NHS England

CLINICAL PRIORITIES ADVISORY GROUP

XX XX XX 2016

Agenda Item No	
National Programme	Cancer
Clinical Reference Group	Specialised Urology
URN	170114S

Title Insert service specification title in full
Urological cancers – Specialised kidney, bladder and prostate cancer services

Actions Requested	1. Recommend the adoption of the service specification proposition
	2. Agree as an In-Year Service Development decision

Proposition

The proposition is a revised service specification for urological cancers (Kidney, Bladder and Prostate). The revisions have been developed on the basis of expert clinical opinion and clinical consensus, as a result there is no accompanying evidence review or clinical panel report - this is because the CRG considered that an evidence review would not add to the knowledge base already within the CRG and clinical community in respect of the revisions being proposed. Literature has been referenced within the service specification.

The CRG are proposing the following revisions:

- **Introduction of alternative service configurations (Category B) where health economies have not been able to align to IOG requirements OR where health economies want to move beyond IOG (published in 2002). The intention of the CRG is to enable local health economies to develop service configurations that are 'fit for the locality's needs', rather than mandate a 'one size fits all' approach. However, the CRG also considered that it is important to facilitate diversity within an overall structure - therefore maintaining consistency across England.**
- **The CRG have also introduced proceedure volume thresholds (per surgeon and per unit). These are based on consideration of existing clinical guidelines (as with prostate), disease incidence, proceedure volumes, outcomes (BAUS database), published literature and were developed through clinical consensus of the CRG and BAUS, coupled with consideration of stakeholder feedback and public consultation. The standards are as follows: (i) Prostatectomy: 100 per centre and 25 per surgeon; (ii) Cystectomy: 30 per centre and 15 per surgeon; and (iii) Specialised renal surgery: 30 per centre, 15 per surgeon; (iv) Renal tumour with caval thrombus: 10 per centre on a supra-regional basis.**
- **Updated service quality indicators and outcome metrics.**

The committee is asked to receive the following assurance:	
1.	The Head of Clinical Effectiveness confirms the proposal has completed the appropriate sequence of governance steps and includes where necessary an: Evidence Review; Clinical Panel Report
2.	The Head of Acute Programmes / Head of Mental Health Programme confirms the proposal is supported by an: Impact Assessment; Stakeholder Engagement Report; Consultation Report; Equality Impact and Assessment Report; Service specification Proposition. The relevant National Programme of Care has approved these reports.
3.	The Director of Finance (Specialised Commissioning) confirms that the impact assessment has reasonably estimated a) the incremental cost and b) the budget impact of the proposal as cost neutral or generating savings to NHS England.
4.	The Operational Delivery Director (Specialised Commissioning) confirms that the service and operational impacts have been completed.
5.	The Director of Nursing confirms that the quality requirements have been adequately described.

The following documents are included (others available on request):	
1.	Service specification proposition
2.	Consultation Report
3.	Evidence Summary (where completed)
4.	Clinical Panel Report (where completed)
5.	Equality Impact and Assessment Report

The Benefits of the Proposition			
No	*Metric*	*Grade of evidence (where evidence review completed)*	*Summary of benefit (where applicable)*
1.	Survival	Not measured	Where an evidence review has been completed, please include metric of survival (e.g., 30 days benefit, 50 years benefit)
2.	Progression free survival	Not measured	
3.	Mobility	Not measured	
4.	Self-care	Not measured	
5.	Usual activities	Not measured	
6.	Pain	Not measured	
7.	Anxiety / Depression	Not measured	

8.	Replacement of more toxic treatment	Not measured	
9.	Dependency on care giver / supporting independence	Not measured	
10.	Safety	Not measured	
11.	Delivery of intervention	Not measured	

Other health metrics determined by the evidence review *(where evidence review completed)*			
No	Metric	Grade of evidence	Summary from evidence review
		Grade A	[AS ABOVE]
		Grade A	
		Grade A	
		Grade A	
		Grade A	

Considerations from review by Rare Disease Advisory Group
Not Applicable

Pharmaceutical considerations
Not applicable

Considerations from review by National Programme of Care
POC Board support **Select appropriate option:** **2) The proposal received the support of the Cancer Programme of Care Board on the 26 June 2016, subject to the following comments: (i) that further work was undertaken to understand the issues around IOG population requirements. The output of this is reflected within the Consultation Report.** **Benefit of Service Specification:** **Please set out the material benefits that patients will receive following adoption and implementation of this specification: (i) urology surgery services which better reflect local need; (ii) improved quality through more consistent outcome reporting and more consistent service organisation.** **Implementation timescale:** **Select appropriate option:**

1) Non material amendments and therefore suitable for immediate adoption – however, commissioning budgets for the service transfer, via the Identification Rules revision, to NHS England from CCGs from April 2017. It is therefore recommended that the agreement of the service specification is handled via local commissioning teams over the course of the contract negotiation process for 2017/18 rather than for immediate adoption. It should be noted that the commissioning responsibility for these services has resided with NHS England since April 2013.

SECTION 2 – IMPACT REPORT (Not included in CPAG Papers, section 2 only)

No	Item	N/Cost £K	Level of uncertainty
1.	Number of patients affected in England	Source: IA Report, A1.2	[TO BE COMPLETED BY FINANCE LEAD]
2.	Total cost per patient over 5 years	Source: IA Report C2.1 and 2.2, and Model	[TO BE COMPLETED BY FINANCE LEAD]
3.	Budget impact year 1	Source: IA Report C3.1 and Model	[TO BE COMPLETED BY FINANCE LEAD]
4.	Budget impact year 2	Source: IA Report C3.1 and Model	[TO BE COMPLETED BY FINANCE LEAD]
5.	Budget impact year 3	Source: IA Report C3.1 and Model	[TO BE COMPLETED BY FINANCE LEAD]
6.	Budget impact year 4	Source: IA Report C3.1 and Model	[TO BE COMPLETED BY FINANCE LEAD]
7.	Budget impact year 5	Source: IA Report C3.1 and Model	[TO BE COMPLETED BY FINANCE LEAD]
8.	Total number of patients treated over 5 years	Source: IA Report A3.2	[TO BE COMPLETED BY FINANCE LEAD]
9.	Net cost per patient treated over 5 years	(Sum of Budget impact year 1-5) / (Total no. patients treated over 5	[TO BE COMPLETED BY FINANCE LEAD]

		years)	
10.	Estimated proportion of patients benefitting (%)		
11.	Total cost per patient benefitting over 5 years		[TO BE COMPLETED BY FINANCE LEAD]
Key additional information This is considered to be cost neutral because <insert text>			
[TO BE COMPLETED BY NHS ENGLAND FINANCE (Andy Leary / Justine)			