Greater Midlands Cancer Network

FINAL VERSION

Upper GI Services

Proposal for Implementing

Improving Outcomes Guidance

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Upper Gastro-intestinal Cancers

INTRODUCTION

Greater Midlands Cancer Network

The Greater Midlands Cancer Network* is a Network of Primary Care Trusts (PCTs) and Hospitals across the Midlands which have come together to support the Government's Cancer Reform Strategy. The Network has an agreed programme of service development for all aspects of cancer including prevention, screening, diagnosis, treatment and specialist palliative care. By hosting site specific groups of specialist clinicians and patient users the Network helps PCTs to make collective decisions about services provided for populations larger than any single PCT area, to ensure equity of high quality treatment.

National Guidance

Oesophageal and gastric cancers are a significant cause of cancer deaths. These cancers are rarely diagnosed until they reach an advanced stage; consequently, the prognosis for most patients is very poor. Treatment with curative intent is often complex and involves multidisciplinary team working (MDT). This fact is recognised in the National Institute for Health and Clinical Excellence (NICE) Improving Outcomes Guidance (IOG) for Upper Gastro-Intestinal Cancers[i], with the recommendation surgery be undertaken in Centres (Hospitals) with a population in excess of one million. The IOG is designed to ensure the very best outcomes for patients and sets out the recommendations for the provision of care, including specialist and generic services for the diagnosis and treatments of such cancers.

The IOG standards for centralisation cover specialist treatments only, initial referral, diagnostics, surgery for less complex cancers, chemotherapy, radiotherapy and palliative care should continue to be provided locally. However as most patients are treated with palliative intent the majority should have their treatment in their immediate locality

BACKGROUND
Greater Midlands Cancer Network

In 2005 the National Cancer Peer Review Service (a national quality assurance programme for NHS cancer services) raised concerns about the catchment area of the Dudley Group of Hospitals Specialist Multi-Disciplinary Team (MDT) being below the requisite 1 million.

In 2008 the GMCN Board invited external expert teams, led by Professor Mike Lind (Medical Oncologist, Hull, England) to review the all of the areas of IOG non compliance, the full report is attached appendix 1. The review concluded that the service at Dudley Group of Hospitals was non compliant and recommended the re-configuration of complex surgery to IOG Centres that achieve the minimum requisite population of 1 million.

The reviews conclusion is not based on the desire to comply with government guidance simply for the sake of it, but on the research evidence that high volume centres deliver improved outcomes [i]

The number of patients at Dudley that undergo Upper GI surgery are small and although the proposed change in service will have a significant impact on patients it is only a minority that will not receive treatment in their local area.

Table 1 identifies OPCS codes used to populate table 2 overleaf

G331	Bypass of stomach by anastomosis of stomach to jejunum NEC
G013	Oesophagogastrectomy and anastomosis of oesophagus to jejunum NEC
G011	Oesophagogastrectomy and anastomosis of oesophagus to stomach
G288	Other specified partial excision of stomach
G281	Partial gastrectomy and anastomosis of stomach to duodenum
G283	Partial gastrectomy and anastomosis of stomach to jejunum NEC
G282	Partial gastrectomy and anastomosis of stomach to transposed jejunum
G275	Total gastrectomy and anastomosis of oesophagus to jejunum NEC
G273	Total gastrectomy and interposition of jejunum
G019	Unspecified excision of oesophagus and stomach
G039	Unspecified partial excision of oesophagus
G289	Unspecified partial excision of stomach
G029	Unspecified total excision of oesophagus
G279	Unspecified total excision of stomach

2010 Cancer Waiting Times (CWT) data, table 2 identifies the numbers of major Upper GI surgery over a six month and twelve month period

Referred for Surgery by Primary Care Trust	Number of Patients	Expected Annual Numbers	April 09 – Mar 10 Actual Treatments, Data Supplied by WMCBSA
Wolverhampton City PCT	5	(10)	(16)
Dudley PCT	4	(8)	(17)
Wyre Forest	6	(12)	(7)
South Staffordshire	1	(2)	(2)
Sandwell	2	(4)	(5)
Walsall	1	(2)	(1)

Table 2, 6 months period CWT data

The proposed change to services will mean that approximately 38 **(48)** patients each year from the Dudley catchment area will receive specialist surgery in University of North Staffordshire (UHNS) and University Hospital of Birmingham (UHB). Commissioning services for patients from the Wyre Forest area is being considered elsewhere and is excluded from this paper. Therefore there will be approximately 41 Patients from the Dudley catchment area receiving specialist surgery in University of North Staffordshire (UHNS) and University Hospital of Birmingham (UHB).

Initial referral, diagnostics and follow up/ aftercare will take place in Dudley Group of Hospitals ensuring that routine care is provided as close as possible to patients' homes as possible.

THE PROPOSAL

The Network in partnership with PCTs must now ensure that patients from Wolverhampton and Dudley with Upper GI Cancer are treated in accordance with National Standards.

There are two main Centres who could provide the specialist surgery and support (UHNS and UHB). There are well established clinical links with both Centres, which means that patients and their families already use these hospitals.

It is important to advise that there would be an opportunity for patients to exercise their right to choose an alternative choice of compliant Hospital if they wish.

The following proposed models have been developed by local clinicians, commissioners with input from patients/service users. It has taken into account National Guidance and Local circumstances and the recommendations of the Lind Report.

Wolverhampton City PCT

The proposal for patients living in Wolverhampton is to develop links with UNHS as the single Centre in order to build a strong patient pathway. Local skills and expertise will be retained wherever possible in order to maintain local management and treatment options wherever clinically relevant.

Dudley PCT

The proposal for patients within Dudley is to develop links with UHB as a single centre with Dudley surgeons undertaking surgery at UHB; similarly this will maintain local skills and expertise wherever clinically relevant.

Proposal Summary

The above proposals would be managed within an overall patient pathway of care and would be subject to service specifications. Appendix 1 outlines the GMCN care pathway, appendix 2 has been developed at Dudley; with the shaded boxes indicating care at the specialist centre, UHB. Appendix 3 outlines the service specification defined by Royal Wolverhampton Hospital as a basis for care at UHNS.

Research has shown that effective multi-disciplinary team working is a crucial factor in improving the quality of cancer services. The proposed models of care outlines a clear division of the roles and responsibilities which will help clinicians manage every patient's care to the same high standards, with less duplication of effort, better record-keeping and closer monitoring.

The proposals focus exclusively on specialist surgery, they do not impact on any other aspects of upper gastro-intestinal surgery or upper gastro-intestinal cancer services provided. However, when services are moved from one hospital to another it is natural for people to question whether that decision somehow marks the start of a wider migration of services. In this case the issues that triggered these proposed changes are only relevant to a small number of patients and have no implications for other services.

Consultation

Service Users/Patient representatives have been an integral part of Professor Lind's review and the National Peer Review Process. Key issues raised include service access, travel times and the impact on services in the receiving hospitals; all of the issues are to be considered during the operational planning for service change.

The GMCN has six locality User Groups with an overarching Network Partnership Group. The Chair of this group sits on the Network Board. This is a strong platform from which the patient voice is heard and acted upon at all levels, e.g. Network Board, NSSGs, cancer centres and units. The findings and outcome of the IOG Review led by Professor Mike Lind has been presented and discussed at the Network Board and in the NSSG. The Network Action Plan has been developed in conjunction with the NSSG and has been presented to the IOG Steering Group for discussion.

Consultation with Wolverhampton Upper GI Multidisciplinary Team and Trust Board has led to the recommendation that Wolverhampton patients suitable for surgery are referred to UHNS.

Wolverhampton City Primary Care Trust's (PCT) Professional Executive Committee (PEC) received a report on Upper GI Cancer; and agreed in principle to the recommendation of commissioning UHNS for Upper GI Cancer surgical procedures as advised by the Royal Wolverhampton Hospital Trust.

In Dudley PCT's Practice Based Commissioner Interface Group has similarly received a report on Upper GI Cancer and have agreed with the recommendation of forging links with UHB for specialist surgery.

All of the Overview and Scrutiny Committees (OSC) will be consulted and engaged with in the process of implementing the IOG recommendations.

CLINICAL SUPPORT

Local and National clinicians with wide ranging experience of specialist cancer care were closely involved in the development and assessment of the proposals described in this document including clinicians at UHNS, Royal Wolverhampton Hospital (RWH) and Dudley Group of Hospitals clinical and members of GMCN upper gastro-intestinal cancer site specialist group.

The development of the models of care has been clinician led and has been subject to assessment and review by the Upper GI NSSG and Patient User groups.

FINANCE

The care pathway is funded as part of a national tariff based system or locally agreed prices for intensive care/high dependency care, over the next few weeks Commissioners will be working together to ensure that smooth contract arrangements are in place with the relevant hospitals for their populations.

Certainly these proposals are not designed to save money but rather to improve outcomes for patients and to ensure the longer term sustainability of the specialist upper gastro-intestinal cancer service.

CONCLUSION

The GMCN Board believes that specialist upper gastro-intestinal cancer services for the GMCN should be commissioned at UHNS for Wolverhampton patients and UHB for Dudley patients with Dudley surgeons undertaking the surgery. Other key points that we urge the OSC to bear in mind when considering this paper include:

- The concentration of specialist services in specialist centres would allow us to keep pace with national clinical guidelines designed to deliver best practice and best outcomes.
- Concentrating specialist surgery will go hand – in hand with delivering routine care and follow-up care close to where patients live.
- These proposals have been developed by local clinicians with significant patient and public input and have been subject to through, independent review.
- The scientific/professional evidence supports proposals to concentrate complex cancer surgery in specialist centres.
- These proposals are designed to ensure specialist upper gastro-intestinal cancer services are safe and sustainable into the future. Our aspiration is to match the highest survival rates and best standards of upper gastro-intestinal cancer care in Europe.
- These proposals will affect only a small number of patients and their families

IMPACT OF THE CHANGES – NEXT STEPS

The GMCN does not believe the proposed change constitutes a substantial variation in local services based on numbers involved.

The initial consultation, pre-operative diagnostics, work-up and the follow-up care of all patients will continue locally.

As the Lind and National Peer review incorporated user views and users have been involved in all stages of the process GMCN does not believe that a programme of communication for patients, public and staff to explain the proposals and the benefits that come from having a nearby specialist upper gastro-intestinal cancer centre.

This programme would involve the dissemination of information about:-

- The service changes and new patient pathways
- Travel and access arrangements along with accommodation arrangements
- Who to contact for support and advice

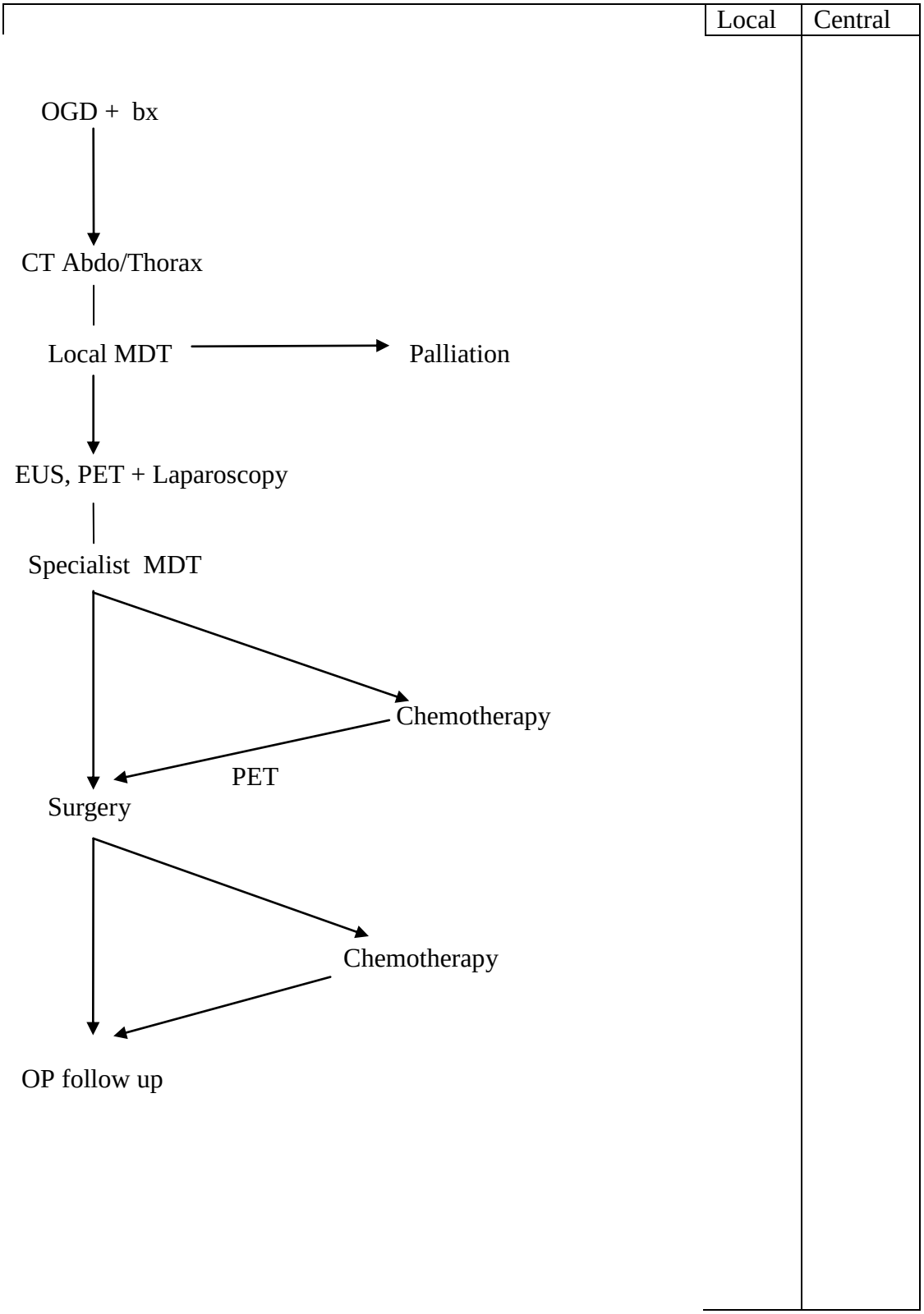
Communication methods could include:-

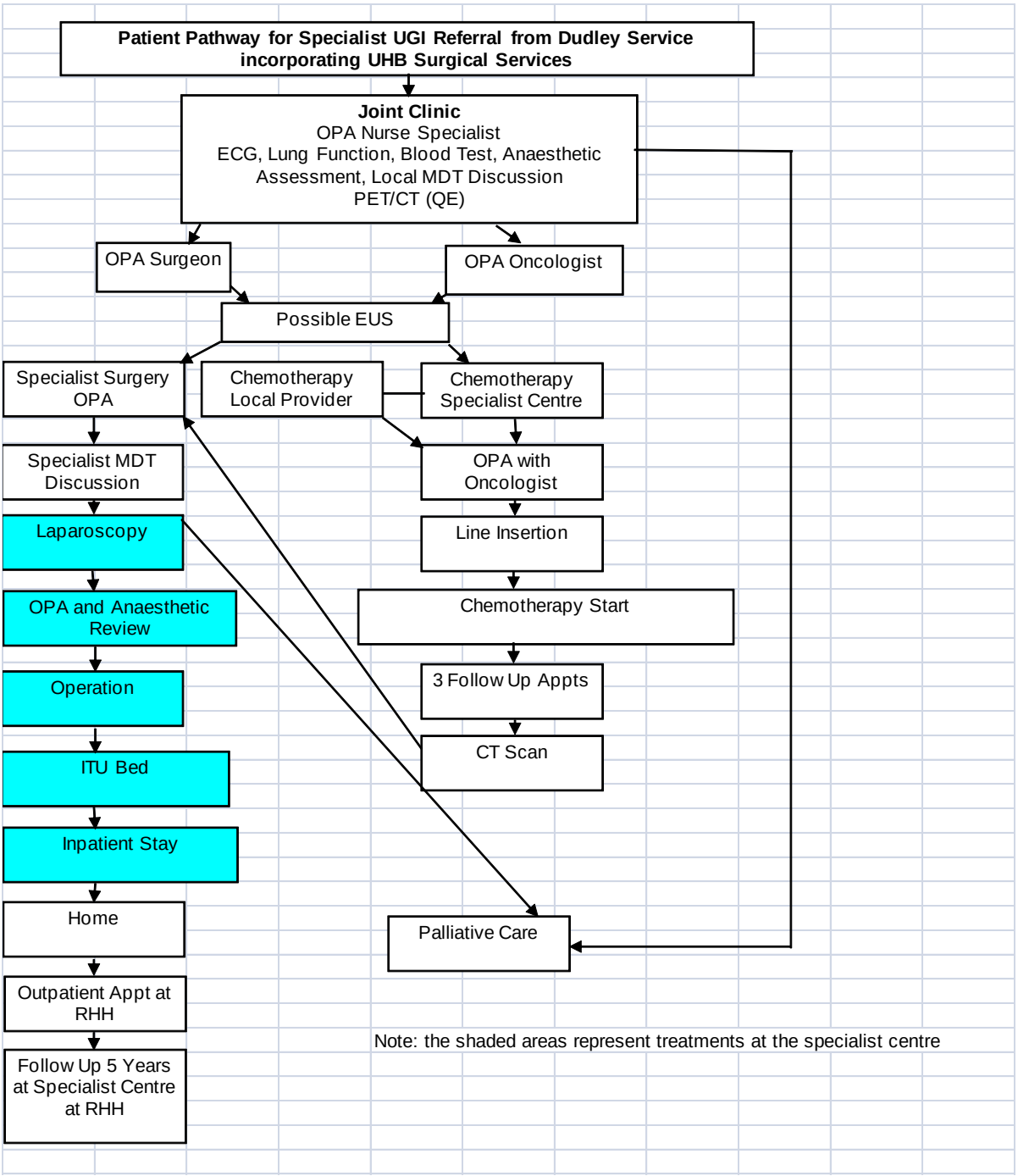
- A series of meetings with the OSC's, local GP Forums and patient groups to ensure patients and carers understand the new care pathway and receive best advice
- Media initiatives and advertisements in local newspapers and online
- New patient information leaflets
- Leaflets and posters in outpatient departments and cancer information centres
- Information for all stakeholders available via the Acute Trust website.

RECOMMENDATION

The Health Overview and Scrutiny Panel are asked to consider this paper. The panel is asked to support the recommendation that the proposed change does not constitute a substantial variation of service. The Panel is asked to support the suggested approach to further public communications and to comment on the details of the model.

Appendix 1 Pathway for Oesophageal Cancer – GMCN




Patient Pathway for Specialist UGI Referral from Dudley Service incorporating UHB Surgical Services
Joint Clinic
OPA Nurse Specialist
ECG, Lung Function, Blood Test, Anaesthetic Assessment, Local MDT Discussion
PET/CT (QE)
OPA Surgeon
OPA Oncologist
Possible EUS
Specialist Surgery OPA
Chemotherapy Local Provider
Chemotherapy Specialist Centre
Specialist MDT Discussion
OPA with Oncologist
Laparoscopy
Line Insertion
OPA and Anaesthetic Review
Chemotherapy Start
Operation
3 Follow Up Appts
ITU Bed
CT Scan
Inpatient Stay
Home
Palliative Care
Outpatient Appt at RHH
Follow Up 5 Years at Specialist Centre at RHH
Note: the shaded areas represent treatments at the specialist centre

Appendix 3
Royal Wolverhampton Hospital MDT Service Specification

1. Attendance by Upper GI surgeon at all New Cross upper GI MDTs (usually weekly)

2. Staging on site at New Cross (OGD, CT & Histology would be provided by New Cross; EUS may be from New Cross or by surgical centre; laparoscopy and surgical review would be at New Cross; Anaesthetic assessment would be done at New Cross; PET scanning would be done at surgical centre)

3. Staging on site at New Cross (OGD, CT & Histology would be provided by New Cross; EUS may be from New Cross or by surgical centre; laparoscopy and surgical review would be at New Cross; Anaesthetic assessment would be done at New Cross; PET scanning would be done at surgical centre)

4. The specialist surgical centre should offer patients the latest surgical techniques, such as minimally invasive resections

5. Patients would be assessed in joint surgical / oncology clinic at New Cross

6. 62 day target would be shared and patient pathway managed to deliver this target

7. 31 day target would be shared and pathway managed to deliver this target

8. A robust clinical pathway would be developed to avoid duplication and minimise des

9. A robust pathway for the management of acutely ill emergency upper GI patients would be developed

10. Chemotherapy and Radiotherapy would continue to be undertaken at New Cross Hospital

11. Palliative care support would continue to be provided at New Cross Hospital

12. Endoscopic Resections would be undertaken at New Cross

*Network membership

North Staffordshire, Stoke on Trent, Shropshire County, Telford and Wrekin, Wolverhampton City, South Staffordshire (proportion), Dudley, Worcestershire (proportion) PCT's. Powys, Local Health Board (proportion).

The Acute Hospitals within the GMCN are: University Hospital North Staffordshire NHS Trust, Mid Staffordshire NHS Foundation Trust, The Royal Wolverhampton Hospitals NHS Trust, The Dudley Group of Hospitals NHS Foundation Trust, The Shrewsbury and Telford Hospital NHS Trust, Worcestershire Acute Hospitals NHS Trust, The Robert Jones and Agnes Hunt Orthopaedic and District Hospital NHS Trust.

In addition Voluntary Sector organisations, including Hospices and other stakeholders including social and other healthcare services.

[i] National Institute for Health and Clinical Excellence (NICE) (2001) Improving Outcomes Guidance (IOG) for Upper Gastro-Intestinal Cancers