

Improving Outcomes – Specialised Cancer Services

Manchester City Council Health Scrutiny
Committee

February 2015



Purpose

To provide the Health Scrutiny Committee with an update on changes in some specialised cancer services within Greater Manchester:

- Hepatobiliary and pancreas cancer
- Gynaecology cancer
- Urology cancer
- Upper gastrointestinal cancer

National Guidance for Specialised Cancer Services

Improving clinical outcomes and cancer care:

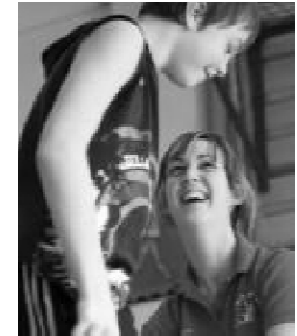
- Achieve greater degree of specialisation for rarer cancers
- Ensure specialist surgery is undertaken in centres of excellence
- Maintaining skills and recruitment of the highest calibre of staff
- Improved access with services as close to where patients live as possible
- Ensure services are safe and sustainable
- Compliant with national service standards

Why is change needed in specialised services?



Too many providers

Move towards 7 day working



Some hospitals don't have enough specialist staff

Too much variation in quality and outcomes

Some Providers are not seeing enough patients



Some providers are not meeting core quality standards



What this means for patients

- These changes relate specifically to specialist surgery
- Most cancer treatment remains the same

Cancer Service	GP Referral & diagnosis in local hospital	Complex diagnosis	Specialist surgery	Chemotherapy & radiotherapy	Follow up and supportive care
Hepatobiliary and Pancreas	No change	Some change	Specialist centre now on 1 site	No change	No change
Gynaecology	No change	No change	Concentrated on 2 sites	No change	No change
Urology	No change	No change	Concentrated on up to 2 sites	No change	No change
Upper GI	No change	No change	Concentrated on up to 2 sites	No change	No change

Commissioning Approach

Cancer Service	Process	Timeline
HPB	Plan implemented – integrated specialist service at CMFT	October 2014
Gynaecology	Specialist service at CMFT and The Christie	Full implementation by April 2015
Urology	Procurement	Completed February 2015
Upper GI	Procurement	To commence March 2015

Summary

- Majority of cancer care will remain unchanged – diagnostic services, non specialist treatment, chemotherapy, radiotherapy and aftercare
- Better outcomes will be achieved by concentrating complex diagnostic and surgical expertise and facilities for patients with rarer cancers
- Safe and sustainable services will be provided by fewer specialist providers in centres of excellence
- Scale of change will be minimal – a concentration of sites affects less than 700 patients undergoing surgical resections per annum
- Governance arrangements between GPs, local hospitals and specialist centres will ensure consistent high quality care irrespective of where patients live.

Engagement and Consultation

- There has been extensive engagement on the single service model through NHS Greater Manchester and Cheshire
- Engagement with
 - Overview and Scrutiny Committees
 - Healthwatch – GM and East Cheshire
 - South and East Cheshire Health and Wellbeing Board
- Patient representatives as part of evaluation team

Questions

