Overview

The external review team was led by Mr John Anderson, Consultant Urological Surgeon from the Royal Hallamshire Hospital, Sheffield, and included Ms Beverly Baxter, Urology CNS, Derby City Hospital, Tony Harvey, User Representative from South Essex Cancer Network, and Dr Colin Trask, Consultant Oncologist and Lead Clinician, South Essex Cancer Network.

The review was conducted by a visit to each site that had submitted proposals (Ipswich Hospitals NHS Trust (IHT) and Essex Rivers Healthcare NHS Trust (ERHT) for a spoken presentation, a question and answer session and a tour of the site. A financial appraisal of each proposal was provided by Mr Peter Mickelsen, Finance Director at Colchester PCT, and presented to the review team at the conclusion of the visits.

The review team were impressed with the written proposals and presentations. It was evident from these that both Trusts provide a service of very high quality. Ipswich Hospital NHS Trust (IHT) was particularly commended for its focus on the network dimensions of its proposals. Essex Rivers Healthcare Trust (ERHT) was considered by the team to provide a service that was exceptionally patient focussed. This Trust has demonstrated its commitment to improving the patient pathway by transferring so much activity to a community setting in nurse led units.

The review team were not convinced that ERHT had fully considered the implications of the standards-based requirements of a specialist cancer surgery centre. The focus of its existing service has been the diagnostic and follow up pathway for patients with and without urological cancer. The review team considered that the proposal from ERHT did not address the requirements of a centre in sufficient detail for the team to be confident that their proposals would deliver effective high quality specialist surgical treatment for urological cancer.

IHT, because it is geographically at one end of the network, needs to demonstrate that it would be able to provide a service of sufficiently high quality to persuade patients and commissioners that transport and access difficulties would be balanced by the strengths of the proposed service. The review team considered that their proposals did show the required commitment to excellence. Concerns about the available capacity in ITU/HDU beds were addressed to the team’s satisfaction by the Chief Executive.
The review team has considered its responses in relation to the specific criteria set out by the Mid Anglia Cancer Network Board. These are detailed below to enable the Board to consider how each service compared.

Assessment against specific criteria

How many patients are to be treated at the centre in conformity with outcomes guidance? Does the proposal comply with estimates of network activity?

**ERHT Colchester**

The proposal is consistent with expected activity

**IHT Ipswich**

The proposal is consistent with expected activity

Which procedures are to be undertaken at the centre? Does the proposal identify correctly the procedures to be undertaken in the centre and those in the units in conformity with outcomes guidance?

**ERHT Colchester**

The procedures expected to be undertaken at the centre and at the unit are correctly identified

**IHT Ipswich**

The procedures expected to be undertaken at the centre and at the unit are correctly identified

Does the proposal address the proposed size and composition of the specialist urological team in conformity with outcomes guidance?

**ERHT Colchester**

The sessional commitment of the members of the centre MDT is not clearly defined in section 3.2 or appendix 1 of the proposal and was not clarified during the presentation. In the financial statement only 68 sessions of consultant time were allocated to the network or centre MDT, with an unspecified additional allocation for consultant sessions of £19.8k. The review team considered that the network MDT is the essential ‘driver’ for a specialist surgery centre, and that it is unlikely that the network MDT would achieve its objectives without sufficient
consultant input. No allowance was made in the proposal for additional oncology input from Ipswich to the network MDT. The proposal elsewhere refers to the important principle that patients should have treatment such as chemotherapy and radiotherapy locally where available, and this would demand the participation of the specialist oncologist from Ipswich. The additional consultant sessional time that would be required was thought to have been significantly underestimated.

The additional Clinical Nurse specialist that was to be recruited by ERHT was said in the presentation to be required (and was to be recruited for) for the local service. The review team considered that the clinical nurse specialist time required for a specialist cancer surgery centre is likely to have been underestimated.

These factors impact on the financial estimates provided by ERHT (see below)

IHT Ipswich

The two options suggested by IHT to address the surgical and MDT workload issues were considered by the review team to represent a robust and flexible approach to ‘centre’ working which was likely to be successful.

What additional recruitment would be required to create the specialist team?

ERHT Colchester

The proposals from ERHT did not provide the team with a clear understanding of the way in which the surgical team would operate, especially in relation to Ipswich. They did not appear to have considered the issues of sub-specialisation and cross cover within the centre surgical team in sufficient detail. There was a discrepancy between what was understood to have been agreed between Ipswich and Colchester and what was presented at ERHT.

The review team questions whether it is fully appropriate to employ an associate specialist as an MDT co-ordinator, in what is primarily an administrative role. New recruitment of an administrator would add to the costs of the proposal.

IHT Ipswich

There needs to be clear agreement between surgeons as to how the sessional time is arranged, and this cannot be left entirely to the network lead clinician to resolve.
Is there evidence of a link to performance against waiting time targets?

ERHT Colchester - Yes

IHT Ipswich - Yes

What additional capacity has been identified as required?

ERHT Colchester
The additional capacity that was identified was 7 additional beds on the urology ward which were to be ringfenced, an additional ringfenced HDU bed staffed by urology nurses with HDU training, and additional surgical and CNS capacity. The latter is described above.

IHT Ipswich

There are concerns about HDU capacity, which the review team regarded as potentially underprovided, but it was confirmed that this would be addressed,

Will effective use be made of existing capacity?

ERHT Colchester
See above

IHT Ipswich
See above

Links with radiotherapy facilities. How will these be addressed in the clinical pathway?

ERHT Colchester

The non-inclusion of sessional time for the Ipswich and Chelmsford Oncologists in the network MDT raised concerns in the review team about the effectiveness of pathway co-ordination for radiotherapy across the whole network.

IHT Ipswich

Addressed in the MDT plan
Links with chemotherapy facilities. How will these be addressed in the clinical pathway?

ERHT Colchester

The non-inclusion of sessional time for the Ipswich and Chelmsford Oncologists in the network MDT raised concerns in the review team about the effectiveness of pathway co-ordination for chemotherapy across the whole network.

IHT Ipswich

Addressed in the network MDT plan

Has the proposal identified the potential cost impact on the local sub-economy as a result of the centralisation of services (i.e. revenue consequences for PCTs)

ERHT Colchester

ERHT are to be commended for including the impact of introducing funding by financial flows based on HRG tariffs, although these may be revised by the time the service (and financial flows) are introduced, especially for specialist services. The overall cost of the ERHT bid is lower than the IHT bid, but this is mainly because of the lower cost in the ERHT proposal of the network MDT. For the reasons described above, the review team considered this to be a significant underestimate of the clinical time required. ERHT did not identify the impact on individual PCT’s.

It was noted by the review team that these estimated costs were a statement of intent, and may not accurately represent the costs to PCT’s. These will require further detailed negotiation.

IHT Ipswich

This bid is more expensive but this is because of the additional costs of the network MDT, and the project manager. No capital equipping costs were included.

It was noted by the review team that these estimated costs were a statement of intent, and may not accurately represent the costs to PCT’s. These will require further detailed negotiation.
Has the proposal identified the potential losses of activity (as a result of centralisation of services)?

ERHT Colchester - Yes
IHT Ipswich - Yes

Has the proposal identified the potential activity gains (as a result of centralisation of services)?

ERHT Colchester - Yes
IHT Ipswich - Yes

Have the proposals identified how patients from elsewhere within the Network, and patients’ families and carers be accommodated?

ERHT Colchester - Yes
IHT Ipswich - Yes

Have the proposals identified how transport links to other parts of the Network will be created?

ERHT Colchester - Yes
IHT Ipswich - Yes

Have the proposals identified how admission and discharge arrangements will be made?

ERHT Colchester - Yes
IHT Ipswich - Yes

Is the Implementation timetable realistic and consistent with the principles of outcomes guidance?

ERHT Colchester - Yes
IHT Ipswich - Yes
Has the proposal addressed which associated surgical services (cancer and non cancer) need to be co-located?

ERHT Colchester

The location of the specialist gynaecological cancer surgery centre in Ipswich is seen by the review team as a disadvantage, although they recognised that the main benefit of the co-location of gynaecological and urological cancer surgery is to the gynaecological cancer surgery service. A more significant concern was the lack of dialysis facilities on site in Colchester. It is believed that this will be provided as part of the new PFI but this is unlikely to be before 2008, and may not be on the main hospital site. A urology cancer surgical centre will require dialysis facilities. This is at present only available in Ipswich or Chelmsford.

IHT Ipswich

The location of the specialist gynaecological cancer surgery centre in Ipswich is seen by the review team as an advantage. The on site dialysis unit which does treat patients from North Essex is an advantage.

Has the proposal addressed how national targets, including waiting times and pre-planned and pre-booked care will be achieved within the proposed centre?

ERHT Colchester - Yes

IHT Ipswich - Yes

Has the proposal addressed how key staff will be recruited to the proposed centre?

ERHT Colchester

Not fully – see above in relation to comments on the network MDT

IHT Ipswich

The 2 option plans for consultants and the possibilities for sub specialisation and cross cover are seen by the review team as robust and flexible.
Has the proposal considered the risks to completion of the project?

ERHT Colchester

The main issues are lack of capacity (beds and staff). It is not certain how effective ringfencing will be in the absence of additional capacity for medical outliers. The organisation of the network MDT was also considered by the review team to be a risk to completion, in the sense that without an effective sessional commitment the network MDT is unlikely to achieve the required objectives.

IHT Ipswich

There is concern about the HDU capacity which is a significant risk.

Is there evidence of support and participation in the preparation of the proposal from users and their representatives?

ERHT Colchester

The ERHT urological service is strongly patient focussed and is obviously extremely well supported by its users.

IHT Ipswich

There is evidence of user support.

Has the proposal considered which non-malignant cases are likely to be done in the centre, and how the workloads will be managed.

ERHT Colchester - Yes

IHT Ipswich – Yes

Does the proposal address how academic links will be developed. What evidence is there that patients are offered the opportunity to participate in local/national clinical research? Is there a history of initiating research?

ERHT Colchester

The review team were presented with evidence of close links with Essex University and the development of shared research projects. Information on participation in NCRN Trials was not presented.
IHT Ipswich

Links are being developed with Norwich. Information on participation in multicentre trials was presented although it was not clear how many of these were NCRN trials.

Does the proposal address information and support services for patients and carers, and the role of nurse specialist members of urological cancer teams in these services?

ERHT Colchester

Information for patients is clearly identified as a priority for this service and a high standard is achieved. See above for reservations on the proposals for CNS support for the centre.

IHT Ipswich

Information and support is identified as a priority in the proposal. A new information and support centre adjacent to the radiotherapy and chemotherapy unit is being developed.

Model of Care

Has a Model of Care been included clearly demonstrating the patient pathway from units to the centre and vice versa? The model should also be explicit in demonstrating how organisations would be affected by the pathway e.g. PCT’s. This should include diagnosis and referral in primary care, patient centred care including:

- diagnosis and assessment in secondary care
- treatment and palliative interventions and care
- information/psychological/social and dietary support
- Follow-up care
- Emergency readmissions

ERHT Colchester - Yes

IHT Ipswich - Yes

Neither clinical pathway addressed the issue of emergency readmissions but it is understood that this is unlikely to be agreed until the different options for surgical cover for the centre have been determined.
Conclusions

The review team has concluded that both proposals have strengths and weaknesses as outlined above. They considered that the proposals from Ipswich represented a clearer vision of the requirements for a specialist urological cancer service for this network. The innovative clinical pathways described in the ERHT proposals are a model of good practice for the diagnostic and follow up components of the service, and should be adopted throughout the network.

On this basis, the review team makes the following recommendations:

1. Ipswich Hospital NHS Trust should be designated as the specialist centre for urological cancer for the Mid Anglia Cancer Network.

2. Immediate steps should be taken to establish a network MDT for patient discussion, and this should be in place before clinical pathways change.

3. The patient focussed pathways developed in ERHT should be used as the basis for diagnostic and follow up services throughout the network.

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