South West Strategic Clinical Network

South West Cancer Network			
Recurrent Arrangements for Cancer Network Clinical Groups & Responsibilities for Peer Review			
Author	Jonathan Miller	**Date**	14 July 2014
Recommendation	The Steering Group is asked to support these recommendations 1. Acute providers of cancer services have ongoing responsibility for running the cancer network clinical groups as set out in Appendix 1. 2. Clinical Network Groups will be accountable to the Steering Group and its member providers. 3. Recurrent funding for cancer network clinical groups is with the acute providers, with division of costs as set out in Appendix 2. 4. Commissioners require providers of cancer services to support Clinical Network Groups. 5. Commissioners will consult with Clinical Network Groups and respond to issues raised by the groups. 6. All Peer Review immediate risks, serious concerns and compliance scores of less than 80% will be raised and resolved at contract meetings and raised at Area Quality Surveillance Groups. 7. Clinical Network Groups will be accountable to the SW Cancer User Groups for patient engagement. The method of this will be agreed and included in the terms of reference.		
Approved	***This paper was approved at the South West Cancer Steering Group 21 July 2014***		

Cancer Network Clinical Groups provide a source of expert advice to commissioning bodies and a mechanism for sharing and spreading best practice, thus improving patient outcomes. They play a fundamental clinical and strategic role in helping the NHS achieve its objectives of identification of best practice and working with all stakeholders to transform services in line with best practice, at scale and across the whole network.

Organisation of Groups

Responsibility for running most cancer network clinical groups has passed to the acute provider members of the cancer networks. The providers are collectively responsible for the administration, governance and outcomes of these groups - ensuring that the groups are clear about their accountability and ability to influence services.

Appendix 1 sets out the Groups that will be managed by the providers.

Accountability

Network Clinical Groups will be accountable to the South West Cancer Steering Group, who will set the priorities and strategy for Cancer in the South West. Groups should

request commissioning decisions via the South West Cancer Network Manager, who will facilitate a collective commissioning response from the Steering Group when necessary.

Network Clinical Groups will also be accountable to its member providers.

Membership of Network Groups
Network Groups will have:

1. A representative from each provider (usually the MDT Chair or Head of Service)
2. Representation from the range of professionals involved in that service.
3. A patient or carer representative.

Providers will review which staff they nominate as members and actively support those they nominate to attend.

Draft terms of reference are at Appendix 3.

Commissioning requirements for Network Groups
National Specialised Service Specifications require providers of specialised services to participate in Clinical Groups. Clinical Commissioning Groups in the South West will require the same participation for CCG commissioned cancers.

- Providers are jointly responsibly for running Clinical Network Groups and delivering the Peer Review requirements of the Groups
- Individual providers are responsible for good attendance at network groups and engagement with the work required outside of the meetings.

Specialised commissioning and CCGs will hold providers accountable through the contractual route.

Commissioner responsibilities
Commissioners will respond to issues raised by Cancer Network Clinical Groups for services that they commission.

Commissioners will consult with Cancer Network Clinical Groups on relevant issues.

Funding for Network Groups
The South West Strategic Clinical has funded a Network function for 2014/15. Funding for 2015/16 onwards will come from providers. Appendix 2 sets out the cost for individual providers for the Groups. The cost is weighted according to the size of the cancers services at each trust.

The South West Cancer Network will support providers to seek sponsorship from the pharmaceutical industry for meeting costs. This was common practice but providers will need to satisfy themselves that any such funding complies with their local governance arrangements.

The resources required to ensure these meetings do more than meet will come from those responsible for running them. This will require input from both senior clinicians (especially the chairs of the groups and MDT chairs but also senior nurses and cancer managers).

National Cancer Peer Review
All Peer Review immediate risks, serious concerns and compliance scores of less than 80% will be raised and resolved at contract meetings and raised at Area Quality Surveillance Groups.

- Individual providers are responsible for their own Peer Review compliance. However local compliance relies on Cancer Network Clinical Groups fulfilling their requirements.
- Providers are jointly responsible for ensuring Cancer Network Clinical Groups fulfil their requirements.

Commissioners and the Cancer Network may request Peer Review visits for services that remain a concern.

Appendix 1 lists the lead commissioner for each of the services.

Outcomes

The performance of network clinical groups will be tested as follows:

- Performance of member organisations against agreed clinical outcomes and patient experience;
- Performance of the Group in Peer Review assessments;
- Performance of member organisations in their own Peer Review;
- Engagement of patients will be assessed by the Peninsula and ASW Patient Groups.

Appendix 1

Responsibilities for Cancer Network Clinical Groups

Service	Lead Commissioner for Service	Responsibility for supporting Groups
Acute Oncology	CCGs	Being revised following Acute Oncology Event 8 July 2014.
Brain/CNS	SC	Providers
Breast	CCGs	Providers
Cancer Early Diagnosis	CCGs	SCN
Chemotherapy	SC	SCN
Children & Young People	SC	SCN
Colorectal	CCGs	Providers
Endocrine & Thyroid	SC	Providers
Gynae-Oncology	SC	Providers
Haematological Malignancies	CCGs	Providers
Head & Neck	SC	Providers
Hepato-biliary	SC	Providers
Lung	CCGs	Providers
Radiotherapy	SC	SCN
Skin	CCGs	Providers
Soft Tissue Sarcoma	SC	Providers
Upper GI	SC	Providers
Urology inc. Testicular & Penile	CCGs	Providers

Appendix 2

Costs for Cancer Network Clinical Groups

The costs and share of running Network Clinical Groups is to be determined by the provider members. Indicative costs and shares have been outline below.

The shares have been based on the number of surgical treatment services each provider delivers.

Provider	ASWG	PCN	Total
Gloucestershire Hospitals NHSFT	11,136		11,136
North Bristol NHST	11,136		11,136
Royal United Hospital Bath NHST	11,136		11,136
University Hospitals Bristol NHSFT	12,727		12,727
Weston Area Health NHST	9,545		9,545
Northern Devon Healthcare NHST		8,936	8,936
Plymouth Hospitals NHST		17,872	17,872
Royal Cornwall Hospitals NHST		13,404	13,404
Royal Devon & Exeter NHSFT		14,894	14,894
South Devon Healthcare NHSFT		10,426	10,426
Taunton & Somerset NHSFT	6,364	4,468	10,832
Yeovil District Hospital NHSFT	7,955		7,955
Total	**70,000**	**70,000**	**140,000**

* This assumes Gloucestershire Hospitals is connected to SW Groups for all services. Some adjustment will be required if the trust is asked to fund West Midland groups.

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Appendix 3

Logos

Peninsula XXX Cancer Network Group
Terms of Reference
Draft v1

1. Purpose of Groups

The group will support clinicians to improve patient care by performing the following functions:

- The provision of clinical opinion on issues relating to [insert site] cancer for the network;
- Manage operational delivery of pathways of care between providers;
- Share best practice, provide education and peer support;
- Advise on the strategic direction for services;
- Agreement of network standards;
- Assess care against standards (both nationally and locally determined);
- Assess local capacity to deliver services;
- Agree and implement service developments to meet standards;
- Provide more specific clinical advice to commissioners on issues identified as a priority by commissioners;
- Engage with patients;
- Promote the recruitment of patients into clinical trials.

The performance of network clinical groups will be tested as follows:

- Performance of member organisations against agreed clinical outcomes and patient experience;
- Performance of the Group in Peer Review assessments;
- Performance of member organisations in their own Peer Review;
- Engagement of patients will be assessed by the Peninsula and ASW Patient Groups.

2. Objectives

2.1. Clinical Guidelines

- To coordinate and provide consistency across the network for cancer policy, practice guidelines, audit, research and service development.
- To articulate best clinical practice across the Network using patient pathways, clinical guidelines and protocols taking into account nationally mandated standards (such as by NICE or national service specifications).
- The Group will consult with other interested Network Groups when necessary.

2.2. Clinical outcome and patient experience standards

- To agree clinical outcome and patient experience standards.
- To agree data used to test these standards.
- Where data is not routinely available to agree local audits.

2.3. Peer Review

- The Group will carry out the work required for the Group by Peer Review and that required in turn by member organisations.
- Documents will be deemed agreed when each of the MDT Chairs has agreed – either at a meeting or via e-mail. MDT Chairs will be responsible for ensuring their members' views have been considered.

2.4. Advice to commissioners

- To advise commissioners on issues raised either by the Group or by commissioners.

2.5. Education & Training

- To provider education for Group members.
- To agree standards for education and training for clinicians.

3. Meeting Organisation

3.1. Chair

- A Chair will be appointed for a period of 2 years by the Clinical Directors of ASW/PCN.
- The Chair should be a core member of one of the associated MDTs.

3.2. Members

- MDT lead clinician from each of the associated MDTs;
- at least one nurse core member of an associated MDT;
- two user representatives;
- named administrative support;
- a [site specific] surgeon;
- a [site specific] physician [when required];
- a clinical oncologist;
- a medical oncologist;
- a radiologist;
- a histopathologist.

3.3. Member roles

- An NHS employed member of the Group should be nominated as having specific responsibility for users' issues and information for patients and carers.
- A member of the Group should be nominated as responsible for ensuring that recruitment into clinical trials and other well designed studies is integrated into the function of the Group.

3.4. Frequency of meetings

- The group will meet at least twice a year.
- Two months' notice will be given for all meeting dates.

3.5. Agendas

Agendas will be circulated two week before the meeting

3.6. Notes

Notes will be produced for each meeting capturing;

- Attendance;
- Actions for Group members;
- Agreements;
- Recommendations for commissioners or providers.

Draft notes, agreed by the Chair, will be circulated within one month of the meeting.

3.7. Video Conferencing

All meetings will be webexed.

4. Accountability

The Group will report to the Clinical Directors for Cancer in ASW/PCN but will also be accountable to the South West Cancer Steering Group, which will set the priorities and strategy for Cancer in the South West. Groups should request commissioning decisions via the South West Cancer Network Manager, who will facilitate a collective commissioning response – using the Steering Group where necessary.

4.1. Communication

The following documents will be made public on the South West Cancer Network website

- Meeting papers
- Agreed documents (guidelines, protocols etc.)

Peer Review documents will be available on the Peer Review website