Information for Overview and Scrutiny Committee
January 2010

Gynaecological cancers

Summary
The purpose of this briefing is to outline the steps that are being proposed to improve the quality of gynaecological cancer services for patients in Devon, Cornwall and the Isles of Scilly.

Background
The Peninsula Cancer Network (PCN) was formed in December 2000 to address the issues identified in the 1995 Calman-Hine report and the resultant NHS Cancer Plan issued in September 2000.

The Cancer Plan set out a programme of investment and reform to improve outcomes and to tackle the problems of poor survival rates and variations in the quality of cancer services within the UK.

The Plan's aims are to save more lives and to improve the patients' experience by ensuring that they have the best treatment through access to the right professional support, at the right time, in the right place.

All NHS organisations, associated voluntary bodies and patients are represented through the Peninsula Cancer Network Executive Board . Governance arrangements agreed with stakeholders enable it to work on behalf of all acute trusts and PCTs.

Specialist centres
One of the biggest challenges we face is the re-shaping of services where cancers are rarer and where expertise – surgical in the main, but not exclusively - needs to be concentrated in fewer places or ‘centres of excellence’.

Currently, operations are usually performed by surgical teams in most hospitals. However, Calman-Hine indicated that patients in the UK experienced some of the highest mortality rates against comparable countries, and recommended a greater degree of specialisation in the treatment of these rarer cancers.

Since Calman-Hine, the National Institute for Health and Clinical Excellence (NICE) has worked with groups of experts and professionals in the field and with patients to develop best evidence-based practice guidelines for all cancer care. Their recommendations on the best treatment possible for these cancers are published as Improving Outcomes Guidance (IOG). IOG reports have now been produced for most types of cancer with the earliest, for the most common cancers, breast, bowel and lung, already fully implemented in Devon & Cornwall.

The Strategic Framework for the NHS and the Cancer Reform Strategy require the full implementation of all IOGs for cancer. All primary care trusts are expected to commission services that are compliant with IOGs, demonstrating that they are offering the best and safest care for patients.

The move to perform the most-challenging operations and treatments in specialist centres by highly-experienced surgeons is driven by the aim to improve outcomes for patients. This is not about reducing costs; in fact there has been an unprecedented increase in investment in cancer services across the NHS.

Although, patients may need to travel for the specific operation, cooperation between the clinicians in the specialist centre and local cancer units ensures that pre-operative assessment and any post-operative radiotherapy or chemotherapy is carried out locally.

In-depth research by Ipsos MORI in Devon and Cornwall has shown that three-quarters of people would, in principle, be happy to travel for the best outcomes from cancer treatment.[1]

IOG population criteria

For the rarer cancers, a 'critical mass' or minimum number of cases is required to develop and maintain the expertise and skills to treat patients appropriately. NICE guidance suggests that, for some tumours, a population of around 1 million and a minimum number of patients are necessary for maintaining skills, but these figures vary between different IOGs.

With a population of 1.7 million in the Peninsula, for most of the rarer cancers we have been able to support two specialist centres, though for some tumours a population of 2 million (testicular) is required and for penile cancers it is over 4 million, calling for a supra-network specialist team.

Gynaecological cancers

The term 'gynaecological cancers' covers cancers of the:

- cervix
- uterus
- ovaries
- vagina/vulva

These cancers are relatively rare. Even taken together, they affect only around half as many women as breast cancer. A GP will typically only see a new patient with ovarian cancer every five years or so, and a new uterine or cervical cancer patient about every seven or nine years. Vaginal and vulval cancers are even rarer.

Cancer of the female genital organs has a national incidence of 46 per 100,000. In the Peninsula there are about 650 cases a year requiring surgery. The typical number of cases for each specific gynaecological cancer is around:

- Cancer of the uterus 250 cases
- Cancer of the ovary 280 cases
- Cancer of the cervix 85 cases
- Cancer of the vulva 35 cases
- Cancer of the vagina 10 cases

Of those patients with cancer of the uterus or cervix, clinicians in Devon and Cornwall believe a significant proportion – perhaps three-quarters – would be suitable for having all their treatment at their local hospital.

Geographically, in the period 2004-2006, the average number of cases of gynaecological cancers per year was:

- 223 in Cornwall and Isles of Scilly Primary Care Trust area
- 302 in Devon Primary Care Trust area
- 81 in Plymouth Primary Care Trust area
- 54 in Torbay Care Trust area

Overall, clinicians expect that between 100 and 120 women per year would need to go to the second specialist centre for assessment or treatment.

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1 'Cancer services reconfiguration:public concerns and views on how these can be mitigated' 22May 2009

Improving Outcomes Guidance for gynaecological cancers
The IOG for gynaecological cancers has already been fully implemented across 26 of the 30 cancer networks in England. It sets out the service model most likely to give good outcomes, adding: "If this is achieved successfully it is much more likely that women with these cancers will receive optimum investigation, assessment, and treatment."

The IOG adds: "In gynaecological cancer, treatment by specialist teams is likely to improve survival and quality of life. Specialisation at the level of the Cancer Centre allows women with rarer or more-challenging cancers to be treated by clinicians who see enough cases to develop the expertise necessary to manage the disease effectively.

"Team working facilitates co-ordinated care. Patients managed by teams are more likely to be offered appropriate treatments and to receive continuity of care through all stages of the disease. Specialist nurses in multi-professional teams can reduce patients' distress, increase satisfaction, and improve information flow to patients."

The IOG model is based on two levels of specialist hospital care:

1. The Specialist Gynaecological (Gynae) Cancer Centre, serving a population (men and women) of at least one million, with around 200 new referrals per year.
2. The Local Gynaecological Cancer Unit, serving populations of at least 200,000 (anticipated range 100,000 – 400,000), with about 50 new referrals per year.

This IOG states that the specialist multi-professional gynaecological oncology teams based in Cancer Centres should be responsible for the management of all women with ovarian cancer, and the majority of women with other gynaecological cancers. The only cancers that should be managed in Cancer Units are some cervical and uterine cancers.

In Devon and Cornwall, the Royal Devon & Exeter Hospital was designated in 2004 as the sole Specialist Gynaecological Cancer Centre. Royal Cornwall Hospitals (Truro) and Plymouth Hospitals are both Local Gynaecological Cancer Units, with non-surgical treatment of all gynaecological cancers being provided in all five acute trusts, including South Devon Healthcare (Torbay) and Northern Devon Healthcare (Barnstaple).

However, analysis by the lead gynaecological surgeons from all five trusts suggests that far more vulval, cervical and ovarian cancers should be managed by the Specialist Gynaecological Centre than previously indicated by clinicians. They estimate that this would result in around 300 additional patients from Plymouth and Cornwall being managed by Exeter, rather than the 32 previously suggested.

Analysis of the current distribution of surgical activity, undertaken by the South West Public Health Observatory and the Cancer Registry, has confirmed that the majority of services in Devon and Cornwall need further work to comply fully with the IOG.

The Peninsula Cancer Network, the four primary care trusts serving Devon and Cornwall and the five acute trusts have therefore agreed that a second Specialist Gynaecological Cancer Centre should be created. The national Cancer Action Team has also agreed with the principle, given the number of additional patients identified.

The route to the Specialist Centre(s) would continue to be through local hospitals, which would also continue to carry out pre-assessments, non-surgical treatment and follow-up care.

Benefits to patients
The benefits to patients from the centralisation include:

- Creation of a second Specialist Centre that is closer to women in the west of the Peninsula
- An increase in the numbers of patients seen by specialist teams, so the surgeons and other

staff could further develop their expertise – especially with the rarest cancers
- Continuity of care, with specialist staff always available for surgery and during recovery
- 24/7 availability
- Initial access, follow-up and non-surgical treatment such as chemotherapy and radiotherapy at local hospitals
- The availability of a broader range of techniques and procedures
- The availability of all necessary equipment and facilities
- Improved integration between Specialist Centres and Local Units, with joint teams assessing each patient to decide where and how they should best be treated
- Greater opportunities to benefit from research

Independent clinical review
An independent clinical review by leading UK specialists, supported by all four PCTs and the local acute trusts, was commissioned for autumn 2009 by the Peninsula Cancer Network to provide an objective appraisal of the current services.

The review team comprised:
- Professor David Luesley, gynaecological oncologist, Birmingham
- Mr Charles Redman, gynaecological oncologist, North Staffordshire
- Ms Juliette Sim, cancer nurse specialist, University College Hospital, London

The review had two distinct components:
1. To review the Plymouth and Truro units with a view to providing a clinical assessment as to which hospital would be the preferred site for a second gynaecological cancer centre.
2. As the service in Exeter is already operating as a designated centre for this service and this status is not in question, to provide assurance that the current patient pathways ensure that all complex gynaecological cancer cases, including ovarian, are appropriately referred into the centre.

The first review visit, covering Truro and Plymouth, took place on 14-15 September 2009. A subsequent visit to Exeter was carried out on 23 October 2009.

The reviewers' report, published on 1 December 2009, concluded that:
- The Royal Devon & Exeter (RD&E) service, which serves patients from Torbay to North Devon, was “exemplary”
- The second specialist centre should be created at Truro

The findings were based on a weighted scoring system, aligned with the terms of reference. The reviewers added additional criteria to be considered, such as research, information systems and leadership, against which they also measured each hospital.

The report scored the RD&E's service as 73 out of 75 under the terms of reference. Adding in the additional criteria, the RD&E scored 106 out of 108.

The report added: “The visitors were impressed by the professionalism and team working within the gynaecological cancer centre at Exeter. It is clearly a patient-focused service and very inclusive of its associated units. All those involved should be justly proud of the service that they deliver and we believe that this could be considered an exemplary gynaecological cancer centre.”

When looking at the best potential site for the second specialist centre, the reviewers scored:
- Truro at 67 out of 75 under the terms of reference, and 97 out of 108 with additional criteria
- Plymouth at 56 out of 75 under the terms of reference, and 81 out of 108 with additional criteria

The reviewers concluded: “We are of the opinion that following our visits to Truro and Plymouth

requested by the Peninsula Network that Truro should be designated as a gynaecological cancer centre."

The review will help inform the Network board of the future shape of these services in order to provide IOG compliance. The Cancer Unit that was not designated as the second Specialist Centre would retain its current status. This means it would continue to offer initial appointments, follow-up checks, radiotherapy and chemotherapy for patients with all gynaecological cancers; and surgery for a proportion of women with cervical and uterine cancers.

The way forward

The clinical review report and proposals arising from it are now being shared and discussed with the five Overview and Scrutiny Committees that serve Devon, Cornwall and the Isles of Scilly.

The report and its implications will then be discussed with patients, patient and support groups and the wider public.

Only then, taking into account these views, will any decisions be taken by the four commissioning PCTs.