

## **Health and Social Services Committee**

**HSS(2)-14-06(p1d)**

**Meeting date: Wednesday 11 October 2006**

**Venue: Committee Room 1, Senedd, National Assembly for Wales**

**Title: Review of Cancer Services for the People of Wales – The Cancer Services Co-ordinating Group**

### **CSCG REVISED CLINICAL ADVISORY STRUCTURE**

#### **Introduction**

The establishment of All Wales cancer site Steering Groups was a recommendation of the Cameron Report [1996] in order to provide clinical consensus at an all Wales level and equitable service development.

Clinical advice should be evidence-based wherever possible and clearly focussed on best practice considering UK, European and USA developments. Affordability may limit the application of proposals but it should not limit the discussion or advice considered.

There is now a need to

1. Review the membership of the steering groups to ensure appropriate clinical multi-professional representation. Where necessary, refocus the membership of certain of the existing steering groups to reflect the development of specialist network level clinical teams, local diagnostic teams and or lead clinicians as recommended in NICE guidance.
2. Set down a uniform process across all steering groups for terms of office and recruitment of new members and ways of working to ensure transparency and adequate clinical representation.
3. Following from 1. above, a limited number of new groups will be proposed the first being a Nursing and Allied Health Professional Cancer Steering Group.

#### **Overall Purpose of Steering Groups**

To provide expert clinical advice regarding developments and/or issues based on consensus of what is considered best, evidence-based best practice.

#### **Specific responsibilities**

Each cancer site Steering Group should be responsible, on behalf of cancer teams across Wales, for

- a) Providing professional support for MDTs across Wales including as necessary conferences, training days, workshops etc.
- b) Advice on Clinical Guidance
  - i. To provide advice to CSCG on draft documentation from NICE and other national bodies and, once issued, to advise on implementation in Wales. Such advice should be considered at draft stage with advice to the CSCG within 6 months of issue of guidance.
  - ii. Where necessary, the group should originate, review and develop evidence-based all Wales clinical guidelines. This process should be open, canvas views of all relevant specialist teams and include comprehensive review of other published guidelines
- c) Advice on clinical audit
  - i. advising the CSCG on all Wales clinical audit both with respect to what audits should be undertaken and providing the clinical comment and context of the audit findings
  - ii. advising on the outcomes for patients treated in Wales of UK-wide clinical audit
  - iii. use of information from the cancer data set to provide part of an annual or report of services for that cancer in addition to the groups activities
- d) Advice on Standard Setting
  - i. advising on standards for cancer services and the all Wales evaluation of compliance
  - ii. Development of their All Wales cancer minimum data set to enable assessment of compliance to the CSCG All Wales Cancer Standards as and when standards are revised.
- e) Advice to WAG
  - i. Updating the national strategic SDP by considering service provision and workforce, training and equipment.
  - ii. Advising WORD on cancer-related priority areas for research
  - iii. Advising WCTN on trials prioritisation and recruitment
  - iv. Collaboration with the CSCG and Welsh Assembly Government and its working groups in an advisory capacity as and when required in particular in association with other initiatives e.g. health promotion

**DIRECTOR'S END OF YEAR REPORT 2005-06**

**Steering Groups**

- 1. Breast Cancer** – 3 meetings held: issues covered included clinical management for patients with early breast cancer eligible for herceptin, sentinel node biopsy, UK breast conservation/mastectomy audit, Skills for Health Clinical Assessment, action plan template.

Clinical Guidelines – Breast Cancer Endocrine Guidelines [including letrozole/femara] – published by CSCG 01/06.

Planning Guidance – Herceptin/Trastuzumab CSCG/NPHS published by AWMSG 06/12/05.

Conference held in October 2005

- 2. Colorectal Cancer** – 4 meetings held: issues covered included endoscopy training, early referral project, anal cancer audit, Total Mesorectal Excision training, colorectal nurse specialists, action plan template.

The Bowel Cancer Framework [BCF] has been submitted to WAG.

DH Bowel Cancer Advisory Group met on the 26<sup>th</sup> April.

- 3. Gynaecological cancers** – 3 meetings held issues covered included CANISC, vaccines for HPV in cervical cancer, action plan template.

Training Day held in November 2005

- 4. Haematological cancers** – 2 meetings held issues covered included CANISC, service models, haematological cancer registration, CML audit, action plan template.

- 5. Head and Neck cancers** – 2 meetings held: issues covered included surgical reconfiguration, action plans, waiting times, action plan template.

- 6. Lung cancer** – 3 meetings held: issues covered included PET, thoracic surgical review, patient information on mesothelioma and MDT working for mesothelioma, NICE clinical guideline, action plan template.

Conference held in March 2006

- 7. Nurses and Allied Health Professionals in Cancer** – 4 meetings held: issues covered included chemotherapy competency, communication skills, patient information, AHP mapping, WAG Therapies Strategy

8. **Palliative Care** – 3 meetings held issues covered included CANISC, Needs Assessment, Gold Standards Framework, 24 hour telephone advice for clinicians, care of the dying, action plan template.

The Cancer Networks working with the external working group to the CYPSS on paediatric oncology and palliative care have made formal recommendations to the Assembly Government on the most effective use of the remaining £1.665m in 2006-07 to support the development hospice services.

9. **Radiotherapy & chemotherapy** – 2 meetings held issues covered included future capacity and demand for radiotherapy, waiting times.

10. **Skin Cancers** – 1 meeting held: issues covered included Action On Skin Cancer and project for Wales, audit of skin cancer following transplantation, action plan template.

11. **Urological Cancer** – 4 meetings held: issues covered included surgical reconfiguration for penile cancer and prostate cancers, waiting times definitions, follow up for superficial bladder cancer, clinical trials, new cancer drugs for urological cancers, CANISC and BAUS data sets, Skills for Health competency framework, action plan template.

HCW have sought advice from the Urological Cancer Steering Group re: implementation of brachytherapy in Wales.

DH Prostate Cancer Advisory Group met 6<sup>th</sup> December.

12. **Upper GI Cancers** – 2 meetings held: issues covered included endoscopy, surgical reconfiguration, hepato-biliary services, CANISC, action plan template.

Clinical Guidelines - Gastro Intestinal Stromal Tumours [GIST] – published by CSCG 04/01/06.

## **NICE Service Guidance**

### **1. Children's and Young Peoples Specialised Services [CYPSS] – oncology**

NICE service guidance requires the adult Cancer Networks to encompass services for children's' cancers. This guidance plus the CSCG's service level agreement with WAG requires CSCG to draft standards for Children's' Cancers has meant that these two previously separate policy areas of adult and childhood oncology now need to work together.

A meeting was held with the acting CMO and representatives from CSCG and CYPSS on the 1<sup>st</sup> of December to discuss the need to link the two programmes. Subsequently a meeting was held with between CSCG and CYPSS to discuss agree a process for aligning the adult cancer standards and the CYPSS draft Oncology standards. A follow on meeting is planned for the 26<sup>th</sup> May. A meeting is being planned for the CSCG/CYPSS Oncology Working Group to meet with

Cancer Network leads to ensure identify issues and to facilitate communication between adult and paediatric clinical teams.

To further facilitate an understanding of the NICE Guidance the Cancer Learning Network Day on March 24<sup>th</sup> included a plenary session by Dr Jenny who chaired the NICE Guideline Development Group.

Links with the English implementation process are established with Drs Hanson/Jenny attending meetings of the DoH Group as observers for WAG.

## **2. Skin – Guidance for skin cancers was issued in February 2006**

- a. To further facilitate an understanding of the NICE Guidance the Cancer Learning Network Day on March 24<sup>th</sup> included a plenary session by Dr Roberts who chaired the NICE Guideline Development Group.
- b. The CSCG Skin Cancer Steering Group are and have advised on whether an update is needed to the Skin Cancer National Standards published in 2005.
- c. The standards monitoring tool for 2005-06 will be based on the 2005 standards.

## **3. Sarcoma - Guidance for Sarcoma was issued in March 2006**

A CSCG Sarcoma Steering Group will be set up in June 2006 to advise on standards for sarcoma and to link with any future DoH sarcoma advisory group.

## **Patient Forum**

Having advised on a version of the cancer standards for patients the patient forum have now also contributed to a Bowel Cancer Framework Summary document for the public.

The Cancer Networks have produced a strategy for User Involvement Facilitators and this has been submitted by CSCG for funding by WAG. We have yet to hear the outcome.

## **Cancer Standards Monitoring and Action Plans**

### **1. Cancer Standards 2005 – Monitoring tools**

Monitoring tools have been issued for self assessment against the 2005 standards. It is recognised that this will be the first year and that the standards were only published half way through the year however the process is necessary to provide an early baseline in order to plan for compliance by March 2009. Web-based reporting will be piloted during the year.

### **2. Action Plans**

Guidance notes have been issued by WAG [policy/performance management] to support the development of Cancer Network Action Plans as required by WHC2005/51. As outlined in the WHC, the actions plans will be reviewed by an all Wales panel to consider equity across Wales and alignment with NICE guidance. A review panel has been convened and will be Chaired by Dr Salter.

### **3. Cancer Waiting Times**

In 2005/06 £50K per Cancer Network was provided to support the SaFF cancer Waiting Times Targets. A small project proposed with NLIAH, at the end of last year, to determine potential demonstrator sites unfortunately had to be withdrawn.

With 7 months remaining to comply with the targets WAG has included cancer waiting times within the remit of the Development Support Unit and progress will be closely monitored.

Two of the Cancer Learning Network days have provided a forum to share best practice from both Welsh and English cancer teams. The first event covered waiting times for a number of cancer sites with the second focussing on achieving waits to radiotherapy [see appendix].

Since July, the CSCG office [Louise Carrington] have supported an all Wales Cancer Waiting Times Group chaired by a Regional Office Performance Management Lead. This group deals with any queries regarding waiting times and provides uniform advice accessible on the intranet. To date 26 queries have been resolved.

<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=322&pid=11314>

### **Cancer Information - CANISC**

Roll out of CANISC is central to clinical audit and the Steering Groups are regularly briefed on progress. National Reports are being sent to a limited number of Steering Groups and regular information is being provided to Network Directors. CSCG is closely linked to the CANISC project as the Director is a member of the Project Executive Group. There have been 5 meetings this year. The Director and Project Chairman have also established links with WAG lead officials for national clinical audit.

A joint workshop with the pathology modernisation project was held in March 2006 which covered the information requirements for pathology input to CANISC.

### **CSCG/Network/WAG communication**

Core Group Meetings – 6 meetings held: issues covered included input to draft WHC covering launch of National Cancer Standards, clarification of commissioning responsibilities, introduction of new cancer drugs, sentinel node biopsy, action plans,

lymphoedema services, Health Inspectorate Wales Review, CANISC, SaFF targets, service level agreement with the NPHS.

## **Advising WAG**

Significantly more information is required by WAG with 105 logged requests for information and advice from the Assembly. In addition the CSCG office ensure that all NICE consultation documents are circulated to the relevant Steering Group and experts from the groups are nominated for NICE panels as necessary.

## **Reports Published/Commissioned**

### **1. Service Reviews/future strategy**

- Palliative Care Needs Assessment/ Mr Tebbit
- Bowel Cancer Framework/CSCG
- Radiotherapy Report/CSCG
- Lymphoedema Review/Dr Richmond
- Clinical Activity Data/Dr Cottier
- CSCG Newsletter

<http://howis.wales.nhs.uk/sites3/docopen.cfm?orgid=322&ID=66847>

### **2. Clinical Guidance**

- Herceptin Planning Guidance/CSCG& NPHS
- Breast Cancer Endocrine Guidelines/CSCG
- Gastro Intestinal Stromal Tumours [GIST]/CSCG
- Anal Cancer Audit/CSCG

## **CSCG Office Team**

Dr Jane Hanson  
Dr Louise Carrington  
Ms Eurwen Williams  
Ms Tracey Leho

*18<sup>th</sup> May, 2006*

## APPENDIX

### Cancer Learning Network Day Friday 30th September, 2005

#### Summary Report

##### *Speakers*

- Eileen Carbro, South Teeside Cancer Network
- Janine Cochrane, Outpatients Improvement Manager, Velindre NHS Trust
- Allan Cumming, National Leadership and Innovation Agency for Healthcare
- Jackie Davies, Acting Project Manager, Cancer Information Framework
- Elaine Jeffers, York Cancer Network
- Claire Lloyd, NLIAH, Endoscopy Services, Bro Morgannwg NHS Trust
- Kate Parkin, Sussex Cancer Network
- Kay Rowe, Tenovus Oncology Nurse Lung Cancer, Cardiff & Vale NHS Trust
- Jeff Stamatakis, Chair, Cancer Information Framework Project Board

##### *Plenary Sessions*

Straight To Test: A Redesign of the Lung Cancer Pathway  
Redirecting the Flow In Urology  
Network Approach To Achieving Cancer Waiting Times  
CaNISC And SaFF Reporting

##### *Breakout Sessions*

Using CaNISC To Report SaFF Cancer Waiting Times Targets  
Modernising Endoscopy Services  
Measuring The Right Things And Measuring Things Right  
Lung Cancer Diagnosis Pathway

##### *Feedback*

The main objectives for attending the event were to gain a greater understanding of cancer information and SaFF, to learn how to improve cancer services, to gain an insight in to the Cancer Networks in Wales, and to network with cancer service provides from around Wales, all of which were achieved.

CaNISC, SaFF, waiting times and the lung cancer pathway were the main incentives to attend, though the majority of people were interested in the event as a whole.

Overall the day proved interesting and useful, with positive comments supporting the event and it's importance in cancer services in Wales. Ideas for future topics included:

- PET scanning
  - Integration of service provision through secondary primary care
  - Publication of performance data by the Assembly
  - Influence of the clinical governance frameworks within Cancer Networks
  - Funding for NHS Wales
  - Process mapping workshop
  - A more general SaFF workshop
  - Improvements to patients journey after diagnosis
  - MDTs
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# Cancer Learning Network Day

## Friday 24<sup>th</sup> March, 2006

### Summary Report

#### *Speakers*

- Jackie Davies, Acting Project Manager, Cancer Information Framework
- Pat Evans, User Involvement Officers, North Wales Cancer Network
- Eleri Girt, User Involvement Officers, South East Wales Cancer Network
- Peter Higson, Chief Executive, Health Inspectorate Wales
- Meriel Jenney, Consultant Paediatric Oncologist, Cardiff & Vale NHS Trust
- Peter Kirkbride, Joint National Clinical Lead, Radiotherapy Services, Cancer Services Collaborative
- Claire Lloyd, Senior Service Development Manager National Leadership & Innovation Agency for Healthcare
- Fiona Peel, Chair, Cancer Services Co-ordinating Group
- Gareth Popham, User Involvement Officers, South West Wales Cancer Network
- Iain Robbé, Honorary Consultant in Public Health Medicine, NPHS
- Dafydd Roberts, Consultant Dermatologist, Swansea NHS Trust
- Eleanor Sanders, Chair, Cancer Waiting Times Sub-Group

#### *Plenary Sessions*

Improving Outcomes for Children and Young People with Cancer: Challenge and Opportunities

NICE Guidance on Skin Cancer: The Impact in Wales

Cancer Waiting Times: Can We Achieve Them?

Impact of NLIAH on Cancer Services

Launch of Healthcare Inspectorate Wales Inspection Report of the Three Cancer Networks in Wales

#### *Breakout Sessions*

Update on the Progress of CaNISC

To Count or Not To Count: The Principles of Waiting List Management

The User Carer Involvement Project

Health Promotion: Opportunities and Ethics in the Context of Colorectal Cancers

#### *Feedback*

The main objectives for attending the event were to be informed of the NICE Guidance's, to gain a greater understanding of best practice, current standards and practices, and to be updated on waiting times, all of which were achieved.

NICE Guidance, cancer waiting times and the launch of the HIW report were the main incentives to attend, though the majority of people were interested in the event as a whole.

Overall the day proved interesting and useful, with positive comments supporting the event. Ideas for future topics included:

- Network effectiveness
  - Health promotion plenary session
  - Common approaches to prevention agenda
  - Raising cancer awareness
  - Unified decision making on new cancer drugs
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**Cancer Services Co-ordinating Group Established all Wales Clinical Advisory Groups.**

