



# Wessex Cancer Alliance

## Wessex Cancer Surgery Hub – Introduction and Overview

Version 1.3 – September 2020

# Context & aim of Wessex Cancer Surgical Hub



The Covid pandemic has placed an **unprecedented amount of pressure on NHS systems**, including a loss of surgical capacity



In response, NHSE has issued guidance across all Alliances to set-up **cancer surgery hubs** with the aim to **maximise the number of patients receiving curative surgery**



In line with NHSE guidance, we have set-up the **Wessex Cancer Surgical Hub** to:

- **Maintain urgent elective cancer surgery during the Covid crisis** for patients with life-threatening cancer in a Covid-free environment
- **Manage the backlog of patients awaiting treatment**, as referrals are likely to increase once the acute phase passes



As part of the Wessex Cancer Surgical Hub model, we have:

- **Created a process to prioritise and coordinate surgical demand** and capacity across Wessex trusts
- **Set-up a physical Cancer Hub site** (hosted at Spire / UHS) to provide additional Covid-free surgical capacity beyond what is available within trusts

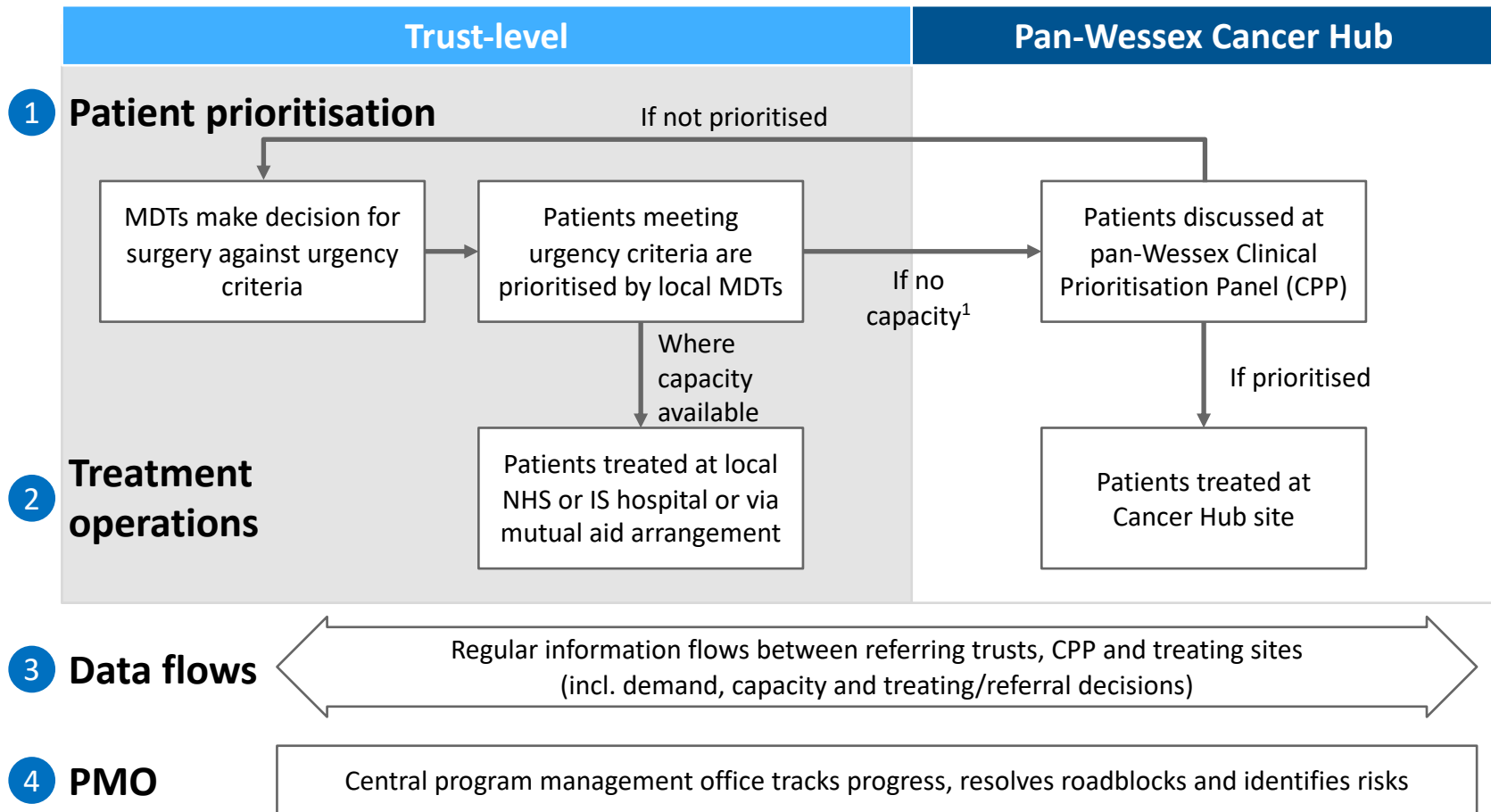


# Wessex Cancer Surgical Hub (WCH) process

- 1 All trusts will **prioritise their cancer surgery patients** according to a standardised prioritisation framework
- 2 **Where possible**, patients will receive **treatment in a Covid-free environment<sup>1</sup> at a local provider** (incl. IS sites), or via **mutual aid arrangements**
- 3 **Where local demand exceeds capacity**, and where current mutual aid arrangements are insufficient, **patients will be referred to the Wessex Cancer Surgical Hub**
- 4 Referred patients are prioritised against referrals from other trusts by a **pan-Wessex Clinical Prioritisation Panel<sup>2</sup>**, which will include broad representation across all trusts<sup>3</sup>
- 5 Prioritised patients will **receive surgery** through the **Cancer Hub**

1. See Appendix 1 or further details on Covid-free sites  
2. See Appendix 2, for the Clinical Prioritisation Panel  
3. See Appendix 3 for a list of participating trusts

# To implement the WCH, we have been working across four workstreams



1. Prior to referring patients to the CPP, trusts are encouraged to continue making use of any mutual aid arrangements – patients that are re-allocated under a mutual aid arrangement do not need to go through the Cancer Hub process

# Within each workstream, a number of requirements were implemented to allow go-live

Category	Requirement	
1 Patient prioritisation	• Create standardised <b>prioritisation framework</b>	✓
	• Set-up a <b>referral system</b> to allow referral into the <b>Cancer Hub</b>	✓
	• Set-up <b>Clinical Prioritisation Panel</b> , with representation from all Wessex trusts	✓
	• Set <b>meeting cadence and process</b> at CPP	✓
2 Treatment operations	• Ensure available <b>theatre space</b> that fulfils COVID-free requirements	✓
	• Decide on <b>staff model</b> and fill requirements (Surgeons, anaesthetists, admin)	✓
	• Set-up <b>Covid testing protocols</b> for staff and patients	✓
	• Ensure <b>processes for E2E patient care</b> (pre-admission, admission, discharge)	✓
3 Data flows	• Set-up a system to action and disseminate <b>referral</b> decisions	✓
	• Define <b>minimum data set</b> (patient information) required for prioritisation	✓
	• Collect information on <b>expected demand on a trust-level</b>	✓
4 PMO	• Set-up a process by which <b>trust-level demand information</b> is regularly collected	✓
	• Define <b>membership</b> of a Cancer Centre team	✓
	• Set-up <b>regular meetings</b> to unblock issues and review latest progress and data	✓

Done
  In progress

# Guidance | Referral into the Cancer Hub



## 1. Confirm patient eligibility

- Patient from a participating trust has been **discussed and prioritised at a local MDT meeting**
- Local trust and mutual aid arrangements have yielded **insufficient capacity** to treat patient within a reasonable time frame

## 2. Submit referral

- Referrals must be submitted by Friday 5pm**, for discussion at CPP on the following Wednesday
- Standard proforma** must be completed and can be submitted either via Somerset Cancer Register, or via e-mail to [wch@uhs.nhs.uk](mailto:wch@uhs.nhs.uk)
- All patient referrals must include essential information**, including relevant imaging, reports, pathology, staging information and pre-assessment data

## 3. Receive outcomes

- CPP meeting to take place on **Wednesday afternoons**
- Outcomes will be communicated immediately** following the CPP meeting to a nominated individual / e-mail address at the referring trust

## 4. Additional notes

- The process above only applies to patients that fall into Cat. 2 or lower – **for Cat. 1b patients, please contact the Chair** ([Alex.Mirnezami@uhs.nhs.uk](mailto:Alex.Mirnezami@uhs.nhs.uk)) to trigger an extraordinary meeting
- For further details, please see separate guidance document (“Wessex Cancer Surgery Hub – Operational protocol and terms of reference 1.0”)



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# Appendices

# Appendix 1 | Clinical Prioritisation Panel (CPP) with broad representation and flexible process



## Broad clinical membership & ethical representation on CPP

- **Constituents** consist of **cancer-treating clinicians** with representation across specialities and all Wessex trusts, **ethicists, management** and **administrative staff**
- CPP meetings are considered **quorate with a minimum of 4 members**, including 2 surgeons, 1 ethicist, and 1 management team
- To ensure timely implementation, **initial CPP membership took place by invitation** and in consultation with Cancer Clinical Leads across the trusts



## Flexible process to provide agility depending on actual demand

- Virtual meetings are scheduled **on a weekly basis**, but with the flexibility to adapt frequency as demand fluctuates
- The CPP **prioritises all referred patients** against all other referrals, and where required, against existing local non-cancer patients
- CPP decision-making (but not person-level prioritisation/ranking) will be **documented** and fed back to the referring trusts



# Appendix 2 | All sites should follow processes to ensure a Covid-free surgical environment



**A set of processes need to be implemented at all cancer surgery sites (incl. the WCH site and local provider sites) to reduce risk of contamination and harm for patients**

*(non-exhaustive – to be updated in line with national guidance)*

- **Test all potential admissions** for COVID-19 at most **48 hours** before surgery, with patients **self-isolating according to site-specific governance procedures** before admission
- **Ensure consent** to testing and self-isolation at the time of listing for surgery
- **Admit only patients** who have no symptoms suggestive of COVID-19 infection, have been isolated and have a negative COVID-19 PCR test
- Implement **clear and consistent consent** in line with recommendations from the WCA, ensuring the patient is fully aware of the **increased risk of surgery** during the pandemic

Trusts are responsible for the assessment and maintenance of Covid-free status at local sites



## Appendix 3 WCH to include eight Wessex trusts

1. Dorset County Hospital NHS Foundation Trust
2. Hampshire Hospitals NHS Foundation Trust
3. Isle of Wight NHS Trust
4. Poole Hospital NHS Foundation Trust
5. Portsmouth Hospitals NHS Trust
6. Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust
7. Salisbury Hospital Foundation Trust
8. University Hospital Southampton NHS Foundation Trust