Joint Health Overview and Scrutiny Committee to review proposals for the provision of urological cancer surgery in Essex

15:00	**Wednesday, 09 March 2016**	**Committee Room 1, County Hall, Chelmsford, Essex**

PLEASE NOTE THERE WILL BE A PRIVATE PRE-MEETING FOR ALL MEMBERS COMMENCING AT 14:30 IN COMMITTEE ROOM 6

Quorum: 3 - with at least one member from each of the three participating authorities

Membership:

Braintree District Councillor Jo Beavis (Essex HOSC representative)
Essex County Councillor Ann Naylor (Essex HOSC representative)
Essex County Councillor Andy Wood (Essex HOSC representative)
Southend Councillor Lawrence Davies (Southend HOSC Representative)
Southend Councillor Cheryl Nevin (Southend HOSC Representative)
Thurrock Councillor Leslie Gamester (Thurrock HOSC Representative)

For information about the meeting please ask for:
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www.essex.gov.uk/scrutiny

Essex County Council

Essex County Council and Committees Information

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The Council Chamber and Committee Rooms are accessible by lift and are located on the first and second floors of County Hall.

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Induction loop facilities are available in most Meeting Rooms. Specialist head sets are available from Duke Street and E Block Receptions.

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Please note that an audio recording may be made of the meeting – at the start of the meeting the Chairman will confirm if all or part of the meeting is being recorded.

Part 1

(During consideration of these items the meeting is likely to be open to the press and public)

		Pages
1	**Membership, Apologies for Absence and Substitutions**	
2	**Declarations of Interest** To note any declarations of interest to be made by Members in accordance with the Members' Code of Conduct	
3	**Minutes** To approve the draft minutes from 13 July 2015.	**5 - 10**
4	**NHS England Project Update** To consider report UCJHOSC0116.	**11 - 36**
5	**Date of Next Meeting** To be agreed.	
6	**Urgent Business** To consider any matter which in the opinion of the Chairman should be considered in public by reason of special circumstances (to be specified) as a matter of urgency.	

Exempt Items

(During consideration of these items the meeting is not likely to be open to the press and public)

To consider whether the press and public should be excluded from the meeting during consideration of an agenda item on the grounds that it involves the likely disclosure of exempt information as specified in Part I of Schedule 12A of the Local Government Act 1972 or it being confidential for the purposes of Section 100A(2) of that Act.

In each case, Members are asked to decide whether, in all the circumstances, the public interest in maintaining the exemption (and discussing the matter in private) outweighs the public interest in disclosing the information.

7 Urgent Exempt Business

To consider in private any other matter which in the opinion of the Chairman should be considered by reason of special circumstances (to be specified) as a matter of urgency.

MINUTES OF A MEETING OF THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE TO REVIEW PROPOSALS FOR THE PROVISION OF UROLOGICAL CANCER SURGERY IN ESSEX HELD ON MONDAY 13 JULY 2015 AT 3PM AT COUNTY HALL, CHELMSFORD

Present:

Essex County Councillor A Naylor (Chairman)
Southend Borough Councillor M Betson
Thurrock Councillor L Gamester
Southend Borough Councillor L Davies
Essex County Councillor A Wood

The following Officers were present in support throughout the meeting:

Graham Hughes	-	Scrutiny Officer, Essex County Council
Fiona Abbott	-	Lead Health Scrutiny Officer, Southend Borough Council

1. Appointment of Chairman and Vice Chairman

The Scrutiny Officer opened the meeting and invited nominations for Chairman of the Joint Committee and the following nomination was received:

Councillor A Naylor (proposed by Councillor Wood and seconded by Councillor Betson).

No other nominations were received. By general consent it was **agreed** that Councillor Naylor be appointed Chairman of the Committee and she took the Chair.

The Chairman then proceeded to invite nominations for Vice-Chairman and the following nomination was received:

Councillor M Betson (proposed by Councillor Wood and seconded by Councillor Davies);

No other nominations were received. By general consent it was **agreed** that Councillor Betson be appointed Vice-Chairman of the Committee.

2. Committee Membership, apologies and substitutions

The nominations received from each of Essex County Council, Southend Borough Council and Thurrock Council were accepted and the membership of the Joint Committee was **agreed** as follows:

Braintree District Councillor Jo Beavis (Essex HOSC representative)
Essex County Councillor Ann Naylor (Essex HOSC representative)
Essex County Councillor Andy Wood (Essex HOSC representative)
Southend Councillor Lawrence Davies (Southend HOSC Representative)

Southend Councillor Mary Betson (Southend HOSC Representative)
Thurrock Councillor Leslie Gamester (Thurrock HOSC representative)
One further nomination from Thurrock Council – TBC

Substitute members:

Essex County Councillor Stephen Canning (Essex HOSC representative)
Essex County Councillor Dave Harris (Essex HOSC representative)
Southend Councillor Cheryl Nevin (Southend HOSC representative)
Thurrock Council substitute - TBC

Apologies for absence for the meeting had been received from Councillor Beavis.

3. Declarations of Interest

No declarations were made

4. Constitution and Terms of Reference

The Committee considered a report (UCJHOSC/01/15) from the Scrutiny Officer, Essex County Council, comprising a draft Constitution and Terms of Reference for the Committee.

After discussion the Committee **agreed** the draft as submitted with the following amendments:

(i) Clause 3.5 [Chairman and Vice Chairman]: Add 'Subsequently agreed to be Councillors Naylor and Betson respectively' at the end.
(ii) Clause 4 – Co-option: local Healthwatch in Essex, Southend and Thurrock to be invited to join the Committee as non-voting co-opted members of the Committee; **Action: G Hughes/F Abbott/J Slade**
(iii) Clause 5.1 – [Lead Authority]: Add 'Subsequently agreed to be Essex' at the end. However, it was also acknowledged that both Southend and Thurrock officers would seek to provide assistance to support this.
(iv) Clause 5.6 – 'Essex' to be deleted.

It was further **agreed** that County Hall, Chelmsford, would be the default location for meetings although members discussed opportunities to hold some future meetings at other locations.

5. Project timetable and service criteria

[Agenda items 5 - Project timetable and agenda item 6 – Draft Service Criteria – were considered and discussed jointly and, accordingly, have been minuted together below]

The following joined the meeting and introduced each part of this item and answered subsequent questions:

Pam Evans - Service Specialist, Specialised

		Commissioning, NHS England – Midlands and East;
Karen Hindle	-	Communications Lead, NHS England, East of England
Sarah Steele	-	Senior Quality Improvement Lead (Cancer), Strategic Clinical Network;

(a) Project timetable

The Committee considered a report (UCJHOSC/02/15) comprising a Project Timetable as at July 2015. All timings were provisional. During subsequent discussion the following was raised/highlighted and/or noted:

(i) The anticipated service start date was October 2016;

(ii) The project was particularly underpinned by clinical agreement on a consensus model reflecting national guidance for a single surgical centre in Essex combined with the majority of pre and post-operative care provided locally;

(iii) The project would have an agreed set of evaluation criteria which would be used by an external expert clinical review panel to assess expressions of interest. The membership of the Panel had yet to be finalised but usually for such Panels members would be sought from the Royal Colleges and Clinical Reference Groups. The Panel will include patient representation.
Agreed: Joint Committee to be advised of finalised membership of the external expert clinical review panel;

(iv) The agreed set of evaluation criteria would be finalised during July and August;

(v) An invitation to each of the five Acute Trusts in Essex to express an interest in providing the service was currently planned to be issued during August. Trusts would have two months to submit their expression of interest;

(vi) More information on patient flows and travel analysis would be available after expressions of interest had been received;

(vii) Clinicians and network urology patient groups had been involved in the development of the current draft service criteria documentation;

(viii) Wider public engagement to publicise the model and receive comments on the impact of the model was scheduled for August and/or September. Members stressed the importance of this communication exercise.
Agreed: Joint Committee members to be invited to participate/observe in the public engagement exercise – the exact format of this involvement to be determined in consultation with NHS England Team Area Team representatives;

(ix) Evaluation of project progress was currently scheduled for October 2015.
Agreed: The Joint Committee to be updated on project progress to coincide with the planned NHS England evaluation of project progress currently scheduled for October 2015 – it was noted that no analysis of bids would have been undertaken at that time;

(x) **Agreed:** The Joint Committee would be consulted on the need for public engagement or consultation after analysis of the expressions of interest – this was currently scheduled for late November or December 2015. Public/stakeholder consultation was scheduled to be completed by end of March 2016. A further meeting with the Joint Committee to update it on the consultation was likely to be held sometime after March 2016;

(xi) Member concern on current misleading local media coverage and the pressing need for clear communication to the public and politicians that urological cancer centres at Trusts would not be closing. Members felt it would be useful for NHS England to be more specific on the majority of non-surgical care still being undertaken locally in their future public communications and to list examples;

(b) Service Criteria

The Committee considered a report (UCJHOSC/03/15) comprising a draft Service Criteria.

During subsequent discussion the following was raised/highlighted and/or noted:

(i) Complex surgery was to be undertaken at the specialist centre. Less complex clinical procedures would still be undertaken locally;

(ii) The specialist centre model and pathways were already in place elsewhere in the region. The proposed model applied to adults with a different clinical pathway already in place for complex urological surgery for children. In addition, specialist penile and testicular cancer surgery was already undertaken in London;

(iii) The draft service criteria solely addressed complex surgery: It did not include arrangements for chemotherapy and radiotherapy which remained unchanged. Patients would still need to travel to the radiotherapy units at either Colchester or Southend Hospitals;

(iv) The importance of continuity of care and the availability of surgeons for follow-up care;

(v) Current actual numbers for complex surgery in Essex was approximately six people per week equating to 3-400 per year. Those urological cancer patients not requiring complex surgery (i.e. on active surveillance) will continue to receive treatment locally. **Agreed:** Further information on actual and forecast activity levels for specialist surgery would be circulated to members later in the week;

(vi) An annual rate of increase of incidence of 10% would be used - This was significantly higher than recent actual annual incidence rates so as to also absorb future age and population growth impacts;

(vii) Incidence numbers would be split prostate (66%), bladder (17%) and renal (14%), based on past local data;

(viii) The numbers of patients estimated to have radical treatment plans agreed will be calculated as 30% of prostate incidence, 20% bladder incidence, and 75% renal patients;

(ix) For prostate cancer radical treatments to be managed by the Specialist MDT with surgery at the specialist surgical centre, the expected split between surgery, brachytherapy and radiotherapy is calculated as one third to each;

(x) For bladder cancer radical treatments to be managed by the Specialist MDT with surgery at the specialist surgical centre, the expected split between surgery and radiotherapy is 75:25;

(xi) For renal cancer, the proportion of patients expected to have surgical treatment carried out at the specialist surgical centre is approximately 20% of all renal cancer patients, rising to 30% at the end of the next 5 years;

(xii) Further member questions on patient flows and activity levels would be forwarded to NHS England representatives for a response. **Action: All members;**

(xiii) The Health and Wellbeing Boards for Essex, Southend and Thurrock should be appraised of the project, the timelines and relevant issues. **Action: Cllrs Betson, Gamester and Naylor;**

6. Date of next meeting

To be confirmed.

The meeting closed at 4.30pm.

Specialised Urology Cancer Service in Essex

Project Update March 2016

Public information Events

Public information events were arranged following advice from the Joint HOSC and were designed to inform members of the public about the reason for the changes, the proposed changes and the process we were required to follow.

An information leaflet outlining the reason for these changes was circulated widely before the events took place, see appendix 1.

Whilst these were information events only, we made it very clear that further public engagement events would be held later in the year once we moved further into the process and had options about where the centre may be sited.

The events were drop in events, there was no need to book. These were held on

- **Monday 25th January** 10am-1pm Southend on Sea Library
- **Monday 25th January** 2pm-5pm Chelmsford Library
- **Monday 8th February** 10am-1pm Colchester Library
- **Monday 22nd February** 11am-1pm Laindon Library
- **Monday 22nd February** 2pm-4pm Brentwood Library

The events in Southend and Colchester were the busiest with 17 people attending the event in Southend and 21 people attending the event in Colchester.

Patient Experience Survey

NHS England have also engaged with individual patients who have experienced the service first hand. 24 patients were either visited or spoken to on the telephone. This survey has helped us to understand the patient's own experience of these specialised services and what aspects of the service they valued most.

Update on Expressions of Interest

At the beginning of December 2015 all of the acute hospital trusts in Essex were invited to submit a bid to provide the specialised urology cancer surgical centre. The date for receipt these bids was the 12th February 2016.

Two of the Essex hospital trusts have submitted bids to host this centre and provide the service for specialised urological cancer surgery in the county these are:

- Colchester Hospital University NHS Foundation Trust
- Southend University Hospital NHS Foundation Trust

Next Steps

Over the next month, any queries with the submissions will be clarified before they are submitted to an expert external evaluation panel, made up of clinicians, patient representatives and commissioners from outside of the county.

We are in the process of recruiting the remaining members of this panel and hope to have confirmed the members in the next two weeks.

The role of the panel will be to assess the submissions and score them on a range of criteria. These criteria have been widely agreed and are contained in the Provider Evaluation Criteria, see appendix 2. This document was sent to the Hospital Trusts when invitations for the submissions took place. The assessment process will consider each of the submissions and look at aspects of the proposed service including; clinical service, quality, travel, access and the patient experience and the evidence of commitment to support a whole team approach across the surgical centre and local hospitals.

The panel will meet in late April and will visit the two hospital trusts to meet with the clinical teams as part of their assessment. The remit of the panel will be to make an expert assessment of the submissions and advise NHS England if the submissions meet the criteria to provide the service or not. The panel are expected to make a recommendation to NHS England as to whether both submissions meet the criteria, only one of the submissions meet the criteria or neither of the submissions meet the criteria.

We anticipate that this process will be complete by the middle of May 2016. Once we have recommendations for the future service options we plan to meet once again with the Joint HOSC for advice on our next steps. A revised timetable of the project milestones can be found in appendix 3.

Project Update
March 2016.

Specialised Urology Service
Provider Evaluation Criteria

This document should be read in conjunction with the Urology Service Criteria (Prostate, Bladder, Renal) and the NHS England national Service Specification B14/S/a: Specialised kidney, bladder and prostate cancer services.

Information provided in this document will be used to assess the providers ability to meet the requirements of the specialised urology service, as detailed in the above documents.

The submitted service proposals will be assessed by an independent review panel.

Weighting

1. **Clinical Service and Quality (35%)**
2. **Workforce (15%)**
3. **Patient Access and Experience (20%)**
4. **Deliverability and Implementation (15%)**
5. **Service development (10%)**
6. **Finance (5%)**

1. Clinical Service and Quality (35%)

1.1 Specialist Multi-Disciplinary Team service model

Describe how you will ensure that the service will fully comply with requirements of the SMDT service model set out in the specification.

Your submission should include but not be limited to the following:

- How you will deliver a Specialist Multidisciplinary Team (SDMT) for kidney, bladder and prostate cancers and provide associated specialist care.
- How you will ensure your SMDT complies with all measures within the Manual for Cancer Services: Urology Measures, Version 1 and all subsequent versions.
- Details of how you will ensure that all specialist care and treatment is delivered under the care of a core member of the SMDT
- How you will ensure close collaborative working between SMDT members with particular reference to non-surgical oncology care and treatment.

1.2 Specialist Multi-Disciplinary Team service meeting

Describe how you will ensure that the SMDT has sufficient capability and capacity to perform its role.

Your submission should include but not be limited to the following:

- Given that this will be an SMDT covering kidney, bladder and prostate cancer, how you will ensure that sufficient time is allocated to discuss each case that meets criteria for referral.
- How you will ensure effective inclusion of all SMDT members in multi-disciplinary team decision making
- How you will ensure sufficient time and resource is available to SMDT members attending the MDT meeting.
- Confirm the full membership of the Specialist MDT.

1.3 Single service

Describe how you will deliver a single, integrated service to ensure equal access to high quality care for the population of Essex.

For a single SMDT serving the **whole population** in the specified geographical area your submission should include the following:

- Details of how a single referral point will be administered across the population of

Essex to ensure that where appropriate;

- cases are allocated dependent on clinical need
- referrals are managed by the clinical lead for the service
- equity is maintained for all patients

- How you will manage risk associated with variation in demand and ensure capacity is available to maintain relevant standards
- Your approach to organisational development in order to ensure a fully functioning team
- How you will ensure good communication between partners in the pathway e.g. for patients presenting at local A&E undergoing treatment at the cancer centre

1.4 Research and access to clinical trials

Describe your vision and approach to audit, research and access to clinical trials.

Your submission should include but not be limited to the following:

- Your approach to clinical trial recruitment and research
- Details of systems that will be in place to ensure that all patients who are referred to the SMDT are considered for entry in to a clinical trial and how they are supported to make an informed choice
- How you will collaborate with other organisations and agencies to maximise benefits of research and development.

1.5 Audit

Describe how you will assess and demonstrate continuous service improvement through audit.

Your submission should include but not be limited to the following:

- How the SMDT will ensure a single audit programme and clinical data collection process for the population of Essex
- How the SMDT(s) will ensure that audit results are used to improve outcomes of care and treatment.
- Details of how you will ensure prospective data capture and audit, including submission to national clinical audit programmes
- Details of your planned administrative arrangements for the service to ensure that recording of information is achieved to the specific standards outlined in the following standards:
    - Cancer Outcomes and Services Dataset (COSD)
    - Specialist Palliative Care Minimum Dataset
    - NHS Standard Contract reporting requirements
    - British Association of Urological Surgeons Dataset (BAUS)
    - Patient Reported Outcome Measures (PROMS)

1.6 Administration of the service

Indicate how you will ensure consistent delivery of service standards in relation to non-clinical services.

Your submission should include but not be limited to the following:

- How you will ensure that patients who meet criteria for onward referral will be referred in line with the agreed clinical pathway (this includes GP, local MDT, internal referrals and referrals on to the Supra network)
- How you will ensure that sufficient administrative resource is provided to support the service
- Details of how you will ensure delivery of cancer waiting time standards for all urology cancer patients as identified in 3.1 of NHS England's national service specification *B14/S/a: Specialised kidney, bladder and prostate cancer services.*

1.7 Management of emergency patients

Demonstrate how your service will support management of patients who present through an emergency route either at the specialist provider or local hospital.

Your submission should include but not be limited to the following:

- Details of how all surgeons will manage post op complications and contribute to the out of hours emergency urological on-call rota for the centre and as part of the single service for Essex
- How you will support patients who present as an emergency, wherever they present, including decision making and communication alert systems
- How you will ensure patients who present as emergencies have access to a clinical nurse specialist.

1.8 Treatment

Describe how the service will ensure that all patients who meet criteria for specialist treatment receive appropriate access.

Your submission should include but not be limited to the following:

- How you will ensure that all patients have access to joint consultation with the surgeon, oncologist and clinical nurse specialist to discuss treatment options
- Details of how you will ensure that the SMDT offers equal access for all patients to novel techniques within nationally agreed guidelines and delivered under the care of core members of the SMDT. This includes brachytherapy, robotic surgery, radio-frequency ablation and cryotherapy
- How you will ensure patients are managed as part of enhanced recovery pathways
- Please describe your intentions to provide access to robotic-assisted surgery (RAS) as part of the prostate pathway in line with the NHS England Clinical Commissioning Policy.

  Note: It is anticipated that we will commission a robotic prostatectomy service from a NICE compliant provider undertaking a minimum of 150 procedures per annum. Until this figure can be reached and the surgical minimum numbers maintained the centre is expected to form a sustainable relationship with a compliant provider of robotic services. Please describe interim operational arrangements to ensure that patients continue to have access to this technique.If access to RAS is from another centre provider, please set out the intended pathway.

1.9 Infrastructure

Describe how the service will meet infrastructure requirements set out in the specification.

Your submission should include but not be limited to the following:

- How your organisation will ensure that inpatients are cared for in an environment appropriate to their needs, which in most cases will be a designated urology ward area where the staff are experienced in the care of patients undergoing resectional surgery for urological cancer
- How you will ensure that all elective urological cancer surgery is supported by experienced theatre teams and anaesthetists.
- How you will ensure that sufficient critical care capacity will be available to manage this patient group
- Confirmation that all patients have access to on site critical care (level 3) beds

1.10 Interdependencies with other services

Indicate how the following services will be accessed by the SMDT:

- Named ward for the care of post-operative patients with appropriately trained staff
- Renal haemofiltration facility
- Arrangements for surgery to be undertaken in centres co-located with vascular and cardiothoracic surgery where appropriate, for example renal cancer cases with thrombus in the vena cava and/or heart
- In emergency situations, that the host hospital has access to relevant surgical expertise within 30 minutes, for example colorectal expertise.

1.11 Integration and communication

Describe how you will work in partnership with other providers to ensure delivery of an integrated, multi-disciplinary service.

The guiding principle here is that patients are cared for by healthcare professionals across the network collaborating throughout the care pathway, with as many elements as possible of that care pathway being delivered locally to the patient. By default, only surgery and immediate follow up should occur at the centre.

Your submission should include but not be limited to the following:

- Details of your approach to working in co-operation with other NHS hospital trusts within the geographical boundary detailed in the specification which will continue to provide diagnostic/non-specialist care to their local population in line with existing arrangements
- How you will ensure integration with health and social care providers local to the patient to help optimise any care delivered locally.
- How you will manage patients in need of prolonged hospitalisation once specialist surgical care is no longer required
- How you will ensure good governance and communication with primary care, referring teams, other specialist providers and with patients, including arrangements for transfer of clinical responsibility. This should include arrangements for patients who for clinical reasons are transferred to another site e.g. for cardiothoracic support.
- Details of your approach to the multi-disciplinary care of patients and ensure effective integration with therapeutic disciplines. This should include how you propose to work in co-operation with the provider of radiotherapy and chemotherapy in line with existing agreed pathways.

2. Workforce (15%)

2.1 Access to specialist workforce

Describe how you will ensure provision of a specialist workforce as set out in the specification at point of mobilisation.

Your submission should include but not be limited to the following:

- Details of staffing arrangements that ensure provision of a specialist team workforce providing 24/7 continuity and sustainability of specialist care and why you believe this to be the optimal arrangement/number including specialist urological oncologists supported by middle grade cover.
- How you will demonstrate and maintain sufficient workload for each individual surgeon to maintain expertise, allow sub-specialisation and comply with national standards as a minimum.
- Details of how you will ensure that expertise is maintained within the Essex service so that patients have access to appropriate skills and experience, including management of recognised complications of elective and emergency urological surgery.
- How you will ensure sufficient management resource is provided to support the service.

2.2 Staffing structure

Submit a detailed staffing structure indicating professional group, roles, equivalent NHS grades, accountability, WTE numbers and reporting lines for both clinical and non-clinical staff. You must clearly identify which posts are to be recruited to. Please provide an operational management organisational structure chart in order to demonstrate the key operational management roles, supervision arrangements and responsibilities, reporting relationship and accountabilities.

2.3 Staff training

Provide details of how you will ensure all staff are adequately trained and competent to provide the service to a high standard. Where staff are yet to be appointed bidders need to demonstrate their processes and any previous successes of appointments to similar roles and training.

Your submission should include but not be limited to the following:

- What arrangements the organisation has in place for statutory and mandatory training, including role specific statutory and mandatory training.
- Details of how staff can access clinical supervision including the provision of a clinical supervision policy.

- Details of the organisation's learning and development policy.
- Details of how you as the centre will keep all network clinicians up to date with service developments.

2.4 Contingency arrangements

Describe, for all Clinical Staff, your proposed contingency arrangements to cover for planned and unplanned increases in workload and/or Staff absences.

2.5 Continuing professional development

Describe how you will manage and ensure that all clinical staff, including doctors, nurses and allied health professionals, meet the Continuing Professional Development (CPD) requirements of their professional and regulatory bodies.

Your submission should include but not be limited to the following:

- Details of the arrangements in place and a relevant CPD policy

3. Patient Access and Experience (20%)

3.1 Patient centred care

Please outline your proposals for ensuring patient access and support within the service.

Your submission should include but not be limited to the following:

- How you will ensure that all patients have access to an appropriately trained clinical nurse specialist and key worker to co-ordinate care and ensure continuity throughout their pathway
- How you will ensure that holistic needs assessment is undertaken and recorded at key points and that there are clear pathways to supportive care, primary care and specialist palliative care services.
- How you will ensure clear pathways are in place for sharing care plans with other care providers
- How effective communication will be maintained with patients at all stages of the pathway including care plans and end of treatment summaries
- How you will ensure the effective and efficient management of inter-trust transfers with regard to the patient's key worker.

3.2 Patient facilities and environment

Provide details of facilities and patient environment.

Your submission should include but not be limited to the following:

- How you will ensure that quiet areas are available in clinics and on or near ward areas where patients and relatives can receive significant news
- Details of facilities such as overnight accommodation for carers and relatives of patients travelling significant distances to the centre. Where charges are levied for such facilities, these should reflect a fair and affordable contribution to the cost of provision.

3.3 Follow-up and survivorship

Provide details of your approach to patient-centred care following treatment that promotes quality of life.

Your submission should include but not be limited to the following:

- How you will support patients living with and beyond cancer and your approach to patient centred follow-up in line with the National Cancer Survivorship Initiative.
- Details of patient access to support services such as erectile dysfunction, stoma and continence services
- How you will ensure treatment summaries are available to patients and care providers
- How you will involve oncology and other relevant services in the co-ordination of follow up post treatment.

3.4 Patient information

Describe how you will ensure information is available to patients according to their need.

Your submission should include but not be limited to the following:

- How you will offer patients information on all aspects of their clinical and non-clinical care and treatment, including resources other than written material
- How you will meet specific needs of patients including those with hearing loss, visual impairment, learning disabilities or who require communication aids and interpretation services

3.5 Patient engagement

Describe how you will ensure patient and carer engagement in the planning, involvement development and delivery of the service.

Your submission should include but not be limited to the following:

- Details of your proposals for service user, carer and public involvement in the planning and development of the service such as through surveys, focus groups and patient representatives
- Details of action plans to address the outcome of the National Cancer Patient Survey for urology and prostate services
- How you will obtain feedback on patients' experience across multiple organisations i.e. the whole pathway, ensure mechanisms are in place to resolve issues and continuously improve the patient's experience.

3.6 Accessible and responsive care

The SMDT will be required to provide specialist care and treatment across a large geographical area. You must describe how you will ensure the service is accessible and responsive to patient need.

Your submission should include but not be limited to the following:

- Details of how the SMDT will provide care as close to home as possible, including a surgical and non-surgical oncology outreach service in the patient's locality.
- Details of how the service will maximise ease of access for patients before and after surgery (for example, investigations required by the SMDT such as radiological imaging should be performed at the patient's local hospital to agreed protocols wherever possible).
- How you will ensure decisions are guided by patient choice
- Commissioners accept that patients may have to travel more than 60 minutes for specialist surgery however bidders must demonstrate how they will ensure that other services such as outpatient care are accessible and avoid the need to travel.

3.7 Equality: Practical

Briefly describe how you will deliver your service that is respectful and understands the needs of your patients by protected characteristics on the following issues:

Protected characteristics	1) Communication, information & accessibility	2) Sense of value and acceptance
Age		
Disability		

Gender reassignment		
Single/ Marriage /civil partnership		
Pregnancy & maternity		
Race		
Religion & belief		
Sex (M/F)		
Sexual orientation		
Other groups who face disadvantage and prejudice: Carers Homelessness Substance abuse Offenders Bodily weight control issues		

3.8 Equality: Compliance
Please give evidence of the following: • An Understanding of demographic demand for this service • How will you monitor satisfaction levels of your service across protected characteristics • How will you use this information to develop service provision

4. Deliverability and Implementation (15%)

4.1 Deliverability and implementation
Describe how you intend to deliver and implement the service for the duration of the contract. Your submission should include but not be limited to the following: • How you will guarantee consistent delivery of national cancer waiting times, and how the risks of delivery will be mitigated. Responses should include reference to the management of risks associated with inter-trust transfers. • You must provide a capacity plan that describes a detailed outline of clinic, bed, theatre and critical care provision and clearly reference both existing and planned new provision. • Details of your approach and assurance that sufficient organisation resource will be available to ensure service continuity for the duration of the contract, including any new service developments that are either within the specification or proposed within the bid provided. This should include managerial and administrative support.

4.2 Implementation plan

Please provide details of your implementation plan to demonstrate your capability and capacity to manage the transition process required to implement the new service in line with stated timelines.

The plan should include the following detail:

- Mobilisation/Transition plan: this plan should detail the key tasks and milestones the Service Provider will complete during the period up to service commencement date in order to deliver the service in accordance with the service specification requirements and contract and to achieve required performance targets.
- Operational plan: this plan should detail the key tasks and milestones that the Service Provider will complete to ensure continued delivery of a safe and effective service and achievement of performance targets.

The a brief outline of any issues from the list below should be included:

- Clinical (including CQC registration)
- IM&T
- Contracting
- Data capture and Reporting
- Operational delivery
- Communications including engagement with patients
- Service development and training
- Statutory Compliance (e.g. DPA, CQC)
- The plan must identify the resources within your organisation that will be responsible for governance and implementation
- Please explain what you consider will be critical to the successful implementation of this service and what are the critical components of your proposed service mobilisation plan and how do you propose to mitigate any risks?

4.3 Transfer of undertakings (TUPE)
Describe how you propose to deal with your responsibilities in respect of “TUPE” staff transfers (if applicable) and maintaining the principles of the Employment Act 2008. Describe how you will manage staff transition from TUPE transfer (if applicable) into the new organisation to the new structures identified.

5. Service Development (10%)

5.1 Service development
Describe how you will develop services in line with NHS England's service specification and the developing strategic direction and requirements for specialised services for the duration of the contract.

5.2 Response to service demand
Describe how you will respond to long term capacity requirements in terms of both facilities and workforce in line with anticipated trends in demand and increasing provision of services in alternative settings i.e. community settings.

5.3 Population
Please indicate the geographic area that relates to your submission, by Clinical Commissioning Group (CCG) and the anticipated activity associated with this population.
CCG List and anticipated activity

6. Finance (5%)

6.1 Cost of the service
Please detail your projected annual activity and charges for all elements of the service. We would expect your answer to clearly show how you will deliver these services in line with current national and local prices.

6.2 Compliance with national requirements on currencies and prices
Please confirm your acceptance that any activity recorded or charged for within the service will be compliant with national guidance as required by the General Conditions, Service Conditions and mandatory elements of the Particulars of the national NHS 2015/16 contract and any changes to the contract in subsequent years. This includes SC28 Information Requirements and SC36.3 Prices.

6.3 Use of Local prices
Please confirm your approach to the payment of activity under local prices, including critical care beds.

6.4 CEO/CCG Sign off
Please provide separate written evidence of executive sign off from: The Chief Executive Officer confirming support of this proposal and commitment to the provision of the future service. and The host CCG Accountable Officer confirming support for the proposal to provide an Essex wide service.
• CEO sign off • CCG sign off
Bidders Response Please include two letters of support as above.

6.5 Provider impact statement (if applicable)
Providers are expected to work with their local commissioners and produce an impact statement alerting the assessment panel of any negative impact on remaining services as a result of **not** providing the specialist urology service, or the effect on your current service as the result of any potential collaborative bid. This statement can be a consideration of any impact of the service reconfiguration on the current workforce and activity on you as a provider. • Please provide a written assessment of the impact on the organisation of the loss off or change in provider of the specialised surgical urology service

Providing High Quality Cancer Services in the East of England

Plans for a specialist surgical centre for urology cancer in Essex

Introduction

This document sets out the NHS England plan for a single specialist surgical centre for people with urology cancer living in Essex. Best practice guidance shows that such a centre will help to save more lives in the future.

Urological cancers cover a range of tumours with different presentations including prostate cancer, bladder cancer, kidney cancer, testicular and penile cancer.

NHS England is working towards further improving both one- and five-year survival rates for urological cancers. To help achieve this, a review of services has already led to the development of three specialised urological cancer surgery centres in the East of England. These are based at Addenbrooke's Hospital in Cambridge, the Norfolk and Norwich Hospital in Norwich, and the Lister Hospital in Stevenage.

Clinical evidence demonstrates that a small number of patients in Essex, around 150 a year, would also benefit from the services of a specialist surgical centre. This would be for particularly complex surgery for prostate, bladder and kidney cancers, carried out using open or keyhole surgery. Such procedures are currently undertaken at either Colchester or Southend Hospitals.

This is complex surgery requiring the right skills and facilities to provide patients with the best possible care. This is best achieved at larger specialist centres where the expert team will deal with sufficient numbers of patients to maximise clinical expertise, leading to improved outcomes. The specialised surgical service cannot be provided at both Southend and Colchester in the future, because there will not be sufficient numbers of patients to maintain the expertise required.

Specialised care for testicular and penile cancer already takes place in specialised centres outside of the county and these arrangements will continue.

All major hospitals in Essex currently provide cancer and urology services, and perform a range of urological cancer surgery. None of 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 local treatment; ensuring most urological cancer care will continue to be provided locally.

What will this mean for patients and their families?
For most people with urology cancer, care will continue to be provided locally. However, for patients who are assessed and will benefit from specialised surgery, this will take place at a single specialised centre in Essex.

Some people may prefer to choose to be treated at another recognised specialist centre. In the east of England these are located in Addenbrooke's Hospital in Cambridge, the Norfolk and Norwich Hospital in Norwich, and the Lister Hospital in Stevenage. There are also some specialist centres in London.

Where surgery is identified as the best treatment option, only the surgery and immediate follow-up will take place at the specialist surgical centre. Other care will remain at the local hospital.

As now, every patient will have a named care co-ordinator who will support them through their treatment, ensuring that as much of it as possible is delivered locally. This will include services such as outpatient appointments and oncology care, including chemotherapy. Brachytherapy and radiotherapy will continue to be available as now.

These changes are expected to result in more lives saved, as every patient who has the potential to benefit from surgery will be considered with input from the specialist surgical team.

Information events
NHS England has planned some information events about these changes and the process we are required to go through, these events are being held on;

- **Monday 25th January** 10am-1pm Southend on Sea Library, The Forum, Elmer Avenue,Southend on Sea SS1 1NE
- **Monday 25th January** 2pm-5pm Chelmsford Library, County Hall, Market Road, Chelmsford CM1 1QH
- **Monday 8th February** 10am-1pm Colchester Library, Trinity Square, Colchester, Essex CO1 1JB

These events are drop in events and there is no need to book, you are very welcome to come along to learn more about this project.

These events are designed to give you information about this project and explain the process. As we go through this process there will be opportunities for you to comment on the service proposals. Specific further public engagement events will be held later in the year when we will be looking for your views and comments about this service.

Note
This information sheet is deliberately brief. Further information about the background to this project and details of the work to date is available and can be obtained from pam.evans@nhs.net

Essex Urology Pathway Milestone Plan

March 2016

Key milestones for the project are underpinned by:

- Ensuring full stakeholder engagement throughout the project
- Full senior oversight of the project to ensure all communications and public engagement are timely and inclusive
- The agreement of a consensus model that reflects national guidance and local need
- An agreed set of evaluation criteria
- Expressions of interest from NHS Hospitals in Essex to provide the single centre specialist urology cancer service for Essex
- An external clinical expert review panel assessment of these expressions of interest against the agreed evaluation criteria. The assessment panel will include patient representation.

Target Date	Milestone	Owner	Status
30/11/14	Initial scoping and data gathering	SCN	Complete
13/02/15	Initial communications with stakeholders regarding the process and timetable	SCT SCN	Complete
18/03/15	Information Day for interested stakeholders	SCT SCN	Complete
12/05/15	Briefing at Essex CCGs and Specialised Commissioning Group Meeting	SCT	Complete
08/06/15	2nd meeting with stakeholders to gain consensus on model and draft evaluation criteria	SCT SCN	Complete
08/06/15	NHS England to brief 3 Essex HOSCs	SCT SCN	Complete
13/07/15	First formal Joint HOSC meeting	SCT	Complete
July 2015	Joint HOSC to input to procurement process and documentation, including assurance process	SCT	Complete
26/10/15	First Essex Senior Oversight Group meeting	SCT, SCN, Provider CEOs, CCGs, Patients	Complete
26/11/15	Documentation complete for input to procurement process	SCT SCN	Complete
01/12/15	Invitation to express an interest issued	SCT	Complete
Oct – Feb 2016	Evaluation criteria agreed ; evaluation panel recruited	SCT	Started

Jan – Feb 2016	Wider public engagement to publicise model	SCT	Complete
11/12/15	Evaluation of project progress	All	Complete
12/02/16	Deadline for Trust submissions	Providers	Complete
29/04/16	Evaluation panel site visits and analysis complete;	SCT	Not Started
16.05.16	Evaluation report produced with recommendations	SCT	Not Started
June 2016	Advice sought from Joint HOSC on the need for public engagement or consultation. Engagement with Regional assurance process	SCT	Not Started
September 2016	Stakeholder engagement (as advised by Joint HOSC) completed	SCT	Not Started
October 2016	Joint HOSC and Regional assurance process complete	SCT	Not Started
November 2016	Implementation Phase Start	Providers	Not Started
Q4 2016-17	Target service launch date	Providers	Not Started