

Transforming Specialist, Non-Surgical, Cancer Care in the Eastern Sector (Halton, Knowsley, St Helens and Warrington)



Evaluation Process Document

Date: 26th June 2019

Version: 1.1 Final

Introduction

The purpose of this document is to describe the evaluation process that will be used to assess the Trust submissions to deliver the Eastern Sector Cancer Hub.

The NHS has a National Cancer Transformation Programme with a national strategy for England (2015 – 2020); Cancer Care is also a key priority of the NHS Long Term 10 year Plan (LTP) 2020 -2030.

The Clatterbridge Cancer Centre NHS Foundation Trust (CCC) provides cancer care to the majority of people in Cheshire and Merseyside and plans to deliver improved outcomes and experience through a transformed delivery model comprising a centre for inpatients and complex cancer care and four 'sector hubs' providing a more holistic approach to patient care closer to patients' homes when it is safe and appropriate to do so. The sector hubs are to be based at four locations across C&M as follows:

- Wirral – South (Wirral and West Cheshire)
- Liverpool - Central
- Aintree - North
- 'Eastern Sector' in a location to be determined through this formal evaluation process

Services in Scope

This formal evaluation process is to determine where the service is best located for the benefit of the collective population of the four boroughs, i.e. either at St Helens & Knowsley Teaching Hospitals NHS Trust (STHK) or Warrington and Halton Hospitals NHS Foundation Trusts (WHH).

The services in scope are specialist, non-surgical, outpatient services for people who live or have a GP in Halton, Knowsley, St Helens and Warrington, who have been diagnosed with a 'common' cancer and referred to Clatterbridge Cancer Centre for treatment with drugs and/or radiotherapy.

**The 'common' cancers are Breast, Lung, Colorectal and Prostate*

The service will be delivered by CCC in partnership with one of the trusts.

Background

A workshop to consider options for this project was held on 3rd July 2018, chaired by the SRO and attended by the Eastern Sector Cancer (Non-Surgical) Transformation (ESCT) Project Group. The purpose of the workshop was to review and agree the Long-list Options Appraisal Criteria and to assess the Long-list Options against the criteria and determine the short-list option/s to go forward to consultation.

A criteria and requirements document, based on the required infrastructure and facilities, was developed with CCC to describe the requirements of the service model in terms of space required, facilities needed, clinical dependencies etc. The Trusts were then invited to present to members of the ESCT Project Group their vision for the future Hub and submit their proposals for delivery of the Hub. This took place in between August – December 2018. At that point external independent expertise was secured to support evaluation of the Trusts and to mitigate any potential bias in the process.

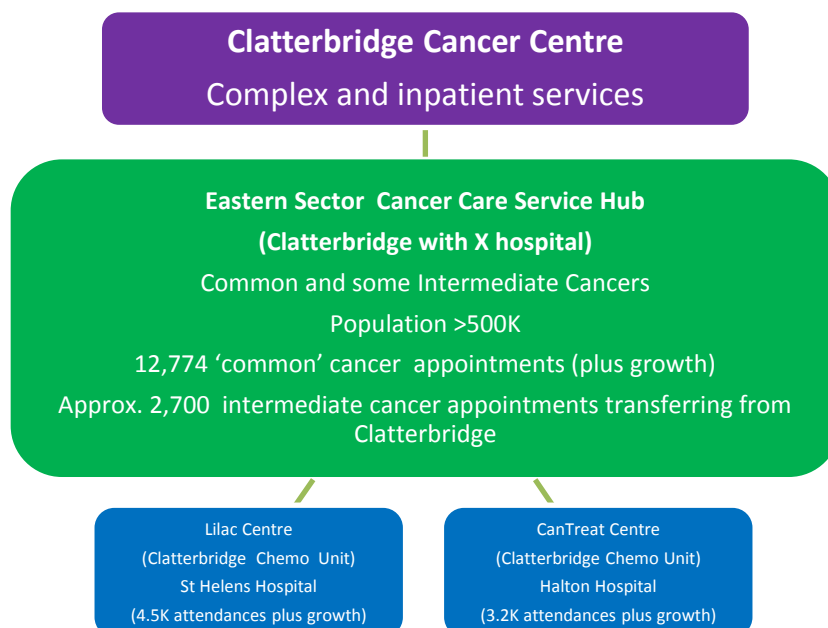
Some further clarifications were sought from the Trusts throughout April and May 2019 and, at the request of both trusts, a brief pause took place at the end of May into early June to clarify the

evaluation process. We have now clarified the process and how it will progress further from June 2019. This document sets out the evaluation process and requirements. External independent expertise from NHS SBS has been brought in to provide experienced, professional and objective input to run the evaluation stage in an open and transparent manner. The timeline is outlined on the next page and sets out key meeting dates and deadlines to adhere to with a view to concluding the evaluation by end of July 2019.

Aims and Objectives of the Eastern Sector Hub

- Holistic needs assessment for all patients via a multi-disciplinary team based service with improved convenience; seven day services; **longer days** i.e. evenings, **52 weeks/year**.
- More coordinated patient focussed care; CCC team responsible for co-ordinating drug and radiotherapy treatments including linking with GPs and surgical teams with use of digital technology.
- Faster access to more personalised holistic care; 1st appointment within **7 days of referral** after being diagnosed with cancer and **treatment to commence within 28 days**.
- Some intermediate and complex cancer outpatient care will be able to move from the Clatterbridge Centre site to the sector hub (approx. 2700 appointments/year) bringing care closer to home for many more local people.
- The new service will also include access to a cancer specific ambulatory care unit to ensure that, where appropriate, patients are seen by staff who know them and their treatment and A&E is avoided wherever possible
- Routine screening for entry into clinical trials will be available for all patients
- This service model will also provide a more supportive professional environment which will be more attractive to clinicians and should enable us to recruit and retain more staff
- The Eastern Sector Cancer Care Hub is to be future proofed with sufficient estate (minimum 800m2 of ground floor space) to host a radiotherapy unit if required following the national review which is currently underway.

Proposed Model



Timescales

The table below sets out a summary of this process and planned timetable:

The NHS England Assurance Process and Senate review will run alongside this timetable from June through to September 2019.

Stage	Date
CCG meeting with Trusts to outline evaluation process	25 th June 2019 5-6.30pm
CCG issue final template for Trust submission	26 th June 2019
Trusts submit final template for evaluation	24 th July 2019 at 12 noon
Evaluation Panel Meeting	End July 2019
Outcome report drafted and Trusts informed (pending the Stage 2 Assurance sign off)	Early August 2019
NHSE and Senate Final Reviews	Aug - September 2019
NHS England confirmation of NHS Stage 2 Assurance decision and proceed to Public Consultation	End of September 2019
Public Consultation Commences	October 2019
Public Consultation Concludes	December 2019
Decision Made (MMJC/NHS E Spec Comm)	January 2020

Evaluation

The evaluation process will be conducted in a fair and transparent manner. The submissions will be evaluated in line with the process outlined below.

Evaluation Panel

A Multidisciplinary Evaluation Panel comprising senior representatives from each partner organisation (excluding STHK and WHH) will be established and they will represent all Eastern Sector commissioning organisations and CCC. All members of the Panel will receive the detailed submissions and attend the evaluation moderation meeting. All members of the panel will be required to complete a declaration of interest and confidentiality agreement if they haven't already done so.

The Evaluation Panel will be selected by the SRO Dianne Johnson in consultation with the CCG Accountable Officers, NHSE Specialised Commissioning and CCC. The Panel will be a group representing the below areas of expertise:

- Clinical Model and Quality
- Finance & Workforce
- Public & Patient Experience
- Commissioning

Evaluation Process

The agreed evaluation criteria and scoring information was shared with both Trusts on 25th June 2019 at the ESCH Next Steps/ Clarification Meeting and are outlined in this document so the methodology for evaluation is clear.

At the meeting on 25th June 2019 with the SRO and key members of the wider project group, the process was clearly outlined along with the associated criteria and scoring methodology. The Trusts are receiving this document and template on 26th June 2019 **for completion by 12 noon on Wednesday 24th July 2019.** The Evaluation Panel will then receive the final submissions and score independently before coming together as a group to agree final moderated scores. The evaluation panel will include justifying comments based on their professional judgement, using the agreed evaluation criteria and scoring methodology outlined in this document.

In order for the Trusts to comply they must:

- Fully complete all sections; AND
- Achieve a "pass" in respect of all questions that are stated as pass / fail; AND
- Achieve at least the minimum score of 3 stated for all Red Flag Questions; AND
- Achieve a minimum score of 2 for all other questions (i.e. non Red Flag Questions) AND
- Complete the finance section including the template provided.

The outcome of this evaluation will feed into the NHS England Stage 2 Assurance process.

Evaluation Criteria

Criteria	Weighting
INFRASTRUCTURE AND ESTATES	Pass/Fail
A – Clinical Quality & Patient Experience	65%
B – Workforce, Finance and Sustainability	20%
C – Organisational Quality and Performance	15%

****Please note the detailed breakdown of the sub criteria against each question in the template.***

Scoring

Scoring methodology for Pass/Fail Questions	Grade
Meets all the criteria set out in the question	Pass
Does not meet all the criteria set out in the question	Fail

Scoring methodology for Scored Questions (unless otherwise stated in respect of specific questions)	Score
Superior – response demonstrates a superior understanding of the vision and/or plans to implement it	4
Comprehensive – response demonstrates a comprehensive understanding of the vision and/or plans to implement it	3
Acceptable – response demonstrates an acceptable understanding of the vision and/or plans to implement it	2
Limited – response demonstrates a limited understanding of the vision and/or plans to implement it	1
Deficient – response demonstrates significant gaps in understanding of the vision and / or plans to implement it.	0

- Some questions are marked as RED FLAG QUESTIONS for which there is a minimum pass mark of 3 (Comprehensive) unless otherwise stated.
- For all other questions there is a minimum score of 2 (Acceptable)

- Finance is scored in terms of Affordability and Sustainability.
 - Affordability - The lowest cost = 10%, with the second lowest cost achieving a score proportionate to the cost difference.
 - Sustainability - All costs aggregated. The lowest cost = 5%, with the second lowest cost achieving a score proportionate to the cost difference

This outcome will form part of the Stage 2 NHS England Assurance process and will be fed into the public consultation process. The Trusts will be notified of the outcome and feedback will be shared at the appropriate time.

Queries

Any queries in relation to this evaluation process should be directed to Laura Davies, Senior Manager at NHS SBS in the first instance as below.

laura_davies1@nhs.net or 07966 825747

Clarification Questions

Trusts are encouraged and have a responsibility to seek whatever clarification they may require in regard to this process.

All clarification questions must be made solely via email to Laura Davies – **laura_davies1@nhs.net**.

No other route to submit clarification questions is to be used and any questions submitted otherwise than in accordance with this will not be responded to. The deadline to submit clarification questions is **Wednesday 17th July 2019 at 12 noon.**

We will endeavour to respond to each clarification question within 3 three working days.

In order to ensure equality of treatment and transparency, details of all clarification questions and the clarification responses will be shared with both Trusts on a regular basis via email.

Weekly calls will be diarised with the Trusts to support the evaluation process.

Response Template for Completion

Issue date 26th June 2019

Deadline for completion 12 noon 24th July 2019

ESTATES AND INFRASTRUCTURE

Radiotherapy Unit – Pass/Fail

There is a requirement for minimum 800m² of ground floor space to host a radiotherapy unit should it be required. The Trusts ability to accommodate this requirement is a prerequisite to full consideration through the evaluation process.

Please provide any relevant diagrams or supporting illustrations.

Please confirm below that you have the minimum requirement as outlined above.

RESPONSE (Maximum word count 100)

Specific Service Requirements - Pass/Fail

There is a minimum estate, infrastructure and facilities requirement to enable the clinical service model. Please confirm below how you are able to meet the minimum requirement as outlined below:-

Please provide any relevant diagrams or supporting illustrations.

- Sufficient facilities to deliver multi-professional clinics seeing almost all new patients for common cancers and some intermediate cancers in the sector:
 - 16 sessions of clinical activity each week
 - A total of 52 outpatient rooms each week
- Sufficient patient waiting space for each clinic that conforms to best practice (Macmillan Cancer Support) guidance on such areas
- Dedicated office accommodation to act as a base for CCC medical and clinical staff
- Facilities and environment to develop sector hub chemotherapy facility provide 5 ½ days of intermediate and complex SACT:
 - 20 chairs
 - Co-located with outpatient clinic capacity where possible
 - Access to prep, aseptics etc.
- Commitment to full compliance with the Mandated SACT dataset requirements
- Physical space to develop sector-based acute oncology ambulatory assessment 6-7 days a week
- Circa. 4 trolley/bed assessment facility
- Site should support timely access to the SACT hub
- Service will be a central coordinating function for vague symptoms and malignancy of unknown origin (MUO) pathways in the sector

RESPONSE (Maximum word count 100)

SECTION A: Clinical Quality & Patient Experience – 65%

1. Vision – 35% (RED FLAG QUESTION)

Please set out your overall approach to deliver the vision, model and benefits for the Eastern Sector Cancer Service Hub (ESCH).

The following information is provided to inform responses to this question

- *Information for Trusts - a supporting presentation providing background information and outlining the clinical model.*
- *A link to stakeholder engagement and pre-consultation engagement documents*

<http://www.knowsleyccg.nhs.uk/transforming-cancer-care/>

RESPONSE (Maximum word count 6000)

2. Research and innovation infrastructure – 5%

Please describe your approach to research and innovation:-

For information below are some of the areas for consideration in your response

- Access to facilities to support delivering significantly increased R&I activity in the sector, including:
 - Sample collection, processing, storage and transport
 - Biobank
 - A commitment from local laboratories to support R&I activity
 - Commitment to work with CCC R&D to deliver research portfolio

RESPONSE (Maximum word count 1000)

3. IM&T Infrastructure – 5%

Please set out how you will utilise digital technology to enable working across locations, services, providers and sectors?

For information below are some of the areas for consideration in your response

- Full multi-disciplinary team video-conferencing facility and shared interface with PACS and histopathology, accessible via desktop
- Connectivity and inter-operability with CCC IT systems including Meditech.
- Commitment to work with CCC IMT on shared solution/fixes

RESPONSE (Maximum word count 1000)

4. Access – 5% (RED FLAG QUESTION)

Please describe how your proposed location provides suitable access for patients

For information below are some of the areas for consideration in your response

- Convenient access within 45 minutes car journey for >90% of patients who would access care in the sector hub
- Free car parking available adjacent to the sector hub for all patients on active SACT and radiotherapy treatment and clear signage communicating this.
- Commitment to develop enhanced patient transport services (voluntary drivers, hospital taxis and other transport providers bus companies for example) to ensure good access to sector hub for those who do not have access to a car.
- Equal access and support with associated costs for all patients in terms of public and private transport methods in relation to the differing range of journeys relative to site location and public transport networks e.g. toll bridge
- Work with CCC to ensure a choice of appointment times and opening hours that reflect patient feedback for more flexibility e.g. early appointments, later appointments for those less mobile etc.
- Consideration of protected characteristics and vulnerability – mobility, modes of transport etc.

RESPONSE (Maximum word count 1000)

5. Accessible services for patients – 5%

Please describe how the service will be personalised to peoples' individual needs, including clinical needs and patient experience, across all stages of the pathway. Responses should include an explanation of:

- How you plan to meet the individual needs of patients;
- What reasonable adjustments you will make for patients with sensory impairments, learning disabilities or those whose first language is not English;
- What reasonable adjustments you will make for privacy and dignity requirements in relation to culture and religion;
- Equality & Diversity awareness training you will make available to staff; and
- How the service environment will be made welcoming, accessible, comfortable and ensure patients' dignity and privacy.

RESPONSE (Maximum word count 1000)

6. Person centred service – 5%

Please detail how patients, carers and the general public will be involved in the planning and development of the service. Responses should include an explanation of:

- How the service will proactively seek and utilise patient input;
- How the service will engage with key partners such as Healthwatch and local groups third, faith and voluntary sector; and
- How the process for acting upon input received from patients, Healthwatch and other stakeholders will inform service development on an ongoing basis

RESPONSE (Maximum word count 1000)

7. Patient journey – 5 %

Please describe a patient journey from arrival at the hub based on the following scenarios. Your response will need to be cognisant of and address interdependencies with other services and / or providers, including CCC:-

- Patient arrives at hub without appointment but is expecting to see a consultant today.
- A patient is referred to the service who does not have capacity but does have an identified carer attending the appointment.
- Due to a road closure a patient has experienced a significant delay in their journey in arriving at their appointment and is extremely stressed about the appointment and missing their time slot.
- How will you ensure that patients are supported on arrival to the hospital site and find the signage clear to avoid patients getting lost within main hospital site?
- A patient has attended the hub and has received their 1st appointment. They attended alone and across the next few days' feels confused and unsure of the next steps in term of treatment. How can you avoid this? And what would you do if this happens?

RESPONSE (Maximum word count 1000)

SECTION B: WORKFORCE, FINANCE AND SUSTAINABILITY – 20%

1. Workforce – 5%

Please outline your overall workforce strategy which will meet the needs of this service including:

- How you will recruit and retain skilled and experienced staff in sufficient numbers to deliver the service in partnership with CCC.
- How you will as a Trust accommodate the increasing staff requirements given the fact that incidence of cancer is increasing.
- How you will integrate the CCC team/service into your staff approach, leadership and governance frameworks

RESPONSE (Maximum word count 1000)

2. Finance & Sustainability – 15%

Evaluation of the financial aspects is based on 2 areas:

a. Affordability (Total lowest cost over 3 years) – 10%.

The lowest cost = 10%, with the second lowest cost achieving a score proportionate to the cost difference.

b. Sustainability (Total lowest cost over 3 years) – 5%.

All costs aggregated. The lowest cost = 5%, with the second lowest cost achieving a score proportionate to the cost difference.

RESPONSE

TEMPLATE AND ACTIVITY TO FOLLOW

SECTION C: ORGANISATIONAL QUALITY AND PERFORMANCE – 15%

1. CQC – 4%

Care Quality Commission (CQC) registration is an essential requirement of service delivery. Please confirm your CQC registration number and current rating. In addition please provide a short summary to support your current rating including examples of good practice and any measures you are taking to improve areas.

RESPONSE (Maximum word count 1000)

2. Performance – 4%

Please provide your performance against the 62 day and 31 day national standards for the past 2 financial years and to date in 19/20 and outline any challenges to achieving and maintaining these standards?

RESPONSE (Maximum word count 1000)

3. Quality Concerns – 3%

3a. Please detail if your organisation, its employees or contractors are currently subject to any ongoing remedial action in relation to quality that could affect this service or ultimately patients? **1.5%**

3b. Please detail if your organisation has received any improvement notices within the last three years or if your organisation is currently under investigation in relation to any formal quality issues? **1.5%**

RESPONSE (Maximum word count 1000)

4. Surveys – 3%

4a. Please outline your performance against the national cancer patient experience survey and outline any challenges to achieving and maintaining these standards? **1%**

4b. Please outline your performance against the national staff survey and outline any challenges to achieving and maintaining these standards? **1%**

4c. Please outline your performance against the national Patient Environment Assessment Team (PEAT) and outline any challenges to achieving and maintaining these standards? **1%**

RESPONSE (Maximum word count 1000)

5. Qualitative information – 1%

Please provide details of any other external independent qualitative assessments that you feel are appropriate in relation to this service change process?

RESPONSE (Maximum word count 1000)