

WELSH HEALTH CIRCULAR



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Title: Cancer Services in Wales – Publication of National Cancer Standards and the implication for Commissioners and Providers, through the Cancer Networks

For Action by: Chief Executives, HCW and Local Health Boards and Chief Executives, NHS Trusts, through the 3 Cancer Networks

Action required See *paragraph(s)* : 13

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National Cancer Standards

Summary

1. This Welsh Health Circular formally publishes the 2005 National Cancer Standards and sets out the Welsh Assembly Government's specific requirements of the NHS and Health Commission Wales (HCW) in assessing current cancer services against the Standards and identifying the appropriate action needed to ensure services comply with them.

Introduction

2. Revised National Cancer Standards are being published by the Welsh Assembly Government today under cover of this Welsh Health Circular.
3. The 2005 Standards cover the following cancers and also include standards for Specialist Palliative Care in relation to Cancer Services;
 - Breast cancer
 - Colorectal cancer
 - Lung cancer
 - Gynaecological cancer
 - Upper GI cancer
 - Urological cancer
 - Haematological cancer
 - Head and Neck cancer
 - Thyroid cancer
 - Skin cancer
4. They detail the key elements of the diagnostic and treatment process that patients should expect to receive. These include requirements for patient centred care, the formation and work of local, network and supra-network level multidisciplinary teams (MDTs), adherence to and audit against nationally agreed clinical guidelines, and waiting times from referral or diagnosis to start of definitive treatment.
5. The new standards cover both core and developmental requirements which have taken account of the previous Minimum Standards and Improving Outcomes Service Guidance [IOG] which has been incorporated into the National Institute for Clinical Excellence [NICE] work programme.
6. The Standards will be subject to regular scrutiny by the Cancer Services Co-ordinating Group [CSCG] to ensure that they represent best clinical practice and guidance and are in keeping with cancer standards produced by the rest of the UK.

Healthcare Standards for Wales

7. The Welsh Assembly Government recently published a high level framework for healthcare standards in its document 'Healthcare Standards for Wales'. That sets out a high level framework of healthcare standards to support the NHS and partner organisations in providing effective, timely and quality services across all healthcare settings. The revised National Cancer Standards alongside National Service Frameworks and NICE guidance will play a vital role in supporting local improvements in service quality and healthcare organisations will be increasingly assessed on their ability to deliver high quality standards across a range of areas.
8. The Healthcare Standards are broad and overarching, and now need to be translated into a format that makes them measurable. The next step will therefore be to develop a set of criteria for both self assessment by individual healthcare organisations and external assessment by Healthcare Inspectorate Wales. The National Cancer Standards together with other policies, guidance and

service quality requirements will be mapped across to the overarching standards framework as part of this exercise. The Welsh Assembly Government will conduct a further consultation exercise towards the end of this year on the detail assessment criteria and on the most effective way of reporting compliance with the Healthcare Standards.

Main Changes in the 2005 National Cancer Standards

9. The following points should be noted in relation to the new Standards:

- ***Waiting times over the whole patient pathway***

These new National Cancer Standards focus on ensuring that patients receive treatment for their cancer quickly, regardless of their referral route into the service.

The standards state that patients who are referred by their GPs as urgent with suspected cancer, and confirmed as this by the consultant or a designated member of the multi disciplinary team (MDT), should begin definitive treatment within 2 months of receipt of referral at the hospital if diagnosed with cancer.

The “10 day wait” for initial assessment when referred urgently by a GP with suspected cancer is no longer a formal national target that requires reporting centrally. However, as a relevant contributor to performance against the 2 month target above, the 3 Cancer Networks are strongly advised that data on the 10-day wait should still be collected by Trusts and reported locally.

Patients who are not initially referred as an urgent suspected cancer, but who are subsequently diagnosed with cancer, should begin their definitive treatment within 1 month of diagnosis.

- ***Implications of NICE Improving Outcomes service guidance (IOG)***

Integral to the Standards and a key implication of NICE/IOG is the need to provide services that are appropriate for the clinical workload and population base. In all cases this will require Networks and their stakeholders to outline the manner in which services provided for their given population will be developed in accordance with this guidance. It is likely that some re-configuration of services will be necessary. Some providers may have to stop providing certain services, whilst other cancer teams may need to merge to be sustainable in the future. Whilst most patients will continue to be referred to and assessed locally, certain aspects of their cancer care may be undertaken more centrally by a network or supra network team. Where services are to be re-configured, arrangements will need to ensure full involvement of patients and the public from the outset.

Implementation of the National Cancer Standards

10. Determined and prompt action to deliver the Standards is seen by the Assembly Government as the key to ensuring the best possible outcomes for patients with cancer. This should make a significant contribution to achieving the health gain targets for cancer.

11. Commissioning remains the responsibility of the Local Health Boards and Health Commission Wales but should be fully informed by the Cancer Network service development plans and costed plans and draw on advice from the Network core teams. The delivery of services remains the responsibility of trusts, primary care and other providers again drawing on the advice and support of the Cancer Network core team. It is expected that implementation of the Standards will need to be achieved largely through redirecting current resources already allocated to commissioners.

12. The role of the Cancer Network is to support and advise its stakeholders on the implementation of the National Cancer Standards, to monitor service performance and use this information to inform the

commissioning process. Local Health Boards, Health Commission Wales and NHS Trusts, along with other partner organisations must work together through the Cancer Network to plan, organise and deliver cancer services collectively on a health community basis in order to fulfil their statutory responsibilities and ensure clinical services are in-line with national standards and guidance.

For Action

13. The Welsh Assembly Government has decided that the National Cancer Standards must be met in full by the end of March 2009. In order to achieve this, there are a number of specific key actions which need to happen at both a local and national level to drive the necessary changes in the commissioning and delivery of cancer services. These actions are as follows:

At Commissioner and Provider Level, through their membership of the Cancer Network

Accountability and Governance

- **By end of September 2005**, each Cancer Network must draw up an establishment agreement covering accountability and governance with their stakeholder organisations. This should be submitted to the Regional Office Director for endorsement. The Network decision taking process, the responsibilities and work programmes of network members (commissioners and providers in particular), the core team and advisory groups must be clear and formalised. The Network establishment agreement must explain explicitly how stakeholder disagreements will be handled and resolved. It will also need to be clear on its position and relationship with other planning mechanisms such as pan-regional ones. Guidance on the establishment agreement is provided at Annex 1.
- **With immediate effect**, all proposed major cancer service developments, including new and replacement senior staff appointments, where membership of a cancer team/s is identified in the job plan, must be submitted to the Cancer Network Board for endorsement. Whilst the final decision remains one for individual LHBs, HCW and Trusts, the intention of this requirement is to bring about consideration of such service developments on a wider geographical planning basis which in turn will help strengthen the role of the Network.

Accreditation of cancer services

- **With immediate effect**, each Cancer Network must commence a process of formal assessment against the 2005 National Cancer Standards and NICE/IOG of each individual cancer team in its area, with the purpose of strengthening the process of driving up standards through the commissioning process.

This will be a 4 stage process for each cancer site .

- Stage 1.
 - **With immediate effect**, Networks must begin a process of mapping and assessing current cancer services against the National Cancer Standards and the NICE/IOG. It is essential that this exercise is done by each cancer site on a Network or supra-Network basis as appropriate. Where an LHB commissions cancer services from more than one cancer network area, it must identify, by cancer, its primary cancer network which is defined as that network where clinical relationships are already established and be based on mapped patient referral patterns.

- Stage 2.
 - **Within 3 months** of completing Stage 1 for each cancer site, Cancer Networks must submit an action plan to the Director of Cancer Services for comment by an All Wales review panel that will be set up for this purpose. Further guidance on Stage 2 together with a formal timetable will be issued which will take account of the March 2009 deadline for compliance and will give priority to those cancer services for which there is existing NICE/IOG.

Action plans must identify the current and designate the future organisation of services for each cancer and specialist palliative care required in order to comply with the Standards and NICE/IOG by March 2009. The action plans must include a summary of existing spend, scope for savings and the agreed planned future investment and clearly identify key milestones and deadlines for their implementation by March 2009, which Regional Offices will monitor.
- Stage 3.
 - **From April 2006**, Networks must monitor and report progress and performance against the National Cancer Standards on an annual basis to Regional Offices starting from the period 2005-06. CSCG will provide a reporting tool to be used by the Network core teams. There will be no monitoring report for 2004-05 as this relates to the previous 2000 Minimum Cancer Standards which are now replaced by the 2005 National Cancer Standards.
- Stage 4.
 - **From 2006-07**, Networks must participate in an independent formal assessment, by cancer, of compliance with the National Cancer Standards. The timing of each cancer assessment will depend on the planned completion date for each Stage 2 Network cancer service action plan. Details of this process will be the subject of further guidance.

At Welsh Assembly Government level

- **With immediate effect**, the Assembly Government will ensure wherever necessary that the priority of tackling cancer is reaffirmed and demonstrated in its guidance to and expectations of the NHS in Wales. Cancer is reflected as a major priority in its long term strategy for health and social care, *Designed for Life*.

In particular, cancer must be reflected in its processes for planning and monitoring SaFF targets and performance agreements, resource allocation and Regional Office performance management, including through the balanced scorecard, so that direct and rapid action is taken by the NHS to achieve the March 2009 deadline for compliance with the National Cancer Standards. .

- **By December 2005**, the Assembly Government will consult on a formal long term policy for tackling cancer in Wales and achieving the health gain targets. This will build upon the Cancer Services Co-ordinating Group's Strategic Development Plan and will be accompanied with targets for supporting and directing the implementation of the policy aims and objectives at a national level.

Queries and Correspondence

14. Queries about this Circular should be addressed to

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Guidance on Network Operating Arrangements

1. The Welsh Assembly Government's policy is that cancer services should be planned, organised and delivered through 3 cancer networks and central funding has been provided to fund the running costs of the Network core teams.

Clinical Governance Arrangements

2. Network governance arrangements must be clear. There should be a Network Board, with sufficiently senior representation (clinical and lay) from Health Commission Wales, each LHB and each Trust to allow for prompt decision taking and follow-through. The role, responsibility, time commitment, accountability and subsequent communication requirements for each network participant must be determined and described in the establishment agreement. Any support staff for each network should be formally employed by a host LHB or Trust, which will be financially accountable for the resources levied from each stakeholder organisation to fund the support costs. Central funding currently provided for the 3 Cancer Networks will be re-patriated to host LHBs from 2006-07.
3. Clinical governance is the legal responsibility of the Chief Executives of LHBs and NHS Trusts, and does not pass to the Cancer Network. However, Networks must have in place a framework for dealing with clinical governance issues. Networks must have clear protocols in place for reporting clinical governance issues to the relevant Chief Executive (or nominated clinical governance lead). Individual health care professionals have the responsibility of conforming to the guidance of their individual registration authorities in the way that they conduct network business.
4. Given the role of the commissioning process in driving up the quality of cancer care through the implementation of the National Cancer Standards, the Chair of a Network should be an LHB Chief Executive.

The Network Establishment Agreement

5. Each Network must have a formal agreement governing its working. This should cover most or all of the following as a minimum:
 - ✓ Service area covered
 - ✓ Participating organisations
 - ✓ Purpose of the network
 - ✓ Principles on which the network is based
 - ✓ How decisions will be taken and how disagreements will be resolved or handled
 - ✓ Date by which the core team work plan, with in year objectives, is agreed and reviewed
 - ✓ Clarity about role of constituent bodies
 - ✓ Name of Chair, time commitment expected, the term of the Chair and responsibilities
 - ✓ Those who need to be on the Network Board in order to achieve collective and binding decision taking, clearly specifying their role, responsibility, time commitment, constituency and authority to commit their organisation
 - ✓ The role and responsibilities of the various network members and the core team - how are they expected to discharge their role, e.g. to whom do they need to communicate what.
 - ✓ How other bodies who have an interest in the network will be involved/communicated with e.g. a pan-regional planning forum
 - ✓ How the participation of service users and carers is to be achieved

- ✓ How the network is to be managed e.g., frequency of meetings,
- ✓ What support the network requires (costed)
- ✓ The "host" of the network (for support staff employment purposes)
- ✓ Clearly expressed expectations/requirements such as:
 - shared and understood "terms of engagement"
 - a communication strategy to include an Annual Report to stakeholders and the public
 - a work plan with in year objectives to monitor its own internal performance and that of its members
 - protocols for service delivery
 - workforce plans
 - arrangements for monitoring performance and taking action to address poor performance
 - arrangements for identifying, analysing and reviewing current and future levels of spend and investment
 - protocol for working with Regional Offices