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| <b>HEALTH AND WELLBEING BOARD</b> | AGENDA ITEM No. 4(b) |
| <b>16 JANUARY 2014</b>            | <b>PUBLIC REPORT</b> |
| Contact Officer(s):               | NHS England          |

## **SURGICAL METASTATIC LIVER RESECTION SERVICES**

| R E C O M M E N D A T I O N S  |                            |
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| <b>FROM :</b> NHS England  | <b>Deadline date :</b> N/A |
| <p>The Board is asked to consider the key recommendation to establish a single surgical centre for metastatic liver resection in the Anglia cancer network Area. Of note the Board is asked to confirm:</p> <ul style="list-style-type: none"> <li>- The importance of ensuring all patients have access to an IOG compliant service; and</li> <li>- The principle of retaining as much care as locally as is appropriate</li> </ul> |                            |

### **1. ORIGIN OF REPORT**

- 1.1 This report is submitted to Board following a request from Andrew Reed, Director, NHS England East Anglia Area Team and member of the Health and Wellbeing Board.
- 1.2 A review of surgical services for metastatic liver resection has been undertaken with the aim of ensuring high quality, safe and sustainable services for patients. The review has concluded that there should be a single surgical centre for East Anglia, working as part of a network with local services to achieve improved outcomes for patients. The review has concluded that the surgical service should be located at Addenbrookes, Cambridge.

### **2. PURPOSE AND REASON FOR REPORT**

- 2.1 The purpose of this report is to inform the Board of the review of surgical metastatic liver resection services across the former Anglia Cancer Network.

The Board is asked to:

1. Note the outcome of the review to support improved outcomes for patients.
  2. Note the preferred options for a single surgical centre.
- 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. BACKGROUND**

- 3.1 A surgical resection service provides curative treatment for people with liver metastases. The National Institute for Clinical Excellence Colorectal Improving

Outcomes Guidance (IOG) states that a liver metastases surgical resection service should serve a population base of at least 2 million, with all surgery taking place at a single specialist surgical centre for patients with liver metastases. The IOG seeks to improve outcomes for patients 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 clinical expertise.

- 3.2 NHS England became responsible for the commissioning of this service, in April 2013 and is required to commission a service that is compliant with the IOG. NHS England (East Anglia) has therefore been working to take forward the Review of surgical services for liver metastases within the boundaries of the Anglia Cancer Network region, which covers people living in Suffolk, Norfolk, Cambridgeshire, and north Bedfordshire, which was started in January 2011.

#### **4. THE REVIEW**

- 4.1 In 2011, the former Anglia Cancer Network engaged the former Midlands and East Specialised Commissioning Group (SCG) to lead the work needed to review specialist surgical services for patients with liver metastases. The aim of the review was to ensure that all patients have access to an IOG compliant service.

- 4.2 A 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 had used the service. The review found that the number of people undergoing liver resection for colorectal cancer metastases in the region was significantly lower than the national average, with five referral pathways for the population in the Anglia Cancer Network region:

a) Three centres within the network which are non IOG Compliant– The Ipswich Hospital Trust, Norfolk and Norwich University Hospitals NHS Foundation Trust undertaking approximately 25 resections/year and Cambridge University Hospitals NHS Foundation Trust undertaking approximately 45 resections/year (NB: The Ipswich Hospital has recently stopped their liver resection surgery).

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

- 4.3 The Project Steering Group undertook a comprehensive review, which included seeking further advice from the National Cancer Action Team (NCAT). NCAT agreed to conduct a review into possible models that could be used to provide the service 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 reconfigured service?

- 4.4 In August 2012, the NCAT report was published and concluded that :

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
- 4.5 The process to establish an IOG compliant service recommenced in September 2012 and following publication of the service criteria, two expressions of interest were received from CUHFT and NNUHFT to become the single centre for liver resection surgical services.
- 4.6 The bids were 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 specialist and a patient representative who visited each provider to discuss their service proposal in detail.
- 4.7 The External Review Panel recommended 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 (CUHFT). Only surgery and immediate follow up would occur at the single specialist surgical centre, ensuring that as many elements as possible of the pathway would be delivered locally.
- 4.8 Whilst the External Review Panel found that CUHFT was best placed to deliver the network wide service, a number of recommended actions were identified in the report. In summary, the key recommendations from the External Review Panel report were:
- a) Consideration needed to be given to the transport needs of a rural and elderly population, especially from the more remote areas of the region.
  - 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 Metastases surgery team to ensure improved referral and a demonstrable improvement in resection rates.
  - f) Ensuring at all times that the new model of working, whilst centralising surgery, should at the same time maximise those parts of the care pathway that can be delivered to patients locally.
- 4.9 A Joint Health Scrutiny Committee has been established to consider the review and the recommendations. The report of the Committee is currently being considered.

## **5. CONSULTATION**

- 5.1 The process of the review was undertaken with significant stakeholder engagement. A Joint Health Scrutiny Committee has considered the proposals and subject to the outcome of their deliberations consideration will be given to the nature and scope of further engagement and consultation required.

## **6. ANTICIPATED OUTCOMES**

- 6.1 The review and the recommendations focus on improving outcomes for patients who would benefit from metastatic liver resection surgery.

## **7. REASONS FOR RECOMMENDATIONS**

- 7.1 The recommendations support the delivery of a compliant, high quality service for people living in the former Anglia Cancer Network area.

## **8. ALTERNATIVE OPTIONS CONSIDERED**

- 8.1 The review considered a number of options, including the status quo and a rigorous review of the optimal site for a single surgical centre.

## **9. IMPLICATIONS**

- 9.1 The implications of the proposed service would result in a consistent, equitable and sustainable service for our population which is compliant with national standards.
- 9.2 There will be a number of patients who may have to access a surgical service in Cambridge, who might previously have been seen in Norwich however the vast majority of care will continue to be provided locally.