5b

GREATER MANCHESTER JOINT HEALTH SCRUTINY COMMITTEE

Date: 24 February 2016

Subject: Specialised Commissioning: Oesophago-Gastric and Urology Surgical Cancer Services Transformation: Involvement and Engagement Options

Report of: Rebecca Patel, Patient & Community Engagement Manager, Greater Manchester NHS Service Transformation

PURPOSE OF REPORT

The purpose of the report is to articulate the options available for engagement and involvement within statutory legislation for the transformation of the surgical services for the two Specialised Services - Oesophago-Gastric and Urology Cancer.

RECOMMENDATIONS:

The Committee is asked to:

1. Note the content of the report
2. Disseminate the report to local Scrutiny Committees as appropriate
3. Provide advice/assurance on the recommendation to adopt Involvement and Engagement Option 2: A full engagement programme with no consultation, to support the transformation process

CONTACT OFFICERS:

Rebecca Patel, Patient / Community Engagement Manager. Greater Manchester NHS Service Transformation. Tel: 0161 625 7548, Email: rebeccapatel@nhs.net

Leila Williams, Director, Greater Manchester NHS Service Transformation. Tel: 0161 625 7791, Email: leila.williams1@nhs.net

BACKGROUND PAPERS:

The following papers are available for information/context:

- Specialised Commissioning Oesophago-Gastric (OG) & Urology Cancer Surgery - Communications and Engagement Strategy (December 2015)
- Specialised Oesophago-Gastric (OG) & Urology Cancer Surgery Service Transformation Update (December 2015)

TRACKING/PROCESS		
Does this report relate to a Key Decision, as set out in the GMCA Constitution or in the process agreed by the AGMA Executive Board		No
EXEMPTION FROM CALL IN		
Are there any aspects in this report which means it should be considered to be exempt from call in by the AGMA Scrutiny Pool on the grounds of urgency?	No	
AGMA Commission	TfGMC	Scrutiny Pool
N/A	N/A	N/A

1. PURPOSE OF THE REPORT

1.1 The NHS England Specialised Commissioning team is working collaboratively with Trafford CCG (which is acting as Lead CCG Commissioner for Specialised Services on behalf of the 12 Greater Manchester CCGs[1]) and the GM Service Transformation Team (GMST) to develop the strategy and future arrangements for the collaborative commissioning and providers of Specialised Services within the context of Greater Manchester Devolution.

1.2 The initial immediate priority area agreed for system transformation is Cancer. The two priority areas for clinical service transformation are Oesophago-Gastric (Upper Gastro-Intestinal) Cancer and Urology cancer surgery. This service transformation process will be clinically led and jointly developed by clinicians, patients, carers, Provider Trusts and other key stakeholders.

1.3 As part of the transformation process it is vital to consider public engagement and involvement. This document is intended to provide an overview of the framework within which NHS Commissioners operate by summarising legal principles. The document also articulates the differences between engagement and consultation and describes the options available to commissioners to meet their legal obligations.

2. OVERVIEW OF THE TRANSFORMATION PROCESS

2.1 The transformation process for OG and Urology cancer surgical services aims to: “develop and implement a robust transformation of OG and Urology cancer surgical services across Greater Manchester. In order to achieve world-class standards and patient outcomes”.

2.2 The need for transformation of these particular services is partly due to the fact that these services do not achieve collective compliance with the standards expressed in the Improving Outcomes Guidance (IOG)[2] published in 2002. In addition, GM is developing more challenging standards in order to achieve world-class patient outcomes. This means that cancer services are not currently organised in the best possible way and there is a need to create a Single Surgical Service for GM. The changes that are required relate specifically to specialist surgery as illustrated in table one.

Table One: Cancer Services Changes

Cancer Service	GP Referral & diagnosis in local hospital	Complex diagnosis	Specialist surgery	Chemotherapy & radiotherapy	Follow up & supportive care
Urology	✓	✓	**Fewer sites**	✓	✓
Oesophago-Gastric	✓	✓	**Fewer sites**	✓	✓

[1] The Greater Manchester (GM) OG cancer service serves the population of GM and Eastern Cheshire. The GM Urology cancer service serves the population of GM, Eastern Cheshire, South Cheshire, Vale Royal and High Peak (North Derbyshire).

[2] From 2002, a series of national standards for cancer services were developed by the National Institute for Health and Care Excellence (NICE) called “Improving Outcomes Guidance”. These standards led to the development of multidisciplinary teams and described the service pathways that should be in place between primary, secondary and specialist care. For rarer cancers such as those above, the standards require specialised teams to manage minimum population sizes to ensure that surgeons and teams are undertaking sufficient numbers of operations to maintain specialist skills and achieve the best outcomes for patients.

2.3 The proposed single service for Greater Manchester means that patients will have access to the same high quality care irrespective of where they live. It will also enable closer alignment with local cancer services which will provide seamless care for patients from referral to follow-up.

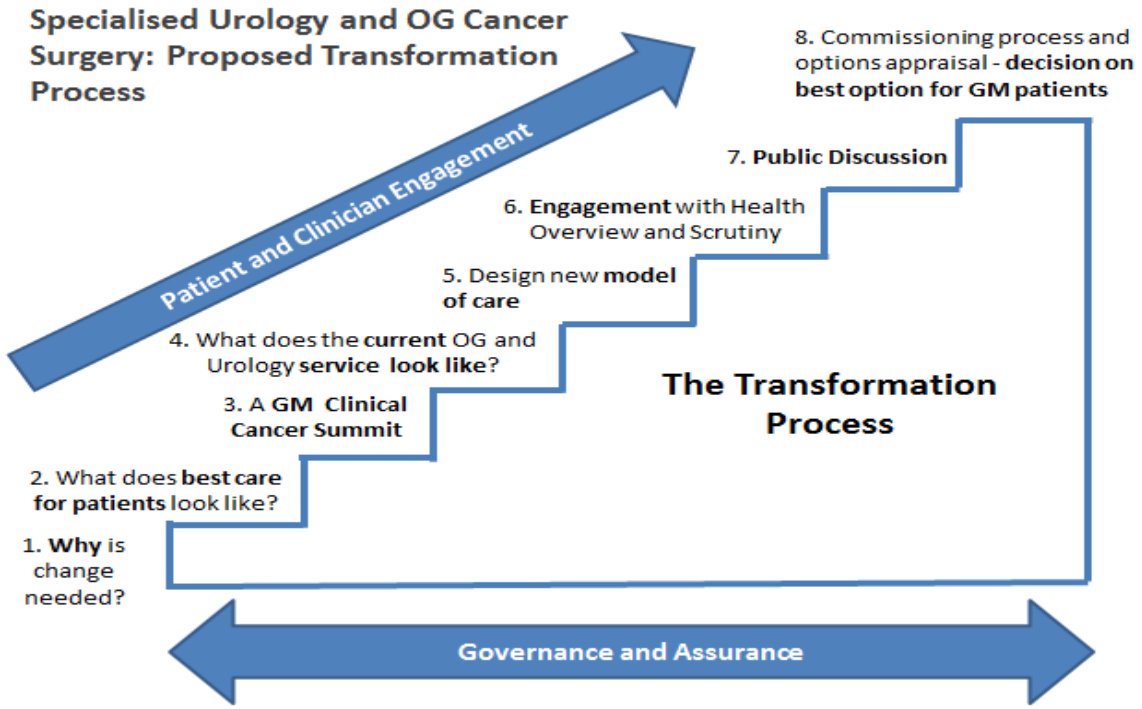
2.4 In terms of OG and Urology cancer surgical services and the impact on patients, it is estimated that around **380 patients**, as illustrated in **table two**, will be affected by proposed transformational change, out of a catchment population £3.1million . This scale of change is considered to be **minimal** in terms of numbers, but the outcomes will be far better for the patient.

Table Two: Specialised Cancer Surgery – Impact of Change

Cancer Service	OG	Urology	Total
Total number of surgical cases per annum	**150**	**546**	**696**
Estimate of numbers of patients affected by change	**Approx. 65-88**	**Approx. 330+**	**395-468**

2.5 It is important to note that the transformation of specialist OG and Urology cancer services, illustrated in **figure 1,** will be standards based and co-designed and will involve ongoing engagement with patients, clinicians and other key stakeholders. Both engagement and involvement is evidenced throughout the process to ensure that patient's views and experiences are heard so that any decision making process about service developments is both fair and equitable across Greater Manchester.

Figure 1: The Transformation Process



2.6 It is important that the transformation is owned by patients themselves and that they can see where their insight has made a difference and where they have made an impact as illustrated in table three.

2.7 The engagement approach is designed to involve the patients at every step and provide opportunities to work with clinicians to identify what is best for the population of Greater Manchester. By using people's experiences and their insight, the process can truly reflect patient needs.

Table Three: Engagement activity at each transformation stage

Transformation Stage	Engagement Activity	Numbers engaged
1) **Why change is needed**	Identification of stakeholders through robust stakeholder analysis via existing and emerging networks. Development of transformation process in plain English with key messages communicated to stakeholders i.e. email bulletin, briefing sheet, 1:1 meetings with patient groups. Communication to communications and engagement colleagues across providers to outline transformation and work that will be undertaken.	200 individuals contacted
2) **What does best care look like?**	Meeting with patient groups identified in stakeholder analysis (available in Appendix One) to undertake interactive workshop in order to gather views on "best care" and current service through a creative medium "Waiting Room" discussions onsite over coffee to gather first-hand experience and insight to best care. Online survey developed to encourage feedback on best care for patient, written by patients.	26 patients

3) **A GM Clinical Cancer Summit**	Joint event with clinicians, patients and carers. Interactive workshop with discussion tables. Report write-up to identify exactly where patients have influenced and where their insight is evidenced through standards.	85 individuals including patients, clinicians, commissioners and Healthwatch representatives
Transformation Stage	**Engagement Activity**	**Numbers Engaged**
4) **What does the current OG and Urology service look like?**	Identification of insight and experience from feedback mechanisms such as: a) I Want Great Care b) Patient Opinion c) NHS Choices d) NHS Citizen platform Liaison with PALs within providers to identify any complaints trends in relation to OG and Urology cancer surgery services. Liaison with GM Healthwatch organisations to identify patient stories in relation to Urology and OG cancer services	15
5) **Design new model of care****	Development of patient- focused / friendly case for change document in line with NHS Information Standard[3] in partnership with patients and carers. Evidenced experienced based design model of care. Engagement checkpoint to "test" with patient groups where they can identify patient experience through the case for change document Workshops with clinicians to develop model of care	TBC TBC TBC 36 Clinicians
6) **Engagement with Health Overview and Scrutiny****	Decision paper to endorse the approach of continued engagement rather than a full consultation exercise to be signed off before 1st April 2016. Continued engagement taking place via briefings and invitations to events through the process. Attendance at GM Overview and Scrutiny Committee Briefing papers sent to individual Chairs / Members of local OSCs to detail transformation steps and process evidencing where patients have been engaged	TBC
7) **Public Discussion****	Coffee morning sessions 1:1 interviews (filming where appropriate) Use of visual minutes from Cancer Summit to stimulate debate Development of ambassadors to communicate	TBC TBC

[3] The NHS Information Standard is a certification programme for organisations producing evidence-based health and care information for the public

	change	TBC
8) **Commissioning process and options appraisal – decision on best option for GM patients****	Feedback sessions with patient groups "You told us, this is what you have influenced, this is what will change, this is what cannot change because x,y or z" 1:1 filming of impact of patient experience with individuals Patient story narrative developed on the transformation process to illustrate patient-centred commissioning to support Five Year Forward View ambitions	TBC

Please note that stages 5 – 7 are yet to be completed, therefore any activity is proposed activity*

3. STATUTORY DUTIES

3.1 "Major service changes and reconfigurations must put patients and the public first" (NHS England, 2013). Engagement and consultation ensure that patients are heard, but they are separate entities as illustrated in **table four**.

Table four: Consultation and Engagement definitions

Process	Definition	Outcomes
Consultation	The process of **canvassing** stakeholder opinions and views in order to influence an outcomes or decision	Final decision influenced by views of stakeholders
Engagement	The process of **building** ongoing relationships in partnership with stakeholders in order to develop co-designed solutions by providing insight and feedback	Final decision designed and reached in partnership with stakeholders

3.2 The Health and Social Care Act (2012) introduced significant amendments to the NHS Act 2006 in order to strengthen population involvement in the decisions around health and social care. Commissioners are required by Section 14z(2) of the Health and Social Care Act and Section 242 of the NHS Act (2006) **to involve patients in the development of proposals and consult** with patients, members of the public and governance functions such as the Health Overview and Scrutiny Committees; in relation to **proposals relating to changes in the manner in which services are delivered.**

3.3 The **Public Sector Equality Duty** (section 149 of the Equalities Act, 2010), also impacts on the requirement to consult and engage. The specific public sector duties, which support the general equality duty, are intended to help public bodies meet the general equality duty. Specifically, commissioners must give due regard to three aims:

1) Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
2) Advance equality of 0opporunity between people who share a protected characteristic and those who do not
3) Foster good relations between people who share a protected characteristic and those who do not.

3.4 The legislation suggests that when considering service changes, the needs of individuals who have a protected characteristic in relation to age, disability, gender reassignment, marriage and civil partnership, pregnancy and

maternity, religion or belief, sex and sexual orientation (as set out in the Equality Act), should be given "due regard". The involvement of protected groups (and ideally deprived communities) is therefore a key consideration in the decision to formally consult.

3.5 Formal roles and responsibilities in relation to a decision to consult and delivery of a consultation are described below:

Table Five: Roles and Responsibilities

Clinical Commissioning Groups (CCGs)	Local Authority Health Overview and Scrutiny Committee[4]	NHS England
• CCGS are responsible for consulting the relevant Local Authority Health Scrutiny Committee on the planning and delivery of service change • They are also responsible for consultation, as set out in Duty to Involve (Health and Social Care Act) • In practical terms, this means that a recommendation will be made by members of the GM Specialised Commissioning Oversight group (SCOG) to the OSC in terms of whether a consultation is required.	• "Commissioners and providers are required to consult with the relevant local authority scrutiny body on proposals for: 1) A substantial development of the health service in the area of a local authority or 2) For a substantial variation in the provision of such service[5] • In practical terms this should include involvement at the formative stages and when making a decision to consult	"NHS England's objective is to ensure that proposed changes meet four test: (i) strong public and patient engagement; (ii)consistency with current and prospective need for patient choice; (iii) a clear clinical evidence base; and (iv) support for proposals from clinical commissioners"[6]

3.6 In the wider context of GM Devolution governance, members of the Specialised Commissioning Oversight Group will make a collective recommendation to both the Joint Commissioning Board and Health Scrutiny Committee on the decision to formally consult.

[4] Under Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013
[5] Planning and Delivering Service Change for Patients, NHS England, 2013
[6] The Mandate, Department of Health, 2014

4. BEST PRACTICE / GUIDANCE ON ENGAGEMENT, INVOLVEMENT AND CONSULTATION

4.1 In addition to legal requirements, there are a number of guidance documents that describe best practice in relation to the need to consult and engage, as follows:

I. NHS England's guidance on "Planning and Delivering Service Change for patients" (2013) describes some **proportionality** by highlighting section 3.4 of the NHS England Mandate (14/15[7]) which requires that "where local clinicians are proposing *significant* change to services, we want to see better informed local decision-making about services, in which the public are fully consulted and involved"

II. The guidance alto requires engagement throughout: "Patients, the public and staff should be engaged throughout the development of proposals from their very early initiation through to implementation. Engagement should seek to build an on-going dialogue with the public, where they have an opportunity to shape and contribute to proposals, in addition to any formal consultation on options"

III. NHS England's Participation Guidance[8] states that "patients and public must have the opportunity to participation in decisions around the provision of care locally".

IV. Cabinet Office Consultation Principles (2013) advise that "the governing principle is **proportionality** of the type and scale of consultation to the potential impacts of the proposal or decision being taken, and thought should be given to a**chieving real engagement** rather than merely following bureaucratic process. Consultation forms part of wider engagement and decision on whether and how to consult should in part depend on the wider scheme of engagement… There may be circumstances where formal consultation is not appropriate, for example where the measure is necessary to deal with a court judgement or where adequate consultation has taken place at an earlier stage for minor or technical amendments to regulation or existing policy frameworks. However, longer more detailed consultation will be needed in situations where smaller, more vulnerable organisations such as small charities could be affected".

4.2 The common theme in terms of best practice hinges on the **materiality** and **proportionality** of the change.

5. INVOLVEMENT AND ENGAGEMENT OPTIONS

5.1 The previous sections illustrate the legal framework in which NHS organisations, and in particular commissioning organisations, have to work within in relation to transformational changes in clinical services.

5.2 There is a wide range of best practice guidance in relation to involvement and engagement which have been fully described in **section four**. It is important to note that both the legislation and best practice mention **proportionate responses** in relation to material changes. Both table one and table two

[7] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/383495/2902896_DoH_Mandate_Accessible_v0.2.pdf

[8] "Transforming Participation in Health and Care", Guidance for Commissioners, NHS England, 2013

illustrated in section two, highlight the number of patients who will be impacted by the change which is considered to be minimal when contrasted with the catchment population.

5.3 When making a decision on whether to formally consult, two issues need to be considered:

I. Is the change considered to be a **major change** in services affecting a large number of patients?

II. Would the public consultation responses influence the outcome or final decision?

5.4 In response to the previous questions, it is clear from the data provided by NHS England that the change will impact on a small number of patients when positioned with the catchment population.

5.5 It is also important to note that the current service is not collectively compliant; therefore the service needs to change in order to best address patient needs through the creation of a Single Surgical service.

5.6 There are three options open to the programme in order to progress the next stages of the transformation process described as the “public discussion phase” in figure one. Each option has been explored fully in terms of the positive and negative impact that it will have to the programme and are described in **table six.**

Table Six: Consultation Options.

Activity	Positives	Negatives
Option One: A full consultation process across Greater Manchester and neighbouring areas (i.e. Eastern Cheshire, South Cheshire and Vale Royal)	• An opportunity to engage "en-masse" with the public • An early "quick-win" for the Devolution programme • Contact details for members of the public to be involved in future specialised commissioning work	• 11 week process [9] which will have an impact on the timescales of the project • Substantial preparation and planning which may include a stakeholder / strategy plan and work to build awareness and buy-in; internal stakeholder work to agree terminology, test messaging with the public and align stakeholder messaging; a strategy, planning and budget that makes use of multiple medias to reach a range of groups; a formal consultation document; activities designed to reach hard-to-reach groups; face to face listening events; legal review of previous activities prior to consultation. • The consultation response will not have an impact on the outcome as the service has to transform • Resource intensive and costly to develop branding, communications and engagement materials and a robust approach to consultation
Option Two: A **full engagement** programme with **no consultation**	• An opportunity to co-design the solutions with the public • An opportunity to involve patients in the transformation process – which has already been started • Patients work with clinicians to "own" the outcomes • Patients voices are heard and influencing throughout the process • Patient experience influences the care model and have already defined the standards for service delivery • An opportunity to develop patient champions of the service	• Perception that an engagement process is not as important or as measureable as a full consultation
Option Three: Limited engagement with **no consultation** or dedicated engagement resource	• An opportunity to work with a very small number of patients and clinicians to co-design the solution	• Risk of not achieving compliance with statutory duties • Potential judicial review and Independent Reconfiguration Panel review

[9] 11 week consultation is the minimum standard set out in the Cabinet Office Consultation Principles which will be extended if the consultation falls into a holiday period, i.e. Easter, Summer or Christmas.

6. PROGRESS TO DATE

6.1 As part of the transformation process, a detailed engagement plan has been developed and implemented. A detailed log has been established and maintained. It provides details of the different formal and informal approaches which have been used to engage with patients, carers and other key stakeholders and encompasses the following:

- Individual meetings with patients
- Co-design of patient experience standards
- A GM Clinical Cancer Summit
- Patient representation on the External Clinical Assurance Panel
- Online surveys to gather patient experience insight
- Development of patient champions to communicate the change
- Co-design workshops to develop service specification, service access framework and model of care
- Testing the model of care with patients through experience based design.

6.2 The transformation process will continue to involve patients in developing draft model of care and service specifications as demonstrated in **table four,** to enable the patient voice to be at the centre of the commissioning process.

7. CONCLUSIONS AND NEXT STEPS

7.1 The specialised commissioners of Greater Manchester need to make a change in the provision of OG and Urology cancer surgical services for the benefit of patients and to move the service delivery model from being collectively non-complaint, to being the best for the GM population. The proposed transformation of these services affects a small number of patients but the outcomes will benefit the wider population of Greater Manchester.

7.2 To date, the transformation process has been designed and implemented on the basis of the following principles: ongoing patient, clinical and stakeholder engagement, transparency and openness, co-design of evidence-based standards, collaboration and ongoing communication. These principles ensure that patient and clinician voices and experiences lead the process.

7.3 This document has described the framework of legality and best practice that commissioners have to work within in terms of consultation and engagement. It is important to note that there is no step-by-step guide on whether it is necessary to consult, instead the Health and Social Care Act and supporting guidance reflect on the **proportionality** of a consultation and whether the questions answered will influence the outcome and final decision. The documented engagement log provides robust evidence of ongoing and active engagement in the transformation process, which satisfies the Legal Obligations outlined earlier in this paper.

7.4 It is therefore recommended that Option 2 - A **full engagement** programme with **no consultation is adopted to support the transformation process.**