

Schedule 2 Part A Service Specification

Service Specification No.	7
Service	Locally Commissioned Scheme: supported self-management for colorectal cancer
Commissioner Lead	Dr Anthony Gore, GP and Clinical Lead Sue Berry, Senior Commissioning Manager
Provider Lead	This service is provided by individual GP practices
Period	1 st April 2019 - 31 st March 2020
Date of Review	December 2019

1. Population Needs

1.1 New models of cancer after-care are based on risk stratification processes which aim to support the majority of patients to self- manage; but estimates suggest 25-30% of colorectal patients will have residual needs when transitioning from secondary to primary care, which may require additional care (shared care) to be coordinated through their GP Practice (NHS Improvement 2011). This locally commissioned GP service is to support pathway commissioning arrangements, whilst providing locally accessible, clinically appropriate care for those patients who are to receive supported self-management for colorectal cancer colorectal cancer monitoring

1.2 The service is designed so that the on-going monitoring and care of non-metastatic colorectal cancer patients in Sheffield, post discharge from standard secondary care follow up, can be delivered locally by the patient's own GP.

Sheffield Population

1.5 Colorectal cancer incidence in Sheffield equates to approximately 310 new cases annually. It is the 3rd most commonly diagnosed cancer city wide after lung and breast cancer. Local survival rates for colorectal cancer have improved in recent years and are statistically comparable with the national rate, both for 1 year and 5 year survival, (73.9% and 51.9% respectively). 80% of recurrences occur within the first two years post-diagnosis.

1.6 Forecast modeling of the number of colorectal cancer survivors in Sheffield in any given year, indicates a maximum potential of 456 patients who could require CEA monitoring in primary care. Given the age profile of colorectal cancer patients (86% > 60 years), other morbidity and mortality causes would render this estimate generous.

1.7 In addition, a proportion of these patients will have outstanding needs requiring clinical review (shared care) by their GP practice. These patients will be identified following a risk stratification process by the colorectal specialist team in secondary care, with an indicative expectation of 1 in 4 requiring shared care.

1.8 Following risk stratification within secondary care prior to discharge, patients will be identified who are suitable for supported self- management (Level 1) or shared care (level 2).

- **Level 1-** CEA remote monitoring for non-metastatic colorectal cancer patients who are in a 'self-management' model of aftercare, until patient is 5 years from original diagnosis.

- **Level 2** -CEA remote monitoring **PLUS** clinical review (GP or Practice Nurse-led). The clinical review is to include a review of the patient's care plan (as instigated in secondary care) and consideration of holistic needs.
- Patients may move between Level 1 and 2 depending on changing needs.

1.9 There will be complex patients who may require palliative care. These patients are not covered by this scheme –see 3.5 below. ‘

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	X
Domain 2	Enhancing quality of life for people with long-term conditions	X
Domain 3	Helping people to recover from episodes of ill-health or following injury	x
Domain 4	Ensuring people have a positive experience of care	x
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	X

2.2 Local Defined Outcomes

Outcome	Demonstrated by
Patient care closer to home	Patients receiving treatment at a site locally convenient to them.
Improved patient choice	Patient has the option to be seen at a site locally convenient to them.
Reduction in secondary care activity.	Patients managed in primary care where appropriate.

3. Scope

3.1 Aims and Objectives of Service

The aims and objectives of the service are to:

- Ensure equitable access for all colorectal patients to high quality cancer services in primary care citywide.
- Provide a clinically safe process of remote monitoring (CEA tumour markers) with no demonstrable impact on the lead time to recurrence detection.
- Support an integrated approach to the care of colorectal cancer patients which reflects commissioned pathways and shared care requirements.

3.2 Service Description/Care Pathway

- All patients will be discharged with a Cancer Treatment Summary which will include;
 - clinical management plan and care plan,
 - most recent imaging surveillance
 - normal CEA level
 - when the next CEA is due
- The Colorectal Cancer service will email a copy of the patients Cancer Treatment Summary to the practice generic NHS net account.
- The practice is responsible for ensuring that this account is checked daily. The practice will acknowledge the receipt of the Cancer Treatment Summary by reply email.

3.3 The practice delivering this LCS will be expected to comply with these recommendations

3.31 **Practice Lead;** the practice will identify a named clinical lead and a named administration lead

3.32 **Practice Register;** the practice is required to maintain a register of all colorectal patients where care has been transferred back to general practice.

- The patient's name and date of birth;
- The diagnosis of colorectal cancer has been coded within the patient electronic record
- A Read Code entry that identifies patients who require CEA monitoring
 - -EMIS- Carcinoembryonic antigen monitoring 8A91,
 - -SYSTEM1- Carcinoembryonic antigen monitoring Xaafb
- Copy of Cancer Treatment Summary to be evident in the electronic record
- From the Cancer Treatment Summary the practice will ensure that the following is documented within the electronic patient record;
 - If the patient is Level 1 or Level 2.
 - Patient's normal CEA range
 - Duration of CEA monitoring
 - Outcomes of the holistic needs assessment
- Relevant clinical history, examination findings and CEA test results;
- Computerised linkage of medication to indication for treatment;

3.33 Call and Recall.

- Ensure that there is a robust systematic call and recall is in place for patients being monitored by the practice.
- Ensure that the recall can differentiate those patients who require CEA monitoring at Level 1 and CEA monitoring at Level 2 who require a clinical review led by a GP or nurse
- For patients who fail to attend for CEA monitoring the practice is to attempt to contact the patient on at least 3 occasions using various methods of communication, and for this to be evidenced within the electronic patient record. This could include but are not

limited to telephone, text, email and letter.

3.34 Professional Links. To work together with other professionals where appropriate. Any health professionals involved in the care of patients should be appropriately trained.

3.35 Referral Policies. When appropriate, to refer patients promptly to other necessary services and to the relevant support agencies, using locally agreed guidelines where these exist

3.36 Education. To ensure education of patients (and/or their carers and support staff where appropriate) regarding their CEA monitoring.

3.37 Individual Clinical Management Plan and Care Plan To provide care in line with the Cancer Treatment Summary and update care plans with the patient.

3.38 Clinical Procedures. To ensure that Clinical Protocol for the Management of CEA Monitoring is followed. Including checking for potential late effects of treatment and alert symptoms. It will be expected that any variation from the CEA monitoring protocol in the management of the CEA blood results will be documented within the patient record and include a full rationale for the decision. It will be expected that this information will be made available and included in the audit.

3.39 Record Keeping. To ensure that all clinical information including patient contact relating to the LCS is recorded in the electronic patient record in accordance with good practice guidance.

3.310 Clinical Audit: All practices must undertake clinical audit as detailed in schedule 4 part C. Standard data collection forms for the clinical audits will be made available to providers in electronic format. Audit must be completed and signed off by a clinician as per the timescales via the Practice Clinical Dashboard. Results will be made available to the Clinical Audit & Effectiveness team at Sheffield CCG. The Clinical Audit & Effectiveness team will inform providers of this process.

Outcomes of the clinical audits may be discussed with practices. The Quality team / Commissioning team may request to see action plans from practices and how recommendations from previous audits have been implemented into practice.

Audit Requirements

- ALL CEA tests should be recorded within the electronic patient record
- All CEA test should be undertaken within two weeks of the due date.
- Where a patient has failed to have their monitoring CEA test the provider must be able to demonstrate adequate call/recall systems.
- There should be clear evidence of action taken as a consequence of CEA results where these are outside of the patients normal CEA with reference to the Clinical Protocol for the Management of CEA Monitoring .
- If a patient has their CEA surveillance stopped during the year, providers must identify and document the reasons for this decision and by whom the decision was made.

3.311 Indemnity Cover. Providers are responsible for ensuring that the appropriate indemnity insurance is in place to cover all members of staff involved in service delivery. The service provider's indemnity insurance must cover Health Care Assistants (HCA) and all health-care professionals for the role they are operating in with regards to CEA monitoring.

3.312 Inter Practice Referrals. Where the service is provided by someone other than the patient's own GP practice, the provider must ensure that the patients registered GP is given the Cancer Treatment Summary provided by secondary care after obtaining explicit consent from the patient.

Patients eligible for this service will continue to receive their general medical care via their registered GP practice and be supported by other services/providers as appropriate.

3.4 MONITORING

Sheffield CCG has developed the Clinical Protocol for the Management of CEA Monitoring (Schedule 2 part G) it is expected that providers are familiar with this document which will help inform clinicians of action to be taken regarding CEA blood results.

As part of this service the provider will need to clearly set out to the patient the monitoring and support they are able to provide and outline how this will replace hospital follow up.

As a minimum the practice will provide Level 1 and/or Level 2 patients as follows, which may incorporate a cancer care review:

Level 1 Patients

- Arrange and review the CEA blood test every 6 months OR in accordance with the Clinical Protocol for the Management of CEA Monitoring.
- If the result of the CEA has risen from the patient's normal range to ensure that the monitoring is in accordance with the Clinical Protocol for the Management of CEA Monitoring.
- In instances of 3 consecutive CEA rises as per protocol make a referral through the **URGENT** letter to the originating surgeon as named consultant.

Level 2 Patients

- Follow monitoring as per Level 1 patients.
- On an annual basis it will be expected that the patient has a review of the care plan considering holistic needs which was instigated in secondary care (as per Cancer Treatment Summary). The review process should maximise the opportunity to give patients appropriate information and signpost to additional support resources.
- Utilise the enhanced cancer review template found in the clinical systems which will enable the clinician to provide links to support and information resource.

— Subsequent reviews should depend on the on-going need of the patient.

3.41 Practices are expected to observe the guidance for the management of suspicious lower GI symptoms and the Clinical Protocol for the Management of CEA Monitoring of non-metastatic colorectal cancer patients (see 4.2).

3.42 When patients move out of the area follow Schedule 2 Part K.

3.5 Population Covered

- All non-metastatic colorectal cancer patients who are registered with a Sheffield GP and who are less than 5 years from their original diagnosis who are deemed appropriate for treatment in primary care.
- In order to ensure there is full population coverage providers are required to contact the CCG if they are unable to provide the service as outlined in this specification.

3.6 Any Acceptance and Exclusion Criteria and Thresholds

The Acceptance criteria is as outlined in 1.8

Exclusion criteria:

- Patients with metastatic or locally recurrent colorectal cancer, e.g. palliative patients.
- Changing clinical justification due to detection of recurrent disease; decreased surveillance benefit due to deteriorating general health of patient rendering curative treatment in the presence of recurrent disease impossible.
- Express wish of the patient.

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

- [Colorectal cancer diagnosis and management, CG131 \(NICE 2016\)](#) Quality standard for Colorectal cancer (NICE 2012)
- Improving Supportive and Palliative Care for Adults with Cancer (NICE 2004)
- Cancer Reform Strategy (DoH 2007)
- Living with and beyond Cancer: Taking action to improve outcomes (NCSI 2013)

4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)

- High Value Pathway for Colorectal Cancer (this will be available early 2017)
- Colorectal cancer follow up pathway (North Trent Cancer Network 2011 (Schedule 2 Part G))
- Clinical Protocol for the management of Carcino-embryonic antigen (CEA) tumour markers in non-metastatic colorectal cancer in primary care (Schedule 2 Part G)
- Guidance for the management of suspicious lower GI symptoms (See <https://www.nice.org.uk/guidance/ng12/chapter/1-recommendations-organised-by-site-of-cancer#lower-gastrointestinal-tract-cancers>)

4.3 Applicable local standards

4.4 Audit requirements (indicative)

As per 3.310 and Schedule 4 Part C Local Quality Requirements

5. Location of Provider Premises

The Provider's premises are located at:

Individual GP practices

Schedule 2 Part B Indicative Activity Plan

Name of Service - Supported self-management for colorectal cancer

If the maximum population of 456 patients potentially requiring follow-up in primary care was evenly distributed, this would equate to approximately 5 patients per practice. Whilst the numbers at practice level will obviously vary, typically practices would be following up a handful of patients.

70% of patients eligible for the scheme are expected to require only Level 1 follow up

25% of the above will also require Level 2 follow up.

5% are expected to be complex and are not covered by this scheme.

Schedule 2 Part C Activity Planning Assumptions

Name of Service: Supported self-management for colorectal cancer follow up in primary care

Activity Planning Assumption:

All patients (Level 1 + Level 2 = 95%) CEA monitoring: For each patient receiving care under the scheme a minimum of 2 x CEA blood tests per year is anticipated, with maximum CEA blood tests per year per patient not likely to exceed 6 (in event of abnormal results).

Reviews (Level 2 only - 25% of the total 95%) For each patient under level 2 of the scheme a minimum of 1 x annual review is anticipated, with maximum numbers of reviews dependant on patient needs but not likely to exceed 2 per year.

Schedule 2 Part F Clinical Networks and National Programmes

N/A

Schedule 2 Part G Other Locally Agreed Policies and Procedures

Policy	Date	Web link or source
Colorectal cancer follow up pathway		http://www.sheffieldccgportal.co.uk/pressv2/index.php/clinical-pathways/item/colorectal-cancer

Clinical Protocol for the Management of CEA		This will be made available on the Press Portal http://www.sheffieldccgportal.co.uk/pressv2/
Primary Care Depression Protocol	May 2010	http://nww.sheffield.nhs.uk/referrals/?cat=190
Adult Continence Pathway Continence Advisory Service referral form	July 2010 July 2010	http://nww.sheffield.nhs.uk/referrals/?cat=140
NHS Sheffield flow chart supporting Gold Standards Framework		Gold Standards Framework (GSF) flowchart (40kb pdf)

Schedule 2 Part I Exit Arrangements

Where GP Providers wish to withdraw from the provision of the service they are expected to discuss this with the Clinical Commissioning Group (CCG). The CCG will offer support where possible to enable the practice to continue providing the service or start to seek alternative arrangements. If after discussion the practice still wishes to withdraw they are expected to seek and secure alternative provision arrangements in primary care.

Schedule 2 Part K Transfer of and Discharge from Care Protocols

STHFT will identify patients eligible for this service and which patients will require a Level 1 & 2 service.

The following protocol guides when patients should be referred back to secondary care:

- Clinical Protocol for Management of Carcino-embryonic antigen (CEA) Tumour Markers in Non-Metastatic Colorectal Cancer In primary Care (Schedule 2 Part G)

Referral back should be via the Urgent referral (NOT 2 week wait) to the originating surgeon as named consultant. Patients receiving care under the scheme (i.e. less than 5 years from colorectal cancer diagnosis) and who demonstrate symptoms of recurrence should also be referred back via this route.

For colorectal cancer symptomatic patients **outside** the scheme (i.e. those patients who are greater than 5 years from their diagnosis and no longer under surveillance), standard 2 week wait referral pathways should be observed.

Where patients move out of the area, primary care follow up might not be available where the patient is moving to, therefore in a small number of cases where this happens a patient may need to go back to standard secondary care follow up. In these circumstances, the practice providing the Sheffield LCS should notify the colorectal cancer team in Sheffield which originally discharged the patient that the patient is leaving the practice. STHFT would liaise with the cancer service in the patient's new CCG area.

Schedule 3 Payment

Part A Local Prices –

Service Description	Currency	Price	Basis for payment	Regime for future years
Level 1 – CEA blood test monitoring only	Per CEA blood test	£18	Payment is per blood test performed and per review undertaken.	NA
Level 2 – Cancer Care Review (Likely duration 30 minutes) by GP or Practice Nurse	Per 'Level 2' related review	£41 – review only (Full level 2 payment = £18 + £41)	To be reported monthly via LCS database.	

Part B Local Variations

N/A

Part F Expected Annual Contract Value

Service	Expected annual contract value
Supported self-management for colorectal cancer follow up in primary care	Varies per provider – unable to calculate at start of scheme. Future expected annual contract value could be calculated after approximately 1 year of scheme running; when individual practice numbers re colorectal cancer patients registered under scheme can be used to predict activity.

Schedule 4 Part C Local Quality Requirements

Quality Requirement	Threshold	Method of Measurement	Consequence of breach
Domain 1: Preventing people dying prematurely			
Proportion of patients referred back to secondary care after 3 x consecutive abnormal rises in CEA levels (not	100%	Submission of audit report	As per clause GC9

previously investigated)			
Proportion of CEA blood tests performed within 1 month of due date	100		As per clause GC9
Proportion of <u>eligible</u> (See section 3/ 3.5) colorectal cancer patients under scheme (Level 1 & 2) receiving primary care follow up.	100%		
Domain 2: Enhancing the quality of life of people with long-term conditions			
Proportion of reviews where content and actions taken are consistent with and appropriate to the original care plan / or Treatment Summary	100%	Anonymised review – practices will be sampled randomly and asked to provide anonymised summary of patient reviews with anonymised Treatment Summaries of same patient. Volume will be 10% of caseload (= no less than 1 patient)	

Schedule 4 Part F Local Incentive Scheme

N/A

Schedule 5 Part B2 Provider's Permitted Material Sub-Contractors

This may change dependent on the 'basket of services'

SCHEDULE 6 Part C Reporting Requirements

Activity Information required

Information required	Reporting Period	Format of Report	Timing and Method for delivery of Report
Referrals Received L1	Monthly	As set out in the database	Via LCS database by 15 th day of the month.

Information required	Reporting Period	Format of Report	Timing and Method for delivery of Report
Referrals Received L2	Monthly	As set out in the database	Via LCS database by 15 th day of the month.
Total Patient on register	Monthly	As set out in the database	Via LCS database by 15 th day of the month.
CEA blood tests for colorectal cancer patients under scheme (Level 1)	Monthly	As set out in the database	Via LCS database by 15 th day of the month.
CEA blood tests for colorectal cancer patients under scheme (Level 2)	Monthly	As set out in the database	Via LCS database by 15 th day of the month.
Reviews performed for colorectal cancer patients under Level 2 of scheme	Monthly	As set out in the database	Via LCS database by 15 th day of the month.

Quality Requirements Information required

Information required	Reporting Period	Format of Report	Timing and Method for delivery of Report
Audit of Clinical outcomes	Annually	As per template	Report provided at end of Quarter 3 submitted electronically
Anonymised review of treatment summary	Annual	As per template	Report at the end of Quarter 4

From the requirements included in Schedule 4 Part C, set out how frequently you want the report, what format it should come in e.g. electronically or as per template and the timing and method of delivery

SCHEDULE 6 Part G Surveys

Type of Survey	Frequency	Method of Reporting	Method of Publication

Insert any survey requirements in here (rather than in Schedule 4 Part C Local Quality Requirements)