THE SCOTTISH OFFICE

NHS
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National Health Service in Scotland
Management Executive

2 July 1996

Dear Colleague

SCOTTISH CANCER CO-ORDINATING AND ADVISORY COMMITTEE: COMMISSIONING CANCER SERVICES IN SCOTLAND REPORT, APRIL 1996

Summary

1. The Interim Report to the Chief Medical Officer on Commissioning Cancer Services in Scotland (December 1995) by the sub-committee of the Scottish Cancer Co-ordinating and Advisory Committee (SCCAC) was issued for consultation earlier this year. The responses have been considered by the sub-committee and have been taken into account in the revised report (April 1996) a copy of which is attached. The purpose of this letter is to establish a planning framework for the development of cancer services in Scotland in line with the recommendations in the sub-committee's report. This framework is outlined in Annex A to this letter. The Management Executive has also established a small team to co-ordinate work on the reorganisation of cancer services and to monitor progress against the objectives and milestones outlined in the planning framework.

Action

2. Health Boards and Trusts are asked to consider the framework of objectives and milestones outlined in the Annex and to take this into account in their planning during 1996-97. The framework identifies the main tasks which need to be undertaken during 1996-97 and the responsibilities for carrying out these tasks. Health Boards should:

- prepare plans for the reconfiguration of cancer services and submit these to the Management Executive by 30 September 1996;
- ensure that these plans are reflected in their purchasing plans and Corporate Contracts for 1997-98;
- agree contracts with their providers for 1997-98 which will achieve the necessary changes in services.

Addressees:

For action:
General Managers
Health Boards

Chief Executives
NHS Trusts

For information:
General Manager
Common Services Agency

General Manager
State Hospitals Board for Scotland

General Manager
Health Education Board for Scotland

Executive Director
SCPMDE

Department of Health
Richmond House
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Professional Bodies/
Other organisations - see Annex B

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Trusts should:

- register with Health Boards their interest in being designated as cancer units for specific tumour sites; and

- prepare business plans for implementing the changes required to meet purchasers' requirements.

This letter and attachments have also been sent for information to Professional Organisations and other bodies who were involved in the consultation exercise earlier this year (Annex B).

Yours sincerely

KEVIN WOODS
Director of Purchasing

ROBERT KENDELL
Chief Medical Officer

Encl.

Annex A

SCOTTISH CANCER CO-ORDINATING AND ADVISORY COMMITTEE: COMMISSIONING CANCER SERVICES IN SCOTLAND REPORT, APRIL 1996

1. The April 1996 report from the sub-committee of the Scottish Cancer Co-ordinating and Advisory Committee endorsed the general aim of the Calman/Hine Report that the new structure for cancer services should be based on a network of expertise in cancer care reaching from primary care through Cancer Units in district general hospitals to Cancer Centres. At the same time it was recognised that the proposed structure might require some modification in Scotland because of the consideration of geography.

2. The sub-committee also noted that the Cancer Centres in Scotland are to some extent already determined (Edinburgh, Glasgow, Dundee, Aberdeen and Inverness) and fulfil the role envisaged in the Calman/Hine Report. Further work is however required to determine the appropriate configuration of Cancer Units.

3. If an effective and integrated system of services for patients with cancer is to be developed there are a number of key tasks which need to be addressed. These are:

   - to develop a clear understanding of the current pattern of services for patients with cancer, including referral patterns and methods of treatment. This information will provide the baseline against which changes to service patterns can be planned;

   - to provide guidance on the best practices which should be followed in the diagnosis and treatment for each tumour dependent on site and type; primary care services have a key role in this context because of the importance of early diagnosis and appropriate referral;

   - to undertake an assessment of the appropriate configuration of services for each tumour site. This should be based on the best available evidence and should also take account of the need to maintain access to services across the whole spectrum of care;

   - to undertake an assessment of the changes required in staffing, training and in diagnostic and treatment facilities in Cancer Centres and Cancer Units to ensure that appropriate standards of care and treatment can be achieved.

   - to establish appropriate mechanisms for monitoring the process and outcome of care and treatment for patients.

   - to establish appropriate means for promoting research and development into new techniques for the care and treatment of patients with cancer.

3. To achieve the necessary changes will involve the effective co-ordination of the work of a wide range of bodies including: the Scottish Office Department of Health, purchasers (Health Boards and GP fundholders), Trusts, primary care services, voluntary bodies, the

Royal Colleges and other professional bodies, the Scottish Cancer Co-ordinating and Advisory Committee, the Scottish Cancer Therapy Network, the Breast, Lung and Colorectal Focus Groups, and the Scottish Cancer Intelligence Unit and the Scottish Cancer Registry. Effective co-ordination requires the development of a coherent planning framework which identifies:

- clear objectives for the development of cancer services;
- a programme of work and a timetable with milestones;
- the tasks required of each of the different organisations responsible for delivering this programme of work.

4. The development of cancer services needs to be driven by purchasers and 1996-97 should be a year in which Health Boards begin to develop clear purchasing plans for cancer services. While it is recognised that the development and implementation of an effective strategy for cancer services covering all tumour sites will take several years to achieve, the initial plans of Health Boards for the reconfiguration of cancer services should be reflected in their contracts with providers for 1997-98.

Planning Framework for 1996-97

5. The following table sets out the required work programme for the current financial year.

Milestones	Responsibility	Date
1. Prepare a profile of the current pattern of service provision as a baseline for planning.	Health Boards	June - July 1996
2. Provide initial guidance on the criteria to be used by purchasers in planning service configuration of Cancer Units and Centres	SCCAC	July 1996
3. Prepare initial plans for configuration of services, and submit these plans to the Management Executive.	Health Boards and Trusts	July - September 1996
4. Prepare purchasing plans based on the proposed reconfiguration of cancer services.	Health Boards	October 1996
5. Provide advice on staffing, facilities and training issues.	SCCAC	June - December 1996

Milestones	Responsibility	Date
6. Develop business plans for the development of services to meet purchasers' requirements.	Trusts	September -December 1996
7. Prepare Corporate Contracts for agreement with the Management Executive.	Health Boards	January 1997
8. Implement purchasing plans through contracts with Trusts.	Health Boards	April 1997

Notes on Milestones

Milestone 1: The starting point in preparing plans for the development of cancer services is a clear understanding of the current pattern of services. This provides the baseline against which changes can be considered. Health Boards should undertake a review of the current pattern of cancer services provided for their residents for each tumour site. This would identify the current referral patterns and the type of treatments being provided.

Milestone 2: in considering what changes may be required to the current configuration of services, purchasers require some guidance on the criteria which should be used. This issue is discussed in the SCCAC sub-committee April 1996 report on commissioning cancer services (pages 6-8). The criteria include:

- the establishment of multi-disciplinary teams with interests, time commitment and expertise in particular tumour sites;
- the availability of good pathology and audit data (staging and outcomes);
- a caseload which should at least meet the minimum requirements necessary to ensure the provision and maintenance of appropriate diagnostic and therapeutic expertise;
- good communication links with local primary care, other secondary care teams and tertiary care providers; and
- established and continuing joint working between relevant Cancer Units and Centres to determine common treatment protocols, movement between hospitals, involvement of patients in clinical trials, and devolution of work.

Firm evidence on what constitutes clinical best practice is not yet available for cancer services, though this issue is being addressed through the work of the Focus Groups in Scotland and by a group led by Professor Haward in England. Preliminary guidance will however be provided by SCCAC.

Milestone 3: in the light of the best evidence available, Health Boards and Trusts should prepare plans for the reconfiguration of cancer services. Health Boards should consult with primary care services in preparing these plans. It is recognised that it may not be possible to draw up plans covering all tumour sites in time for the next contracting round in 1997-98. However, significant progress should be possible during 1996-97. A cancer centre (or unit) could comprise either a single provider or a group of providers, and designation might cover individual tumour sites or a number of tumour sites. These initial plans should be completed by the end of September 1996.

Milestone 4: Health Boards should draw up purchasing plans for 1997-98 based on the proposed reconfiguration of cancer services. These purchasing plans should identify for each tumour site the agreed service pattern, the relevant providers, the expected volume of services to be purchased and the appropriate standards of services, and should also specify the arrangements for monitoring quality and outcomes. Health Boards will be expected to submit these plans to the Management Executive by the end of October 1996.

Milestone 5: Trusts may require advice on a range of issues including staffing, training and the provision of appropriate facilities. Guidance will be provided by SCCAC during the period between June and December 1996.

Milestone 6: Trusts should prepare business plans for developing cancer services to meet the purchasers' requirements for the reconfiguration of services. This work should be completed by December 1996.

Milestone 7: Health Boards' purchasing plans for cancer services should be reflected in the Corporate Contracts submitted to the Management Executive in January 1997.

Milestone 8: these purchasing plans should be implemented through contracts with providers for 1997-98.

This is a demanding timetable, and considerable work will be required by purchasers and providers during the current year to ensure that changes can be incorporated into the contracting round for 1997-98.

Responsibilities

6. The main responsibilities for implementing this planning framework are as follows.

Purchasers

- Health Boards should work closely with GPs in developing purchasing plans.

- In some circumstances it will be necessary for Boards to co-operate with each other in developing these plans.

- Boards should also work closely with Trusts and voluntary sector providers in determining the appropriate reconfiguration of services, in specifying levels and standards of service, and in agreeing the information which they will require to monitor standards of service.

- Boards will discuss with providers the changes required to achieve improvements in cancer services, and will negotiate these changes through their contracts with providers.

Trusts

- Trusts should notify their purchasers if they wish to be designated as a cancer unit, and should indicate the tumour sites for which they wish to be so designated. (As noted earlier, a unit may include more than one Trust.)

- They should undertake a review of their existing services (in discussion with Health Boards) and should identify the areas where changes are required to achieve the necessary improvements in services. These changes will form a key part of the contract negotiations with purchasers.

- They should ensure that they have protocols and guidelines established and implemented for the diagnosis and treatment of patients with cancer.

- Trusts should also ensure that they have in place clear management structures for implementing and monitoring changes in services, and for providing purchasers with the information which they require to monitor services.

Management Executive

7. The Management Executive has set up a small team to develop a planning framework for cancer services and to monitor progress against the milestones set out in this letter. This team is headed by Alasdair Munro in the Purchasing Directorate who will report to Dr Kevin Woods on progress. The team will also liaise with Health Boards to discuss progress and to identify issues where central initiatives may be required. The team intends to establish a liaison group involving a representative from each Health Board and this group will meet every two months to consider progress. Each Health Board should nominate a member of this liaison group and notify Mr Munro accordingly.

8. Where there is any doubt between Health Boards and Trusts about the appropriate designation of cancer units, this should be brought to the attention of the Management Executive.

Other Issues

9. There are a number of issues which require further consideration. The Scottish Cancer Co-ordinating and Advisory Committee have been asked to look at the implications for primary care and palliative care services for patients with cancer, and to provide a report to the Chief Medical Officer by the summer of 1996.

10. Further consideration also needs to be given to the information requirements for cancer services and to research issues.

Annex B

SCOTTISH CANCER CO-ORDINATING AND ADVISORY COMMITTEE: COMMISSIONING CANCER SERVICES IN SCOTLAND REPORT, APRIL 1996

Professional bodies/other organisations to whom this letter and enclosure have been sent:

- Royal College of Surgeons, Edinburgh
- Royal College of Physicians, Edinburgh
- Royal College of Physicians and Surgeons, Glasgow
- Royal College of General Practitioners, Scottish Council
- Royal College of Obstetricians & Gynaecologists
- Scottish Standing Committee, Royal College of Radiologists
- Scottish Standing Committee, Royal College of Pathologists
- College of Radiographers
- Royal Pharmaceutical Society of Great Britain, Scottish Department
- Conference of Royal Colleges and Faculties in Scotland
- British Medical Association, Scottish Office
- Scottish Association of GP Fundholders
- Scottish Joint Consultants' Committee
- Royal College of Nursing Scottish Board
- Scottish General Medical Services Committee
- British Association of Paediatric Surgeons
- British Paediatric Association
- Chairman, National Medical Advisory Committee
- Chairman, National Nursing, Midwifery and Health Visiting Advisory Committee
- Chairman, National Dental Advisory Committee
- Chairman, National Paramedical Advisory Committee
- Chairman, National Pharmaceutical Advisory Committee
- Chairman, National Advisory Committee on Scientific Services
- Marie Curie Cancer Care
- Cancer Relief MacMillan Fund Office for Scotland
- Scottish Partnership Agency for Palliative and Cancer Care
- Malcolm Sargent Cancer Fund for Children
- Scottish Breast Cancer Campaign
- Breast Cancer Care