

## **Specialised Urology Cancer Surgery Services In Essex.**

### **Expert Review Panel (ERP) Terms of Reference**

#### **Background**

The Urology Cancer (IOG) states that the specialised urology cancer service should be delivered to a population base of at least 1 million, with all surgery taking place on the site of the trust hosting the Specialist MDT. This recommendation is also followed through in the NHS England Service Specification B14/S/a for Urological Cancers – Specialised kidney, bladder and prostate cancer services.

In 2013 NHS England became responsible for commissioning specialised urology cancer surgery, a major review of specialised rare cancer services in the East of England in 2013/14 found that the two existing services in Essex did not meet the population requirements for compliance with this commissioning guidance.

Working in partnership with the Strategic Clinical Network (SCN) the Specialised Commissioning Team (SCT) undertook a review of urology service in Essex. This review found that all acute hospitals in Essex currently provide urology cancer services, 3 hospitals provide diagnostic and local care and two provide diagnostic and local care plus specialised urology surgery. Specialised care for testicular and penile cancer already takes place in specialised centres outside of the county and these arrangements will continue.

The review concluded that the specialised surgical service cannot continue to be provided at the two hospitals (Southend and Colchester) in the future.

As a result of this review 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 as well as patient representatives. The group reviewed and contributed to a document that describes the service model for Essex. This document, known as the Service Criteria Document, describes in detail the service that will be provided by a single specialised surgical centre, it reflects national guidance and standards and includes any specific local requirements of the service. The guiding principle of this model 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 possible being delivered locally.

Provider evaluation criteria were developed from the service criteria document described above. All five acute hospitals in Essex were invited to express an interest in providing this new service. Interested providers were asked to submit a service proposal that will enable them to deliver the service model as described by the documents above.

**Purpose/Remit**

The ERP is a time limited (task and finish) group whose remit is to make an assessment of the submitted service proposals from providers within Essex.

The purpose of this assessment is to advise:

1. If the service proposals meet the service delivery criteria.
2. If they do not meet the criteria, provide guidance as to what would the service need to develop in order for the criteria to be met
3. The ERP will also advise which of the services is better placed to be the single surgical centre detailing the reasons why as defined by the criteria

A final report detailing the recommendations and preferred option, will produced for the Senior Oversight Team for formal sign off.

The ERP is accountable to the Senior Oversight Team who, through the Assistant Director of Specialised Commissioning, report initially to the Midlands and East Senior Management Team (SMT) and through to the Regional Executive Meeting (REM).

**Membership**

Members of the panel shall be appointed by the SCN/SCT representatives on behalf of the Senior Oversight Team.

The panel shall be made up of at least six members.

Only members of the panel have the right to attend meetings.

Appointments to the panel shall be for the period of the project duration which is expected to be a maximum of 2 months.

The External Review Panel will consist of:

Two specialist expert clinicians sourced from the Royal College\* one of which will chair the panel discussions.

An external expert commissioner, who if possible is from an area with similar geographical challenges \*

A Clinical Nurse Specialist in urology\*

At least one Patient Representative, preferably two who can represent the position from all areas.

A Panel Coordinator from the specialist commissioning team.

\*Panel members will be external to the East of England

**Secretary**

The coordinator from specialist commissioning shall act as the secretary to the ERP.

**Quorum**

The quorum necessary for the transaction of business will include one of the two specialist expert clinician members, the commissioning member, a patient representative and the coordinator.

A duly convened meeting at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the panel.

If any member of the panel believes they have a potential conflict of interest this should be disclosed to the coordinator at the outset. Any conflict of interest will be declared at the first meeting of the panel.

The panel will be requested to sign a formal confidentiality agreement at the outset.

### **Meetings, Duration and Frequency**

The ERP shall be appointed for a 6 week period following receipt of the service proposals from trusts.

It is expected that the panel will meet over 2-3 days, this will include a visit to each of the providers.

The ERP will be coordinated by specialist commissioning and all communication with the ERP and between the ERP, providers and Senior Oversight Team will be facilitated by the Coordinator. Panel members are asked not to liaise with providers directly forwarding any communication from providers to the panel coordinator.

Remuneration: All travel expenses for members of the panel will be met if not met by the panel member's employer.

### **Duties**

Service proposals and relevant background information will be sent to members of the ERP for their individual assessment.

Members of the ERP can request clarification of any point of query in the service proposal through the panel coordinator only.

The ERP will meet to discuss their individual assessments and discuss the provider visits and through the Coordinator notify the providers of any specific needs during the provider visits, this may include the requirement to visit to a particular area or meet with a specific member of the provider team.

The ERP will visit each of the providers that have submitted a service proposal to meet with the clinical and managerial teams. This visit may include a visit to clinical areas, if this is the case there will be prior notification.

The coordinator will facilitate any other visits or appointments as requested by the ERP.

The ERP will meet for a final time to discuss their assessment, make their recommendations and draft the final report to Senior Oversight Team.

### **Output of Review**

A final report will be produced and made available to the Senior Oversight Team in the first instance for review. Senior Oversight Team, through the Assistant Director of Specialised Commissioning, who will be responsible for communicating the recommendation to the to the Midlands and East Senior Management Team (SMT) and through to the Regional Executive Meeting (REM).

The recommendation will be communicated to all stakeholders via the Senior Oversight Group

Written on behalf of the Senior Oversight Team  
April 2016.