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Improving the Quality of Cancer Services

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Improving the Quality of Cancer Services

Summary

Improving the quality of our cancer services is a priority in the National Priorities Guidance for 2000/01 to 2002/3. This Circular announces consultation on a manual of national standards and performance indicators to provide the framework for assessment of the quality of cancer care with an additional £3 million funding being made available to support regional and local action on cancer. The Circular also publishes information on four further strands of work which will support the NHS at all levels to make the best use of resources and facilities to improve cancer services.

Action

- Regional Offices will be inviting your comments during June and July 2000 on a proposed manual of standards and performance indicators. A summary of work in hand to improve the quality of cancer services is attached at Annex A. The full manual of the proposed standards and performance indicators can be found on www.doh.gov.uk/cancer. Their agreement will enable the necessary framework for the quality of cancer services to be fully developed and included in the National Cancer Programme to be published in the autumn.
- Local cancer networks will work with regional offices to achieve higher quality and greater consistency in their cancer services through the implementation of national cancer standards. In particular progress will be monitored through the introduction of new cancer performance indicators. Regional offices will initiate peer review visiting, co-ordinated by regional steering groups, by November 2000 to help all NHS Trusts improve the quality of their cancer care. As a first priority NHS Trusts are required to achieve first level standards of cancer care for breast, colorectal and lung cancer by March 2001 in line with the National Priorities Guidance.

Background

1. The Calman/Hine report, published in 1995, set the direction of travel for cancer services, with its recognition of the need for cancer networks, enabling access to high quality cancer care in specialist centres, local hospitals and through primary and community care. The *Improving Outcomes* guidance sets out evidence-based guidance for specific cancers to supplement the Calman/Hine report. Guidance on breast, colorectal, lung and gynaecological cancers has already been published; further documents will address upper gastro-intestinal, urological, haematological and head and neck cancers. This guidance, together with the Calman/Hine framework provides the basis for establishing national standards for cancer care.

Manual of Standards for the Delivery of Cancer Care

2. Ministers and the National Cancer Director, Prof Mike Richards, have identified the need to raise the quality of cancer care across the country as a top priority. Prof Richards has worked with regional cancer colleagues, clinicians, the Executive Board and the Cancer Action Team to develop a manual of national standards and performance indicators to provide the framework for assessment of the quality of care provided within local cancer networks.
3. The manual spans the patient pathway and, in eleven topics, covers the components of a service required to deliver high quality cancer care. Regional Offices will consult with local cancer networks on the manual during June and July 2000. We will consult separately with professional bodies and other interested organisations. The standards and performance indicators will be reviewed in the light of comments received.

Implementation of Standards

4. The initial focus in this programme of action to improve cancer services will be on the services provided by cancer networks at secondary and tertiary levels and on supporting clinical governance activity at Trust level. Regional Offices will work with cancer networks to achieve higher quality and greater consistency in cancer services through the implementation of national cancer standards. Progress will be monitored through:
 - **Performance indicators based on the standards.** Proposed indicators for breast, colorectal and lung cancers are set out in the attached document. Subject to

consultation, for those indicators where national data is available, it is proposed to publish the first populated indicator set in the autumn.

- **Peer-review site visits co-ordinated by the Regional Offices.** Visit teams should include clinicians with relevant expertise, as well as representatives of commissioners, provider managers and patient/public representatives. Visit teams will obtain written Trust self-assessment reports against the standards ahead of the visit and will receive appropriate training and support.
- **The Commission for Health Improvement** will review cancer services over the next year, focusing on the totality of the patient pathway and experience, including the role of primary care and commissioners.

Further information is given in the attached Annexes and Appendices.

Funding

5. A total of £3 million has been made available to support progress of both the peer review process and cancer network development. £1.6 million will support a peer review visiting programme involving all secondary and tertiary centres in cancer networks to provide systematic quality assurance against agreed standards of care. £1.4 million will help provide leadership and local management support for local cancer networks to promote a shared, cost effective approach to the delivery and modernisation cancer services. Information on the allocation of the funding will be made available through regional offices.

Supporting the delivery of improved cancer services

6. Improvements to the quality of cancer services depend upon developmental work to support the NHS at all levels in making best use of resources and facilities already available. The Department is publishing today information on four strands of work which will assist in this:
 - **Cancer information strategy www.doh.gov.uk/cancer** This sets out priorities and early action to improve the information available to the public, for patients and their families, for clinicians and for decision makers. In due course this will,

among other things, enhance the quality and coverage of performance indicators for cancer services through the development of national cancer data sets.

- **National database of radiotherapy provision www.doh.gov.uk/cancer**
Established in 1998/99, this incorporates a decision support tool to assist Regions in their planning of radiotherapy services. The database will be updated to include New Opportunities Fund investment in radiotherapy equipment once 1999/2000 data is available.
- **Survey of palliative care provision www.doh.gov.uk/cancer** A survey carried out in 1999, shows provision by region. The National Council for Hospices and Specialist Palliative Care Services will be distributing the survey to the NHS and voluntary hospice and specialist palliative care services.
- **Cancer nursing strategy www.doh.gov.uk/cancer** *The nursing contribution to cancer care* – a programme developed with nurse leaders which will form the first part of the cancer workforce strategy.

National Cancer Programme

7. The action and information in this Circular form the next stage in the development of the national programme for modernising cancer care. The Programme will be published in the autumn and will set out action to achieve better prevention of cancer and to ensure all cancer patients benefit equally from faster, modern, high quality cancer treatment, sensitive to their individual needs. The National Cancer Director will consult with clinicians, managers and patients on the modernisation of cancer services over the coming months.

This Circular has been issued by:

Dr Sheila Adam

ANNEX A

IMPROVING THE QUALITY OF CANCER SERVICES**MANUAL OF STANDARDS FOR ASSESSING CANCER SERVICES**

1. The Calman/Hine report set the direction of travel with its recognition of the need for cancer networks, enabling access to high quality cancer care in specialist centres, local hospitals and through primary and community care. Tumour specific guidance is being developed and published, latterly under the auspices of NICE. This guidance, together with the Calman/Hine framework provides the basis for establishing national standards for cancer care.
2. Ministers and Prof Mike Richards, the National Cancer Director, have identified the need to raise the quality of cancer care across the country as a top priority. Prof Richards has worked with Regional cancer colleagues, clinicians and the Executive Board and the Cancer Action Team to develop a manual of national standards for structure and process of care to provide the framework for local cancer networks to assess the quality of care they provide.
3. The manual spans the patient pathway and, in eleven topics, covers the components of a service required to deliver high quality cancer care (see Appendix 1). Regional Offices will consult with local cancer networks on the manual during June and July 2000. We will consult separately with professional bodies and other interested organisations. Following consultation a revised version of the manual will be available to the NHS.
4. These core standards will be updated and revised over time to incorporate further tumour sites, in line with the programme of publication of 'Improving Outcome' guidance (ie upper gastro-intestinal, urological, haemato-oncology and head & neck cancers). It is envisaged that the scope of the standards will also be extended in due course, beyond secondary and tertiary providers, to incorporate primary care, commissioners and palliative care.
5. All secondary and tertiary providers of cancer services should use the standards to assess their cancer services. As a first priority, NHS Trusts are required to have achieved by March 2001 substantial compliance with level one standards for breast colorectal and lung cancers, as set out in the National Priorities Guidance 2000/01-2002/3.

MONITORING PROGRESS

6. Regional Offices will work with cancer networks to achieve higher quality and greater consistency in cancer services through the implementation of national cancer standards. Progress will be monitored through:

Performance indicators

7. National Performance Indicators are being developed to measure outcomes, both clinical and organisational, that should be achieved by implementation of the standards set out in the manual. Appendix 2 lists the indicators for breast, colorectal and lung cancers that have been prepared for consultation.
8. There will be an incremental approach to their use as the development of national tumour-specific minimum data sets support the required local data collection. PIs for gynaecological cancers and palliative care will be developed in 2000 and it is anticipated that PIs will be developed as an integral part of the preparation of future *Improving Outcomes* guidance documents.

9. Views on the choice and specification of the indicators should be sent to the NHS Executive Cancer Team by 17 July 2000. Address is on the cover page of the HSC. Alternatively you can e-mail mb-nhse-cancer-team@doh.gsi.gov.uk with your comments. In particular, views are sought on the following:
- Are the PIs relevant and appropriate in providing a measure of achievement of those standards that can be expected to produce the most improvement in patient outcomes for which measurable performance data can be collected?
 - Will the PIs be useful at local Trust/HA level in monitoring achievement of standards (eg as part of clinical governance)?
 - For those PIs for which national data is not currently available (see Appendix 2), is local data collection feasible?
 - Do the PIs provide a sufficiently balanced assessment across the six areas of the Performance Assessment Framework?

Peer review site visits

10. The experience of implementing the Calman/Hine framework over the past four to five years has confirmed the value of peer-review site visits as an integral part of quality management of cancer services. Written Trust self-assessment reports, even when combined with assessment of Performance Indicators have been found to be an inadequate method for assessing the quality of service provision. All those who have been involved in site visiting processes feel that they are of value to the service being appraised, to the overall quality management of cancer services at regional level and indeed to the members of the visiting team themselves.
11. Ministers and the NHS Executive Board have accepted the proposal of the National Cancer Director, Professor Mike Richards, that peer review site visits, co-ordinated by Regional Offices, should be undertaken on a consistent basis throughout the country. The key elements of the process are set out in Appendix 3.

COMMISSION FOR HEALTH IMPROVEMENT

12. The Commission for Health Improvement's review of cancer services, to be undertaken over the next year, will complement the work outlined above by focusing on the totality of the patient pathway and experience, including the role of primary care and commissioners. This will then contribute to the further development of the national cancer programme.

Appendix 1**NATIONAL STANDARDS FOR CANCER TREATMENT: OBJECTIVES****1. Patient centred care**

- To ensure all health professionals communicate with patients and carers with sensitivity and with expertise
- To ensure patients receive all the information they want concerning their condition and possible treatments
- To ensure that the range of support services required to meet patients needs is provided.

2. Multidisciplinary Team

- To ensure that all aspects of diagnosis, treatment and care are provided by designated specialists, working together effectively in multidisciplinary teams.
- To ensure that care is given according to recognised guidelines (including guidelines for onward referrals) with appropriate information being collected to inform clinical decision making and to support clinical governance / audit.
- To ensure that mechanisms are in place to support entry of eligible patients into clinical trials, subject to patients giving fully informed consent.

3. Imaging and Pathology Services

- To ensure that high quality imaging and pathology are provided for all patients with cancer through:
 - appropriate leadership by relevant specialists
 - participation of radiologists and pathologists in multidisciplinary team working
 - Radiology departments to conform to RCR quality specifications.
 - Pathology departments holding CPA accreditation or an equivalent external quality assurance appraisal
 - Pathology reports conforming to RC path recommendations for individual cancer sites
 - Provision of second pathology opinions for specified cancer types

4. Non surgical oncology support to cancer units

- To ensure there is an adequate level of non-surgical oncology support in all locations to meet the requirement for participation in multidisciplinary team working and to supervise the delivery of non-surgical treatments.

5. Radiotherapy

- To ensure that radiotherapy services are of a high quality through
 - Clearly defined leadership and organisational arrangements
 - Provision of adequate professional staffing and equipment
 - Minimising delays for treatment and breaks in treatment
 - Use of standardised processes for prescribing and checking radiotherapy treatments
 - Use of standard principles for the delivery of radiotherapy
 - Clear documentation of treatments delivered
 - Quality assurance processes for radiotherapy departments

6. Chemotherapy

- To ensure that chemotherapy services are of a high quality through:
 - clearly defined leadership and organisational arrangements
 - provision of diagnostic and suitably equipped areas for the administration of chemotherapy
 - co-ordination and control over the use of specified chemotherapy regimes within a network
 - Supervision of chemotherapy prescribing by appropriate specialists (Clinicians and Pharmacists)
 - Administration of chemotherapy by appropriately trained staff
 - Use of guidelines for the prevention and treatment of side effects and implications of chemotherapy
 - Minimising delays in starting treatment
 - Provision of facilities for aseptic reconstitution of cytotoxic agents

7. Specialist Palliative Care

- To ensure that high quality specialist palliative care services are provided both in hospitals and in the community for all patients who need them through:
 - Development and implementation of appropriate strategies across networks and within individual cancer centres and cancer units as well as in the community.
 - Provision of multidisciplinary specialist palliative care teams across all sectors, which meet regularly to review individual patient care.

8. Education, training and continuing professional development

- To ensure that all health professionals involved in cancer care receive appropriate training and continuing professional development through
 - Development of training / CPD strategies by all cancer networks, cancer centres and cancer units.
 - Planning and monitoring of the training / CPD requirements of individual health specialists

9. Communication between primary, secondary and tertiary sectors

- To ensure effective communication between all levels of care through:
 - Development and implementation of clear arrangements to enable smooth progression between all care settings.
 - Production and distribution of a local directory of cancer services, including arrangements for referral
 - Development and implementation of mechanisms to ensure that information about individual patients is communicated effectively to all those involved in that patient's care.

10. Management and organisation of cancer services

- To ensure that cancer services are managed and organised effectively to support high quality care through:
 - Clear definition of the scope of work to be undertaken within a particular network and clear arrangements for onward referral of appropriate cases.
 - Clear leadership of the cancer centre, with adequate time and support being given to the lead clinician, lead nurse and lead cancer service manager
 - An effective management group across the whole cancer centre
 - Clear leadership within individual cancer units with adequate time and support being given to the lead clinician, lead nurse and lead cancer service manager
 - An effective management group for the cancer unit

11. Cancer networks

- To ensure that all providers of cancer care for a given population (i.e. primary care, cancer units, cancer centres, hospices, health authorities and PCTs) work effectively together to deliver high quality care. This will be gained through:
 - Establishment an effective network management group which will develop and implement the strategy for the network in line with national policy

- Clear leadership of the cancer network with adequate time and support being given to the network lead clinician, network lead nurse and network manager.

- Establishment of clinical network – wide multidisciplinary groups to agree site-specific policies and pathways and policies for the delivery of chemotherapy and specialist palliative care

**Manual of Cancer Service Assessment Standards:
Proposed National Cancer Performance Indicators**
Appendix 2

Definitions of these PIs are available on www.doh.gov.uk/cancer

Breast	
NBI 1	Breast cancer incidence
NBI 2	Breast screening coverage
NBI 3	Detection rate of small primary breast cancer
NBI 4	Waiting time for urgent GP referrals for breast cancer
NBI 5	Breast cancer survival (already a High Level Performance Indicator)
NBI 6	Breast cancer mortality
NBI 7	Node Status
NBI 8	Number of Therapeutic Operations
NBI 9	Triple Assessment
NBI 10	Multidisciplinary Teams(MDT)
NBI 11	Critical Mass
NBI 12	Access to Specialist(MDT) Treatment (% of surgery by designated surgeon)
NBI 13	Waiting Time for Surgery
NBI 14	Waiting Time for Oncology Treatment
NBI 15	Patient Satisfaction
NBI 16	Access to specialist palliative care
Colorectal	
NCI 1	Colorectal cancer incidence
NCI 2	Prevention through diet
NCI 3	Waiting time for urgent GP referrals
NCI 4	Access to specialist investigation
NCI 5	Colorectal cancer survival
NCI 6	Mortality
NCI 7	Waiting time for surgery
NCI 8	Waiting times for oncology treatments
NCI 9	Multidisciplinary teams (MDTs)
NCI 10	Access to specialist surgery in emergency
NCI 11	Quality of colonoscopy
NCI 12	Quality of Surgery(permanent end colostomy rate)
NCI 13	Quality of pathology
NCI 14	Patient satisfaction
NCI 16	Access to specialist palliative care
Lung	
NLI 1	Lung cancer incidence
NLI 2	Prevention through smoking cessation advice
NLI 3	Waiting time for urgent GP referrals
NLI 4	Access to specialist investigation
NLI 5	Lung cancer survival
NLI 6	Lung cancer mortality
NLI 7	Waiting Time for Surgery
NLI 8	Access to radical treatment for NSCLC patients
NLI 9	Multidisciplinary teams (MDTs)
NLI 10	Quality of surgery
NLI 11	Quality of pathology
NLI 12	Access to CHART
NLI 13	Patient satisfaction
NLI 14	Access to specialist palliative care

PEER REVIEW SITE VISITS FOR CANCER SERVICES

Regional Leadership & co-ordination

A Regional cancer quality improvement steering group or committee should be established to oversee the appraisal process and ensure consistency of approach. The composition should be chaired at Director level, and include lead clinicians, HA cancer leads, the cancer registry and others as agreed locally.

Composition of Peer Review Teams

Peer review visits should be undertaken by multidisciplinary teams with membership extending beyond HA/PCG/PCTs. The panel should include relevant site specific clinicians to facilitate peer support and development.

Protocols for assessment

Regions will be required to establish common protocols for assessment visits to ensure a consistent approach. This will need to include ensuring that members of the visiting team receive appropriate training and support, specifying pre-visit collection of baseline information and format of visits.

Location of visits

All tumour types/sites offered by secondary and tertiary providers of cancer services will be appraised. In due course this may be extended to commissioners, PCG/PCTs, voluntary sector providers (e.g. hospices). Peer review visits should be to the location(s) where the service is provided to ensure a comprehensive assessment of the service is made.

Milestones

Recognising the starting position of different Regions, local milestones can be developed to enable faster implementation timescale to meet local needs for service improvement. Further national milestones for future implementation for other cancers will be developed, with the speed of implementation shaped by publication of evidence-based guidance.

Reporting process

The conclusions from the appraisal process should determine whether a standard has been achieved or not, or whether progress is being made. This should be encapsulated within the visiting team overall written report to the Regional Cancer Quality Improvement Steering Group. Assessment reports, once agreed for factual accuracy should be shared with the Trust concerned, host HA/PCG/PCTs/cancer network.

The responsibilities of the visiting team should be clearly differentiated from those of the Regional Steering Group. The visiting team is responsible for appraisal of a service. The Regional Steering Group is responsible for subsequent decision making and for determining actions, which need to be taken at a local level to remedy any deficiencies in the quality of care.

Frequency of Visits.

The frequency of the visit process will be linked to the provider's compliance with the standards. At a minimum, providers should be visited initially on a two-yearly basis. Once compliance with the standards has been demonstrated providers should be visited on a three yearly cycle, with annual report of performance prepared as part of all Trusts' Clinical Governance reports to confirm progress with agreed action plans and/or confirming that performance against standards is being maintained.

Outcome of visits

Where the peer review visit confirms that the service meets or exceeds the national standards the provider may be designated as a cancer centre/unit as appropriate.

In many cases shortfalls in meeting the standards will be identified. The outcome of the appraisal should be to agree a timetabled action plan to remedy the shortfalls and the provider may be designated conditionally as a cancer centre or unit. Health Authorities would be required to review the implementation of the agreed action plan and report to the Regional Cancer Quality Steering Group. If the gaps are addressed satisfactorily the provider will be designated as a cancer centre or unit, if not the Regional steering group should undertake early review.

Clear lines of accountability are essential to ensure action is taken to address weaknesses within the given timescale. Where this does not occur the situation should be reported to Regional Directors and the National Cancer Director. The provider will be considered for designation again, subject to the outcome of the early peer review visit.

In rare cases, concerns about quality of services may be sufficiently serious to lead to a decision to recommend to commissioners a temporary cessation of services within the provider pending resolution of shortfall. These occurrences should be reported to the Regional Director and the National Cancer Director. If continuing failure to meet necessary requirements within a reasonable timescale still occurs, the recommendation should be to cease further investment in a provider's development as a cancer centre/unit, and seek some other reconfiguration of service provision.

Implementation

Actions required of NHS Trusts, Health Authorities and Regions to implement this next phase of the national cancer programme are as follows:

All cancer services providers to:

- ❑ Use nationally agreed standards (subject to consultation) and national PIs (as a minimum) to self-assess cancer services to facilitate continuous quality improvement to cancer services from November 2000. To be completed prior to peer review site visit or by February 2001, if visit not planned this financial year.
- ❑ Provide documentation of achievement of at least those standards defined as level 1 for breast, colorectal, lung cancers by March 2001 (NPG 2000/01).
- ❑ Undergo follow up peer review appraisal until compliance with standards is demonstrated.
- ❑ Provide annual statement of performance on compliance with nationally agreed standards within the clinical governance report.

All HAs to:

- ❑ Use nationally agreed standards and PIs to monitor performance of cancer services providers.
- ❑ To support Trusts in implementing agreed action plans to achieve standards not yet attained, in line with National Priorities Guidance 2000/01. To report on Trust's progress to Regional Cancer Quality Improvement Steering Group.

- ❑ Agree with cancer service providers, additional local milestones to improve cancer services, reflecting local needs and priorities.

All Regional Offices to:

- ❑ Use agreed national standards and performance indicators to appraise and monitor cancer services (subject to consultation see www.doh.gov.uk/cancer)
- ❑ Adopt a nationally consistent approach to performance management of cancer services:
 - establish Regional Cancer Quality Improvement Steering Group in each region to oversee appraisal and ensure consistency by July 2000.
 - undertake preparatory work to establish peer review teams e.g., identification/training of peer review visiting teams by September 2000
 - use an appropriate range of evidence to inform appraisal process, to include written information and site visits
 - commence peer review visits by multidisciplinary teams(with core regional membership, clinician involvement and common protocols) to each cancer services provider by no later than November 2000
 - produce and share assessment report with Trust, host HA/PCG/PCT/cancer network.
- ❑ Use appraisal system as the basis for decisions for formal designation of cancer services at trust level in accordance with set national criteria for decisions and review.
- ❑ Monitor and report to NHS HQ achievement by Trusts of national standards for breast, colorectal and lung cancers by April 2001.