NHS NORTH CENTRAL LONDON	**BOROUGHS**: BARNET, CAMDEN, ENFIELD, HARINGEY, ISLINGTON **WARDS:** ALL

PRESENTATION TITLE: Urological cancer surgical services

PRESENTATION OF:

Neil Kennett-Brown

Programme Director, Change Programmes

North and East London Commissioning Support Unit

Thomas Pharaoh

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FOR SUBMISSION TO:	**MEETING DATE:**
North Central London Joint Health Overview & Scrutiny Committee	17 January 2013

EXECUTIVE SUMMARY OF PRESENTATION:

Background

A 2010 pan-London cancer review found that access to and outcomes from cancer care were unequal across the city. Public engagement on the pan-London case for change and model of care was undertaken in 2010.

As a recommendation of the review, two integrated cancer systems were established in London to drive improved patient outcomes and experience. *London Cancer* is the integrated cancer system for north central and east London and west Essex.

Over recent months, clinicians representing all the hospitals providing urological cancer services in the area – together with GPs, nurses, health professionals and patient representatives – have been considering a local model of care for urological cancer surgical services specifically changes to complex surgery for bladder and prostate cancer and kidney cancer. This review has been led by *London Cancer*.

Why we need change

Whilst there have been significant improvements in cancer care in the UK over the past decade, there is further improvement needed to deliver world-class cancer services. Clinicians believe that the way in which services are currently organised does not allow us to deliver the highest quality of care, research and training that we are capable of. Clinicians believe that complex surgery for bladder and prostate cancer and kidney cancer should be centralised in specialist centres. We also need to diagnose urological cancers earlier, whilst improving the care and support of people who have finished their treatment and are either living with their cancer, in remission or recovery.

National and international evidence demonstrates a clear link between higher surgical volumes and better patient outcomes. Specialist centres which have frequently practising specialist teams and full facilities, with high patient throughput, generally have better patient outcomes.

Currently a number of hospitals undertake relatively small amounts of complex bladder, prostate and kidney cancer surgery each year. In 2010/11, hospitals across the *London Cancer* area each undertook between 54 and 89 complex operations for bladder and prostate cancer (a total of 296 operations) and between 10 and 72 complex kidney operations (a total of 292 operations). We also believe that there are up to 50 bladder and prostate patients each year who do not get the complex surgery that they would benefit from. These patients require highly specialist, once in a lifetime surgery to give them the best chance of controlling their cancer and reducing the risk of long term side effects such as incontinence.

Specialist treatment is only a small part of a urological cancer patient's care. The vast majority of patient care would always take place at local hospital units and GP surgeries.

Very complex surgery is not necessary for all patients. For instance, of around 1,500 cases of prostate cancer diagnosed in *London Cancer* every year, and 400 cases of bladder cancer, only 350 of these 1,900 patients require complex surgery. This is just under 1 in 5 of all patients.

Engagement going forward

Clinicians are finalising a case for change which we will widely share and discuss with stakeholders including patient and public groups and local representatives across North Central London, North East London, West Essex and South Hertfordshire. We are planning a number of stakeholder and clinical events, with clinicians available to attend meetings of groups to present the case for change. This period of engagement will be an opportunity to consider the views of stakeholders and any concerns of such as issues relating to patient choice and travel. A clinical representative of London Cancer would be pleased to attend a future meeting of the JHOSC to present recommendations for urological cancer surgical services.

Following our planned communication and stakeholder engagement process, we will need to agree with JHOSCs / HOSCs whether formal consultation is required. As we anticipate further reconfigurations in future covering a few other specialist cancers, we are seeking an opportunity to establish principles and processes going forward.

Other issues

Dr Tim Peachey, Interim Chief Executive, Barnet and Chase Farm Hospitals NHS Trust, will update JHOSC members on Chase Farm's bladder and prostate cancer surgical cases as part of item 6.

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