

Thames Valley Strategic  
Clinical Network  
Proposal for Cancer Clinical  
Expert Advisory Group &  
Supporting Operational  
Groups



# Thames Valley Strategic Clinical Network Cancer Clinical Expert Advisory Group & Supporting Operational Groups

## *Draft Proposal for Consultation*

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## **Executive summary**

It is both nationally and internationally recognised that clinical networks are a success story. The experience of clinicians and the input of patients have supported and improved the way we deliver care to patients in distinct areas, delivering true integration across primary, secondary and often tertiary care.

Cancer Networks as virtual organisations have survived several statutory reorganisations. Throughout the various re-organisations the consistent theme behind Networks requires that their constituent organisations have a duty of partnership working to improve cancer services for the benefit of patients. Over the years network models have evolved and changed to suit the changing external environment; it is recognised that cancer networks have achieved improvements in patient care and continue to make a positive contribution.

Following the recent re-organisation of the NHS there has been great uncertainty nationally as to the future of Cancer Network Groups. As part of the transition the legacy funding for the Thames Valley Cancer Network Groups ceased at the end of September. The reduced resource and capacity available within the new Strategic Clinical Network means the previous model of support and input is unsustainable, however this offers a timely opportunity to review the objectives of the clinical engagement activity, how this is delivered and the mechanisms to support it.

It is important that the relationships, clinical engagement and patient participation that have been developed and maintained over many years are sustained and enhanced.

This paper sets out the proposal for the Thames Valley SCN Cancer Clinical Expert Group and supporting Operational Groups with the following recommendations:

### **Recommendations:**

- 1. Thames Valley Cancer Strategic Clinical Network should develop a strategic Clinical Expert Group in collaboration with stakeholders. Members of the group will be made up of the leaders of the Operational Supporting Groups (individual tumour site specific and cross cutting groups).*
- 2. Thames Valley Cancer Strategic Clinical Network should broker a partnership approach to develop, resource and provide the administrative and/or hosting support for the clinical expert*

*group and should also facilitate the development of Provider based Operational Supporting Groups.*

- 3. The operational supporting groups will require leadership, rather than just chairmanship. The clinicians taking on these roles will require some development and support to enable them to function effectively both within the operational groups and as members of the Clinical Expert Group. Thames Valley Cancer Strategic Clinical Network should provide training and support in leading and influencing skills to these clinicians to aid their understanding of the new NHS landscape, in particular commissioning arrangements, and increase their effectiveness.*

## Background

### Cancer Networks

The Calman-Hine Report - *A Policy for Commissioning Cancer Services*<sup>1</sup> published in 1995 - broke new ground when it recommended networks of cancer care, reaching from primary care to cancer units, treating the more common cancers and assessing and diagnosing rarer cancers, to cancer centres, treating both common and rare cancers and providing highly specialised treatment such as radiotherapy and bone marrow transplantation.

In 2001 Cancer networks were established as the organisational model for cancer services to implement the *NHS Cancer Plan*<sup>2</sup>. The principles behind cancer networks require that their constituent organisations have a duty of partnership to work together effectively to improve cancer services for the benefit of patients. The networks brought together health service commissioners (health authorities, primary care groups and trusts) and providers (primary and community care and hospitals), the voluntary sector, and local authorities.

The fundamental purpose (and ultimate goal) of working together as a whole system cancer network, is to improve outcomes by reducing incidence and morbidity, increasing survival and improving the cancer patient experience. To achieve this goal the role and focus of cancer networks was originally defined by the *NHS Cancer Plan* and the *National Manual of Cancer Services (2004)*<sup>3</sup>.

The future role of cancer networks in improving outcomes was revisited in the *Cancer Reform Strategy (published December 2007)*<sup>4</sup>. The Cancer Reform Strategy (CRS) emphasised that “cancer networks will play a central role, reporting to PCTs in commissioning cancer services” and that they “should play an important part in delivering the actions set out in this strategy”. The CRS clarified in some detail the future role that it had endorsed for cancer networks and network teams.

‘*Improving outcomes: a strategy for cancer*’<sup>5</sup> was published in January 2011 and set out the Government’s ambition to save an additional 5,000 lives every year by 2014/15. Cancer networks were to be instrumental in ensuring the delivery of this strategy at a local level.

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<sup>1</sup> A Policy for Commissioning Cancer Services – Calman/Hine 1995

<sup>2</sup> NHS Cancer Plan – DH 2001

<sup>3</sup> National Manual for Cancer Service – DH 2004

<sup>4</sup> Cancer Reform Strategy – DH 2007

<sup>5</sup> Improving Outcomes: A Strategy for Cancer – DH 2011

As part of the re-organisation of the NHS, the 2012 publication of *The Way Forward: Strategic Clinical Networks*<sup>6</sup> confirmed the establishment of a new type of network in Strategic Clinical Networks, in areas of major healthcare challenge where a whole system, integrated approach is needed to achieve a real change in quality and outcomes of care for patients. Nationally these have been set up in 4 main areas of which Cancer is one and became active from April 2013. Strategic Clinical Networks acting as engines for change will help commissioners reduce unwarranted variation in services and will encourage innovation using the NHS Single Change Model<sup>7</sup> as the framework for their improvement activities.

### **Network Site Specific Groups & Cross Cutting Groups**

Clinically-led subgroups were established as key components of the cancer network infrastructure. These groups were developed following successive NICE Improving Outcomes Guidance (IOG) publications, recommending them as a vehicle for establishing IOG compliant service configuration and subsequently monitoring adherence to, and impact of, the agreed service models.

Groups established around both distinct tumour sites (Tumour Site Specific Groups – TSSGs) and cross cutting groups (CCGs) such as Imaging, Pathology and Supportive and Palliative Care were the prime focus of each Network's activity. They provided the source of "expert" clinical opinion from which the network could draw its advice on a wide range of service issues including clinical guidelines and treatment options.

Each group brought together tumour cancer leads from member organisations and adopted an evidence-based approach using available guidance (eg: National Institute for Clinical Excellence (NICE), IOG etc) as their reference for determining common standards and pathways for cancer patients to be implemented locally. Membership of the TSSGs and CCGs included the wider clinical body and key managerial input from Trusts and other key stakeholders including patients and/or their carers.

The priorities of these network clinical subgroups were to take national clinical policies / guidelines and to develop and recommend shared network-wide protocols, operational procedures and referral pathways; to advise on strategies and action plans; to share innovations and good practice around service improvements; and to agree and undertake network-wide audits.

The network clinical crosscutting groups – CCGs e.g. imaging etc. provided advice and support to members of TSSGs on generic/crosscutting issues. They also took national clinical

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<sup>6</sup> The Way Forward: Strategic Clinical Networks- DH 2012

<sup>7</sup> NHS single change model

policies/guidelines and developed/recommended consistent network-wide policies, protocols and operational procedures. They contributed to strategies and action plans being developed by TSSGs and shared innovations and good practice around service improvements, and support/participate in network-wide audits.

The work programme of TSSGs and CCGs was based on the quality measures found in the Manual of Cancer Services (2004) <sup>8</sup>with an aim of developing and recommending a consistent approach across the system of care – which is safe, of high quality, improves the patient experience and is provided on an equitable basis. Compliance against these measures was assessed through the National Peer Review programme. The level of input required by each group to produce the necessary evidential documentation over time became disproportionate and reduced the time available to deliver areas of major change such as pathway transformation, and also contributed to the variability of groups achieving all their objectives.

## **Current Arrangements**

Prior to the April 2013 NHS re-organisation network site specific groups were supported both administratively and managerially by the former cancer networks within their well-resourced infrastructure. However, the resource available to Strategic Clinical Networks to support such intensive engagement activity, together with resource pressures within provider organisations regarding release of clinical staff for non-clinical activity, means it is timely to review both the objectives of the clinical engagement activity and the mechanisms for supporting it.

The National Clinical Director and the SCN teams across England see value in maintaining clinical engagement in site specific activity alongside that in cross cutting strategic activity. In keeping with the philosophy across the rest of the NHS it is anticipated that national policy guidance will be framed around the outcomes and outputs of clinical engagement groups/activity rather than around a prescriptive format and membership. A range of solutions to the administrative support conundrum is already being developed by SCNs and the freedom to broker these solutions locally is supported by the National Clinical Director. The TV SCN proposal is in keeping with the approach supported by the National Clinical Director.

## **Thames Valley**

The former Thames Valley Cancer Network set up and supported network wide groups of clinicians and users to address issues within cancer services as required by the NHS Cancer Plan and Cancer Peer Review (CPR).

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<sup>8</sup> The Manual of Cancer Services – DH 2004



The groups' membership was drawn from all disciplines involved in cancer care and met regularly as was required by Peer Review Measures, with some clinicians having their participation acknowledged by their employer through inclusion within their job plan whilst others were expected to participate in their own time. The TVCN provided both administrative and organisational support as well as a venue for the groups to meet. The TVCN brokered an agreement with Acute Trusts and PCTs to jointly fund the Chairs' role with each organisation contributing £11K per annum.

The groups provided a forum to discuss strategic concerns and addressed significant operational issues; however some discussions became circular and slowed implementation of guidance due to all those attending not having the authority to make commitments on behalf of their MDT.

### **Proposed Future Arrangements for Thames Valley**

The cancer SCN needs to be able to access expert advice about strategic issues in cancer and also to have a vehicle for delivery of strategic projects. In addition there is a similar requirement for access by the Academic Health Science Network (AHSN), Thames Valley Cancer Research Network (TVCRN), Clinical Reference Groups (CRGs), Specialised Commissioning, Clinical Commissioning Groups (CCGs) etc. This can best be achieved by the establishment of a clinical expert group drawn from network-wide operational groups covering the breadth of cancer clinical services. The members of this group would have a leadership role with a strategic advisory capacity.

Provider Trusts have a requirement within Peer Review for their cancer services to participate in network groups and this is not only vital for compliance against Peer Review but also for many operational and governance issues eg; pathway review work to optimize access to care and speed inter-trust referrals, and agreeing common protocols to avoid duplication; all of these add to each Trusts' internal quality assurance for their cancer services. Meeting the needs of all these organisations can best be achieved by a partnership approach to establishing sustainable clinically-led operational groups.

These proposed operational groups will be different to the former network groups, principally because they will focus on outcomes as defined by the Cancer Steering Group Work Programme. In addition their operational role will require them to ensure that National Peer Review Measures are met by Trusts across the network area; for this latter activity they will be accountable to local providers.

This approach will ensure that Commissioners have access to a broad range of clinical input to support and inform their decisions about the way care for our local populations is planned and

delivered.

The key risk of not bringing together the clinical teams is the potential to de-stabilise the delivery of care for a defined cancer site across the healthcare community, with little collective thinking or planning leading to inconsistency of care. In addition such a decision would be:

- Non-compliant with NHS England directive.
- Fail to meet national cancer standards.
- Have little credibility with patients and public

The table below provides suggestions of key deliverables from each group however it is expected that Stakeholders will want to agree the final deliverables of the Provider-based Operational Groups.

<b>Clinical Expert Advisory Group will deliver:</b>	<b>Provider-based Operational Groups will deliver:</b>
<ul style="list-style-type: none"> <li>• Horizon scanning for service planning</li> <li>• Cross tumour prioritization advice</li> <li>• Radical pathway configuration advice and dissemination opportunity</li> <li>• Access to appropriate groups for research</li> <li>• Cross tumour dialogue across sectors</li> <li>• Opportunity for cross tumour learning, eg from review of National Cancer Patient Experience Survey results</li> </ul>	<ul style="list-style-type: none"> <li>• Commissioner assurance of care delivery across settings</li> <li>• Review of cancer waiting times</li> <li>• Protocol and guideline development</li> <li>• Support for ARIA electronic prescribing by protocol review and screening, minimising use of non-protocol chemotherapy</li> <li>• Cross provider audit and participation in national audits as required</li> <li>• Consistency with cancer peer review measures.</li> <li>• Consistency and equity of care and treatment provision</li> <li>• Opportunity to share best practice and to learn from others</li> <li>• Opportunity to discuss and resolve any operational issues across patient pathways particularly those which cross provider boundaries</li> <li>• Mechanism for agreeing NSSG standards for cancer peer review</li> </ul>

## **Outcomes**

The performance of both the Clinical Expert Advisory Group and Provider-based Operational Groups will be measured against:

1. Agreed clinical outcomes (to be defined by Cancer Steering Group and Commissioners) and patient experience (through the National Cancer Patient Experience Survey).
2. Result of individual Trust's peer review.
3. Compliance against Improving Outcome Guidance (IOG)
4. Engagement of patients will be assessed by the Thames Valley Patient & Partnership Group.

## **Proposed Structure & Governance**

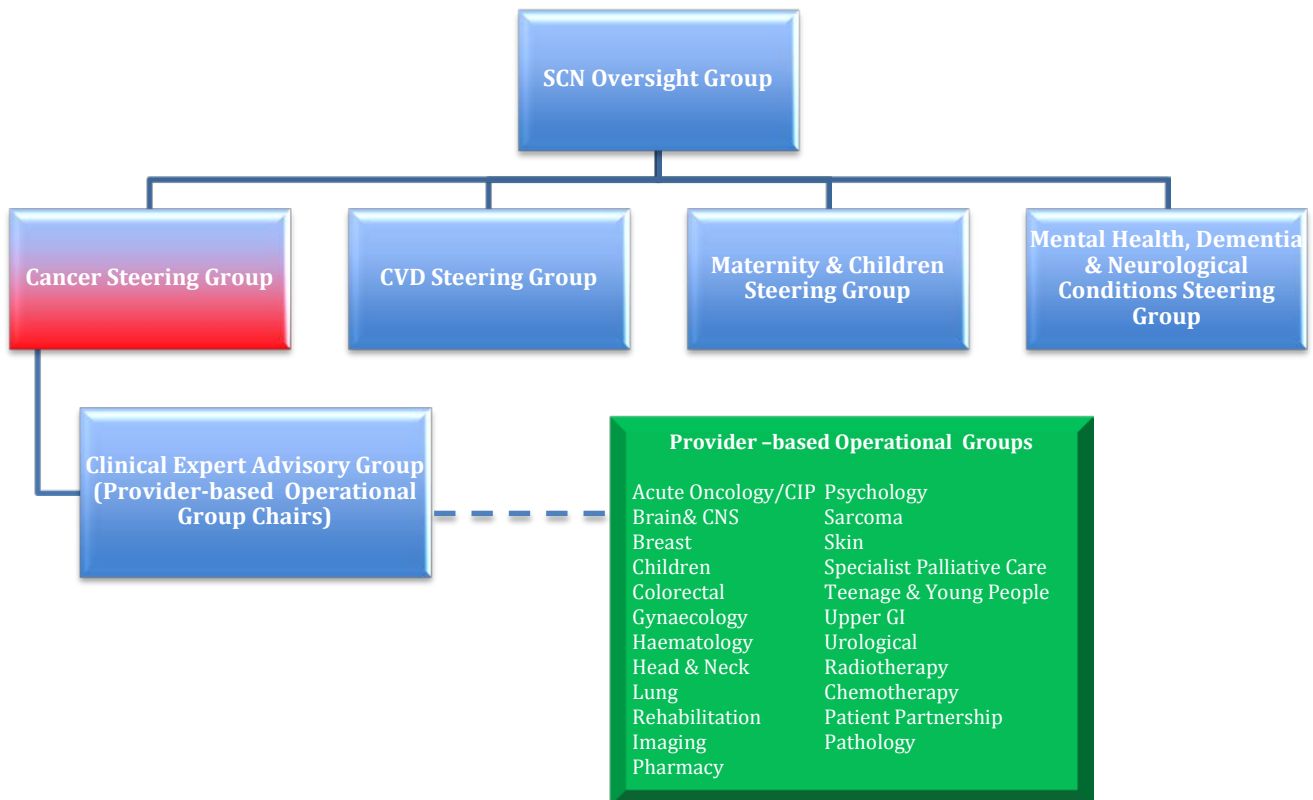
Accountability for the delivery of the Thames Valley Cancer Strategic Clinical Network's objectives is through the Thames Valley Strategic Clinical Network Oversight Group; the Cancer Clinical Director Dr Bernadette Lavery is a member of this group. Dr Lavery also chairs the Cancer Steering Group and as a result there are very close working relationships between both groups which aid the delivery of innovations in care.

The Clinical Expert Advisory Group will be accountable to the Thames Valley Strategic Clinical Network Cancer Steering Group, who will set the priorities and strategy for Cancer in Thames Valley.

The Provider-based Operational Groups will be accountable to all Provider Trusts and it is suggested this will be through each Trust's Cancer Lead Clinician. It should be noted that Trusts will continue to be responsible for their MDTs.

Requests for commissioning decisions from the Provider-based Operational Groups will need to be taken by the Group Lead to the Clinical Expert Advisory Group for discussion and support, after which they will be raised by the Chair at the Steering Group for a collective commissioning response.

The governance arrangements are summarised in the diagram below.



## Membership of Groups

### ***Provider –based Operational Groups***

Providers will review which staff they nominate as members and actively support those they nominate to attend. It is suggested that membership of these groups as a minimum includes:

1. A representative from each provider (usually the MDT Chair or Head of Service).
2. A Clinical Nurse Specialist and/or representation from the range of professionals involved in that service.
3. A patient or carer representative.

Details of the groups can be found in **Appendix A**

### ***Clinical Expert Advisory Group***

Membership will be made up of:

1. Cancer Clinical Director (core member)
2. Cancer SCN Quality Improvement Lead (core member)
3. Leader from each Provider-based Operational Group (core member)
4. Representative from AHSN (optional)
5. Representative from TVCRN (optional)
6. Representative from CCG (optional)

Optional membership enables those organisations requesting clinical advice to attend but does not constitute core membership to the group

### **Resource Implications/Hosting Arrangements**

In order for all stakeholders to benefit from the existence of these groups and to ensure equitable access to the administrative infrastructure we are asking for a financial contribution from all stakeholders. It is anticipated that the contributions from all Stakeholders will cover the administrative requirements, funding for venues, leadership development and allow for a reduced contribution from those Trusts who have multiple staff in leadership roles, who therefore are contributing substantially in release of funded staff time.

The resources required to ensure these Groups are productive will include:

1. The release of provider-based staff to take part in the groups.
2. Recognition by Trusts of the additional time required for those in a leadership role in the Provider-based Operational Groups
3. Administrative infrastructure
4. \* Financial contribution towards each Leader's required additional time commitment

\* Payment will be made to each Leader's Trust as a contribution towards the additional time required for the role. Where this time is not formally recognised by the Trust the payment will be made to the Leader.

The Cancer Strategic Clinical Network as a Stakeholder will contribute financially and also host the infrastructure required. This will enable impartiality and equity of access to the support, including the continued hosting of guaranteed access to protocols via an SCN website.

It is proposed:

- 1 wte Band 5 Clinical Cancer Site Specific Programme Support Officer post is recruited.
- The post is hosted by the Thames Valley Strategic Clinical Network.
- A review takes place at the end of the 1-year period to assess if the administrative support meets the requirements of the groups.

The key responsibilities for the post holder are:

- Organisation and delivery of quarterly meetings for all clinical specialties
- Organisation and delivery of the Cancer Informatics and Cancer Managers and Lead Cancer Nurse meetings which take place approximately every 6 weeks.
- Support the Leaders of above groups with administrative tasks relevant to the groups.
- To provide a central resource for all information and documentation pertaining to the SSGs and clinical protocols. This is likely to be via a newly developed website.
- Coordinating a schedule of SSG led audits

The following includes on-costs (mid-point) and is for a 12 month period:

The cost of the WTE Band 5 Programme Support Officer	£30,999
Travel costs	£750
Hire of venues	£25,200
Leadership Payment	£84,000
Leadership development	£11,500
<b>Total annual recurring costs</b>	<b>£152,449</b>
Set up costs (laptops, telephones, office furniture etc)	£1500
<b>Total set up costs</b>	<b>£1500</b>
<b>Total cost for initial 12 month period</b>	<b>£153,949</b>

A breakdown of stakeholder contributions can be found in **Appendix B**.

A Service Level Agreement (SLA) would be agreed and signed off across all Stakeholder organisations. This would ensure that any risks such as cover for sickness and maternity leave would be shared on a pro-rata basis.

## APPENDIX A – PROVIDER BASED OPERATIONAL GROUPS

<b>Tumour Site Specific Groups</b>	<b>Cross Cutting Groups</b>
Haematology	Acute Oncology/CUP
Breast	Chemotherapy
Urology	Radiotherapy
Colorectal	Children's
Lung	Teenagers & Young Adults
Head & Neck	Pathology
Sarcoma	Imaging
Upper GI	Psychology
Skin	Pharmacy
Gynaecology	
Brain & CNS	

\*The Supportive & Palliative Care and Rehabilitation Group have not been included as there are plans of developing a wider group for each, which will supersede the current groups.

## APPENDIX B – FINANCIAL CONTRIBUTION STRUCTURE

The previous funding arrangements to support the Tumour Site Specific Groups consisted of contributions of £11,000 per PCT and acute Trusts totaling £ £132,000 per annum which was used to fund the Chairs of the groups.

The proposed financial contributions will be used to provide:

- Administrative support for the groups
- Venues to hold meetings where no internal facilities are available
- Leadership development
- Payment for each Leader's required additional time commitment

Previous Contributions		Proposed Contributions	
Stakeholder	Amount (£)	Stakeholder	Amount (£)
OUH	11,000	OUH	8,000 *
RBH	11,000	RBH	9,000
BHT	11,000	BHT	9,000
GWH	11,000	GWH	9,000
MKH	11,000	MKH	9,000
HWP	11,000	HWP	9,000
Oxfordshire PCT	11,000	Oxfordshire CCG	4,000
Buckinghamshire PCT	11,000	Aylesbury Vale CCG	4,000
		Chiltern CCG	4,000
East Berkshire PCT	11,000	Bracknell & Ascot CCG	4,000
		Slough CCG	4,000
		Windsor, Ascot & Maidenhead CCG	4,000
West Berkshire PCT	11,000	Newbury & District CCG	4,000
		North & West Reading CCG	4,000
		South Reading CCG	4,000
		Wokingham CCG	4,000
Swindon PCT	11,000	Swindon CCG	4,000
Milton Keynes PCT	11,000	MK CCG	4,000
		AHSN	10,000
		TVCRN	10,000
		SCN	20,000
		Wessex Specialist Comm.	10,000
<b>Total Funding</b>	<b>132,000</b>	<b>Total Funding</b>	<b>154,000</b>

\* Currently the majority of group chairs are from OUH and if on appointment of the group Leaders this is replicated, the Trust will have a high loss of senior staff time which is reflected in their proposed financial contribution.