

Avon, Somerset and Wiltshire Cancer Services Network: Engaging with Scrutiny Committees.

1 Purpose

The purpose of this report is to set out and agree a method of engaging the Overview and Scrutiny Committees (OSCs) on service development in the treatment of cancer.

2 Background

The Avon, Somerset and Wiltshire Cancer Network was established in 1996 to implement at a local level the development of a Cancer Centre and Cancer Units as set out by the Calman - Hine report, 1995. The publication of the Cancer Plan in 2000 and the creation of The National Institute of Health and Clinical Excellence (NICE) provided the national framework for determining the most effective arrangement for providing cancer services. The Network leads discussion locally between acute hospitals on how best to provide that service. The Network in turn, with the support of the local PCTs, need to engage with local OSCs in the area on their proposals for implementation.

3 A joint process for service change in Avon, Somerset & Wiltshire Cancer Services

Following an event in January 2008 in which the network held a briefing to the network Overview and Scrutiny officers and members, a framework was drawn up outlining the process for engaging with the OSCs in relation to service change within cancer services. This framework has since gone to the individual OSCs and PCTs for comment and following feedback (including legal comments) received by several of the committees, it was decided to hold a joint meeting to finalise the framework and wording in August 2008.

4 Proposed Framework engaging OSCs in service change

The attached diagram in appendix 1 sets out a flow chart showing how the Network and local PCTs will engage with OSCs on proposed services changes.

On receipt of guidance or policy, for example NICE Improving Outcomes Guidance, the Network Board will provide 6 monthly updates for OSCs and Local Involvement Networks (LINKs) on service changes that arise as a result of this. This will allow the OSCs and LINKs to be aware of future changes to services and also to provide feedback at an early stage.

Service changes such as NICE Improving Outcomes Guidance relates to specific cancers and will be taken forward through the site specific groups, who will

produce the action plan and implementation summary. There is user involvement at board and site specific group stages. Before proceeding the network will ask the PCT Chief Executives and Strategic Health Authority (SHA) to confirm they can proceed. This stage will involve the PCT and the Network ensuring the Strategic Health Authority 'readiness template' is completed. A briefing to the OSC/LINKs members will follow and the PCT (with support from the network) will then prepare the substantial variation impact assessments, liaising with the OSCs further. At this stage the OSCs/LINKs members will be given an option to attend an informal briefing to discuss the service change and agree clarity on the way forward.

Following the completion of the impact assessments, the OSCs would then be presented with the formal proposals by the PCT (in conjunction with the network). The OSC will take a decision whether the proposals are considered substantial. If more than one OSC considers the proposals as substantial, as per the duty on OSCs to respond to consultations about substantial variations that cross local authority boundaries, a joint committee would be established to agree a public involvement plan. This will include plans for consultation and communications and be implemented by a lead PCT as the statutory body, in conjunction with ASWCS.

The outcome of the public involvement would be reported back to the PCT Chief Executives, Network Board and also the joint OSC. At this point, the joint OSC would make recommendations to the PCT Chief executives/Network Board and either decide to support the proposed changes to be implemented or negotiations would take place to reach mutual agreement. If mutual agreement is not reached the joint OSC would refer the issue to the Secretary of State.

5 **Recommendation**

The Commission is asked to:

Agree the framework and report for the ASWCS network to engage in future cancer services changes.

6 **Glossary**

Avon, Somerset & Wiltshire Cancer Services (ASWCS)

The Network is a non statutory body that works on behalf of its stakeholder organisations. It works on behalf of commissioners, providers and patients to improve the delivery of and outcomes from cancer services. It offers expertise in managing performance and change, developing strategy, giving advice, conducting reviews and championing patients. A function of the NHS Southwest Strategic Health Authority is the development of clinical networks and organisations that are fit for purpose. Networks are legitimate organisations conceived as a result of the 'Policy Framework for commissioning Cancer Services (1995) the Calman Hine Report.

Network Board

The Network Board membership has been reviewed several times during the ongoing NHS reforms to ensure it is fit for purpose and has the right representation to take forward the cancer work plan. The 2004 Cancer Action Team Manual of Cancer Services clearly stipulates a Board membership made up of Chief Executives of NHS Acute Trusts with PCT representation as well as expert and user input. The NHS reform in 2006 has caused all Networks nationally to be reviewed regarding accountability, form and function. As a result the structure of the ASWCS Board is being revisited to reflect the stronger commissioning role of Networks in delivering a complex cancer agenda.

Site Specific Groups

Site Specific Groups (SSGs), which relate to specific tumour sites (e.g. breast, colorectal, lung), have been established in each of the 30 Cancer Network areas in the UK. These are led by a medical consultant and include a range of NHS healthcare professionals who have specific expertise to bring to the process of improving services in the relevant Cancer Site. Each group agrees a programme of work with clear objectives on an annual basis that meets the requirements of the National Cancer Measures and Improving Outcomes Guidance. There is user representation on the SSG is to ensure that the professionals are aware of the reality of users' needs and experiences and use these to inform their decisions about the delivery and development of services.

Section 242 of the National Health Services Act 2006

Section 11 of the Health and Social Care Act 2001, the duty to involve and consult, became section 242 of the National Health Service Act 2006, which came into force on 1 March 2007. Under this section, NHS organisations must make arrangements that secure the involvement of people who use services in:

- planning the provision of services;
- the development and consideration of proposals for changes in the way those services are provided; and
- decisions to be made by the NHS organisation affecting the operation of services.

PCTs need to make sure that patients, the public and other relevant stakeholders, such as Local Involvement Networks (LINKs) are involved at all stages in the development and consideration of proposals, not just at an advanced stage of the development of the options that will be consulted on, or during the actual consultation itself. The Department of Health is publishing further policy and practice guidance for Section 242 in summer 2008.

Section 244 of the National Health Services Act 2006

Section 244 of this act provides for regulations in relation to overview and scrutiny of:

- Matters relating to the health service in the authority's area which the committee may review and scrutinise;

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- Matters relating to the health service in the authority's area on which the committee may make reports and recommendations to local NHS bodies, the Secretary of State or the regulator;
 - Matters on which local NHS bodies must consult the committee in accordance with the regulations (including provision as to circumstances in which the Secretary of State or the regulator may require consultation on those matters in accordance with the regulations);
 - Information which local NHS bodies must provide to the committee,
 - Information which may not be disclosed by a local NHS body to the committee;
 - Requiring any officer of a local NHS body to attend before the committee to answer questions.

The Local Government and Public Involvement in Health Act 2007 has since amended Section 242. Guidance is awaited on the amended section, but essentially it:

- Made involvement and consultation more proportional to the issue being reviewed;
- Created LINKS, which also covers Social Care;
- Gave the guidance statutory status.

NICE

The National Institute for Health and Clinical Excellence (NICE) is the independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health. NICE produces guidance in three areas of health:

- public health - guidance on the promotion of good health and the prevention of ill health for those working in the NHS, local authorities and the wider public and voluntary sector
- health technologies - guidance on the use of new and existing medicines, treatments and procedures within the NHS
- clinical practice - guidance on the appropriate treatment and care of people with specific diseases and conditions within the NHS.

Cancer service guidance, for example the 'Improving Outcomes Guidance' supports the implementation of The NHS Cancer Plan for England. Health professionals should take the NICE cancer service guidance into account when planning, commissioning and organising services for cancer patients. This guidance can be used to identify gaps in local provision and to check the appropriateness of existing services.

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