CANCER IN SCOTLAND: ACTION FOR CHANGE
The structure, functions and working relationships of Regional Cancer Advisory Groups

Introduction/Background

1. *Our National Health: A Plan for action, a plan for change*, Section 7 "Meeting Specific Needs" included initial commitments on cancer such as the need to set up managed clinical networks and programmes of service redesign (for example in colorectal and lung cancer services). It also set out total patient journey waiting times targets.

2. The change programme *Rebuilding our National Health Service* published in May 2001, provides guidance on implementing the governance and accountability proposals in *Our National Health.* It covers five principal themes:

- new governance arrangements
- new performance and accountability arrangements
- changes to the financial framework
- new planning arrangements
- role of the Scottish Executive Health Department (SEHD)

3. *Cancer in Scotland: Action for Change* was published on 3 July 2001. It sets a clear direction of travel for developing and improving cancer services in Scotland over the coming years and it is itself set within the wider framework for change and implementation.

4. The Cancer Strategy identifies a wide range of actions that are needed to continue to seek ways of preventing cancer, to detect cancer as early as possible and to improve the treatment and care of people with cancer in Scotland. Additional investment of £40m over 3 years has been committed to modernise cancer services and provide patients with the facilities, care and support they need.

5. Robust planning processes will be needed to ensure that decisions and resources are directed towards where they matter most – locally, and can best meet the needs of the people served by healthcare services.

6. Chapter 9 of *Cancer in Scotland*, "Making it Happen" states

> "The cornerstones of the new planning process for cancer services will therefore be the Managed Clinical Networks working through the Regional Cancer Advisory Groups (RCAGs) whom we expect to draw up realistic and effective workforce, equipment and chemotherapy spending investment plans in agreement with NHS Boards."

7. Managed Cancer Clinical Networks bring together everyone involved in the care of a specific cancer to agree care protocols across the area covered by the Network and audit the outcomes of treatment. Clinicians and managers, along with patients within each Region are best placed to decide local needs and priorities. Networks in a region will be brought together within an overarching supra-regional body (RCAG). The RCAG will take responsibility for agreeing an annual Investment Plan covering capital investment, workforce planning and service pressures such as chemotherapy spending with local NHS Boards.

8. It is important to note that these regional organisational structures are intended to focus, stimulate and facilitate change and implementation of the Cancer Strategy. Rather than adding an additional potentially cumbersome layer to existing planning mechanisms they should provide a platform for equity and clarity in designing local services supra-regionally and across regions. Existing patient pathways between and across regions should continue where these are agreed as the optimal arrangements for patient care.

9. The principles governing the managed clinical networks (MCNs) were previously explained in NHS MEL (1999) 10. These principles, which apply equally to the specific MCNs for cancer services, include the need for a quality assurance structure as now defined by the Clinical Standards Board for Scotland (CSBS).

Structure of RCAGs

10. As described in *Cancer in Scotland* there will be 3 RCAGs – North, West and South East Scotland, each providing a strategic, advisory and planning focus for their respective locality cancer services and NHS Boards, as follows:

- North of Scotland - Tayside, Highland, Grampian, Orkney, Shetland and Western Isles NHS Boards (the current North East Scotland Cancer Co-ordinating and Advisory Group (NoSCAN) is being developed and enhanced to fulfil supra-regional role)

- SE Scotland – Fife, Borders, Dumfries & Galloway and Lothian NHS Boards (the SE Scotland Cancer Network (SCAN) further developed as required to fulfil supra-regional role)

- West of Scotland – Argyll & Clyde, Ayrshire & Arran, Forth Valley, Lanarkshire and Glasgow NHS Boards (the previous West of Scotland Cancer Advisory Group (WoSCAG) no longer exists and a new supra-regional group is being set up).

11. RCAGs will have a designated Chairman, (either a clinician or a manager), a Regional Lead Clinician and a Regional Manager/Co-ordinator. Membership of RCAGs should be agreed locally, but must include the Regional Leads and representation drawn from among other professions/disciplines/groups set out in para 12 below.

12. The wider membership of RCAGs may be as small or as large as is necessary to accommodate local requirements but must be capable of ensuring effective and cohesive planning and communications throughout component clinical networks, Health Boards and Trusts across regions. Whether through direct membership or other means RCAGs must also ensure the full involvement of the following individuals/groups in their planning processes:

- Lead Cancer Clinicians and Nurses from all tumour specific networks

- Trust Chief Pharmacists

- representatives of all the clinical disciplines, including health promotion, primary care, medical and clinical oncology, surgery, anaesthetics, pathology, radiology, palliative medicine, nursing, pharmacy, professions allied to medicine and relevant scientific/laboratory-based disciplines

- senior management representatives of relevant NHS Boards and Trusts, most efectively Chief Executives, Medical Directors, Finance Directors, HR Directors and/or Directors of Public Health

- representatives of voluntary sector providers

- patients and carers.

13. It is not envisaged that in order to demonstrate full involvement every NHS Board, Trust or clinical network or profession/discipline or group would require to have a "representative" member of a RCAG. In practice RCAGs may find that a smaller, tight grouping of individuals drawn from across all component organisations/networks/disciplines will maximise opportunities for effective communication and collective planning and decision making.

14. RCAGs may therefore with to establish an "executive council" comprising no more than 10 to 12 members, including Regional Leads, senior NHS Board and Trust management (see para 12 above) and other professions/disciplines.

Functions of RCAGs

15. RCAGs will:

- at intervals to be decided by them, but certainly no less than annually, receive and review regional MCNs' audit data and provide a report to Trust Chief Executives and through them Trust and Board Clinical Governance Committees on the results of audits in their area. These reports will be derived from prospective audit data collected locally and collated centrally by the Scottish Cancer Therapy Network. To underpin continuous local assessment of services within cancer networks (with periodic external assessment by CSBS), RCAGs may also choose to review results more regularly on the basis of data derived from local prospective audit databases.

- receive the reports of the CSBS on services in their area and agree effective action to address any shortcomings identified and/or to share good practice across their own region and nationally.

- agree an Investment Plan with their respective NHS Boards. This plan will include capital investment, workforce planning and service pressures (including the managed introduction of new treatments) to be submitted timeously through agreed regional planning mechanisms to allow funding decisions to be taken and agreement reached on implementation in the following year and thereafter.

- submit agreed annual Investment Plans to the Scottish Cancer Group to ensure consistency of approach across Scotland (see also paragraph 19 below)

- oversee the implementation of Investment Plans when funding has been agreed (see also para 16 below).

16. NHS Boards and Trusts remain accountable for the planning and delivery of the Local Health Plan in each NHS Board area. RCAGs and their component MCNs will inform local operational planning and investment and will also link into local Performance Assessment Framework (PAF) and Accountability Review arrangements. Initially, the major focus will be on implementation of *Cancer in Scotland,* by securing the changes needed to deliver the targets. However, RCAGs are also intended to provide a source of advice and guidance to local NHS Boards and Trusts, individually or collectively, on cancer services in general.

17. A model of RCAGs and their various structural and functional relationships is attached at **Annex 1.**

Relationship of RCAGs to the Scottish Cancer Group (SCG)

18. RCAGs will, in addition to working directly with their component NHS Boards and Trusts, work through the SCG as set out in Chapter 9 of *Cancer in Scotland*.

19. Should a situation arise where all of the component NHS Boards involved across a supra-regional (RCAG) area are unable to secure consensus on the priorities for investment SCG will as required (and as referred to in paragraph 15 above) advise SEHD (and NHS Boards) on the priorities needed to secure consistency of approach regionally and nationally, and equity for the Scottish cancer population.

20. SCG will work closely with cancer MCNs and support them in their own work programme, directly through membership of standing and/or short life working groups. There will be open communication and information cascade both to and from MCNs through, for example, open meetings, local newsletters and websites.

21. A simple systems diagram showing the relationship between SCG and RCAGs is attached at **Annex 2.**

Communications between the SEHD and RCAGs

22. The responsibility for overseeing local implementation of the cancer strategy will require RCAGs to work closely with, and keep in close contact with, their component NHS Boards and Trusts. Similarly, relationships and communications between the SEHD and the RCAG leads are likely to be close and frequent.

23. RCAG Chairmen/lead clinicians and managers will have day to day responsibility for ensuring Chief Executives of NHS Boards and Trusts are kept up to date as the local implementation strategy develops.

The Scottish Cancer Group (SCG)

24. The SCG has been restructured and strengthened, involving voluntary sector and patient representatives as well as a broader range of clinicians and managers. Members and contact details are attached at **Annex 3**.

25. While the remit of the SCG includes oversight of the implementation of *Cancer in Scotland*, see **Annex 4**, responsibility for monitoring and steering implementation centrally will rest with a new SEHD Implementation Steering Group.

SEHD Implementation Steering Group

26. The SEHD Implementation Steering Group will be chaired by Dr Mac Armstrong, Chief Medical Officer (Project Director). Its membership will be drawn from across professional, finance, performance management and health planning and quality divisions within the Department.

27. Recruitment of an Implementation Manager, to work with Dr Anna Gregor, the national Lead Clinician and with the SEHD cancer policy team, is underway.

28. Both Dr Gregor and the Implementation Manager will provide feedback to the Steering Group on the implementation of the Cancer Strategy with particular emphasis on progress made and/or problems encountered and actions taken in delivering the various targets to improve cancer services throughout Scotland.

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