

SCHEDULE 2 – THE SERVICES

A. Service Specifications

1. Service name	Specialist Cancer Services (adults) - Specialist Gynaecological Cancer
2. Service specification number	2228
3. Date published	September 2024
4. Accountable Commissioner	NHS England – Cancer National Programme of Care (NPOC) NHS commissioning » Cancer (england.nhs.uk) england.npoc-cancer@nhs.net
5. Population and/or geography to be served	
5.1 Population covered	
<p>This specification (the ‘Specification’) covers the provision of the Specialist Gynaecological Cancer Service (the ‘Service’). Gynaecological cancers comprise ovarian (including fallopian tube and primary peritoneal), uterine, cervical, vulval and vaginal cancers.</p> <p>National standards relating to the delivery of chemotherapy, radiotherapy and PET-CT for gynaecological cancers are set out within standalone service specifications (section 7.3.6) and do not form part of the Specification.</p>	
5.2 Minimum population size	
<p>The Service must be configured so that there is sufficient volume to ensure workforce sustainability and maintain professional expertise and should serve a population of at least one million, with around 200 new referrals per annum (Improving Outcomes in Gynaecological Cancer, NHS Executive 1999). Providers must ensure that surgeons are suitably qualified and competent to perform any of the sub-specialty procedures that are being delivered.</p>	

6. Service aims and outcomes

6.1 Service aims

The aim of the Service is to:

- Deliver high quality clinical care and holistic support to Service Users in a culturally appropriate way;
- Improve the clinical outcomes, quality of life and experiences of people affected by gynaecological cancers;
- Ensure that there is equity of access for all elements of the service and comparable clinical outcomes for all Service Users;
- Support and advise all professional groups within the system to offer care closer to home whenever it is clinically appropriate to do so; and
- Participate in clinical trials and research relating to gynaecological cancers.

6.2 Outcomes

NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely
Domain 2	Enhancing quality of life for people with long-term conditions
Domain 3	Helping people to recover from episodes of ill-health or following injury
Domain 4	Ensuring people have a positive experience of care
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm

The quality of specialised services is monitored through Specialised Services Quality Dashboards (SSQDs), which normally comprise a range of quality outcomes (including clinical outcomes) and quality metrics which are supported by regular data collections. SSQDs are available on NHS England's website at: <https://www.england.nhs.uk/specialised-commissioning-document-library/>.

Included in the range of metrics that support understanding of the quality outcomes of this service are:

No	Indicator	Data source	Domains
1	Patients with Stage 2-4/ unstaged ovarian cancer receiving cytoreductive surgery	Provider submitted	1,2
2	Patients diagnosed with Stage 2-4 or unstaged ovarian cancer receiving anticancer treatment of any type	Provider submitted	1,2,3
3	Patients with ovarian cancer undergoing primary or interval debulking surgery who have recording of residual disease	Provider submitted	1,2,3

4	Rate of Complete Surgical Resection	Provider submitted	3,4	
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7. Service description

7.1 Service Model

The Provider is responsible for the delivery of the Service, which under the gynaecological cancers service model means the provision of Level 3 services:

- **Level 1:** Primary care;
- **Level 2:** Local gynaecological cancer service, comprising a multidisciplinary team (MDT) / standalone diagnostic team based in a cancer unit. Responsible for: (i). rapid assessment for all types of gynaecological cancers; and (ii). treatment of early stage cervical cancer (Stage 1a1) and low risk cancers of the endometrium (including Grades 1 and 2 stage 1a); and
- **Level 3:** Specialist gynaecological cancer service, comprising the specialist multidisciplinary team (sMDT) based in a cancer centre. Responsible for: (i) delivery of a Level 2 service; (ii) management of ovarian cancer and other gynaecological cancers, including endometrial cancer (other than low risk cancers), cancer of the cervix (other than early stage cancer), vulva and vagina; (iii) management of recurrence of gynaecological cancers.

The service model requires the Service to work closely with Level 1 and 2 services within the local cancer system to ensure a seamless care pathway for Service Users.

The Provider must be a member of a Cancer Alliance and ensure that the Service:

- Operates in accordance with MDT arrangements, referral criteria and pathways, clinical protocols (including acute oncology), network policies (including local surgical policies) and treatment pathways that have been agreed by the relevant Cancer Alliance. This must include clarity about the roles and responsibilities of all providers and partners across the gynaecological cancers' pathway.
- The network arrangements and associated documentation set out above must:
 - Enable prompt referral of Service Users with suspected or confirmed gynaecological cancer to the sMDT from Level 1 and Level 2 providers.
 - Include a formal agreement where chemotherapy and radiotherapy treatments are given by other providers. This must require that all treatment decisions are made by the sMDT and establish a mechanism for those providers to report Service User outcomes back to the sMDT.
 - Confirm the details of any partnership arrangements with other Services to provide operational resilience, for example, mutual aid arrangements.
 - Ensures that the Service has clear and timely pathways in place to access nuclear medicine, molecular testing, genomic and pathology

services necessary to support the management of gynaecology cancers, in line with national guidance and policies.

- Enables prompt referral to exenterative surgery providers, where the treatment is not provided locally by the Service. This must also set out a mechanism through which the sMDT will receive a report of Service User outcomes and for Service Users to be referred back to the Service for onward care.
- Implements new technologies that are recommended by the National Institute for Health and Care Excellence (NICE) and gives due regard to national clinical guidelines and guidance (See Section 7.9).
- Gives due regard to other national guidance, including: relevant rapid cancer diagnostic and assessment pathways, optimal timed pathways ([NHS England » Faster diagnosis](#)), personalised care and improving quality of life outcomes ([NHS England » Personalised care and improving quality of life outcomes](#)) and elective recovery programmes, such as [Outpatient Recovery and Transformation](#).
- Can be accessed by both primary care and secondary care referral.
- Is open 24 hours a day, 365 days a year.
- Undertakes continuous monitoring of risk and governance, including regular clinical audit relating to the practice and outcomes of the Service, to ensure that clinical treatment is safe and effective.
- Has arrangements in place to support groups within the population that are at increased risk of developing gynaecological cancers to access and benefit from the Service equitably. Such support arrangements may require the Service to work collaboratively with system partners and inequalities leads.
- Provides personalised information and appropriate support to enable Service Users to make informed choices about their treatment and to live well following completion of treatment. This must also include information about travel and other welfare schemes that may be available.
- Provides each Service User with an agreed recommended treatment pathway. This must either prescribe definitive treatment or outline necessary investigations leading to final treatment plan.
- Undertakes multidisciplinary assessments for each Service User, including holistic needs assessments and clinical frailty scores, at multiple points along the care pathway. These must inform written Personalised Care and Support Plans for each Service User. Where appropriate, this should include referral to clinical support services, education, and information, plus referral to other support services.
- Has appropriate prehabilitation arrangements and enhanced recovery protocols in place.
- Provides Service Users with access to a 'key worker' - this is normally the Clinical Nurse Specialist (CNS) with expertise in gynaecological cancers. Service Users must meet their key worker as early as possible within their pathway of care.
- Delivers high-quality holistic and personalised care, including all aspects of rehabilitation and living with and beyond cancer, delivered or co-ordinated through the sMDT approach.

- Offers the option of Service User initiated follow-up and risk stratified follow-up subsequent to treatment.
- Provides long-term surveillance after definitive treatment, ensuring timely access for Service User experiencing late effects or complications following treatment for gynaecological cancers.
- Provides a comprehensive End of Treatment Summary to the Service User and their GP.

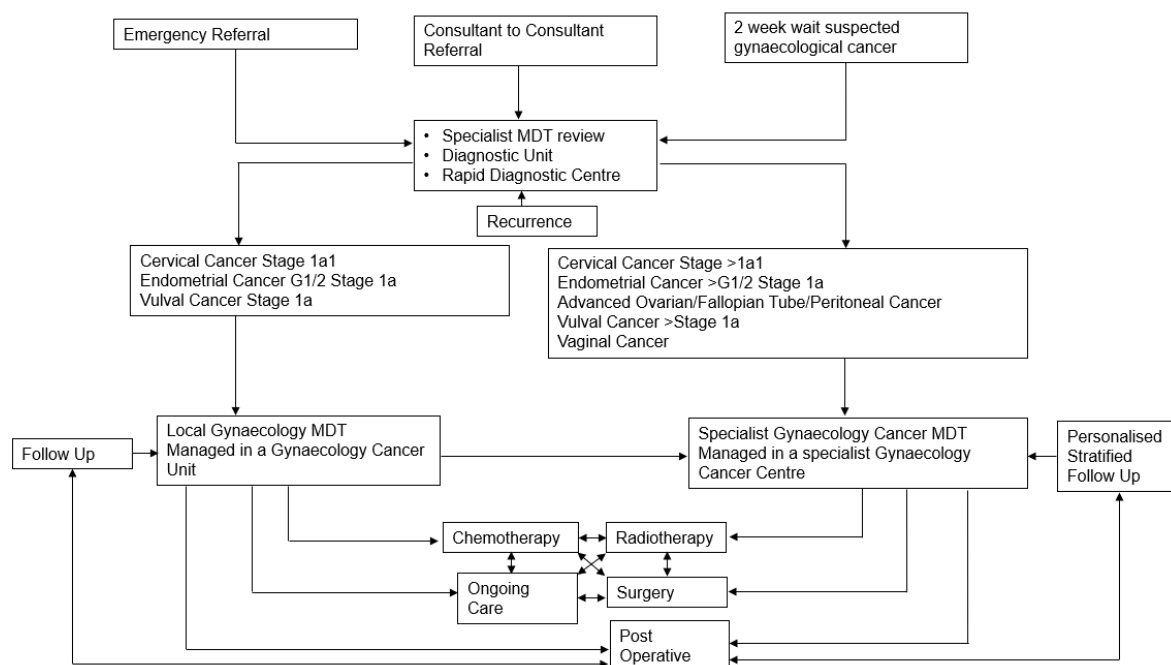
The Provider must ensure that the sMDT:

- Has a single named lead clinician who is a core team member, and nominated persons responsible for:
 - Ensuring that recruitment into clinical trials and other well-designed studies is integrated into the function of the multidisciplinary team
 - Ensuring that audits and service developments are undertaken
 - User engagement and information for Service Users and carers.
- Takes overall responsibility for the assessment, treatment planning and management, including taking all treatment decisions, of all referrals to the Service.
- Holds weekly meetings to discuss all new and recurrent cases of gynaecological cancers, for example after treatment or progression of the cancer. In making treatment decisions, the sMDT must have all clinical disciplines present (i.e., surgical and oncology), even where oncology treatments may be delivered by different providers.
- Ensures relevant surgeon joins the sMDT to discuss the case pre-referral when exenterative surgery is provided elsewhere.
- Provides an option for members to participate in the sMDT virtually.
- Provides expert management of all elements of the diagnostic pathway for gynaecological cancers, utilising up to date validated diagnostic tools and knowledge.
- Offers genomic testing, referral to genetics services / family history services, in accordance with national policy, for example, lynch testing.
- Reviews the pathological and radiological basis for the diagnosis of gynaecological cancers, including those from a Level 2 service where these are referred to the sMDT.
- Provides expert management of those with confirmed gynaecological cancer, through the use of the most up-to-date commissioned clinical protocols and surgical management, including organ preservation approaches (e.g., radical trachelectomy) and morbidity-sparing sentinel node surgery, to minimise disabilities and clinically appropriate consideration of all treatment modalities within the gynaecological pathway.
- Offers prophylactic procedures (e.g., oophorectomy and hysterectomy) to Service Users at high risk of developing a gynaecological cancer, following referral to a genetics service / family history service.
- Offers exenterative surgery, where clinically appropriate and makes the appropriate referral arrangements where the treatment is not available locally.
- Makes recommendations for care at each stage in the Service User's pathway, including: treatment (surgery, radiotherapy, chemotherapy),

palliative interventions, follow-up, rehabilitation and living with and beyond cancer.

7.2 Pathways

Site specific patient pathway



7.3 Clinical Networks

All Providers will be required to participate in a networked model of care to enable services to be delivered as part of a co-ordinated, combined whole system approach.

7.4 Essential Staff Groups

The Provider should ensure that the Service is able to operate a compliant sMDT, this means that the following essential staff groups must attend the sMDT:

- A minimum of two surgical gynaecological oncologists (subspecialist gynaecologists who specialise in surgery for gynaecological cancer)
- Radiotherapy specialist (clinical oncologist)
- Chemotherapy specialist (medical oncologist or clinical oncologist)
- Radiologist
- Histopathologist
- Pathologist with experience in cytopathology
- Clinical nurse specialists
- Multidisciplinary team co-ordinator

The Provider should make available additional disciplines to support delivery of the Service, as required. These individuals are required to support some cases but need not attend all sMDT meetings. The extended team is made up of designated professionals who have an interest in and experience of managing gynaecological cancers and who will make themselves available whenever their

expertise is needed, including a specialist gynaecological oncology surgeon when exenterative surgery is required. The extended team includes:

- Psychologist/Psychiatrist/Counsellor with experience in cancer and psychosexual problems
- Cancer genetic specialist
- Social worker
- Palliative care specialist
- Colorectal surgeons
- Hepatobiliary and pancreatic surgeons

7.5 Essential equipment and/or facilities

The Service must have access to:

- Treatment rooms
- Fully staffed operating theatre
- Radiological, pathological, and diagnostic facilities to effectively diagnose, classify and stage prior to planning treatment
- Fully operational HDU and ITU beds
- Appropriate ward / bed capacity
- Nuclear medicine equipment necessary to undertake sentinel lymph node assessments in gynaecology cancers

7.6 Inter-dependant Service Components – Links with other NHS services

Interdependent Service	Relevant Service Specification/ Standards	Proximity to service
PET-CT	B02/S/a Positron Emission Tomography - Computed Tomography (PET CT) Scanning (All Ages) Positron Emission Tomography – Computed Tomography (PET CT) Scanning (All Ages)	Not applicable
Chemotherapy	B15/S/a Cancer: Chemotherapy (Adult) B (england.nhs.uk)	Not applicable
Radiotherapy	170091S - Adult External Beam Radiotherapy Services Delivered as Part of a Radiotherapy Network External-Beam-Radiotherapy-Services-Delivered-as-Part-of-a-Radiotherapy-Network-Adults.pdf (england.nhs.uk)	Not applicable
Brachytherapy	B01/S/b – Brachytherapy and Molecular Radiotherapy https://www.england.nhs.uk/wp-content/uploads/2013/06/b01-brachytpy-molecular-radio.pdf	Not applicable

Adult Critical Care	170118S - Adult Critical Care https://www.england.nhs.uk/wp-content/uploads/2019/05/Adult-Critical-Care-Service-Specification-FINAL.pdf	Co-located
Urology – kidney, bladder, and prostate cancer	170114S - Specialised kidney, bladder, and prostate cancer services (Adults) specialised-kidney-bladder-and-prostate-cancer-services-adults.pdf (england.nhs.uk)	Accessibility to surgical oncology
Upper Gastrointestinal	B11/S/a - Cancer: Oesophageal and Gastric (Adult) b11-cancer-oesop-gast.pdf (england.nhs.uk)	Accessibility to surgical oncology
Hepato-pancreatic biliary	A02/S/a - Hepatobiliary and Pancreas (Adult) A02-Hepato-Pan.pdf (england.nhs.uk)	Accessibility to surgical oncology
Colorectal cancer		Accessibility to surgical oncology
Plastic Surgery		Accessibility to surgical oncology
Nuclear Medicine		Accessibility to surgical oncology
Genomics Medicine Service – Genomics Laboratory Hub		Accessibility to surgical oncology

7.7 Additional requirements

None.

7.8 Commissioned providers

The list of commissioned providers for the services covered by this specification can be found [here](#). [ADD LINK TO THE COMMISSIONED PROVIDER LIST ONCE AVAILABLE]

7.9 Links to other key documents

Please refer to the [Prescribed Specialised Services Manual](#) for information on how the services covered by the Specification are commissioned and contracted for.

Please refer to the Identification Rules tool for information on how the activity associated with the Service is identified and paid for.

Please refer to the relevant Clinical Reference Group [webpages](#) for NHS England Clinical Commissioning Policies which define access to a service for a particular group of service users. The specific clinical policies that relate to the services covered by the Specification include:

- Clinical Commissioning Policy: Stereotactic ablative radiotherapy (SABR) for patients with previously irradiated, locally recurrent primary pelvic tumours; and
- Clinical Commissioning Policy Stereotactic ablative radiotherapy (SABR) for patients with metachronous extracranial oligometastatic cancer.
- The National Genomic Test Directory

Relevant NICE Guidance (exc. Technology Appraisals)

- [Suspected cancer: recognition and referral \(nice.org.uk\)](#) (2015, updated 2021)
- [Improving Supportive and Palliative Care for People with Cancer](#) (2004)
- [National Guideline 12, Suspected cancer: recognition and referral](#) – NICE, 2015
- [Ovarian Cancer Quality Standard \(QS18\)](#), (2012)
- [Diagnostic Guidance 42](#) - Testing strategies for Lynch syndrome in people with endometrial cancer (2020)
- [Diagnostic Guidance 31](#) - Tests in secondary care to identify people at high risk of ovarian cancer (2017)
- [Interventional Procedures Guidance 356](#) - Laparoscopic hysterectomy (including laparoscopic total hysterectomy and laparoscopically assisted vaginal hysterectomy) for endometrial cancer (2010)
- [Interventional Procedures Guidance 686](#) - Minimally invasive radical hysterectomy for early stage cervical cancer (2021)
- [Interventional Procedures Guidance 688](#) - Cytoreduction surgery with hyperthermic intraoperative peritoneal chemotherapy for peritoneal carcinomatosis (2021)
- [Interventional Procedures Guidance 757](#) - Ultra-radical (extensive) surgery for advanced ovarian cancer (2023)

National Clinical Guidance

- British Gynaecological Cancer Society (BGCS) Guidelines for Ovarian Cancer: [BGCS Guidelines Ovarian cancer: Recommendations for Practice](#) 2017

- British Gynaecological Cancer Society (BGCS) Guidelines for Cervical Cancer: [BGCS Guidelines Cervical Cancer: Recommendations for Practice 2020](#)
- British Gynaecological Cancer Society Guidelines for Uterine Cancer: [BGCS Guidelines Uterine Cancer: Recommendations for Practice 2021](#)
- British Gynaecological Cancer Society Guidelines for Vulval Cancer: [BGCS Guidelines Vulval Cancer: Recommendations for Practice 2020](#)
- British Gynaecological Cancer Society Guidelines for Patient Stratified Follow-up: [British Gynaecological Cancer Society Recommendations and Guidance on Patient-Initiated Follow-Up \(PIFU\) 2019](#)