

Candidate Information Pack

**Clinical Lead:
Lung Cancer**

Welcome from Professor Tim Briggs, National Director of Clinical Improvement and Chair of the GIRFT Programme

The original Getting It Right First Time (GIRFT) pilot in elective orthopaedics marked an important landmark for the National Health Service (NHS) and the orthopaedic specialty. The GIRFT approach which is a clinically led, professionally supported, centrally funded peer to peer review process expanded to a further 11 surgical specialties, with the publication of the eighth national report relating to Spinal Surgery in January this year. We continue to expand the number of specialties within the GIRFT process and currently have 39 clinical work-streams.

I, in my role as National Director of Clinical Improvement have met with all the Royal Colleges and professional associations and have gained their commitment to the GIRFT programme and all are enthusiastic about participating in this clinically-led improvement programme.

Furthermore, we continue to meet with all English Medical Directors to discuss the programme, and attendance at meetings is almost 100% from English trusts with a high level of buy-in from Trusts.

The role of the Clinical Lead is critical to the success of the GIRFT approach, and offers a unique opportunity to make a difference to your speciality at a national level and improve and enhance your own knowledge, skills and career.

This information pack provides some additional background which I hope you find helpful, however please do not hesitate to contact Nicola Joyce, Director of Operations - GIRFT with any questions or queries.

I look forward to hearing from you.



Professor Tim Briggs
National Director of Clinical Improvement and Chair of the GIRFT Programme

Overview of the Getting It Right First Time Programme

GIRFT is a methodology that seeks to improve the quality of clinical outcomes, to reduce unwanted variation and complications and employs data sets for a range of surgical specialties, expanded to 39, to demonstrate that immediate quality improvements for patients can, in turn, provide cashable savings to the NHS.

The first 'Getting It Right First Time' (GIRFT) report, published by Professor Tim Briggs in 2012 suggested that changes could be made to improve pathways of care, patient experience, and outcomes - with significant cost savings, and now forms a key part of the roll-out of the recommendations in Lord Carter's report (February 2016) in operational performance and productivity in acute hospitals.

The second report on General Surgery was published in August 2017 and equally identified significant differences in the way general surgery services are delivered and in the outcomes they produce.



GIRFT Beyond Orthopaedics – Next Steps

GIRFT is fundamentally an approach that is complementary to all the programmes that exist across the health service. However, it is also something new in that it is pulling together and comparing multiple data sources in a way that will help providers to understand the real issues relating to their quality or productivity in a national clinical and operational context. It is a complement to RightCare, support to commissioners, data source for the CQC, reassurance to patients and clinicians and of course the taxpayer through.

- Avoiding and preventing £1bn of wasted costs, unnecessary treatment and patient suffering every year.
- Establishment of regional architecture, with regional clinical directors to hold Trusts to account and drive implementation of the recommendations using the metrics.
- Procurement resources established regionally to drive transparency, evidence-based product rationalisation and better procurement – linked to Category Towers
- Inclusion and focus on Productivity, including job planning.
- Directly link best practice on Nursing and Allied Health Professionals.
- Deep dive visits with all Trusts rather than a sample within each specialty.
- Implementation of Lord Carter recommendations.

Since the Secretary of State for Health announced further support to the GIRFT programme on 8th November 2016, additional specialties have been added to the programme which now encompasses all of the following:

GIRFT clinical workstream schedule

Wave	Workstream Start date	Data packs to Trusts	Workstreams	Total
1	2012	Received	Orthopaedics	1
2	Jan-15	Received	General Surgery, Spinal, Vascular, Cranial Neurosurgery	5
3	Jan-16	Received	Urology, Cardiothoracic, Paediatric surgery, Ophthalmology, ENT, Oral & Maxillofacial, Obstetrics & Gynaecology	12
4	May-17	Received	Emergency Medicine	13
5	Jul-17	Received	Hospital Dentistry, Breast Surgery, Diabetes, Endocrinology	17
6	Sep-17	Received	Radiology, Intensive & Critical, Anaesthetics & POM, Cardiology	21
7	Nov-17	Received	Acute & General Medicine, Renal, Stroke	24
8	Jan-18	Received	Neurology, Dermatology	26
9	Jan-18	Apr-19	Geriatric medicine	27
10	Jan-18	May-19	Respiratory	28
11	Mar-18	May-19	Rheumatology	29
12	Apr-18	Jun-19	Gastroenterology	30
13	May-18	July-19	Pathology	31
14	Jul-18	May-19	Plastics/Burns	32
15	Jan-19	TBC	Outpatients, Mental Health (Locked Rehab)*	34
16	Jan-19	Nov-19	Trauma	35
17	TBC		Paediatric critical care, Neonatology, Paediatric trauma and elective orthopaedics and Lung Cancer	39

GIRFT Lung Cancer

Lung cancer is the leading cause of cancer deaths in England, accounting for more deaths than both bowel and breast cancer combined. It occurs most commonly in the deprived socioeconomic areas where individuals are twice as likely to develop lung cancer than in more affluent areas. Furthermore the incidence of lung cancer appears to be rising.

In an attempt to improve outcomes by treating at an earlier stage of the cancer an accelerated diagnostic and treatment pathway, the National Optimal Lung Cancer Pathway (NOLCP) was adopted in August 2017. Unfortunately there remains a variation in the delivery of this accelerated pathway in hospitals across England, together with recognised variations in delivery of different treatment modalities.

GIRFT and NHS England have established a need to work on delivery of the recently published National Optimal Lung Cancer Pathway (NOLCP), and the Lung Cancer Implementation Guide which provides a roadmap from referral to initiation of treatment. The GIRFT Lung Cancer review will identify where each trust is in its implementation journey of the optimal pathway and work with these trusts/centres to identify actions to achieve full implementation.

A GIRFT review will further investigate areas of variation identified within the analysis of Hospital Episode Statistics (HES), NHS Digital, National Lung Cancer Audit (NLCA), Cancer Waiting Times, Diagnostic Imaging Dataset (DID) and National Cancer Patient Experience Survey (NCPES). From trust contextual information, staffing, multidisciplinary meetings to treatment and performance.

As this is a jointly commissioned review, the information collected will be shared with the NHS England regions and cancer alliances to support development of operational delivery networks and ensure areas of unwarranted variation are addressed as a system.

Understanding the reasons for this variation in the delays in diagnosis and treatment of lung cancer is key to improving outcomes. The GIRFT project looking at variations in lung cancer care will aim to address these issues.

CLINICAL LEAD ROLE DESCRIPTION

JOB TITLE:	Clinical Lead: Lung Cancer
RESPONSIBLE TO:	Professor Tim Briggs, National Director of Clinical Improvement and Chair of the GIRFT Programme
ACCOUNTABLE TO:	Professor Tim Briggs, National Director of Clinical Improvement and Chair of the GIRFT Programme
LOCATION:	Flexible
REMUNERATION:	Medical & Dental/part time
TENURE/CONTRACT:	This post is to start August 2019 and will terminate July 2020 on either a secondment or temporary contract of employment. Commitment of 44 days per year or pro rata to the length of appointment on commencement after August 2019– NB a fixed day per week commitment would be unlikely to work.

Role Summary/Purpose

The Getting It Right First Time (GIRFT) Programme will help NHS trusts reduce unwarranted variation in clinical quality, productivity and efficiency across 39 clinical work-streams and associated clinical services, and enable £5bn of annual recurring efficiencies to be delivered by 2020-21.

The clinical leads and specialist nurses will help support the established workstream, using the proven GIRFT methodology, relating to the delivery of the Optimal Lung Cancer pathway and variations in care across England. Providers will be benchmarked against one another and best practice, with each trust receiving a comprehensive review of their data and receiving support to tackle the challenges and findings behind the variation that the review highlights. The report will also be shared with the relevant Cancer Alliances and Specialised Commissioning Commissioners to support system wide issues to be identified and jointly resolved. The role involves close collaborative working with National Clinical Directors and Specialised Commissioning Clinical Reference Group Chairs within NHS England where they are in place and also with speciality leads where they exist within the Medical Directorate of NHS Improvement.

The aim is to have had all trusts visited within a six month timeline commencing November 2019 to April 2020; this will help ensure the findings can be implemented in a timely manner and to meet with the requirements of the optimal pathway.

In order to deliver this accelerated timeline we are recruiting four clinical leads and three lung cancer specialist nurses.

This GIRFT review is jointly commissioned with NHS England, therefore the post holder will need to work closely with the national and relevant regional review teams on this. The post holder will be expected to ensure there are clear links between the national review and the GIRFT review, and endorse both reviews within this work.

- Individualised trust specialty reports/dashboards and deep dive peer to peer reviews for all trusts within England;
- Visibility of current practices and costs of the clinical work-stream;
- Identification of individual providers performance against key themes through metrics and dashboards for each specialty, including regional and national trends – consolidated through model hospital;
- Identification of key themes and benchmarks for efficiency gains and clear recommendations for implementation, including those to be considered at a network as well as organisational level;
- Contribute specialist content for the production and dissemination of a public report outlining current status and recommendations;
- Endorse and promote the National Optimal Lung Cancer Pathway.
- Ongoing visibility of progress and performance for each clinical pathway against key metrics for ease of identification of improvement and progress.

Essential Requirements to undertake the role:

Experience

- Currently practicing within the field of lung cancer, especially around the diagnostic phase (or has practised within the past 2 years);
- Skilled and effective clinical leader who is recognised as an expert by clinical colleagues and has the endorsement of The Royal College of Physicians and British Thoracic Society;
- Minimum 10 years practising as a fully qualified professional in the UK;
- Experience of delivering service improvement with own or other organisation;
- Proven experience to lead, motivate, inspire & support a multi-professional teams and be able to work effectively & sensitively within it;
- Experience of leading the management of change to services.

Education / Qualifications

- Fully qualified in respective profession;
- Full registration with General Medical Council (without restrictions or warnings) and appropriate Specialist Register;
- Demonstrate the highest ethical and Professional standards;
- Evidence relevant research with recent peer reviewed publications;
- Management Qualification (Desirable)
- Masters or PhD in a relevant discipline (Desirable)

Knowledge of

- Getting It Right First Time methodology;
- National and specialty view of best practice;

- Methods of developing quality assurance, quality improvement and evidence based clinical and/or public health practice;
- In depth understanding of epidemiology and statistics;
- Understanding of the National Optimal Lung Cancer Pathway and the role of networks in supporting the development of lung cancer;
- Understanding of social and political environment including an awareness of the National policy issues for service development.

Skills & aptitudes

- Negotiation and motivational skills;
- Ability to respond to changing agendas and priorities;
- Excellent written and verbal communication skills;
- Highly developed analytical skills including the ability to analyse and evaluate;
- Research evidence from a range of sources to make recommendations and inform decision making;
- High level of computer literacy.

Travel and Availability

- Available to undertake regular travel throughout England.

Other information

Secondment Details

You and your current employer will be required to sign a secondment agreement which will formally set out the arrangements relating to your individual secondment with the GIRFT programme.

Conflict of Interest

You are required to declare any involvement, either directly or indirectly, with any firm, company or organisation which has a contract with the NHS. Failure to do so may result in your application being rejected, or, if it is discovered after appointment that such information has been withheld, then this may lead to termination of your secondment and/or dismissal.

Confidentiality

On appointment you may be given access to confidential information which must only be disclosed to parties entitled to receive it. Information obtained during the course of this role should not be used for any purpose other than that intended. Unauthorised disclosure of [information may lead to termination of your secondment and/or dismissal](#).

Health and Safety

All staff have a general accountability for ensuring, so far as is reasonably practicable, the health, safety and welfare of colleagues.

The following should also be noted:

- Each employee is required to take reasonable care for his or her own acts or omissions and the effect that these may have upon the safety of themselves or any other person.

- Every employee must use safety equipment or clothing in a proper manner and for the purpose intended.
- Any employee who intentionally or recklessly misuses anything supplied in the interests of health and safety will be subject to disciplinary procedures.
- Every employee must work in accordance with any health and safety procedures, instructions or training that has been given.
- No employee may undertake any task for which they have not been authorised and for which they are not adequately trained.
- Every employee is required to bring to the attention of a responsible person any perceived shortcoming in the Trust's safety arrangements or any defects in work equipment.
- All employees are under a duty to familiarise themselves with the Trust's Health and Safety Policies.

Human Rights

You are required to comply with the regulations of the Human Rights Act 1998 during the course of your employment.

Employment Details

The Royal National Orthopaedic Hospital NHS Trust (RNOH) is acting as host employer on behalf of the GIRFT Programme, and it is envisaged that appointments will be on a part time secondment basis, with an anticipated average commitment of 44 days per year OR pro rata to the length of appointment on commencement in post after August 2019. Applicants should note that the role involves regular travel throughout England.

Job Share Details

Although already a part time post, Job Share applications will also be considered. Please note if you are selected, candidates will be interviewed separately.

Further Information

For further information or confidential discussion please contact Nicola Joyce, Director of Operations – Getting It Right First Time Programme, on 07919 443277.

If you are not currently employed within the NHS then please contact Nicola Joyce directly to discuss your suitability.

How to Apply

- **Before applying, you should discuss this opportunity with your existing employer to obtain their support in principle for your application and seek the endorsement of The Royal College of Physicians and British Thoracic Society.**

Please send applications for the role by email directly to Rita Patel, GIRFT Resourcing Officer: rita.patel6@nhs.net

Your application must include

- A full curriculum vitae (no more than 4 pages) including
 - Contact details for two referees (who will not be contacted without your permission)
 - A contact email address and telephone number

- A covering letter indicating
 - How you meet the selection criteria and;
 - Articulating why you are interested in the role;
 - Confirmation that you have the support of your employer/professional society.
- A completed Equal Opportunities Monitoring Form (attached)
- A completed Declaration of Interests Form (attached)

Closing date for applications: Sunday 26th May 2019.
Interview dates: 17th and 26th June and 5th July 2019, London.