GREATER MANCHESTER HEALTH AND SOCIAL CARE PARTNERSHIP
Joint Health and Social Care Committee

Date: 13 July 2016

Subject: Overview of the Transformation Process for the Commissioning of Specialised OG and Urology Cancer in Greater Manchester

Report of: Transformation Unit: Rebecca Patel (Patient and Community Engagement Manager) and Jonathan Mason (Senior Project Manager)

PURPOSE OF REPORT:

See covering note below

This paper provides a record of the transformation activity that has been undertaken and will be accompanied by a short briefing during the meeting

RECOMMENDATIONS:

See covering note below

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Covering Note - Overview of the Transformation Process for the Commissioning of Specialised Oesophago-gastric (OG) and Urology Cancer in Greater Manchester

Since August 2015, the Transformation Unit, NHS England Specialised Commissioning Team and Trafford CCG (acting as lead CCG commissioner for cancer services on behalf of the 12 Greater Manchester CCGs) have undertaken significant clinical and patient engagement work to co-design specialised OG and Urology cancer services that are fit for the future. The process paper (attached) outlines the significant work that has taken place to develop comprehensive service specifications for OG and Urology cancer surgery.

Public involvement

On the 24th of February 2016 the Joint Health Scrutiny Committee met and were briefed on the options available for engagement and involvement in the transformation of surgical services for Oesophago-Gastric and Urology Cancer (both specialised services). The Committee endorsed option 2, which was "a full engagement programme with no consultation."

A robust and effective public and clinical involvement process has now been undertaken to support the development of the new specifications for specialised OG and Urology cancers. The process that has been undertaken is compliant with NHS England's public involvement duty at Section 13Q of the National Health Service Act 2006. This duty requires NHS England to make arrangements to secure that individuals to whom services are being or may be provided are involved (whether by being consulted or provided with information or in other ways) –

a) in the planning of commissioning arrangements;

b) in the development and consideration of proposals by NHS England for changes in commissioning arrangements where the implementation of the proposals would have an impact on the manner in which services are delivered to individuals or the range of health services available to them; and

c) in decisions of NHS England affecting the operation of commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

The involvement process is summarised in the attached paper, with more detail contained in a separate engagement plan and engagement log. The process has included the co-design of patient experience standards, the service specifications, service access framework and the model of care.

This paper describes the approach that we outlined on the 24th of February and how we have delivered it, seeking confirmation from the Committee that we have met and exceeded our obligations.

Recommendations

It is recommended that GM JHSC members:

1. Note the content of the report;
2. Disseminate information received to local Overview and Scrutiny Committees as appropriate;
3. Provide assurance on completion of the engagement activity as part of the transformation process.

Title	**Overview of the Transformation Process for the Commissioning of Specialised OG and Urology Cancer in Greater Manchester**
Author	Jonathan Mason, Senior Project Manager, Transformation Unit
Project Lead	Mell Patterson, Transformation Unit
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Description	This report provides an overview of the Transformation Process used for the commissioning of Specialised OG and Urology Cancer in Greater Manchester, it describes a summary of the work completed in each step of the transformation process for OG and Urology cancer, which was endorsed by the Provider Federation Board at its meeting on 16th October 2015, and by the GM Specialised Commissioning Oversight Group on 5 October 2015.
File name and path	S:\SERVTRAN\Standardising Acute and Specialised Services\Spec Comm\Specialised Commissioning\OG & Urology\Governance and Assurance\AGG

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22/06/16	0.5	Amy Newbery	Minor amends to typos
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04/07/16	0.7	Mellanie Patterson	Updated intro to JHSB, addition of detail into patient engagement section
Approved by:			Leila Williams

Distribution

Ver.	Group	Date	Comments
0.4	GM Provider Federation Board (GM PFB)	17/06/16	Report endorsed

0.5	GM Specialised Commissioning Oversight Group (GM SCOG)	22/06/16	Report endorsed
0.5	GM Association of CCGs Governing Group (AGG)	05/07/16	Report endorsed
0.6	GM Joint Commissioning Board (JCB)	08/07/16	
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1 Executive Summary

The transformation process undertaken to commission the GM specialised services for Oesophago-gastric (OG) and Urology (Bladder, Kidney and Prostate) Cancer services has been robust, supported throughout by clinical and patient engagement and involvement, and has been assured at every step by a range of external experts, bodies and groups.

A number of key steps have been undertaken as part of this process including development of:

- A Case for Change
- Clinical Standards
- Patient Experience Standards
- Patient and Clinical Engagement and Involvement
- Service Access Requirements (Clinical Co-dependencies)
- Future Model of Care
- Service Specification

as well as ensuring the governance, oversight and assurance throughout the process. The approach to the transformation process, including these key steps were endorsed by the GM Provider Federation Board on 16 October 2015 and the GM Specialised Commissioning Oversight Group on 5 October 2015. It will also be assured by the Joint Commissioning Board on the 8th of July. The next step of the process, designation of a lead provider for each cancer surgical service will then commence.

This report seeks assurance from the Joint Health Scrutiny Committee in relation to the transformation and engagement processes proposed to the Committee on the 24th of February and reported on in this document.

Recommendations:

The JHSC are asked to:

- Note the contents of the paper;
- Provide confirmation that expectations have been met; and
- Share this paper and assurance with local Scrutiny Committees as necessary**.**

2 Background

Since August 2015, the Transformation Unit, NHS England Specialised Commissioning Team and Trafford CCG (acting as lead CCG commissioner for cancer services on behalf of the 12 Greater Manchester CCGs) have undertaken significant clinical and patient engagement work to co-design specialised OG and Urology cancer services that are fit for the future. This paper outlines the significant work that has taken place to develop comprehensive service specifications for OG and Urology cancer surgery.

The initial priority area agreed by the Association Governance Group (AGG) for system transformation is Cancer; also the two priority areas identified for clinical service transformation were the two non-compliant service areas Oesophago-Gastric (Upper Gastro-intestinal) Cancer and Urology (Bladder, Kidney, Prostate) cancer services. A transformation process was initiated in August 2015 which has been clinically-led and jointly developed by clinicians, patients, carers, Provider Trusts and other key stakeholders.

On the 24th of February 2016 the Joint Health Scrutiny Committee met and were briefed on the options available for engagement and involvement in the transformation programme. The Committee endorsed option 2, which was "a full engagement programme with no consultation." Since that meeting the Transformation Unit have supported Commissioners to deliver a co-design process with patients, clinicians and managers from across GM in order to achieve NHS England assurance and finalise a specification for these services.

This paper describes that approach and its assurance.

3 The approach taken to transform the specialised services for OG and Urology Cancer services in GM

3.1 Project Aims and Approach

The aim of the project has been to develop and implement a robust commissioning process that will enable the transformation of OG & Urology cancer surgical services across Greater Manchester in order to both ensure compliance with IOG guidance, and to go further by specifying standards that will enable delivery of 'world class' outcomes.

To achieve this, the process has been informed by:

- Patient experience
- World-class clinical practice
- Clinical advice

A standards-based commissioning approach has been used, putting patient experience at the heart of the redesign work, with patient design of standards of care being undertaken in parallel with the design of clinical standards.

In order to achieve successful delivery the project also ensured:

- A structured process and project approach has been used;
- Effective governance infrastructure has been in place, which supports transparent decision making and communication;
- Effective patient and clinical engagement has been undertaken throughout the project;
- The process has been underpinned by effective and expert clinical assurance throughout the project.

3.2 The Transformation Process

A robust process has been followed to transform the current OG & Urology cancer surgical services. Key steps undertaken as part of this process have included:

- A Case for Change
- Clinical Standards
- Patient Experience Standards
- Patient and Clinical Engagement and Involvement
- Service Access Requirements (Clinical Co-dependencies)
- Future Model of Care
- Service Specification
- Governance, Oversight and Assurance

Each of these steps is detailed below.

4 The clinical and patient engagement work undertaken to co-design the future services

4.1 The Case for Change

4.1.1 Overview

A Case for Change was developed in January 2016 which outlined the need for transformation of OG and Urology Cancer services, the opportunity presented by GM Devolution to improve specialised services, the challenges of the current service arrangements and the key drivers for improvement.

4.1.2 Summary

The specialised services for OG and Urology (Bladder, Kidney and Prostate) Cancer in Greater Manchester and catchment area have never 'collectively' achieved compliance with the standards outlined within the Department of Health's 'Improving Outcomes Guidance' (IOG) published in 2001/2002. In addition, they do not comply with the current NHS England national specification[1].

The lack of compliance is a direct result of too many centres providing specialised Cancer services for the GM population. This issue is widely recognised in GM, but recent attempts to reconfigure the services have not been successful.

The lack of compliance affects quality and outcomes for GM patients as clinical evidence demonstrates that patient outcomes are improved by increasing individual operator and centre volumes. As a result specialised OG and Urology cancer services in GM are falling well behind those in other parts of England and Europe.

The above issues have led to the initiation of the transformation process to commission a new service for GM. As part of this process commissioners developed a Case for Change which identified a number of drivers for improvement, including the need to achieve:

- Evidence-based surgical volume thresholds to secure world-class patient outcomes
- Elimination of variation in service quality, patient outcomes and involvement in research and development

[1] 2013/14 NHS standard contract for cancer: B11/S/a: Cancer: oesophageal and gastric (Adult), and B14/S/a Cancer: Specialised kidney, bladder and prostate cancer services (Adult)

- Consistent high quality patient experience
- Concentration of services to ensure that recruitment of specialist staff can be improved and their training and surgical competencies maintained
- More cost-effective service delivery through best use of limited resources such as specialist equipment and staff expertise
- Future-proofed services.

4.2 Clinical Standards

4.2.1 Overview

The establishment of the Greater Manchester (GM) Health and Social Care Partnership as part of GM Devolution brings new impetus for the improvement of services in the conurbation. It provides the opportunity to set ambitious standards for GM which go beyond current NHS England national service specifications.

A robust process was been undertaken between August 2015 and April 2016 to develop the clinical standards for OG and Urology Cancer services. A range of work was undertaken, including structured discussions at a series of meetings and forums with a wide range of stakeholders contributing.

4.2.2 Summary of work undertaken

The initial development of the draft clinical standards was undertaken by the Manchester Cancer OG Cancer and Urology Cancer Pathway Boards. These are boards with clinicians from across the conurbation, including clinical colleagues involved in the delivery of both local and specialist OG and Urology cancer care.

A first draft of the clinical standards was presented at the GM Clinical Cancer Summit on 5th November 2015. The Summit was attended by 85 delegates including patients, clinicians with an interest in Urology and Oesophago-Gastric (OG) cancer, primary care clinicians, public health clinicians, and representatives from local Healthwatch organisations and local Councillors came together at the Clinical Cancer Summit to have a focused clinical and patient discussion.

The remit of the summit was to:

- "sense-check" and refine the initial draft of the GM patient experience and clinical standards for Urology and OG Cancer;
- Identify any omissions from the standards;
- Identify potential impact and unintended consequences and suggested solutions to achieve the ambition of world-class patient outcomes.

Feedback on the standards gathered from the Summit was reviewed and incorporated into the next draft of the clinical standards. These were then reviewed by the independent 'expert' External Clinical Assurance Panels (ECAP) (see section 5.2) at their first meeting in November 2015.

Feedback from ECAP was incorporated with further reviews by ECAP at their meetings in February and April 2016.

The final versions of the clinical standards were used to underpin the future OG and Urology cancer service specifications on which the new service will be commissioned against.

4.3 Patient Experience Standards

4.3.1 Overview

Together with the clinical standards a set of patient experience standards were developed. A key element of the transformation process has been the involvement of patients and carers throughout the process. Their experience, ideas and insight has informed and influenced the future services.

Patient experience standards are a set of expectations and service principles that have been developed to set out the ambition for the future delivery of Urology and OG surgical cancer services to achieve world-class outcomes for patients, carers and their relatives.

4.3.2 Summary of work undertaken

The initial development of the patient experience standards built upon the work undertaken by Manchester Cancer and Macmillan Cancer Support in 2012. This has been further developed with engagement sessions with patients, carers and clinicians in order to develop a set of standards that reflect people's experiences and ambitions for Greater Manchester.

Work to develop the future patient standards commenced in September 2015, which included the following engagement and development across Greater Manchester:

- sessions with patient groups;
- hospital drop-in sessions;
- listening events with patients and carers;
- input from clinicians and managers at the OG and Urology Cancer GM Clinical Summit; and
- a desktop review of complaints and patient experience feedback.

The development of the patient experience standards has been an iterative process, and patients have been involved and informed of progress throughout. Patient standards were assured in May 2016 and have been incorporated into the service specifications for both OG and Urology Cancer services.

4.4 Patient and Clinical Engagement and Involvement

4.4.1 Overview

In February 2016 the Greater Manchester Joint Health and Scrutiny Committee were presented with a briefing on the potential transformation of Urology and OG Cancer surgical services. The report explained that the proposed transformation of OG and Urology Cancer surgery affects a relatively very small number of patients, but that the improvement in the quality of care for those patients will be significant.

Figure 1: Number of patients impacted each year

Cancer Service	OG	Urology	Total
Total number of surgical cases per annum	150	909	1059
Estimate of numbers of patients affected by change	Approx. 65-88	Approx. 500+	395-468

Transforming these surgical services will deliver compliance with the standards expressed in the Improving Outcomes Guidance (IOG)2 published in 2002 and a more challenging set of quality standards set by GM. Organising providers to deliver care in Single Surgical Service for GM will ensure that patients will have access to the same high quality care irrespective of where they live. It will also enable closer alignment with local cancer services which will provide seamless care for patients from referral to follow-up.

Both legislation and recognised best practice advise proportionate responses in relation to clinical changes. A range of engagement and involvement options were therefore presented to the GMJHC. The committee endorsed the preferred option – "a full engagement programme, with no (formal) public consultation", and this was duly adopted to support the transformation process. Several potential positives were described to the committee, as follows:

- "An opportunity to co-design the solutions with the public
- An opportunity to involve patients in the transformation process
- Patients work with clinicians to "own" the outcomes
- Patients voices are heard and influencing throughout the process
- Patient experience influences the care model and have already defined the standards for service delivery
- An opportunity to develop patient champions of the service"

The following section outlines how that process has been delivered.

4.4.2 Overview of the patient engagement process that has now been undertaken

Putting patients at the heart of the transformation meant setting out to: "develop and implement a robust transformation of OG and Urology cancer surgical services across Greater Manchester in order to achieve world-class standards and patient outcomes".

The engagement process that has underpinned this aim has been designed and implemented on the basis of the following principles:

- ongoing patient, clinical and stakeholder engagement,
- transparency and openness,
- co-design of evidence-based standards,
- collaboration and ongoing communication.

These principles have ensured that patient and clinician voices and experiences have led the process. By using people's experiences and their insight, the process can truly reflected patient needs.

In delivering these aspirations, a range of formal and informal approaches which have been used to engage with patients, carers and other key stakeholders, including:

- Individual meetings with patients
- Co-design of patient experience standards
- A GM Clinical Cancer summit
- Patient representation on the External Clinical Assurance Panel
- Online surveys to gather patient experience insight
- Development of patient champions to communicate the change
- Co-design of workshops to develop service specification, service access framework and model of care

[2] From 2002, a series of national standards for cancer services were developed by the National Institute for Health and Care Excellence (NICE) called "Improving Outcomes Guidance". These standards led to the development of multidisciplinary teams and described the service pathways that should be in place between primary, secondary and specialist care. For rarer cancers such as those above, the standards require specialised teams to manage minimum population sizes to ensure that surgeons and teams are undertaking sufficient numbers of operations to maintain specialist skills and achieve the best outcomes for patients.

- Testing the model of care with patients through experience based design

A detailed engagement plan has been developed and implemented, supplemented by an engagement log. The summary below shows how patients have worked closely with clinicians and managers at every stage of the transformation journey, from developing the case for change through to finalising the model of care.

Figure 2: Engagement activity at each transformation stage

Transformation Stage	Engagement Activity	Numbers engaged
1) Why change is needed	Identification of stakeholders through robust stakeholder analysis via existing and emerging networks. Development of transformation process in plain English with key messages communicated to stakeholders i.e. email bulletin, briefing sheet, 1:1 meetings with patient groups. Communication to communications and engagement colleagues across providers to outline transformation and work that will be undertaken.	200 individuals contacted
2) What does best care look like?	Meeting with patient groups identified in stakeholder analysis (available in Appendix One) to undertake interactive workshop in order to gather views on "best care" and current service through a creative medium "Waiting Room" discussions onsite over coffee to gather first-hand experience and insight to best care. Online survey developed to encourage feedback on best care for patient, written by patients.	26 patients
3) A GM Clinical Cancer Summit	Joint event with clinicians, patients and carers. Interactive workshop with discussion tables. Report write-up to identify exactly where patients have influenced and where their insight is evidenced through standards.	85 individuals including patients, clinicians, commissioners and Healthwatch representatives
4) What does the current OG and Urology service look like?	Identification of insight and experience from feedback mechanisms such as: a) I Want Great Care b) Patient Opinion c) NHS Choices d) NHS Citizen platform Liaison with PALs within providers to identify any complaints trends in relation to OG and Urology cancer surgery services. Liaison with GM Healthwatch organisations to identify patient stories in relation to Urology and OG cancer	15

		services	
5)	**Design new model of care**	Development of patient- focused / friendly case for change document in line with NHS Information Standard[3] in partnership with patients and carers. Engagement checkpoint to "test" with patient groups where they can identify patient experience through the case for change document Workshops with clinicians to develop model of care	9 9 36 Clinicians
6)	**Engagement with Health Overview and Scrutiny**	Decision paper to endorse the approach of continued engagement rather than a full consultation exercise to be signed off before 1st April 2016. Continued engagement taking place via briefings and invitations to events through the process. Attendance at GM Overview and Scrutiny Committee Briefing papers sent to individual Chairs / Members of local OSCs to detail transformation steps and process evidencing where patients have been engaged	6 members of the Overview and Scrutiny Committee
7)	**Public Discussion**	Coffee morning sessions 1:1 interviews (filming where appropriate) Use of visual minutes from Cancer Summit to stimulate debate Development of ambassadors to communicate change	199 patients split as follows: 150 – through Macmillan email networks 10 through Prostate Cancer North West 1 chair of Pennine Patient User Group 6 retired CNS's 19 through Salford Royal patient support user group 3 patients through 1:1 telephone interviews
8)	**Commissioning process and options appraisal – decision on best option for GM patients***	Feedback sessions with patient groups "You told us, this is what you have influenced, this is what will change, this is what cannot change because x,y or z" Patient story narrative developed on the transformation process to illustrate patient-centred commissioning to support Five Year Forward View ambitions	Same numbers as above

[3] The NHS Information Standard is a certification programme for organisations producing evidence-based health and care information for the public

4.5 Service Access Requirements

4.5.1 Overview

An understanding of the clinical co-dependencies for both OG and Urology Cancer services was a key step in the transformation process. When clinical services require or are reliant on other clinical services they are understood to be "co-dependent" with each other. This includes:

- services ***required by*** the service in question, for example services such as Emergency Care (A&E), Acute Medicine and General Surgery require support from anaesthetics or critical care; and/or

- services that ***call upon*** the service in question, for example major trauma calls upon emergency medicine.

Clinical co-dependency issues can arise as result of the reconfiguration of clinical services across different hospital sites. Co-dependent services do not always need to be co-located on the same hospital site. Many clinical services are accessed through for example network arrangements, in-reach, patient transfer and on-call/rota arrangements.

The "Service Access Requirements" refer to the period of time when the patient is in hospital for their planned surgery (the peri-operative period, potentially up to two weeks) and set out clinical services needed during this surgical period. They consider clinical co-dependencies from both a point of view of frequency of need and the required timescales for access to those services. Co-dependent services as:

- those which are required immediately
- those which can be accessed within a given timescale
- those accessed through an emergency or elective protocol
- or accessed through planned arrangements

4.5.2 Method used to define service access

The Service Access Framework for OG and Urology cancer in Greater Manchester was developed by the Transformation Unit, adapted from a well referenced Co-dependencies framework produced by the South East Clinical Senate[4].

The developed framework builds upon that of the South East Clinical Senates and defines service requirement in three ways:

a) Frequency and likelihood of the need for access;
b) Timescales for access; and;
c) Whether access was for an elective or emergency situation.

Four categories were used to define access:

- Purple – Requires on-site immediate access (within 2 hours) - patient transfer is not appropriate.
- Red – Access to services is required within a given timescale as patient transfer is not appropriate. Access to these services could be via in-reach from another site (either physically, or via telemedicine links). Access to be provided within 2hrs, 6hrs, 14hrs, 24hrs.
- Amber – Access to these services could be via robust emergency and elective referral or transfer protocols - patient can be transferred

[4] The Clinical Co-dependencies of Acute Hospital Services: A Clinical Senate Review, http://www.secsenate.nhs.uk/clinical-senate-advice/published-advice-and-recommendations/clinical-co-dependencies-acute-hospital-services-clinical-senate-review/

- Green – There is time for appropriate planned arrangements to be put in place to obtain specialist opinion or care (e.g. booked and undertaken in either a designated centre or by arranging an operation)

4.5.3 Summary of work undertaken

A range of work was undertaken to determine the service access requirements for OG and Urology Cancer. This has included structured discussions at a series of meetings and forums, as well as desk based literature and evidence reviews.

An initial clinical discussion on service co-dependencies was undertaken at the Clinical Cancer Summit. Attendees were asked to identify service co-dependencies which needed to be understood and considered as part of the process.

Further work was then undertaken by the OG and Urology Cancer pathway boards which was discussed and reviewed by ECAP.

Finally, the key discussion was undertaken at Transformation clinical co-design workshops held in March 2016 which brought together all the work undertaken to date, and through structured debate and discussion a high level of clinical consensus was gained.

Finally, the conclusion of the work was reviewed and assured by the ECAP members in April 2016. ECAP reviewed two aspects of service access:

a) The process which was undertaken to determine the service access requirements; and
b) The findings of that process.

The findings of the process – the detail on which services were required under each of the four access categories (Purple, Red, Amber and Green) - were included within the service specifications for each service.

4.6 Model of Care

4.6.1 Overview

Significant work has been undertaken to determine the models of care for OG and Urology Cancer for Greater Manchester.

The model of care has been informed by the clinical standards, patient experience standards, service access requirements and identified evidence, guidelines and literature. It was also developed through structured discussions at a range of meetings and workshops which identified, tested and described key elements of the models to be commissioned.

The independent ECAP members scrutinised and assured the separate models of care to ensure that they would achieve the aims of the process and deliver the best outcomes for GM patients.

4.6.2 Summary Model of Care

The future models of care for both OG and Urology in GM will address the issues identified in the case for change. A key element of both services will be the commissioning of a single service model across GM.
The single service(s) will be underpinned by:

- Single clinical leadership and governance arrangements;
- Combined medical and senior nursing workforce;

- A single performance management framework;
- Common standards, guidelines and protocols;
- A single research strategy (Clinical Trials); and
- Combined training and education arrangements.

The implementation of the future service delivery model will aim to achieve the following:

- Improved patient outcomes and experience of care
- Equity of access and choice of treatment modalities for the GM population
- Achievement of all agreed GM standards and other requirements identified in the GM Service Specification
- Consistent adoption of existing established examples of best practice so that the model builds on "the best of the best"
- Access to clinical expertise in all cases, including patients with co-morbidities
- Excellent clinical leadership, team working and job satisfaction and maximisation of opportunities for education, surgical training, research
- Improved recruitment and retention of specialist staff
- Controlled and consistent adoption of evidence-based innovation including use of technology
- Active management of referral and treatment thresholds to ensure delivery of streamlined patient pathways
- A future-proofed service
- The most effective use of Greater Manchester NHS and Social Care funding and optimisation of the use of existing resources and infrastructure.

4.7 Service Specification

4.7.1 Overview

The new service specifications for OG and Urology Cancer Services are the culmination of all the work undertaken following the commencement of the project to develop, define and describe the future service to be commissioned.

The work undertaken to develop the specifications commenced formally following the conclusion of the transformation co-design workshops with GM clinicians. The specifications have been written by the Transformation Unit with input from NHS England specialised commissioners and with assurance from ECAP panels. The specifications build upon the existing national specifications for the two services but incorporate local "GM" design, standards and aspirations to achieve a "world class" service for Greater Manchester residents and the neighbouring localities whose residents use GM healthcare services.

4.7.2 Summary

The primary focus of each service specification is on the specialised surgical services, however the standards and the service description contained within the specifications describe should be considered as part of the integrated and holistic provision of multi-disciplinary OG and Urology cancer services, including non-surgical cancer treatment and care in all its forms, it includes requirements for cancer research, teaching and training in comprehensive cancer management across GM and catchment areas.

Each specification incorporates the wider pathway and can only be delivered through collaboration between providers as part of a GM-wide single service.

Each specification seeks a lead provider (prime contractor) for each cancer surgical service.

5 The assurance work undertaken to ensure that the clinical work meets the aims of achieving world-class patient experience standards and outcomes for GM

5.1 Overview

Throughout the process running in parallel to the clinical and patient engagement and co-design work, has been a structured programme of project assurance. Assurance has been undertaken on a number of different levels including process assurance, clinical assurance and scrutiny assurance from a range of governance groups and bodies.

An overview of the groups involved in the assurance of the transformation process is as follows.

5.2 GM External Clinical Assurance Panel (ECAP)

5.2.1 ECAP Terms of Reference

The External Clinical Assurance Panel (ECAP) is a bespoke group of independent clinicians and patients that have supported the assurance process for the transformation of Urology and OG Cancer services.

Panel members were identified and selected from across the country based on their experience and expertise in the subject area. Panel members have provided robust independent clinical and patient advice and critical challenge throughout the transformation process within their sphere of expertise.

ECAP members have provided assurance of both transformation process undertaken, together with the resulting key documents produced through the co-design process (e.g. standards, service access framework).

A series of meetings have taken place between November 2015 and May 2016.

5.2.2 ECAP Membership

The following clinicians and patient representatives make up the two separate OG and Urology ECAP panels:

ECAP	Name	Role
OG	Mr. Bill Allum	Consultant Surgeon, Chair of CRG, President of AUGIS, The Royal Marsden NHSFT
	Sue Kernaghan	Patient representative, Cheshire & Merseyside OG Clinical Network Group
	Prof. Mike Griffin	Consultant Surgeon and Professor of Gastrointestinal Surgery, CRG representative, The Newcastle upon Tyne Hospitals NHSFT
	Barbara Ashall	Lead Upper GI nurse specialist/Endoscopist, Chair of North West OG Nurses Forum, St. Helens and Knowsley Teaching Hospitals NHST
	Dr. Sarah Slater	Consultant Oncologist, Director of Cancer Strategy, CRG representative, Barts Health NHST
Urology	Mr. David Hrouda	Consultant Urological Surgeon /CRG representative, Imperial College Healthcare NHST
	Mr. Mark Stott	Consultant Urological Surgeon /CRG representative, Royal Devon & Exeter NHSFT
	Gus Cairns	Patient representative/CRG representative
	Dr. John Graham	Clinical Oncologist, Director of the National Collaborating Centre for Cancer, CRG representative, Taunton & Somerset NHSFT

	Netty Kinsella	Uro-oncology Nurse Consultant, Royal Marsden NHSFT

5.2.3 ECAP Meeting Timetable

The below table lists the dates when the OG and Urology ECAP meetings have taken place. For OG there have been 6 meetings and for Urology, 7 meetings. Due to the geographical location of ECAP members, the meetings have been conducted via conference call except for the inaugural meetings which were held in Manchester.

Date	Meeting	Key Documents Reviewed/Discussed
24/11/2015	OG & Urology (initial Joint Meeting)	• ECAP Panel Terms of Reference • Draft Patient Experience Standards • Draft Public Health/Primary Care Standards • OG clinical standards – initial reflections on draft standards and Summit comments • Urology clinical standards – initial reflections on draft standards and Summit comments
14/12/2015	OG Meeting	• OG clinical standards – further reflections on draft standards and Summit comments • OG Service Access Framework
18/12/2015	Urology Meeting	• Review of Urology clinical standards • Urology Service Access Framework
02/03/2016	Urology Meeting	• ECAP review of plan for the workshops with clinicians and providers • Discussion on current clinical models of care • Case for Change – Review and endorsement of the Urology and OG Case for Change
02/05/2016	OG Meeting	• Case for Change – Review and endorsement of the Urology and OG Case for Change • Collaborative workshops to refine the draft service specification • Current thinking on OG Model
30/03/2016	Urology Meeting	• Final GM Urology Clinical Standards - for review and assurance • Assurance confirmed by email from all members
01/04/2016	OG Meeting	• Final GM OG Clinical Standards - for review and assurance • Assurance confirmed by email from all members
07/04/2016	OG Meeting	• Service Access requirements - for review and assurance • Key Outcome Measures • GM Model of Care discussion
11/04/2016	Urology Meeting	• Service Access requirements - for review and assurance • Draft model of care report- for review • Key outcome measures – for discussion
04/05/2016	OG Meeting	• GM OG Future model of care report- for review and assurance • Draft GM OG Service Specification – for review
04/05/2016	Urology Meeting	• GM Urology Future model of care report- for review and assurance • Draft GM Urology Service Specification – for review
25/05/2016	Urology Meeting	• Final GM Urology Service Specification – for review and assurance
Late May 2014	OG Meeting	• Final GM OG Service Specification – for review and assurance, confirmed all members via email.

All of the key documents – Case for Change, Clinical Standards, Service Access Requirements, Model of Care and Service specifications have been assured for both OG and Urology by their respective ECAP panels.

5.2.4 ECAP Feedback

David Hrouda, Consultant Urological Surgeon at Imperial and Chair of the GM Urology ECAP gave the following feedback on the Urology transformation process:

"It was very helpful that GM set out a Big Vision at the start….. This resulted in great contributions from the GM Clinicians who were able to set aside Institutional loyalties to describe how the system should work.

The strength of the GM Urology cancer service specification document is that it was substantially created by Greater Manchester clinicians collaborating together and not by ECAP. ECAP have referred to national guidelines, national and international evidence related to outcomes and looked at best practice internationally and we chipped in with suggestions but the GM Clinicians have taken account of local knowledge of existing infrastructure and crucially they have also listened to find out how patients in GM wanted to see services improved. This is what has made the final specification so credible.

We (ECAP) provided oversight at every stage and it was easy to get unanimous agreement by members of ECAP on the final service specification.

If the proposals are executed in full, we believe that the resulting service will put Greater Manchester at the fore-front of urological cancer treatment not just nationally but internationally in terms of clinical outcomes, patient-centred care, efficient health care delivery and high quality research and education.

This process has tackled difficult issues in a way that I have not experienced before. The wider NHS would benefit from studying this process and learning the lessons."

5.3 GM Joint Health Scrutiny Committee (GMJHSC)

5.3.1 About the committee

The GM Joint Health Scrutiny Committee has delegated powers from the 10 Authorities of GM to undertake all the necessary functions of health scrutiny in accordance with the Local Authority[5] Regulations 2013, relating to reviewing and scrutinising health services matters where these are at a GM level, and to provide a body which NHS bodies have a duty to consult under the Local Health Scrutiny Regulations.

The Committee is comprised of representatives from each GM local authority and also Derbyshire and Eastern Cheshire[6]. Its role is to ensure that the needs of local people are considered as an integral part of the delivery and development of health services; and to contribute to the reduction of health inequalities by ensuring that services are accessible to all local people.

Through its meeting programme, the committee has reviewed proposals for consideration and items relating to proposed substantial developments/variations to services provided across GM including changes in accessibility of services, impact of proposals on the wider community and patients affected.

5.3.2 Meeting Timetable and Assurance Outcomes

Specialised Commissioning of OG and Urology Cancer was discussed at the following GM JHSC meetings:

Meeting	Content Discussed	Assurance Outcome

[5] Public Health, Health and Wellbeing Boards and Health Scrutiny Regulations 2013 "the Local Health Scrutiny Regulations"
[6] The representative for Eastern Cheshire also represents for South Cheshire/Vale Royal.

Date		
14/10/15	Presentation: Specialised OG & Urology Cancer services Service Transformation Update Follow up report (same content)	• Update received
09/12/15	Meeting cancelled. Reports issued to Committee for all members: • Specialised Commissioning Oesophago-Gastric (OG) & Urology Cancer services - Communications and Engagement Strategy • Specialised Oesophago-Gastric (OG) & Urology Cancer services Service Transformation Update (01/12/15)	• Update received
24/02/16	Reports issued to Committee for all members: • 5a. Specialised Services Commissioning in Greater Manchester - The Case for Change for Oesophago-gastric (OG) Cancer services, and Urological Cancer services Services • 5b. Specialised Commissioning: Oesophago-Gastric and Urology Surgical Cancer Services Transformation: Involvement and Engagement Options	• Endorsement of the case for change for OG and Urology Cancer services Transformation. • Endorsement of Involvement and Engagement option 2: a full engagement programme without the need for formal public consultation to support the transformation process
Planned 13/07/16	Transformation update report: OG and Urology Cancer Services	

The key assurance provided to date from the GM JHSC has been the endorsement of the Case for Change as well as the endorsement of the Involvement and Engagement proposal and the recommendation to progress option 2: a full engagement programme, without formal pubic consultation, to support the transformation process.

5.4 GM Specialised Commissioning Oversight Group (GM SCOG)

5.4.1 Overview and Terms of Reference

The GM Specialised Services Commissioning Oversight Group (GM SCOG) was established as part of the governance arrangements to support commissioning and decision making for GM Specialised Services within the context of Greater Manchester Devolution.

The remit of the Oversight group was to provide advice and recommendations to support the decision making of the Greater Manchester Joint Commissioning Board (JMB).

The GM SCOG has a broad remit in regards to GM specialised services within GM, specific to OG and Urology Cancer commissioning, the SCOG's role includes the review and endorse any changes proposed to the OG and Urology Cancer Specialised Services standards, service specifications and Future Model of Care (informed by the advice of the External Clinical Advisory Panel (ECAP)).

5.4.2 Membership

The membership of the GM SCOG is as follows:

Members	
Position	**Name**

Chair - Chief Clinical Officer, NHS Trafford CCG – Lead CCG for GM Specialised Services	Dr. Nigel Guest
Joint Chair - Regional Director Specialised Commissioning North, NHS England	Robert Cornell
NHS England Specialised Services Commissioning representative - Assistant Regional Director of Specialised Commissioning	Andrew Bibby
GM Lead CCG - Chief Operating Officer Trafford CCG	Gina Lawrence
GM Finance Lead	Steve Dixon
Director, GM Transformation	Leila Williams
Administration support	Louise Hambleton
In attendance	
Members of the NW specialised services team as required including specialist advisors, supplier managers and pharmacy or medical	
The GM SCOG will also invite other technical experts to support operational decision making, where required	

5.4.3 Meeting Timetable and Assurance Outcomes

The GM SCOG meetings are held monthly, the Specialised Commissioning of OG and Urology Cancer was discussed at the following meetings:

Meeting Date	Relevant Content Discussed	Assurance Outcome
05/10/15	• Project Mandate • Project PID • Project Plan • Project Risk & Issue Log • Transformation Process • ECAP TOR • SCOG TOR	• All documents signed off • Approved and TOR in operation from Oct 2015.
03/11/15	• Agenda for the Clinical Cancer Summit	
03/12/15	• Verbal update on the Clinical Cancer Summit	
02/02/16	• Case for Change for OG and Urology	• Endorsed Case for Change
03/03/16	• Patient Engagement and Involvement Approach	• Endorsed Patient Engagement and Involvement Approach
07/04/16	• Final OG Clinical Standards • Final Urology Clinical Standards	• All documents endorsed
12/05/16	• OG and Urology Patient Experience Standards • GM OG Service Access Requirements • GM Urology Service Access Requirements	• All documents endorsed
09/06/16	• Final GM OG Model of Care • Final GM Urology Model of Care • Draft GM OG Service Specification • Draft GM Urology Service Specification	• All documents endorsed
TBC	• Final GM OG Service Specification • Final GM Urology Service Specification	• All documents to be endorsed (TBC)

5.5 NHS England Assurance

5.5.1 Remit

NHS England's role in service transformation is to support commissioners and their local partners to develop clear, evidence based proposals for service reconfiguration, and to undertake assurance as mandated by the Government.

NHS England's external assurance process ensures confidence to patients, staff and the public that proposals are well thought through, have taken on board their views and will deliver real benefits. Effective assurance is required to secure consistency across the NHS commissioning system in respect of:

- the four tests and standards that should underpin service change proposals;
- the strength of pre consultation business cases, clinical evidence and public involvement;
- proposals having regard to relevant national guidance and complying with legislation;
- the programme management that underpins the planning and delivery of schemes; and
- deliverability on the ground and affordability in capital and revenue terms.

5.5.2 Assurance Process Stages

NHS England operates a two stage assurance process, which includes a strategic sense check and an assurance checkpoint.

Stage 1 assurance takes place once the commissioner concludes they have a sufficiently robust case for change and set of emerging options, or earlier if the potential implications are far reaching. It involves a formal discussion between commissioners leading the change and the relevant local office within the NHS England regional team.

Its purpose is to:

- Explore the case for change and the level of consensus for change;
- Ensure a full range of options are being considered;
- That potential risks are identified and mitigated; and that options are feasible;
- Ensure high level capital cost and revenue affordability implications are being properly considered;
- Show impact on neighbouring commissioners and populations has been considered;
- Ensure assessment against the 'four tests' is ongoing and other best practice checks are being applied proportionally;
- Agree a proportionate framework for stage two assurance based on the four tests and best practice checks; and
- Determine the level of assurance and decision making and whether the process is likely to require sign off from senior offices.

Stage 2 assurance checkpoint is for significant service change. The assessment takes place in advance of any wider public involvement or formal consultation process or a decision to proceed with a particular option. Again it involves assurance of the evidence provided by commissioners against the four tests and NHS England's best practice checks by a panel decided upon in the strategic sense check.

5.5.3 Assurance Outcomes

Stage 1 assurance was provided by a NHS England Panel chaired by NHS E (GM and Lancashire), Assistant Director Clinical Strategy for the Greater Manchester Health & Social Care Partnership at the meeting on the 18th December 2015.

Stage 2 assurance was provided by a NHS England Panel chaired by NHS E (GM and Lancashire), Assistant Director Clinical Strategy for the Greater Manchester Health & Social Care Partnership on 12th May 2016.

6 Next Steps and Future Timetable

The Joint Commissioning Board will consider the detailed transformation process that has been undertaken on behalf of commissioners of specialised services for Greater Manchester over the last 12 months. It is anticipated that the two service specifications for OG and Urology cancer services will be presented to the JCB by the NHS England member of the Board. If endorsed by commissioners, the next step of the process namely to designate a lead provider for each cancer surgical service will commence.

7 Conclusions

The transformation process undertaken to commission the GM specialised services for OG and Urology Cancer services has been robust, supported throughout by patient and clinical engagement and involvement and has been assured at every step by a range of external experts, bodies and groups.

This report seeks endorsement from the Joint Commissioning Board for the work which has been completed up to this point. This report outlining the approach and work undertaken to transform specialised services for OG and Urology Cancer services in Greater Manchester has been endorsed by the Provider Federation Board and the GM Specialised Oversight Group (SCOG), and is tabled at the 5th July GM Association of CCGs Governing Group (AGG) meeting.

8 Recommendations

The GM Joint Commissioning Board (JCB) is asked to:

1) Note the contents of the paper;

2) Advise NHS England that the public involvement process that has been undertaken is robust, effective and compliant with its statutory duty to involve the public;

3) Endorse the public involvement process and recommend this to NHS England;

4) Advise NHS England to commission specialised OG and Urology cancers in accordance with the new specifications.

8 Appendix 1: Assurance Timeline

Service	Product	ECAP	GM JH SC	SCOG	NHS England
		Assured	Endorsed	Signed Off	Assured
Project Documentation	Project Mandate	N/A	N/A	05/10/2015	Stage 1: 18/12/15
	Project PID	N/A	N/A	05/10/2015	
	Project Plan	N/A	N/A	05/10/2015	
	Project Risk & Issue Log	N/A	N/A	05/10/2015	
	Transformation Process	N/A	N/A	05/10/2015	
	ECAP TOR	N/A	N/A	05/10/2015	
	SCOG TOR	N/A	N/A	05/10/2015	
OG	Case for Change	05/02/2016	24/02/2016	02/02/2016* 09/06/2016**	Stage 2: 12/05/15
	Clinical Standards	01/04/2016	N/A	07/04/2016	
	Service Access Requirements	07/04/2016	N/A	12/05/2016	
	Future Model of Care	05/05/2016	N/A	09/06/2016	
	Service Specification	Late May 2016	N/A	29/06/2016	
Urology	Case for Change	03/02/2016	24/02/2016	02/02/2016	Stage 2: 12/05/15
	Clinical Standards	30/03/2016	N/A	07/04/2016	
	Service Access Requirements	11/04/2016	N/A	12/05/2016	
	Future Model of Care	05/05/2016	N/A	09/06/2016	
	Service Specification	25/05/2016	N/A	29/06/2016	
Patient Experience & Involvement	Patient Experience Standards	N/A	N/A	12/05/2016	N/A
	Patient Engagement & Involvement Approach	05/02/2016	24/02/2016	N/A	N/A