

Engagement Report for Service Specifications

Unique Reference Number	1747
Specification Title	Teenage and Young Adult Cancer
Lead Commissioner	Rupi Dev
Clinical Reference Group	Children and Young Adult Cancer
Which stakeholders were contacted to be involved in service specification development?	<p>Development of the Service Specifications has been primarily led by the Children and Young Adult Cancer Clinical Reference Group (CRG). Members of the CRG include:</p> <ul style="list-style-type: none"> • Patient representative • CLIC Sargent (Charity) • Teenage Cancer Trust (Charity) • Cancer Research UK • Teenage and Young Adult with Cancer (TYAC) (Professional Membership Group and Charity) • Royal College of Paediatrics and Child Health • Royal College of Nursing (RCN) (Professional Group) • Royal College of General Practitioners (Professional Group) • Children’s Cancer and Leukaemia Group (CCLC) <p>In addition, in developing the recommendations and key principles for the service specification, the CRG established 7 work streams through the service review framework. These work</p>

	<p>streams ensured involvement of a wider group of stakeholders including non- CRG clinicians and Public Health England.</p> <p>Prior to drafting the Specifications, a series of engagement events were held in September 2017 across England with clinicians, providers and patients/families to test the initial recommendations from the work-streams.</p>
Identify the relevant Royal College or Professional Society to the specification and indicate how they have been involved	<p>The relevant major professional membership groups for teenage and young adult cancer services i.e. CCLG, TYAC and the RCN, have been involved in the service specification development and were also asked to formally comment on the draft Specifications during stakeholder testing.</p> <p>The Royal College of Paediatrics and Child Health are registered stakeholders of the CYP Cancer Services CRG and were asked to comment on the service specification during stakeholder testing, however, no response was received.</p>
Which stakeholders have actually been involved?	<p>The draft service specification was circulated to the following stakeholders for comment:</p> <ul style="list-style-type: none"> • CYP Cancer CRG Members; and • Registered stakeholders for the CYP Cancer CRG.
Explain reason if there is any difference from previous question	<p>Formal responses to the draft Specifications have been received from the following stakeholders:</p> <ul style="list-style-type: none"> • CLIC Sargent • Lymphoma Action • Royal College of Physicians (RCP) • The Royal College of Radiologists • Teenage Cancer Trust • Teenagers and Young Adults with Cancer (TYAC) • CCLG plus CCLG sub-groups for Late Effects and Radiotherapy Group • Children’s Cancer and Leukaemia Group Late Effects Group • Paediatric Oncology Pharmacist Group (NHS England)
Identify any particular stakeholder organisations that may be key to the specification development that you have approached	None identified.

<p>that have yet to be engaged. Indicate why?</p>	
<p>How have stakeholders been involved? What engagement methods have been used?</p>	<p>The draft Specifications were distributed to stakeholders via email between 5-13th December 2018 for a period of stakeholder testing. Stakeholders were asked to submit their responses via email, using a standard response and in line with NHS England's standard processes for developing service specifications.</p> <p>Stakeholder testing asked the following questions:</p> <ul style="list-style-type: none"> • It is proposed that highly specialised products will go for period of public consultation. Please select the consultation level that you consider to be most appropriate. (6 weeks or up to 12 weeks) • Do you have any further comments on the proposed changes to the document? • If Yes, please describe below, in no more than 500 words, any further comments on the proposed changes to the document as part of this initial 'sense check'. • Please declare any conflict of interests relating to this document or service area.
<p>What has happened or changed as a result of their input?</p>	<p>There were 31 responses to stakeholder testing.</p> <p>A number of respondents (10) actively welcomed the proposals and listed their support for the service specification. The remainder were neutral and did not register any concerns or discontent.</p> <p>No changes have been made to the proposed service model, as a result of the stakeholder feedback. Feedback from stakeholders primarily sought clarity on the standards included in the service specification and, as a result, additional information has been added to the service specification and amendments have been made.</p> <p>The key themes raised during stakeholder testing focused on:</p> <p>1. Late effects MDT</p> <p>Respondents noted that some details of the late effects MDT were missing from the Specifications. This has now been clarified in <i>Section 2.4 Survivorship, Long-Term Follow-up and Late Effects Service</i> and an appendix has been added that outlines the membership requirements for the MDT to the TYA PTC Service Specification. This is in line with Peer Review measures and reflects existing clinical practice.</p>

2. Pharmacy role and training

Four respondents felt that there TYA cancer services should be supported by cancer pharmacists with specialist experience in TYA. The CRG have clarified this within the Specifications and in accordance with existing practice.

3. SACT governance

One respondent noted that the governance arrangements for SACT delivery could be strengthened particularly for prescribing pharmacist verification of SACT. In line with this feedback, the CRG have included (i) that SACT must only be prescribed by staff that have the required competency; (ii) definition of policy detailing the safe reconstitution of SACT expanded to include cytotoxics in line with the existing adult service specification for Chemotherapy; (iii) mandated the requirement for audit of aseptic services in line with the adult service specification for Chemotherapy; and (iv) mandated a lead pharmacist for aseptic services to reflect existing peer review measures.

4. Clinical Co-dependencies

The clinical co-dependencies listed in Section B (services that do not necessarily need to be provided on-site but require clear referral and management pathways) in the TYA PTC Service Specification have been updated, following stakeholder feedback, to include the following: (i) onco-fertility services; and (ii) late effects MDT.

Four respondents considered that Level 3 Critical Care needed to be provided at all TYA Cancer PTCs. The CRG believe that the default position is for all TYA Cancer PTCs to have an on-site critical care, however, the Service Specification outlines a set of mitigations for those PTCs where this is not the case so that services can be delivered safely.

5. Clinical oncology and radiotherapy service provision

Respondents queried why clinical oncology was not included in TYA MDT membership and the lack of detail on the provision of radiotherapy services for TYA patients. Although the CRG acknowledge that radiotherapy services are vital to the delivery of a full package of care for people with TYA cancer, these services are commissioned by separate NHS England service specifications. The TYA Cancer Networks will need to ensure there are clear referral pathways for radiotherapy across networks and supra-networks, as required. Clinical oncology has now been added to extended membership list for the TYA MDT.

6. Staffing requirements for PTCs and Designated Hospitals

Respondents queried whether the staffing requirements and references to WTEs in the Specifications were correct. The CRG

	<p>note that the requirements for medical, nursing and allied health professionals have been derived primarily from Peer Review Measures and Improving Outcomes Guidance. As a result of feedback, the WTE requirements for a Lead Clinician at the Designated Hospital has been clarified. The service specification also clarifies that every provider must ensure their workforce is sufficient to meet the volumes and activity of the service. The requirement for Networks to regularly review their workforce requirements across their geography is already included in the service specification.</p> <p>7. Typographical and grammar errors All minor typographical and grammar errors have been corrected.</p>
<p>How are stakeholders being kept informed of progress with specification development as a result of their input?</p>	<p>The key professional stakeholder organisations are members of the TYA Cancer CRG and will therefore be kept informed of the progress with the service specification development through the CRG.</p> <p>All stakeholders will be notified when the draft revised Specifications are sent out for public consultation.</p>
<p>What level of wider public consultation is recommended by the CRG for the NPOC Board to agree as a result of stakeholder involvement?</p>	<p>Out of the 31 responses received, just under half (14) of the respondents recommended a 12-week public consultation. However, as the impact of these proposals is anticipated to be minimal and the proposals were largely supported by stakeholders, the CRG is recommending a 6-week public consultation supported by intense consultation activities including online events, face to face workshops and webinars.</p> <p>This approach has been endorsed by NHS England's Patient and Public Voice Advisory Group.</p>