for approval.

### **GM CCG CHIEF FINANCE OFFERS (CFOS)**

Has the paper been discussed by CFOs? No.

If no please outline the reason:

- GM Specialised Commissioning Oversight Group and Directors of Commissioning are satisfied that the specification has no significant financial implications.

**GM LA HEADS OF COMMISSIONING (HOCS)**

Has the paper been discussed by HoCs? (Yes/no):

- The paper was shared with GM Cancer Commissioning Managers as part of its development process and with Directors of Commissioning in draft and final versions.

## 1. CONTEXT

1.1 There have been several attempts to deliver a single service model for gynae cancer surgery over the last 10 years. In 2014 the issue of IOG non-compliance was addressed by commissioners and the number of specialist cancer surgery sites in GM were reduced from 4 to 2. However, further work has since been progressed to establish a single service model which would address variation in treatment across GM for patients.

1.2 In 2017, the GM Specialised Commissioning Oversight Group (SCOG) approved proposals made in the 'Gynaecology Cancer Service Recommendations to the Commissioner' report, to move to the single service model and make the following improvements:

- Clinical and patient standards
- Complex specialist multi- disciplinary team (SMDT)
- Development of enhanced provision diagnostic units
- Urgent suspected cancer referral forms
- Policy statement equitable use of robot
- Single IT support
- New SMDT model
- Single on call rota.

1.3 This decision was then confirmed in a letter to the provider Trust Chief Executive's in October 2017, setting out the clear objective of a "single service" for specialised gynaecological cancer diagnosis and treatment in Greater Manchester through a Lead and Key Provider arrangement. The Lead Provider has been designated as Manchester NHS Foundation Trust and the Key Provider will be The Christie NHS Foundation Trust.

1.4 A programme board and governance structure were put in place in Dec 2017 to implement the recommendations as stated above.

## 2. SERVICE AMBITIONS

2.1 This service specification sets out an ambitious vision for the transformation of specialist gynaecological (gynae) cancer surgery services in Greater Manchester (GM) by creating a comprehensive service offer with the patient at the centre. The vision for this service is:

*"The service will deliver improved outcomes and leadership, both locally and nationally in Gynaecology cancer services, through the continual involvement of patients, increased access to research trials, constant innovation including implementation of latest technologies, and transparent dissemination of high-quality data."*

2.2 Upon implementation of this specification, women requiring surgical treatment of gynae cancer surgery will receive this from a single highly skilled specialist team of gynae oncology surgeons and clinical nurse specialists, with wraparound support from other sub-specialties to ensure the best possible holistic care and wellbeing of patients, their carers and families from diagnosis to treatment and beyond. The service will be underpinned by an enhanced focus on research and clinical trials, capitalising on and expanding the existing academic prowess of the NHS and universities in Greater Manchester to pioneer more effective and personalised treatment for gynae cancers.

2.3 The specification and its supporting documents outline the model of care, requirements for its implementation, how it will operationally function and how performance and outcomes will be measured. The model of care is structured around the P4 Medicine principles: prediction, prevention, personalisation and participation.

2.4 To ensure effective joint working as a single surgical service, new operational arrangements and principles have been set out within the specification; these include:

- All referrals from the local cancer diagnostic units into the GM Gynae Cancer Surgery Service will be routed through and managed by a 'central hub'. At present, patients are referred on a geographical basis into either The Christie or St Mary's Hospital.
- A single specialist multidisciplinary team model will be in place at the Lead Provider site to facilitate joint treatment decisions;
  - The place of surgery will be defined by patient's clinical need. Patients will be triaged to the most appropriate clinician, in the shortest timeframe, based on their specific needs, which should account for geographical location, informed by patient choice.
- A single clinical lead will be in place as part of the single service governance arrangements.
- There will be greater participation of patients and service users in:
  - The formal governance of the service, becoming integral to the quality assurance of the service as it develops.
  - Research and clinical trials, with an ambition for the GM Gynae Cancer Surgery Service to be recognised nationally and internationally as a leader in clinical research. There is a requirement for the service to actively increase the number of participants in research from BME groups, who are currently less well represented in research trials.
- A single data collection process will be in place to ensure single audit and reporting of outcomes for all cases.

- Outcomes data will be published to inform future service design requirements and personalised treatment.
- A single rota with 24/7 on call covering both the Lead and Key Provider sites.

2.5 It is expected that the service will operate within current funding arrangements, with opportunities for efficiencies being identified through the new service governance structure.

2.6 The specialist and local structures will be complementary and streamlined to ensure that they are effective and efficient, whilst avoiding duplication, reduce handovers, and minimise the timelines from diagnostics to treatment.

2.7 The service is expected to work collaboratively across the wider GM Gynae Cancer Service, including the local diagnostic units; the specification sets out requirements for this working relationship and recommends a review of diagnostic units is undertaken within 12 months of the specification approval to:

- Ensure enhanced provision (e.g. 'one stop clinics') are in place and coterminous with children and maternity services across the established conurbation;
- Support delivery of national standards and targets;
- Identify where new models of care should be developed aimed at improving:
  - patient flow through the pathway
  - the health and wellbeing of cancer patients to deliver personalised models of care for patients and support for patients in the community
  - stratification of patients on the basis of Health Needs Assessment and risk of recurrence, to facilitate a shift towards supported self-management where appropriate.

2.7.1 As the CCGs commission the local diagnostic units, Directors of Commissioning have been engaged and they are supportive of both the specification and the proposed review.

### **3. ROLE OF LEAD AND KEY PROVIDER**

#### **3.1 Lead Provider**

3.1.1 The Lead Provider will be accountable for delivering the single cancer surgery service to ensure that the commissioner's service specification is implemented consistently and there is continuous quality improvement throughout the single cancer surgery service. The Lead Provider is therefore accountable to commissioners for Implementation of the service specification and holding the Key Provider and any other sub-contracted providers to account for delivery of the service specification and its quality standards.

## 3.2 Key Provider

3.2.1 The Key Provider will be designated to deliver an essential part of the single cancer surgery service which cannot be provided by any other provider. Key Providers will be specified by commissioners in their commissioning decision and contract award to the Lead Provider. Therefore, a Key Provider cannot be decommissioned by the Lead Provider, only by the commissioner. Key Providers will hold a sub-contract (based on the NHS Standard Acute Contract) from the Lead Provider (initially, potentially from the commissioner).

## 4. STAKEHOLDER ENGAGEMENT

4.1 The specification has been co-produced with clinicians and service users over the last 9 months.

4.2 Feedback has been sought from NHSE to ensure the 'examination of issues' being undertaken on the national specification are accounted for. GM SCOG have proposed that the GM Gynae specification is appended to the national specification.

4.3 An External Clinical Advisory Panel (ECAP) was established in Sept 2018 to provide objective challenge and advice from outside of GM. Membership of the panel was guided by NHSE. The panel has provided constructive feedback throughout the development of the specification.

4.4 Service users are represented across all the groups of the governance of the GM Gynae Cancer Surgery transformation programme; this has proved invaluable and ensured the specification accounts for their views and requirements. In addition:

- Service users were also represented in the ECAP and provided feedback;
- Workshops were held with GM service users to explain the proposed changes to secure their feedback so it could shape the specification;
- The specification was shared with a wider community of cancer service users via Macmillan cancer services;
- The NHS Transformation Unit completed an equality analysis of gynae cancer service users in GM and the sample of service users engaged during the specification development process has been representative against this analysis.

4.5 Stakeholders and stakeholder groups were invited to comment on the draft Gynae Service Specification between 1<sup>st</sup> to 21<sup>st</sup> May 2019; it is estimated that c.200 individuals were reached during this exercise and a range of feedback was received and incorporated

into the final version of the specification. All feedback was logged and a response to each comment or question was provided; the log is now being shared with stakeholders.

## **5. RECOMMENDATIONS**

5.1 The specification is approved by the Responsible Commissioner, Jon Rouse, on the recommendation of the GM Specialised Commissioning Oversight Group and Directors of Commissioning.

5.2 The Greater Manchester Joint Commissioning Board is asked to endorse the new single service for Gynaecological Cancer and support a review to be undertaken of the gynae cancer local diagnostic units within the next 12 months.