PETERBOROUGH CITY COUNCIL

HEALTH AND WELLBEING BOARD

THURSDAY 12 SEPTEMBER 2013
1.00 PM

Bourges/Viersen Room - Town Hall
Contact – Alexander.daynes@peterborough.gov.uk, 01733 452447

SUPPLEMENTARY DOCUMENTS

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HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 5(a)
12 SEPTEMBER 2013		PUBLIC REPORT
Contact Officer(s):	Pam Evans, Senior Service Specialist	Tel.

METASTATIC LIVER RESECTION SERVICE RECONFIGURATION

RECOMMENDATIONS	
FROM : East Anglia Area Team NHS England	**Deadline date :** December 2013
1. That the Health and Wellbeing board are aware of the process followed to identify a single surgical provider for metastatic liver resection. 2. That the Health and Wellbeing Board are aware of the recommendations for the site of the single surgical site.	

1. ORIGIN OF REPORT

1.1 This report is submitted to Board following a request from the Health and Wellbeing Board.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to provide background information concerning the service changes required for metastatic liver resection as requested by the Health and Wellbeing board and to obtain the Committee's views on the process followed to identify a single surgical centre for metastatic liver resection.

2.2 This report is for Board to consider under its Terms of Reference No. 2.1 'To bring together the leaders of health and social care commissioners to develop common and shared approaches to improving the health and well being of the community'.

3. MAIN BODY OF REPORT

Introduction

3.1 NHS England (East Anglia) is working on a project to implement a single specialist surgical centre for patients with liver metastases within the boundaries of the Anglia Cancer Network region which covers people living in Suffolk, Norfolk, Cambridgeshire, and north Bedfordshire.

3.2 A surgical resection service provides curative treatment for people with liver metastases. The Colorectal Improving Outcomes Guidance (IOG) states that a liver metastases surgical resection service must have a population base of at least 2 million, with all surgery taking place in a single specialist surgical centre.

3.3 The IOG seeks to introduce changes in the way liver metastases surgical resection services are delivered and to reduce poor outcomes by introducing a dedicated, multidisciplinary team delivering high quality care in a single specialist surgical centre that will deal with sufficient numbers of patients to maximise expertise. NHS England is responsible for the commissioning of this service and is only able to commission a service that is compliant with the IOG.

3.4 The guiding principle is that only surgery and immediate follow up should occur at the single specialist surgical centre. Patients are cared for by healthcare professionals across the network region collaborating throughout each stage of the patient journey, ensuring that as many elements as possible of the pathway are delivered locally.

Background

3.5 In 2011, the former Anglia Cancer Network engaged the former Midlands and East Specialised Commissioning Group (SCG) to lead the work needed to review and establish a single specialist surgical centre for liver metastases.

3.6 A Liver Metastases Project Steering Group was set up in January 2011 to lead the review of the current service and to ensure broad representation from expert clinicians and commissioners, as well as patient representatives who have used the service.

3.7 The review found that annually the number of people undergoing liver resection for colorectal cancer metastases in the region was lower (90 patients) than the national average. The amount of patients recommended by the IOG is 200 patients. At the time there were five referral pathways for the population in the Anglia Cancer Network region:

a. **Three centres within the network** – The Ipswich Hospital Trust, Norfolk and Norwich University Hospitals NHS Foundation Trust and Cambridge University Hospitals NHS Foundation Trust. (NB: The Ipswich Hospital has recently stopped their liver resection surgery).

b. **Two centres outside the network** – Basingstoke (as part of Hampshire Hospitals NHS Foundation Trust) for the Bedford referral pathway and University Hospitals Leicester for the Peterborough referral pathway

Current Position

3.8 Following publication of specific service criteria which was developed by the Project Steering Group and the current providers of the service, two expressions of interest to provide the service were received from Cambridge University Hospitals NHS Foundation Trust and Norfolk and Norwich University Hospitals NHS Foundation Trust to the become the single centre for liver resection surgical services. Only one of these services will be able to provide this service in the future.

3.9 The bids were rigorously assessed using a scoring criteria developed by the Project Steering Group and an External Review Panel, made up of independent expert clinicians, a referring surgeon, a service specialist, a clinical nurse specialists and a patient representative who visited each provider to discuss their service proposal in detail.

3.10 Following this thorough process of assessment, the SCG met with both providers in early June 2013 to provide them with feedback on the External Review Panel's recommendations. The External Review Panel submitted their final report to the Project Steering Group on 12 June where it was agreed that the review team had fulfilled the remit required of them.

3.11 The report was then submitted to the East Anglia Executive Team on the 18 June 2013, where the recommendations were supported and the on-going process endorsed. An update on the progress of the project and the recommendations of the External Review Panel was also given to the East of England Clinical Commissioning Group Forum.

3.12 The final ratification will be undertaken by the Regional Management Team for NHS England, Midlands and East and will take place following a process of engagement.

4. CONSULTATION

4.1 Pre-engagement work also started to seek the initial views of clinicians, local Health Overview and Scrutiny Committees (HOSCs) and the management of the providers who currently deliver the service.

4.2 In July 2011, an information event for all current service providers was held and it was clear from discussions and feedback received that there were key areas where further detail and advice on the IOG was needed. Most of the feedback centred on the IOG requirement for

services to be based on a population size, as opposed to the number of surgical procedures carried out by each surgeon.

4.3 In order to ensure that the views of the local clinicians were represented as part of the process, the Project Steering Group took their comments back to the National Cancer Action Team (NCAT).

4.4 NCAT agreed (with support from expert independent clinicians) to conduct a review into possible models that could be used to provide the service (specifically liver metastases surgery performed at one or more than one site) and advise on:

a. What the service should look like;
b. What organisations are best placed to deliver the service
c. What should the expectations be for the configured service in order to provide a safe and effective service for patients?

4.5 Recognising that as a result of the NCAT review the service specification and proposal for a single site centre may need revising, the Project Steering Group recommended a three month pause in the project while the review was carried out.

4.6 In August 2012, the National Cancer Action Team review report was published and recommended that there should be a single site for colorectal liver metastases resection in Anglia.

The key themes from NCAT were:

a. There is strong and compelling evidence to support the principle that centres that see more patients produce better short and long term outcomes than centres that don't see a smaller number of patients.
b. Whilst both centres (Norwich University Hospitals NHS Foundation Trust and Cambridge University Hospitals NHS Foundation Trust) do have good outcomes for patients, both centres are under performing with the amount of patients that are referred for liver resection surgery
c. Multiple patient pathways that exist in the network are not sustainable in the long term and are likely to continue to impact on the local number of referrals
d. The team did not find any compelling reasons not to support an IOG compliant service. Developing a compliant service was felt most likely to deliver the service capable of delivering increased access to and the highest quality of surgery
e. One site, serving the population of potentially 2.9m is the preferred and recommended service configuration

4.7 Following the publication and the recommendations of the NCAT report, the process to establish a nationally compliant service recommenced in September 2012, with project documentation revised to take account of the comments in the NCAT report.

4.8 On 5 October 2012 the East of England Health Overview and Scrutiny Chairs Forum considered the latest information available and confirmed its previous decision to proceed with arrangements to establish a JOSC to scrutinise the process, involving Suffolk, Cambridgeshire and Norfolk HOSCs

4.9 The JHOSC met for the first time on 10 December 2013 to receive an update from the SCG on the process to implement a single specialist surgical centre and the recommendations from NCAT. It was agreed that a further informal update should be requested in early 2013 following the external review panel and a formal meeting of the JHOSC would need to be convened later in the process to consider formal consultation and the how the final proposals would work in practice.

4.10 Advice on the next steps was sought from an informal JHOSC meeting on Wednesday 31 July 2013. This was an opportunity to update members of the progress to date and to seek the advice as to whether a consultation or engagement process will be required.

4.11 Following this July meeting the JHOSC have formal meeting on the 25th September to commence scrutiny of this project. A full public engagement plan has been prepared.

5. ANTICIPATED OUTCOMES

The External Review Panel recommends that the single site surgical liver metastases service for the population of the Anglia Cancer Network region should be developed at Cambridge University Hospitals NHS Foundation Trust only.

Whilst the Panel found that they were best placed to deliver the network wide service, a number recommended actions were identified in the report. The Panel strongly recommends that these are considered fully by commissioners and included in the service implementation plans.

The key recommendations from the External Panel review report were:

a. Consideration of transport needs of a rural and elderly population especially from the more remote areas of the region. It is recommended that the provider works with Clinical Commissioning Groups and the Local Authority to explore innovative ways to address this.

b. Leadership of the network wide service needs review, and sufficient time needs to be given to this role.

c. Ensuring effective engagement of all referring units is key to this service

d. A whole team approach to proactive working from the centre will ensure close team working with each of the referring Multi-Disciplinary Teams

e. Proactive working from the specialist Liver Mets surgery team to ensure improved referral and a demonstrable improvement in resection rates

f. Ensuring at all times that the new model of working should at the same time take into consideration those parts of the care pathway that can be delivered to patients locally.

6. REASONS FOR RECOMMENDATIONS

6.1 There remains wide variation in liver resection rates for patients with advanced (Stage 4) colorectal cancer. This is believed to be as a result of variable knowledge of the disease process among general and colorectal surgeons as well as amongst many oncologists with a general interest.

6.2 The IOG model draws on international evidence that services treating a higher number of patients ensures that individual team members develop and maintain their skills and expertise and that the team as a whole become an expert provider within a service that has other key specialties and clinical support services on site.

6.3 The drive to have a single network and single surgical team is not only motivated by the aim of improving surgical skills and expertise but also to increase better decision making based on consistent diagnostics, knowledge of the treatment options available and the associated outcomes for patients.

6.4 Units that see more patients are better able to measure outcomes and produce comparative data and as well as offering a wide range of clinical trials to support research and inform commissioning policy.

6.5 The implementation of the IOG will improve outcomes for patients and ensure that they have access to a high quality surgical service where they are treated by expert clinicians who will have regular experience of their condition

7. ALTERNATIVE OPTIONS CONSIDERED

Different models were discussed but it was felt there were significant advantages of co-location with other services – This is in keeping with both the national direction for liver and cancer services.

NHS England is responsible for the commissioning of this service and is only able to commission a service that is compliant with the IOG population base of 2 million.

8. IMPLICATIONS

The aim of the service is to offer patients the choice of an IOG-compliant service within the Anglia Cancer Network region, as its recognised that there are other IOG compliant cross border pathways, which some patients currently choose (i.e. Peterborough often go to Leicester). It is important to note that current pathways to IOG compliant centres will not change unless patients choose to go to a different centre.

9. BACKGROUND DOCUMENTS

Improving Outcomes Guidance (IOG) for Colorectal Cancer (see section 3 above)
NCAT Report (see section 4.1 above)
External Panel Review Report (see section 3 above)

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06.09.2013

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AGENDA ITEM [5b]

PETERBOROUGH HEALTH AND WELLBEING BOARD
** September 2013

FOR INFORMATION

TITLE OF PAPER: Primary Care Strategy Process

Report submitted by: Andrew Reed

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1 PURPOSE

1.1 Describe the process NHS England is following to develop primary care strategy at a national level and at an East Anglia level.

2 CONTEXT

2.1 NHS England is undertaking a process to develop a strategy for primary care covering services provided by four independent contractor groups: general medical practice, dentistry, pharmaceutical and optometry for which NHS England has responsibility for direct commissioning. This strategy is part of the larger scale engagement exercise "A Call to Action" launched by Sir David Nicolson to work with key stakeholders to understand and identify options to address the key challenges facing the NHS.

Improving General Practice - Call to Action

2.2 As part of this process, Dr Mike Berwick, Deputy Medical Director, NHS England, published "Improving General practice – Call to Action" which describes themes emerging from discussions with stakeholders nationally regarding the future of general medical practice services. The purpose of the slides (appendix 1) is to provide a starting point for area teams to discuss with stakeholders. The slides include:

- Case for Change
- Underlying Objectives for General Practice
- Conclusions regarding Scale, Integration and Investment
- Eight questions where comments through consultation are sought.

3 SCOPE AND AIMS

3.1 The strategy will cover all four professional areas: general medical, dental, pharmacy and optometry.

3.2 The aim of the strategy process is to achieve the following outcomes:

(a) Engage practices, Clinical Commissioning Groups, Local Representative Committees and stakeholders with the initial findings and questions posed in the **Call to Action**; collate comments to feed into the national process.

(b) Build a common view of the **key local strategic priorities** for change to Primary Care Services for patients based on each Health and Wellbeing Board area, in the context of a Call to Action by 6 December 2013

3.3 This is a complex strategy involving national and local dimensions, four service areas. This is the initial phase which will be followed by more detailed work to develop proposals to address the specific local priority areas.

4 PROCESS

National Process

4.1 The Area Team will run a process of engagement on strategy and to feed this information to the national team by 6 December 2013.

4.2 The national process includes 13 working groups. East Anglia is represented on two of the groups and a representative from each Area Team across Midlands and East is on each of the working group.

- Vision
- Information and transparency
- Empowering patients
- Empowering clinicians (professional and CCG leadership)
- Incentives – including the contract(s)
- Ensuring quality through the provider landscape
- Workforce
- Support for innovation and improvement
- Premises
- Community pharmacy
- Primary care dentistry
- Safe, controlled investment in primary care services
- Primary care eye care

4.3 Further national strategy papers are anticipated from the NHS England national team in the autumn.

Analysis

4.4 The Area Team is collating key underlying information to inform the local strategy process to include:

<u>General</u>

- Population forecasts by ward identifying key areas of change in next 20 years.
- Workforce analysis identifying retirement profiles

<u>General Practice</u>

- Issues identified by contract managers through contract work and handover

process
- Specific concerns identified in contract review meetings and quality assurance processes
- PMS/GMS financial baseline information
- Premises commitments and known pressures
- Expiry dates for time limited contracts
- Evaluation information available regarding specific contacts e.g. equitable access centres in Norwich, Great Yarmouth and St Neots

Dental
- Expiry dates for time limited contracts
- Updated Oral health Needs Assessment
- Strategic review of community dental services and minor oral surgery

CCG and Professional Involvement in East Anglia

4.5 For dental, pharmacy and optometry the strategy work will be led by the Local Professional Networks (LPNs) for East Anglia. Each LPN will work with professional groups on a county basis to gain professional views.

4.6 For Personal Medical Contracts the Area Team will meet with practices on a CCG basis (with CCGs and LMCs) during September/October:

- to consider and comment on the Call To Action General Practice slides
- to give a view on specific local strategic priorities.

A specific reference group has been established with chief officers of CCGs and LMCs to oversee this work. An East Anglia General Medical Practice Workshop will be held in November to gather together clinicians across the CCGs to specifically consider the eight questions identified in General Practice – A Call to Action.

Patient and Stakeholder Involvement

4.7 It is proposed to hold stakeholder events on a County basis in November to include Healthwatch, HOSC members, HWBB members and local patient representatives to contribute to the identification of the key strategic priorities for primary care in each County. Once priority areas are identified, in 2014 more detailed patient involvement will take place to work through options with in these priority areas.

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4.8 HWBB will maintain an overview of the process through

- a paper on the process in September 2013
- consideration of the priorities identified in December 2013 and the next steps proposed to

Next Stage of Strategy Development

4.9 Once the priorities for change are identified in December 2013, this will lead to specific areas of service review work in 2014.

5 SPECIFIC ISSUES ALREADY IDENTIFIED

5.1 The Area Team will need to develop strategic commissioning plans to inform potential procurement activities for contracts which are due to expire in the next 3 years:

(a) Personal Medical Practice:
- Norwich:
  - Timberhill Equitable Access Centre and
  - Beechcroft Surgery
- Great Yarmouth
  - Greyfriars Equitable Access Centre
  - Nelson practice Great Yarmouth
- St Neots Equitable Access Centre (Cambridgeshire)
- Newborough Surgery (Peterborough).

(b) Dental services
- orthodontic services
- community dental services, sedation and domiciliary services.
- minor oral surgery services

6 RECOMMENDATIONS

The Health and Well Being Board is asked to note and comment on
- the attached slides
- the planned process for engagement in East Anglia

Author **Peter Wightman**
Directorate **Direct Commissioning**
Date submitted **4 September 2013**