

Select Committee on Health and Adult Social Care - 27th January 2011

Report of the Director of Community Engagement and Primary Care

Improving Outcomes Guidance Compliance for Upper Gastro-intestinal Cancers

1.0 Purpose of Report

- 1.1 To bring to members' attention the proposed changes to upper gastrointestinal (upper GI) cancer services in Dudley prompted by the National Institute of Clinical Excellence (NICE) Improving Outcomes Guidance (IOG).
- 1.2 The Greater Midland Cancer Network (GMCN) does not believe the proposed change constitutes a substantial variation in local services based on the numbers of patients involved, and seeks confirmation of this view from the Committee.
- 1.3 The Committee is also asked to support the suggested approach to further public communications and to comment on the details of the model.

2.0 Background

- 2.1 Dudley Primary Care Trust, is a member of the GMCN which exists to improve cancer services. The GMCN membership includes Primary Care Trusts (PCTs) and Hospitals across the Midlands which have come together to support the Government's Cancer Reform Strategy
- 2.2 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)
- 2.3 This fact is recognised in the NICE IOG for Upper Gastro-Intestinal Cancersⁱ, with the recommendation that surgery be undertaken in Centres (Hospitals) with a population in excess of one million. This view is ratified by research evidence that high volume centres deliver improved outcomes
- 2.4 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.
- 2.5 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.

- 2.6 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
- 2.7 The review concluded that the service at Dudley Group of Hospitals (DGoH) was non compliant and recommended the re-configuration of complex surgery to IOG Centres that achieve the minimum requisite population of 1 million.
- 2.8 The two nearest IOG compliant centres are University Hospital North Staffordshire (UHNS) and the University Hospital of Birmingham (UHB) and patients will be offered a choice of treatment at either centre, but local GPs feel that most are likely to choose Birmingham.

3.0 What Does This Change Mean for Patients?

- 3.1 Approximately 40 patients annually are currently treated for Upper GI cancer at DGoH. Of these 17 are from Wolverhampton PCT who have taken the decision to link with UHNS. Of the 23 remaining patients **17** are from Dudley and the balance from neighbouring PCTs.
- 3.2 The proposal for patients within Dudley is to develop links with University Hospital of Birmingham as a single centre with Dudley surgeons undertaking surgery at UHB; similarly this will maintain local skills and expertise wherever clinically relevant.
- 3.3 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.

4.0 Finance

- 4.1 The 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
- 4.2 There is a slight increase in cost of approximately £25,000 due to critical care costs and High Dependency Unit costs being higher in Birmingham.

5.0 Equality Impact

- 5.1 The actions taken to communicate and manage the change are detailed in the attached paper (Appendix 1) on page 8. These will be reviewed as the project progresses.

6.0 Recommendation

- 6.1 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 endorse the suggested approach to further public communications and to comment on the details of the model.



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