

## **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