

# Health and Social Services Committee

**HSS(2)-08-06(p13)**

**Meeting Date: Thursday 11<sup>th</sup> May 2006**

**Venue: Committee Room 2, Senedd, National Assembly for Wales**

**Title : Cancer Networks in Wales**

## **Purpose**

The Health and Social Services Committee is undertaking a policy review of cancer services available to the people of Wales, for publication in March 2007. The purpose of this paper is to provide the Committee with an overview of the Cancer Networks.

## **Summary**

This paper sets out an overview of the background to the development of the Cancer Networks and the key issues relating to their current and future development.

## **Background**

Improving Health in Wales, published in 2001 made a number of commitments on the organisation of clinical services and the development of Networks. It was recognised that services should be planned, organised and delivered across wide geographical areas in a co-ordinated, multidisciplinary and integrated manner in order to provide an effective population base for their delivery. Services at all levels needed to be developed in a more strategic way. The development of Networks was seen as an ideal model for making optimal use of resources and of specialised staff and provide audit of clinical outcomes against agreed standards. They would be made up of management representatives from Trusts and their commissioners together with health professionals from within each health community and reflecting normal patient referral patterns. The primary objective would be to ensure that appropriate expertise was available to inform and support the commissioning process in order to improve the quality of healthcare and improve patient outcomes.

Establishing the 3 Cancer Networks in 2001, therefore was a cornerstone in the Assembly Government's actions to improve health services for patients with cancer. These Networks cover North Wales, Mid and South West Wales and South East Wales. Each Network has a stakeholder Board which is chaired by either a Local Health Board (LHB) Chair or Chief Executive and has a small core team comprising a Network Director, administrative support and a clinical lead.

## Strengthening the Cancer Networks

The evolutionary process of network development has meant that the Cancer Networks have had influence rather than authority and this has been a source of frustration as they have been unable to mandate direct changes that were needed in response to the 2000 Minimum Cancer Standards.

Following the further recognition of the important role of Networks, highlighted in the Wanless review of Health and Social Care in 2003 and the publication of *Designed for Life* in 2005, the Assembly Government has taken action to strengthen the role of the Cancer Networks. The Assembly Government has put the 3 Cancer Networks in the lead for ensuring that cancer services comply with the 2005 National Cancer Standards by the target date of March 2009, set out in *Designed for Life*. This process includes, as a stage in a formal accreditation process, the mapping and assessing of current services against the Standards, and in the light of that, designating the current and future organisation of services. The Networks are finalising action plans for each cancer type, which set out the milestones leading up to full compliance by March 2009. These action plans are further informing the wider consideration of acute service organisation and the changes that are needed to ensure safe and sustainable health services, as locally as possible across Wales. The success of this process and the strengthening of the Networks are, however, dependent upon all the organisations which make up the Network, working as a Network and complying with Network decisions. This needs to be supported through effective and targeted performance management.

Welsh Health Circular (WHC) (05) 76, published in August last, required the formal development of Network Establishment Agreements. These were intended to formalise Network arrangements and strengthen their role by giving them formal authority for taking decisions about services in a collaborative way. In particular, the Agreements were to be explicit about the role and function of the Network, its Board members and how decisions are taken and adhered to by all Network members. Again, the success of these Agreements in helping make the Networks more effective depends upon them being adhered to by all Network member organisations and action being taken by the Assembly Government through the performance management regime where this is not the case.

These actions to help strengthen the Cancer Networks and to give them authority are having some effect but further work is still needed in this area. This work is essentially taking the following three forms.

Firstly, the Assembly Government is reviewing ways of strengthening the commissioning process across all aspects of healthcare. This review includes considering how to develop the role of Networks in the commissioning process and it is looking at the use of commissioning directives as a means to strengthening the link between cancer policy and delivery through the Networks. These directives will be developed during 2006-07.

Secondly, the current Service and Financial Framework (SaFF) waiting times target for cancer, from referral and diagnosis to start of definitive treatment, has been set for December 2006. The Cancer Networks are being given a high profile role in supporting Trusts in delivering this target and working

with the Assembly Government's Department for Health and Social Services' Regional Offices in monitoring and managing performance in the run up to the target deadline.

Thirdly, there is the response to the recommendations set out in the Health Inspectorate Wales report on its review of the Cancer Networks. This review looked into their organisation, their role in the commissioning process, patient involvement and their effectiveness in monitoring the National Cancer Standards. The recommendations are aimed not just at the Networks themselves but also at their constituent Commissioners and Trusts, where statutory responsibility ultimately lies. They are also aimed at the Cancer Services Co-ordinating Group whose role it is to support the NHS at an all Wales level, and at the Welsh Assembly Government. The Assembly Government will take the lead in ensuring that action is taken to act upon the recommendations to further develop the role of the Cancer Networks, which in turn will help improve the quality of cancer care. Once again, effective monitoring of the action needed is key to success.

All this activity to make the Networks more effective and to implement the National Cancer Standards more generally, is dependent upon effective performance management. The Assembly Government recognises this and the policy on performance management is now developing an approach to reflect that cancer is a high priority area for improvement.

## **Financial Implications**

There are no financial implications as a direct result of this paper. The Health and Social Care Resources Directorate has seen and noted its content (LMD 2517).

## **Action for Subject Committee**

The Health and Social Services Committee is currently undertaking a policy review of cancer services. It would be helpful if the Committee were to consider the role of the Cancer Networks as part of this review.

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