

Meeting	Peninsula Cancer Alliance Board 29 January 2020
Title	Peninsula Clinical Services Strategy - Cancer Priorities Next Steps
Author	Bev Parker, Head of Planned Care Commissioning, Devon CCG
Agenda Item	3.1
<p>Summary</p> <p>The Peninsula Clinical Services Strategy Groups (PCSS) has proposed cancer priorities for focus over the next 12 months that will form the work within the Cancer workstream of PCSS.</p> <p>The identified cancer priorities are:</p> <ul style="list-style-type: none"> • Single sarcoma service • Specialist urology cancer surgery – robotic surgery provision • Lung cancer – MDT specialist input for consistent surgical decisions and service pathway review for compliance with National Optimal Lung Pathway. <p>The Executive Summary of the scoping document is attached, which sets out the arrangements and next steps to take forward this programme of work.</p>	
<p>Recommendation</p> <ul style="list-style-type: none"> • The Alliance Board are asked to approve that the Peninsula Clinical Services Strategy proceed with this work 	

PENINSULA CLINICAL SERVICES STRATEGY

Cancer Priorities Next steps

Context and purpose

Following a preliminary scoping exercise of the 12 tumour sites to identify those cancer services where there is potential for strategic/system service change, cancer priorities for focus over the next 12 months have been agreed by the Cancer Alliance and STPs and will form the work within the Cancer workstream of PCSS.

The identified cancer priorities are:

- Single sarcoma service
- Specialist urology cancer surgery – robotic surgery provision
- Lung cancer – MDT specialist input for consistent surgical decisions and service pathway review for compliance with National Optimal Lung Pathway.

Appendix 1 is the Executive Summary of the scoping document and provides details of the issues to be addressed.

This paper sets out the arrangements and next steps to take forward this programme of work.

Programme Management & Reporting Arrangements

This programme of work will be managed as part of the overall PCSS programme, overseen by

- Clinical lead, Rob Dyer
- Executive lead, Sonja Manton
- Programme Director, Jayne Carroll

Monthly reporting of progress will take place through to STPs via the PCSS programme.

The work will be taken forward by existing Cancer Alliance working groups, where they exist, with defined objectives, project plans and allocated project management resources.

Lung Cancer

The work will split into two distinct areas; MDT review and pathway review.

The existing Cancer Alliance Lung group clinically led by Cyrus Daneshvar, Consultant UHP. will take forward the pathway work.

Terms of reference and membership will be reviewed and a PIDOP developed to define this workplan, which is envisaged to comprise of a three-month scoping exercise to identify high impact

changes, followed by evaluation to inform recommendations. This will be in line with Lung Cancer GIRFT review/reporting timeline.

Clinical Lead – Cyrus Daneshvar, Consultant UHP.

Project Lead – Kim Hopkins, Devon CCG Cancer Commissioning Manager

Project Manager - Nicola Gowan, Cancer Alliance Project Manager

Work on MDT reform is an existing Cancer Alliance workstream and the work to look at this specific speciality will take priority.

Clinical Lead – John Renninson, Cancer Alliance Clinical Lead

Project Lead – Jonathan Miller, Cancer Alliance Program Lead.

Project Manager - Nicola Gowan, Cancer Alliance Project Manager

Specialist commissioned urology cancer surgery – robotic surgery

There is an existing Cancer Alliance prostate group, it is proposed to create a sub group to review provision

Local Clinical lead to be identified

Project Lead – Bev Parker, Devon CCG

Project Manager – Sarah Jane Davis, Cancer Alliance Project Manager.

Sarcoma

A working group will be established to take forward the review of the service in line with the recommended national pathway and define the opportunities for development of a single sarcoma service. This will be a combined specialist and CCG commissioner led process reviewing both the pathway and specifically the options for a single surgical service. This work interfaces with PCSS diagnostic work on the ultrasound 'lumps and bumps' pathways currently underway.

John Renninson, Specialist Commissioner Clinical Lead.

Project Lead – Jonathan Miller. Cancer Alliance Program Lead.

Project Manager – Bev Parker, Devon CCG.

Next Steps

- Establishment of working groups, with revised terms of reference and confirmed membership by mid-February.
- Project Plans (PIDOPs) and timelines developed for each workstream and signed off by each working group by end of February.

PENINSULA CLINICAL SERVICES STRATEGY

Scoping of Cancer Services for High Impact Opportunities

Executive Summary

In June 2019, PDEG approved PCSS priorities. Subsequently the Devon Chief Executives have requested that hospital-based cancer services are scoped for potential high impact opportunities for strategic change to inform a strategic workstream under the STP PCSS Programme. This paper describes a preliminary scoping exercise of the 12 tumour sites to identify those cancer services where there is potential for strategic/system service change and to inform discussions on the way forward. Acknowledging there are issues in other cancer services. The issues set out below in numbers 1-3 are the jointly agreed priorities of the Cancer Alliance and STP for focus over the next 12 months and will form the work within the Cancer workstream of PCSS.

1. To develop a shared plan between Specialist Commissioners and both STPs for the following:
 - a. **A single specialist sarcoma service** - The current providers (UHP and RDE) are not currently able to meet the Specialised Commissioning service specification and it is understood that they have met and agreed change is required. To improve the resilience and sustainability of this service, and to move closer to the specification, a centralised sarcoma service is supported. UHP and RDE Executive Teams have discussed this and recommended centralisation at UHP. Final agreement to this is subject to UHP being able to demonstrate sufficient capacity and space for this service redesign.
 - b. **Specialist Urology Cancer Surgery** - Future arrangements for Robotic Surgery. Specialised Commissioning has released a specification for Specialist Urology Cancer Surgery that indicates a single lead provider in the Peninsula (Devon and Cornwall). Cancer waiting times also show long waits for robotic prostate cancer surgery, provided by both UHP and RDE, and with Peninsula patients receiving their treatment out of area. Work is underway between the Cancer Alliance, CCGs and specialist commissioners to meet the specification whilst streamlining the service to increase efficiency and improve performance, including the capacity to repatriate current activity to the current providers. The Cancer Alliance is working with Specialised Commissioning to establish a service for the Peninsula that can sustainably provide specialist urology surgery to meet peninsula demand in a timely way and will make recommendations to CCGs.
 - c. **Lung Cancer** - National audit data indicates variation in access to radical treatment for lung cancer, especially lung cancer surgery. Improving consistency of Lung Cancer MDT decisions on surgery with specialist surgical input will reduce current variation in surgical rates across the peninsula. There is also a need to review where the elements of the pathway might sit within a five-hospital configuration. Specifically, this is a single set of diagnostic criteria to stream patients to the correct diagnostic group and points of care that will need a networked solution for delivery, and all MDTs working to the agreed standards of care pathways that put patients into the optimal lung pathway. The STP will work with the Cancer Alliance, drawing on the GIRFT national report due Spring 2020, to prioritise the development of a robust plan to deliver these priority changes.
2. This preliminary scoping also highlighted delays in histopathology reporting for number of tumour sites. Histopathology has been incorporated into the national program to develop a pathology network in the Peninsula. The current service challenges are creating delays in some cancer pathways, in a small number of cases the start of chemotherapy has been delayed and planned surgery cancelled. The outputs of the requirement to develop into a pathology network will not be realised until 2021. It would seem an urgent piece of supported work is required at a local level to understand the escalating issues and potential for solutions.

- 3.** To ensure better alignment of actions on cancer and system priorities and to drive enabling improvements (diagnostics, clinical networking, etc) it is proposed to improve the oversight of the work of the Cancer Alliance by Spec Comm and both STPs.