Head and Neck Cancer, Ear, Nose and Throat (ENT) and Oral and Maxillofacial (OMF) Services Review

Approach to the Review

1 Introduction

From the outset it was agreed that this review would be a clinically led and patient endorsed process. Clinicians, patients and public representatives via the Local Involvement Networks (LINks) have been embedded into the project structures to ensure their views have led the review.

The Review took a project management approach and was set up in eight phases:

- Project start up
- Agreeing the service model
- Agreeing the criteria for site selection
- Identifying a preferred location
- Conducting due diligence to confirm location
- Consultation with PECs, Boards and scrutiny committees
- Developing an implementation plan
- Project closure

The Project Board has met at the end of each phase to review the work undertaken in each phase and to consider whether to move forward to the next phase.

This paper describes what each of these phases was set up to deliver.

2 Project start up

The project start up phase agreed the scope, approach and budget for the Review, as set out in the Project Initiation Document (appendix 1 of the Final Recommendations Paper) and worked to agree the benefits of centralisation and how these would be measured (appendix 23 of the Final Recommendations Paper). The membership and Terms of Reference for the Project Board (appendix 2 of the Final Recommendations Paper) and Project Team (appendix 3 of the Final Recommendations Paper) were agreed and initial meetings took place. Invitations were sent out to patients to join the User Reference Group, the first meeting held and terms of reference agreed (appendix 4 of the Final Recommendations Paper).
An Independent Facilitator met with key stakeholders, including clinicians, managers and patient groups to gauge the desire to undertake the Review and identify the clinical leads to take the work forward. Initial risks and issues were identified and logged on the Risks, Issues and Change Log. This log has been maintained and updated throughout the Review (appendix 5 of the Final Recommendations Paper).

3 **Agreeing the service model**

This phase was led by the three clinical leads who worked closely with their colleagues to develop a high level clinical model (described below). Two clinical stakeholder events were held during the development of the model to ensure all clinicians were able to input. During this phase, clinicians highlighted the need to extend the scope of the Review to cover all ENT and OMF services, not just those relating to cancer. Clinicians argued that to divide either service into benign and malignant would leave benign services unviable and they stressed that in many cases the same skill-set is required to treat benign ENT and OMF conditions as malignant ones. The Project Board agreed to extend the scope of the Review.

The clinical model, including all head and neck cancer services and all ENT and OMF services, both benign and malignant, was presented to all stakeholders, including clinicians, managers and patients, at the Stakeholder Event on the 2\textsuperscript{nd} of March 2010 (appendix 6 of the Final Recommendations Paper). There was unanimous support for the model at this meeting.

4 **Agreeing the criteria for site selection**

The criteria and process for site selection (appendix 7 of the Final Recommendations Paper) were produced and agreed by the Project Board. The approach suggested establishing an independently chaired Advisory Panel to assess the two potential sites for the service hub (Southmead Hospital, part of NBT and the BRI, part of UH Bristol). It was agreed that clinicians would not be expected to reach agreement on the location as it was recognised that hospitals provided by both Trusts could provide the necessary infrastructure but neither site would deliver all the ideal clinical dependencies. It was therefore a matter of judgement regarding which site could offer the most important dependencies. It was agreed that the Location Advisory Panel would be the judge of these and the clinicians would abide by the decision of the panel. A Roles and Responsibilities document was produced for the independent chair (appendix 8 of the Final Recommendations Paper). Clinicians were asked to nominate an expert whose opinion they would value. Professor Patrick Bradley was put forward and accepted as a suitable candidate. He was offered, and accepted, the role of Independent Chair to the Location Advisory Panel. Terms of Reference (appendix 9 of the Final Recommendations Paper) and membership for the Location Advisory Panel (appendix 10 of the Final Recommendations Paper) were agreed by the Project Board.

5 **Identifying a preferred location**

The independently chaired Location Advisory Panel was tasked with assessing which of the two potential sites for the hub would be preferable and should be tested further through a process of due diligence.
The following background documents were agreed as necessary to support the Advisory Panel in reaching a recommendation on preferred location:

- Location Advisory Panel Briefing (appendix 11 of the Final Recommendations Paper)
- Head and Neck Cancers Health Profile (appendix 12 of the Final Recommendations Paper)
- ENT and OMF Services Health Profile (appendix 13 of the Final Recommendations Paper)
- Clinical Dependencies Impact Report (appendix 14 of the Final Recommendations Paper)
- Patient Accessibility Assessment (appendix 15 of the Final Recommendations Paper)
- Improving Outcomes Guidance (appendix 16 of the Final Recommendations Paper)

The Location Advisory Panel came together for a day and a half over the 13th and 14th of May 2010. They received presentations from clinicians representing a number of disciplines involved in the treatment of head and neck cancer patients and benign and malignant ENT and OMF patients. Representation included surgeons, pathologists, clinical nurse specialists, radiologists, dietitians and speech and language therapists. Trust managers and patient and public representatives also presented. See appendix 17 of the Final Recommendations Paper for the running order for the Location Advisory Panel days.

The Location Advisory Panel recommended to the Project Board that University Hospitals Bristol NHS Foundation Trust (UH Bristol) undergo a process of due diligence to robustly test its ability to provide the hub at the Bristol Royal Infirmary (BRI).

6 Conducting due diligence to confirm location

The Project Board agreed taking a two phase approach to the due diligence process, as outlined in the Due Diligence Stage Plan (appendix 18 of the Final Recommendations Paper). The first stage was for commissioners to provide a suite of documents for UH Bristol to respond to. These documents were:

- Provider Response Template (appendix 19 of the Final Recommendations Paper)
- Service Specification (appendix 20 of the Final Recommendations Paper)
- Clinical Dependencies Impact Report (appendix 14 of the Final Recommendations Paper)
- Satellite and Spoke Location Report (appendix 21 of the Final Recommendations Paper)
- Equalities Impact Assessment (appendix 22 of the Final Recommendations Paper)
- Benefits Register (appendix 23 of the Final Recommendations Paper)
UH Bristol, working closely with North Bristol NHS Trust (NBT), were required to respond to these documents, using the Provider Response Template, to provide evidence that they could meet commissioner and patient requirements in delivering the hub for the clinical service model. An Implementation Group was set up to oversee this process. This brought together clinicians and managers from both UH Bristol and NBT to work together (see appendix 24 of the Final Recommendations Paper for Terms of Reference).

The independently chaired Advisory Panel reconvened to assess the evidence submitted by UH Bristol as part of due diligence and satisfy itself that the recommendation it had made was robust. See appendix 25 of the Final Recommendations Paper for the Due Diligence Advisory Panel Terms of Reference and appendix 26 for the Due Diligence Advisory Panel membership. Commissioners presented to the panel to outline their expectations and UH Bristol presented to demonstrate how they could meet those expectations. NBT provided reassurance that they felt UH Bristol could safely deliver services agreed to be provided from the hub (see appendix 27 of the Final Recommendations Paper for the Due Diligence Advisory Panel Running Order). The Advisory Panel agreed that UH Bristol would be able to safely and robustly deliver the clinical service model hub from the BRI in line with the standards outlined in the service specification and provided this reassurance to the Project Board.

7 Consultation with PECs, Boards and scrutiny committees

Following the Project Board’s agreement with the Advisory Panel’s recommendation that the centralised service hub be located at the BRI and provided by UH Bristol, we are now proceeding with a process of consultation with PCT PECs, PCT and acute Trust Boards and local scrutiny committees. An Impact Assessment is being completed to help the local scrutiny committees assess whether the proposals constitute a substantial variation and if so, whether this will have a positive or negative impact for patients.

8 Developing an implementation plan

The Healthy Futures Programme Board agreed that implementation planning could take place simultaneously with consultation with PECs, Boards and scrutiny committees. In reaching this conclusion, the Programme Board considered the risk of putting resources into implementation planning prior to receiving approval on proposals from PECs, Boards and scrutiny committees compared with the risk of losing momentum and extending the timescale of the review if implementation planning were not to happen until March 2011 when the proposals will have been discussed with all the PECs, Boards and scrutiny committees. See appendix 28 for the Project Scheduling Briefing Paper written in support of this proposal.

The Implementation Group is overseeing the development of the implementation plan.

9 Project closure

A formal project closure process will take place once the proposals have been discussed with all the PECs, Boards and scrutiny committees and the implementation plan has been produced. This will involve a post-project review workshop with the Project Board, Project Team and User Reference Group. Lessons from the Review will be agreed and recorded as part of this workshop.