

Safety, Quality & Standards Directorate
Office of the Chief Medical Officer



Department of

**Health, Social Services
and Public Safety**

An Roinn

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

www.dhsspsni.gov.uk

Template for the Development of Service Frameworks for Health and Social Care

Cancer Prevention, Treatment and Care

**DHSSPS
May 2007**

CHAPTER 1: SERVICE FRAMEWORKS

1.1 Introduction

What is a Service Framework?

A Service Framework is the end –product of a process of engagement with HSC staff, service users and the public, to develop measurable, evidence–based standards. Frameworks will be firstly developed for identified areas of high morbidity, mortality or high risk. Through the setting of agreed targets, timeframes (3 to 5 years) and measurable outcomes in the form of performance indicators, the frameworks will have the capacity to demonstrate quality improvement.

Each Framework will follow the individual’s journey, from prevention through to end-of-life care, taking account of all aspects of health and social care.

Rationale

Frameworks are a major strand of the reform agenda, and provide an opportunity to:-

- Strengthen the integration of health and social care services;
- Enhance public health and social wellbeing, to include identification of those at risk, and prevent / protect individuals and local populations from harm and / or disease;
- Promote evidence-informed practice;
- Focus on safe and effective care; and
- Enhance multidisciplinary and intersectoral working.

There will be a phased introduction to the development of Service Frameworks:-

Phase 1 - Cardiovascular Health and Wellbeing

Phase 2 - Respiratory Health and Wellbeing

Phase 3 - Cancer Prevention, Treatment and Care

Phase 4 - Mental Health

Phase 5 - Learning Disability

Phase 6 - Trawl for other Service Framework topics against specific criteria

Aim

Service Frameworks aim to improve health and social care outcomes, and to reduce inequalities in health, social wellbeing, and improve service access and delivery.

1.2 Terms of Reference

Appendix A contains the terms of reference for the service framework for Cancer Prevention, Treatment and Care.

1.3 Accountability

The development of Service Frameworks is overseen by a multi-disciplinary programme board, which is jointly chaired by the Chief Medical Officer and Deputy Secretary of the DHSSPS.

Each framework has an identified chair and project team, with appropriate representation from all aspects of the service and service users and carers, working to agreed terms of reference.

In order to promote internal and external quality assurance, small groups will be convened to quality assure frameworks in draft, ensuring compliance with best practice and alignment with other policies and strategies.

1.4 Standards

The frameworks will identify clear and consistent standards informed by expert advice and by national standard setting bodies such as the National Institute for Health and Clinical Excellence (NICE) and the Social Care Institute for Excellence (SCIE).

The standards will aim to ensure that health and social care services are:

- i. **Safe** – health and social care which minimises risk and harm to service users and staff;
- ii. **Effective** – health and social care that is informed by evidence base, resulting in improved health and wellbeing outcomes for individuals and communities;
- iii. **Efficient** – health and social care that is commissioned and delivered in a manner which maximises resource use and avoids waste;
- iv. **Accessible** – health and social care that is timely, geographically reasonable, and provided in a setting where skills and resources are appropriate to need;
- v. **Patient/client centred** – health and social care which takes into account the preferences and aspiration of our services users and the culture of their communities; and
- vi. **Equitable** – health and social care which does not vary in quality because of personal characteristics such as age, gender, ethnicity, race, geographical location or socioeconomic status.

Each overarching standard should have supporting evidence and a rationale for its inclusion.

Under each standard, more specific time limited quality dimensions will be developed to help progress towards achieving the overarching standard.

1.5 Performance Indicators

It is anticipated that there will be a limited number of performance indicators, which will need to be carefully selected, in order to reflect the overarching standard and quality dimensions.

A number of criteria should be considered when developing the performance indicators. These are:

- a. There is a clear evidence base for the indicator.
- b. There is professional consensus on the evidence base and acceptability of the indicator.
- c. The standard for care is available from recognised organisations (e.g. professional bodies, Royal Colleges, NICE Guidelines and SCIE).
- d. The indicators reflect common and important conditions or interventions and areas for significant health and wellbeing gain.
- e. The outcome is largely under the direct management of the HSC rather than being subject to multiple factors, some of which may be outside its control.
- f. A performance benchmark must be available against which provider performance can be assessed.
- g. The indicator can be clearly and quantitatively defined to ensure valid, reliable and standardised data collection.

Expected Performance Levels will be developed in conjunction with the Performance Indicators. These will ensure both a measurable baseline level of care to be achieved within the first year of the framework and further expected levels to be achieved over the lifetime of the framework.

1.6 Audit Criteria

Each project team, when developing the standard, will indicate the process of auditing and measuring the standards.

During the course of 2007/2008, the DHSSPS in collaboration with the HSC will develop new arrangements for guidelines development and regional audit. A rolling regional audit cycle linked to priority areas, including Service Frameworks will be recommended.

1.7 Resource Implications

Each Project Team will give appropriate consideration to the resource implications of the standards being developed. It is expected that all HSC organisations will, at the very least, achieve essential levels of care as set by the performance indicators. This should be achieved within existing resources, recognising the need to optimise utilisation and the re-deployment of resources from areas which have not demonstrated effectiveness.

As implementation of the framework proceeds, HSC organisations will be required to demonstrate higher levels of performance as part of their commitment to implementation of specific Service

Frameworks. New financial arrangements are being considered which could benefit those organisations which can show enhanced clinical and social care outcomes and best practice.

In exceptional circumstances, where a Project Team considers that a particular standard will substantially change the existing model of service delivery and the strategic profile of services, thus requiring major investment, the team must inform SQS Directorate as early as possible and prior to the signing off of this standard. Through the Comprehensive Spending Review process the Department has already engaged with HSS Boards and Departmental policy leads to identify major areas of health and social care requiring future significant investment. Therefore, it is not anticipated that a significant number of new areas will be highlighted through service framework development.

1.8 Review

A mechanism for annual review needs to be built into the cycle of implementation of the Service Frameworks.

1.9 Equality screen and human rights implications

Service Frameworks are designed to reduce inequalities in health and social care and to promote social inclusion. Prior to the submission of the final draft of the service framework to the Department, the Project Team must undertake an equality screen to take account of Section 75 of the Northern Ireland Act 1998 and any potential impact that the service framework might have on human rights.

Each service framework will be subject to full consultation. This process will be led by the Department and will include consideration of equality and human rights.

CHAPTER 2: TEMPLATE FOR SERVICE FRAMEWORKS

All Service Frameworks will be developed using the attached template. Where appropriate, there will be areas of overlap between the different frameworks e.g. lifestyle factors and health promotion topics. In recognition of this and in acknowledgement of the considerable amount of information and guidance that is already available, it is proposed that the Department will develop a frameworks website. This will allow linkages and cross referencing between the frameworks and to other documents or websites. Such an approach will facilitate the regular updating of frameworks, and will provide the service user with easy access to further information.

The frameworks should contain sections relating to

- A.** Background / epidemiology / statistics / standards table;
- B.** Prevention / Health Promotion / Lifestyle Factors / risk and choice / rights and responsibilities;
- C.** Condition specific chapters e.g. CHD, asthma and care pathways;
- D.** End – of –life Care / Palliative Care / discharge; and
- E.** Process of review.

Sections **B** to **D** will follow the format of table 1 below. They will describe the evidence based standards and rationale, quality dimensions and performance indicators. Appendix 1 contains a worked through example, which has been adapted from existing guidance. This is intended solely to provide direction to Project Teams/Groups – it is not meant to be taken as the standard for NI in this area.

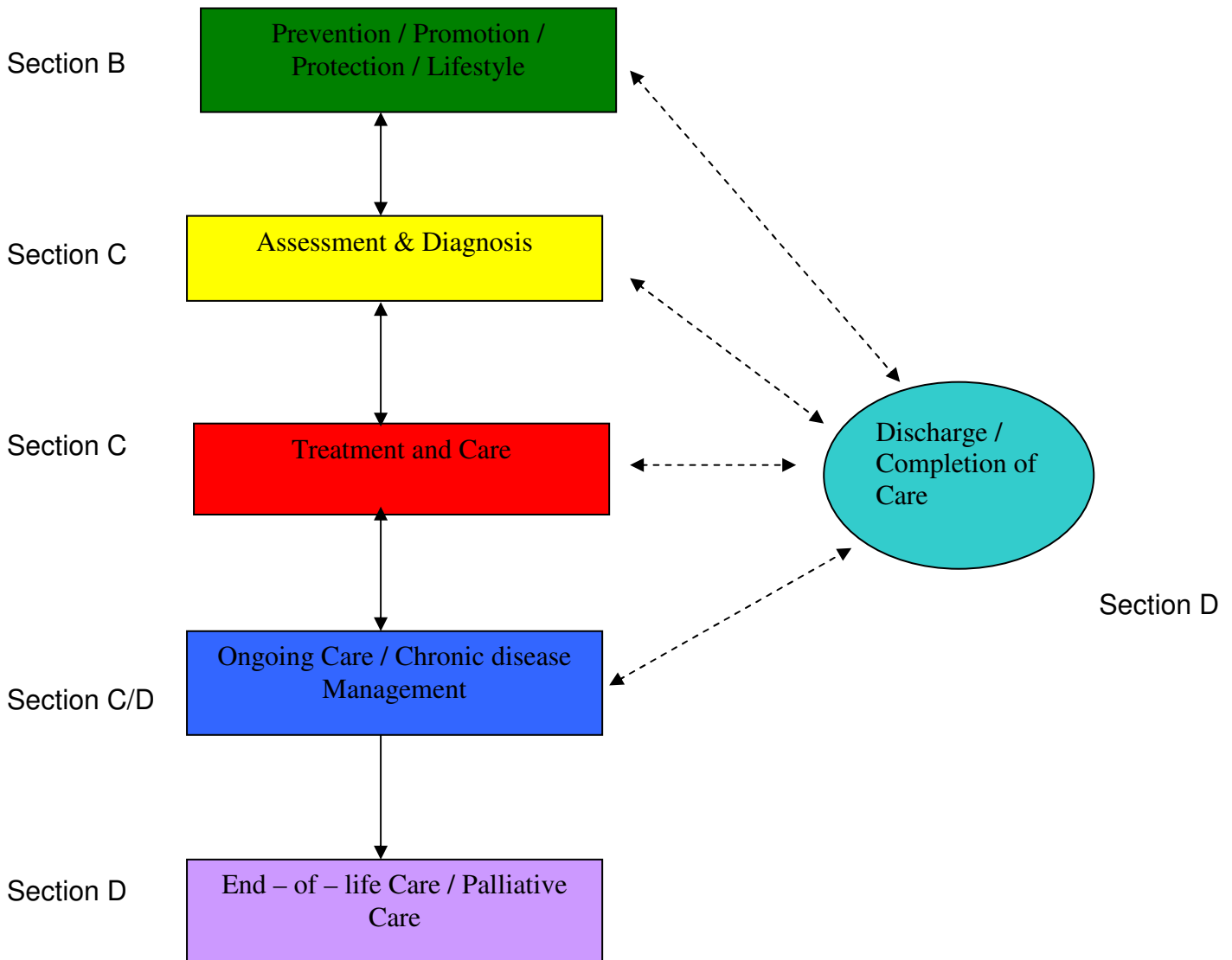
Table 1

Overarching Standard			
Rationale / evidence and reference to existing guidance e.g. NICE, CREST and SCIE			
Quality Dimensions		Responsibility for delivery / implementation	
Performance Indicator	Data Source for PI	Expected Performance Level	Date to be achieved by

As the frameworks will be available to the public, the Project Teams will develop them in line with flow chart 1 (below), using easily understandable language and terminology. It is anticipated that the health promotion / prevention / lifestyle factors (e.g. smoking, obesity etc) and end –of –life care/ palliative care /discharge, will be similar for most of the specific conditions identified within a single service framework and shared, where appropriate, between other relevant Service

Frameworks e.g. cardiovascular and respiratory health and wellbeing, and cancer care. Hence, there will be general chapters (B and D) to address these issues, but any condition specific issues can also be addressed within the appropriate chapter. The aim of this approach is to avoid duplication of effort.

Flowchart 1 – Template for Development of Service Frameworks



The standards will be colour co-ordinated throughout the documents for ease of reference e.g. standards related to assessment and diagnosis will be yellow.

Table 2 (below) is to be used as an *aide memoire*, to help develop the standards and quality dimensions. Some of these may be more relevant to specific disease/care areas and should be used as appropriate.

Table 2

- Multi-disciplinary , multi-agency working – social care, education, housing, transport, voluntary/independent sector
- Identification of those at risk
- Inequalities / deprivation
- Minority groups
- Partnership working
- Person and public involvement and enhanced patient/user experience
- Health Promotion – awareness campaigns, training, behavioural / structural change
- Health protection – individuals and local population from harm and/or disease
- Protection of vulnerable adults and children from harm
- Immunisation
- Early detection / screening
- Self care
- Familial history
- Carers
- Social and economic context
- Access
- Prescribing – pharmacy / primary care / secondary care
- Interfaces
- Specialist services
- Human Resources – training, existing staffing, skill requirements, additional staff required, recruitment and retention
- Organisational Development – process re-engineering, cultural / attitude change, clinical governance
- Information development – workforce, hardware, software, data collection / capture, data quality
- Infrastructure – buildings, equipment, capital and resources
- R&D
- Communications – pt/professional information, empowerment
- Performance Management

Appendix 1 Heart Failure

Overarching standard:

All patients should have an accurate diagnosis of heart failure and timely access to diagnostic tests.

Rationale:

Early detection of heart failure enables appropriate and clinically effective treatments to be commenced in a timely way, enabling support for patients to maintain as healthy a lifestyle as possible with minimum hospitalisation.

NICE Guidelines on the Management of Heart Failure were produced in 2003.
CREST Guidelines on the management of Chronic Heart Failure In Northern Ireland were produced in 2005.

Both NICE and CREST guidelines represent best practice for the management of chronic heart failure. This is available on www.nice.org and www.crestni.org.uk

Quality Dimension

Responsibility for delivery / implementation

Patients with a diagnosis of heart failure should have had an Echocardiography (ECHO).

GP
HSSA / LCG
Trusts

Patients who are referred to ECHO should have had an abnormal BNP test or ECG

GP
HSSA / LCG
Trusts

Performance Indicator:

Data source

Expected
Performance
Level

Date to be achieved by

Percentage of patients referred for ECHO for investigation of heart failure who have had an abnormal BNP* or abnormal ECG.

Heart failure minimum data set

Percentage of patients with heart failure who have had an ECHO** to confirm the diagnosis.

Quality and Outcomes Framework (QOF)

Data Source for Performance Indicator

Heart Failure minimum data set
QOF

* B-type natriuretic peptide is a blood test that is helpful to determine the diagnosis of heart failure

** ECHO cardiogram is a ultrasonic scan of the heart used as part of the assessment and diagnosis of heart failure

SERVICE FRAMEWORK FOR CANCER PREVENTION, TREATMENT AND CARE

1.0 Introduction

A Service Framework is a document which contains explicit standards underpinned by evidence and legislative requirements. Service Frameworks will set targets, specific timeframes and expected outcomes designed to:

- improve the health and social wellbeing of the population of Northern Ireland;
- reduce inequalities and promote social inclusion;
- improve the quality and safety of care;
- safeguard vulnerable individuals and groups; and
- improve partnership working with other agencies and sectors.

Each Service Framework document will be the subject of public consultation and will be developed in collaboration with HSC staff and through engagement with patients, clients, carers, the wider public and other key stakeholders.

The Service Framework will be used by the public, HSC commissioners, HSC and other providers, and those organisations which are required to report on the performance and quality of services and care.

2.0 Aim

The overall aim of the Cancer Prevention, Treatment and Care Service Framework is to heighten public responsiveness to prevention and early detection measures, improve outcomes for people living with cancer and enhance supportive and palliative care, recognising that Individuals, carers and families need to be well informed, cared for, and supported throughout this potentially life – changing event. Standards will be set to improve the quality of care, recognising that achievement of these aims requires multidisciplinary care which often goes beyond traditional HSC boundaries and is strongly influenced by population/individual attitudes and behaviours, and the contribution of carers and other sectors.

3.0 Definition

For the purposes of the Cancer Prevention, Treatment and Care Service Framework, care is defined as the prevention, screening, early detection, assessment, diagnosis, treatment, care and support, and end of life care for individuals/communities who currently have or are at greater risk of developing cancer. The Service Framework will recognise that many cancers share common risk factors and that specific cancers have a genetic susceptibility thus placing some families at higher risk than in the general population. The Service Framework will include specific standards for cancers relating to:-

- breast;
- colorectal;
- lung;
- gynaecological;

- upper gastro-intestinal and hepato-biliary;
- haematological;
- children's cancer;
- head and neck;
- sarcoma;
- central nervous system;
- endocrine cancers;
- dermatological;
- urological systems.

The Service Framework will follow a lifecycle from childhood to adulthood and end of life care. It will link with national evidence based standards, e.g., NICE, SIGN and Improving Outcomes Guidance and the linked Manual Cancer Services Standards, and key policy documents including the *Cancer Control Programme for Northern Ireland (2006)*, the forthcoming *Cancer Access Standards* and other departmental relevant publications and circulars.

4.0 Scope

The Cancer Prevention, Treatment and Care Service Framework will be based on:

- population approaches to the promotion of health and prevention of disease, recognising that premature death and disease arising from cancer are linked to social and economic inequalities;
- best available evidence; wherever possible, this will be well-conducted, up to date, systematic reviews of valid, relevant evidence;
- a recognition that resources should be targeted at those with greatest need and with the potential for greatest benefit;
- an acknowledgement of the individual as an expert in his/her own life and care, and his/her familial and social context;
- the prevention (primary, secondary and tertiary), assessment, diagnosis, treatment, monitoring, care, support, and end of life palliative care, relevant to those cancers identified in paragraph (3.0) above, to include treatment and care in the primary, community and secondary sectors, promoting intersectoral and multidisciplinary working, where appropriate;
- existing policies and strategies already endorsed by the Department through formal publications or circulars and links with national standard setting bodies; and
- the standardised template as agreed by the Departmental Service Framework Steering Group (this will include a definition of a standard, performance indicators and audit criteria).

5.0 Timed Objectives

The development work on the Cancer Prevention, Treatment and Care service framework will be co-ordinated through the Northern Ireland Cancer Area Network (NICAN). The chair of the Steering Group will ensure that any working groups include active service user and carer participation, a range of clinical, public health, commissioners, senior management and social care expertise, taking account of the need to engage across the primary and secondary care interface and drawing on already established networks and groups. The chair will:

- provide a short project plan setting out details of proposed methodology;
- provide the Department with monthly progress reports (no longer than 1 page), which should identify any potential major cost consequences arising, taking account of paragraph 1.7 on Resource Implications;
- engage with the Departmental Steering Group, as required;
- ensure external quality assurance (at national level) of draft document, to include at least two recognised experts;
- submit a finalised consultation document to the Department by 1 March 2008; and
- thereafter, engage with the Department, (which will be responsible for consultation), regarding analysis of consultation responses and finalisation of document by 31 August 2008.

A resource of £30 K will be provided to assist in project management and service/public engagement, subject to proposed financial commitment being endorsed by the Safety, Quality and Standards Directorate.