Specialised Urological Cancer Surgery Services in Essex
Report of the External Review Panel Visit 14th June 2016

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Version number: Version 2

First published: 7 July 2016

Updated: 22 August

Prepared by: Expert Panel

Classification: Official

Contents

1 Context

In 2013 NHS England became responsible for commissioning specialist urology cancer surgery. The National Institute for Clinical Excellence Improving Outcomes Guidance (IOG) provided the framework to be used by the NHS in England to support the planning and delivery of evidence based care to improve outcomes. The IOG Guidance for urology cancer states clearly that a specialised surgical service should serve a population base of at least 1 million and that there should be a dedicated, multidisciplinary team delivering high quality care in a single specialist surgical centre. This is reflected in the service standards set out in the NHS England Service specification for specialised urology cancer surgery.

A major review of specialist cancer services in the east of England in 2013/14 found that the two existing services in Essex did not meet the population requirements outlined in IOG requirements.

2 Background

2.1 Why the Review was required

The review of urology services in Essex agreed with IOG recommendations; that complex surgery requiring the right skills and facilities to provide patients with the best possible care, is best achieved at larger specialist centres where the expert team will deal with adequate numbers of patients to maximise clinical expertise, leading to improved outcomes.

The review concluded that the specialised urological cancer surgical service cannot be sustained at both Southend and Colchester in the future, as this arrangement would result in insufficient numbers of patients at both sites to maintain the expertise required and will not meet the current IOG. As a result of these findings a project to look at a different service model for specialised urology cancer services in Essex was initiated.

A stakeholder group was established to review the best clinical model for Essex. This group had broad representation from all hospitals, all clinical commissioning groups, clinicians and patient representatives. The group reviewed and contributed to a document that describes the service model for Essex. This document describes in detail the service that will be provided by a single specialised urological surgical centre which will reflect national guidance and standards and also include any specific local requirements of the service.

The underlying principal for this work is to ensure that people needing this service are cared for by the most appropriate healthcare professionals across the network of local and specialised care, collaborating throughout the care pathway with as much treatment as deemed necessary, being delivered locally.

It is important to note that all major hospitals in Essex currently provide cancer and non-specialist urology services, and perform a range of urological cancer surgical procedures. It is not envisaged that this local care will change. GPs and other health

professionals will continue to refer patients with suspected urological cancer to their local hospital for investigation, diagnosis, and treatment of a non-specialist nature; ensuring most urological cancer care will continue to be provided locally, whilst specialist surgery as outlined in national specifications is undertaken within an Essex Urological Cancer Centre.

Specialised care for testicular and penile cancer already occurs in supra-regional specialised centres outside of the county and these arrangements will continue.

The core aim of this project is to ensure that we can have confidence that our services are able to achieve best possible outcomes for patients and their families, whilst meeting the commissioning requirements for specialised services.

3 The Need for Change

3.1 The Need for Change

The IOG model ensures that individual team members develop and maintain skills whilst the MDT as a whole becomes the expert provider of specialised urological cancer surgery. Together these elements support improved outcomes and patient experience for this group of people. Larger units are better able to measure outcomes and produce comparative data and are equipped to offer a wider range of both clinical trials and other research to inform commissioning policy.

The impetus to have a single surgical team is not only driven by the aim of improving surgical skills but also to increase better decision making based on consistent diagnostics, knowledge of the treatment options available and the associated outcomes. With a single critical mass, research and development becomes more possible. The concentration of surgical activity will also allow clinicians to develop organ specific practices with increased activity to ensure economically viable mechanisms to invest in new technologies such as robotic surgery.

The review of urology services in Essex found a wide variation in the types of treatment offered over the two services. A single site service will aim to be more consistent in the treatment options than can be offered to patients. In addition to this, when multiple sites are each seeing fewer patients, there is potential for variation in diagnostic protocols and varying thresholds to determine which patients are considered for various treatment options and trials.

It is widely accepted that best patient outcomes can be correlated to surgical volume. This is also true for care associated with the specialty of urology such as urology intensive care and other supportive care.

3.2 Remit of the External Review

The remit of the External Review Panel was to make an assessment of the submitted service proposals to provide a network wide service. Two service proposals were received; one from Colchester Hospital University Foundation Trust (CHUFT) and one from Southend University Hospital Foundation Trust (SUHFT). Both of whom

expressed an interest in providing the Specialised Urological Cancer Surgery single site Service for Essex (Appendix 7.1 External Team membership, Appendix 7.2 Terms of Reference).

The panel was specifically asked to advise whether each of the service proposals received could meet the service criteria (Appendix 7.3). In addition to this the review panel was asked to provide guidance as to what the service would need to develop in order for the criteria to be met and were also asked to advise which of the services were better placed to be the single surgical centre detailing the reasons why.

3.3 Criteria Scoring Process

The Expert Review Panel received the service proposals from SUHFT and CHUFT four weeks before the site visits.

The Review Panel had a pre meeting the day before the visits to discuss their individual assessments of the service proposals and agree some Key Lines of Enquiry (KLoE) for the clinical teams during the site meetings. At this meeting it was agreed that the scoring would be completed for the providers after each of the site meetings (Appendix 7.4 panel itinerary).

The Chair of the Panel for both of the meetings was Mr Vijay Sangar; who is also the Chair of the Clinical Reference Group for specialised urology.

The panel met with the team at SUHFT in the morning and the team at CHUFT in the afternoon (Appendix 7.5 & 7.6 list the provider attendees at these meetings).
Mr Alan Hudson from Thurrock Healthwatch was also in attendance at both meetings.

In assessing this bid the panel utilised: the provider bidding documents, NHS England data on epidemiology/public health, incidence, current services and needs, population coverage, travel times, B14Sa NHS England specification, information from the team meetings and presentations.

It should be added, the service model and understanding the holistic needs of the population is prerequisite to a successful bid. The panel has taken these needs into account.

3.4 External Review Panel Findings against the Criteria

The discussion of scoring the services was carried out at the end of the site visits. Each of the criterion in the provider evaluation document (Appendix 7.7 provider evaluation criteria) was scored with either 1 for yes (criteria met) or 0 (criteria not met). The panel discussed each of the criterion and made notes, before reaching an approximate score. At the end of both visits each panel member scored each site individually.

3.5 SUHFT Score

The team at Southend showed true understanding of the need to provide the service for the entire population and presented an inclusive outreach model that showed, very clearly they had thought about each element of the patient pathway, regardless of area of residency. This was clearly encompassed in their mobilisation and capacity plans.

They were able to show how the patient pathway can be integrated into patient data collection and research. In addition they showed a significant move towards subspecialisation of Clinicians to each cancer site, which is now seen as the modern approach to urological cancer surgery.

Importantly they demonstrated true ability to offer an inclusive approach to developing a system that functions for the patient rather than the provider, in terms of outpatient, inpatient and urgent care.

As a side issue, the need for Essex to maintain a Pelvic Cancer and Gynaecology Cancer system that will serve the population must not be underestimated, and SUFT have been able to grasp this complex specialised need. The model for complex pelvic cancer care is difficult to align in many areas of England. It currently exists for some Essex patients, and should be nurtured for the whole population.

The management team was able to demonstrate the leadership required for such a vast project, which instilled definite assurances. The Panel was especially reassured by the ability of the Project Management element of the Team, which had given clear consideration to the enormity of the task required.

Additionally it was apparent that the populations this Team was able to serve would be significantly higher than that for Colchester; hence this model was more likely to provide an equitable and sustainable provision for Essex.

(Appendix 7.8 SUHFT scoring)

3.6 CHUFT Score

As the Team currently stands it appeared they were able to provide a good service for its immediate population.

However, the team at Colchester, failed to show wider understanding of the need to provide a service for the wider population of Essex. The service presented was exclusive rather than inclusive. The Team did not adequately show how services for the south of Essex would function, and be integrated.

The Team were clearly passionate about their Trust and service, however there was minimal evidence of will to modernise e.g. the lack of inclusion, minimal attempts at subspecialisation. There was some concern regarding the ability for the model to safely serve urgent or emergency clinical events from ‘new’ incorporated areas. The Panel was not reassured by the Trusts ability to task and finish the project, should they be awarded the service.

(Appendix 7.9 CHUFT scoring)

3.7 External Review Panel Recommendations

The external review panel considered a range of evidence submitted a month before the site meetings and considered information presented by the clinical and management teams on the day of the meetings.

The panel was in no doubt that both providers had good services that currently met the needs of the local population.

The panel found that the proposed service at Southend was best placed to deliver the county wide specialised urological cancer surgery single site service in Essex.

The panel found that whilst the service at Colchester had considered a single site service, there had been no real consideration of the service expansion required in providing a whole county approach in terms of coordination of and communication with the services across the wider geographical area.

4 Summary

In summary the external review panel considers that the Specialised Urological Cancer Surgery single site service for the population of Essex should be developed at Southend. The panel firmly believes that The Southend Team is very likely to be able to push Specialised Cancer Urology and its related disciplines to a level beyond current IOG, if they are able to retain their current thinking.

All The CNS Teams across both sites are to be commended for their collaborative working and their ability to keep the system running, these teams will clearly be fundamental to the future Urology service across Essex and should be nurtured.

The review panel would like to thank the teams at SUHFT and CHUFT for their comprehensive service proposals, their participation in the meetings and their hospitality.

5 Visiting Expert Team

Chair Mr Vijay Sangar Consultant Urological Surgeon, The Christie Hospital Manchester
Professor David Nicol Consultant Urologist, The Royal Marsden Hospital London
Mr David Heason, Specialised Commissioner East Midlands
Patient Representative Lindsey Cook, East of England Citizen Senate
Patient Representative Tony Rollo, East of England Citizen Senate
Helen Johnson Clinical Nurse Specialist, The Christie Hospital Manchester

6 References

National Institute for Clinical Excellence. Improving Outcomes in Urological Cancers. National Institute for Clinical Excellence: London, 2002.
NHS England Service Specification B14/S/a Urological Cancers –Specialised kidney, bladder and prostate cancer services.

7 Appendices

7.1 External Review Panel Membership

7.2 External Review Panel Terms of Reference

7.3 SCN Urology Service Criteria (prostate, bladder, renal)

7.4 Review Itinerary

7.5 Review Attendees from SUHFT

7.6 Review Attendees from CHUFT

7.7 Provider Evaluation Criteria

7.8 Panel Score SUHFT

7.9 Panel Score CHUFT