



Department of

**Health, Social Services
and Public Safety**

An Roinn

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

www.dhsspsni.gov.uk

Safety, Quality & Standards Directorate

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Your Ref:
Our Ref:
Date: 4 June 2007

Dear Mr MacDonnell

RE: SERVICE FRAMEWORK – CANCER PREVENTION, TREATMENT AND CARE

On behalf of the Department we would like to thank you for agreeing to lead on the development of the service framework for cancer prevention, treatment and care which will be developed in collaboration with the Northern Ireland Cancer Area Network. Attached are the terms of reference for the service framework. £30k is available for this work which can be called down from the Department, on submission of use of resources. Veronica Gillen, based in the Department, veronica.gillen@dhsspsni.gov.uk is the project manager for all service frameworks, and may be able to assist by providing some additional business support to develop the NICAN service framework approach.

Whilst not wishing to be prescriptive about the configuration of your steering group or any sub groups, we would ask you to ensure that the service framework:

- a. is evidence based;
- b. has appropriate multi-disciplinary participation to include clinicians, senior management, financial/commissioner expertise, public health, social care and user/carer representation;
- c. recognises that the majority of care is delivered in the primary/community sectors with active participation of individuals and carers;
- d. acknowledges that care goes beyond traditional HSC boundaries; and
- e. has an external quality assurance mechanism.

We will shortly provide you with relevant policy documents following a trawl through the Department and external trawl. In addition, a standardised template will be sent to you to ensure consistency of approach across all service frameworks.

We fully understand that completion of this work requires considerable input from NICAN members and others. Should, at any time, you feel that you would wish to clarify arrangements or to highlight concerns, please do not hesitate to contact us. It is recognised that the regional and local networks are undergoing change. In such circumstances, I would be most grateful if you could notify us of any major changes which might impact of the delivery of the service frameworks and copy these to the Regional Director of Public Health – Dr Telford.

In addition, the development of service frameworks is a new journey for both the Department and the HSC; therefore, we would be most grateful if there could be Departmental representation on your steering group. This is to ensure that we learn from your experiences and adapt the service framework methodology, as appropriate.

Yours sincerely



MAURA BRISCOE

Director, Safety, Quality and Standards

cc: Dr McBride
Mr Hamilton
Dr Telford
Dr G Daly
Project Team

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.