

Briefing Note to Wiltshire OSC

Gynaecology Cancer Services

1. Background

In July 1999, The Department of Health published guidance on commissioning gynaecological cancer services in a document entitled '*Improving Outcomes in Gynaecological Cancers*' (IOG). The document provides guidance on commissioning, planning and developing gynaecological cancer services based on a review of best practice. The document describes the service model for gynaecological cancers in District General Hospitals (DGH) which will be known as Cancer Units and treatment services at specialist Cancer Centres. It also sets out the volume of work which individual clinicians or teams should undertake in order to achieve and maintain the required skills and expertise.

The IOG guidance recognised that the most critical aspects of clinical decision making and service delivery require a sufficient caseload to justify pulling together specialist services and facilities. This requirement is balanced against the need to provide services as close to the patients home as possible whilst ensuring the patient receives high quality, safe and effective care.

Within the IOG document there are four key recommendations which are required to be implemented. The key recommendations are:

- Dedicated diagnostic and assessment services should be established in Cancer Units to which all women with suspected gynaecological cancer should be referred to.
- Specialist multi-professional gynaecological oncology teams are to be based in Cancer Centres.
- Each Cancer Centre and Cancer Unit should have agreed local policies for the management of women with advanced or progressive gynaecological cancer.
- Communication systems should be in place to ensure efficient transfer of information between Cancer Centres and Units

The cancer network for Avon, Wiltshire and Somerset approved in 2004 an implementation plan for ensuring that all gynaecology services were compliant with the Improving Outcomes Guidance. As a result of this it was recommended that by June 2007 some gynaecology cancers would transfer from the RUH to UBHT (Bristol). This would be for the surgical aspects of their care only. Assessment, diagnostics and follow-up care would continue to be provided in Bath.

2. Impact for Wiltshire residents

RUH provides acute hospital care for around 30% of Wiltshire residents.

Patients who are seen at Salisbury or Great Western Hospital with gynaecological cancer already travel out of county for their surgical care (to Southampton and Oxford, respectively).

RUH will remain a local cancer centre for Wiltshire residents and will provide local rapid assessment services and follow-up care, including oncology. They will also provide surgical treatment for some low grade cancers of the cervix and endometrium (lining of the womb). All other gynaecological tumours will be referred to UBHT for surgery.

The new care pathway for patients will be:

Tumour site	Diagnostics	Surgical procedure	Oncology	Follow-up
Ovary (16)	RUH	UBHT	RUH	RUH
Endometrium (19)	RUH	Low Grade – RUH Complex – UBHT	RUH	RUH
Cervix (15)	RUH	Low Grade – RUH Complex – UBHT	RUH (except brachytherapy which will be at UBHT)	RUH
Vagina (2)	RUH	UBHT	RUH	RUH
Vulva (11)	RUH	UBHT	RUH	RUH

The figures in brackets indicate the number of Wiltshire patients treated in 2006/07 ie. a total of 63 cases. In addition to these cases, we estimate that there will be around 40 women per annum who will need to be seen at UBHT as emergencies or because their cancer has recurred.

3. Conclusion

The PCT must implement this national Guidance which is aimed at improving the care and the outcome of treatment for women with cancer.

The proposed care pathway between UBHT and RUH is consistent with the PCT's stated policy of commissioning local services for Wiltshire residents *where it is safe and clinically appropriate to do so*. Most of the care for these women will continue to be delivered at the RUH including the oncology which can involve patients attending a number of appointments over a short time period.

The proposed change will affect less than 100 women in Wiltshire. The PCT commissions around 55,000 surgical operations for Wiltshire residents each year so these 100 cases represent about 0.2% of our commissioned surgical activity.

Women from Wiltshire who attend either Salisbury or Great Western Hospital already travel outside of the county for their surgical care (to Southampton and Oxford, respectively).

The proposed transfer of surgery from RUH to UBHT, therefore, brings this part of the county into line with national guidance and with the gynaecological cancer care which is commissioned currently for the majority of Wiltshire residents.

The PCT does not believe that implementing this national guidance is a substantial variation requiring public consultation.