

<p>NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (JHOSC)</p>	<p>BOROUGHES: Barnet, Enfield, Haringey, Camden, Islington, South Hertfordshire</p> <p>WARDS: ALL</p>
<p>PRESENTATION TITLE: Cancer and Cardiac Service reconfigurations</p>	
<p>PRESENTATION OF:</p> <p>Neil Kennett-Brown Programme Director, Change Programmes North and East London Commissioning Support Unit On behalf of NHS England</p>	
<p>FOR SUBMISSION TO:</p> <p>North Central London Joint Health Overview & Scrutiny Committee</p>	<p>MEETING DATE:</p> <p>19 July 2013</p>
<p>EXECUTIVE SUMMARY OF PRESENTATION:</p> <p><i>Engagement on urological cancer surgical services</i></p> <p>An engagement on urological cancer surgical services was undertaken between January and March 2013. This was initially launched by the Primary Care Trust clusters and, since March 2013, has been taken forward on behalf of NHS England as the lead commissioner of these services.</p> <p>Many useful comments were received as part of the engagement. While respondents broadly supported the principle of centralisation for complex urological surgical services, concerns were expressed about the impact of the proposals on patients, particularly with regard to travel and patient choice. Assurances were also sought about the impact of the proposals on local hospitals and other hospital services.</p> <p>NHS England has agreed that the proposals would benefit from a formal consultation exercise, expected to launch later this year along with developing proposals for other specialist cancer services across north east and north central London. The feedback received on the urological cancer surgical services engagement will continue to inform the development of the proposals.</p> <p>While no significant changes to the location of services will be undertaken without further consultation, <i>London Cancer</i> will continue to work with local hospitals to improve services and standards of care for patients.</p> <p><i>Background to the cancer proposals</i></p> <p>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.</p> <p>As a recommendation of the review, two integrated cancer systems were established in London to drive improved patient outcomes and experience. <i>London Cancer</i> is the integrated cancer system for north central and east London and west Essex.</p>	

Building on the pan-London cancer review (the Model of Care for Cancer, 2010), *London Cancer* is looking at how best to implement the model of care locally with the aim of improving outcomes and experience for patients.

Cancer pathways

London Cancer has established a number of cancer pathway groups involving clinicians, GPs and patient representatives. These pathway groups are tasked with mapping out a comprehensive, seamless clinical pathway for every patient; improving access to screening and diagnostics; and driving the quality of care towards international best practice so that all patients have access to the full range of care of a world-class system. The aim is to make improvements to patient outcomes and experience along their whole pathway of care.

By building on the Model of Care, and with an ambition to provide the quality of care that patients deserve, *London Cancer's* pathway groups are currently developing a case for change for improving the following specialised cancer services across the *London Cancer* area:

- Brain and spine
- Head and neck
- Stem cell transplant and acute leukaemia services
- Urological
- Oesophago-gastric (upper GI)
- Thoracic surgery.

The cases for change will be shared with health overview and scrutiny members, patient representatives and the wider public as part of a planned commissioner-led engagement exercise ahead of formal consultation on any proposed changes to services.

It is anticipated that NHS England would be the lead commissioner and therefore the decision making body on any proposals for specialised cancer services.

Cardiovascular services

Separately, clinicians and their colleagues across north central and east London, jointly working through the academic health partnership, UCLPartners, are proposing to improve patient outcomes through integrating specialist cardiovascular services. The proposal is for some of the more specialist cardiovascular services and the services required to support this specialist activity, currently offered by both University College London Hospital (UCLH) NHS Foundation Trust and Barts Health NHS Trust, to come together in a single centre for global excellence at St Bartholomew's Hospital in late 2014. It is proposed that a commissioner-led engagement and consultation process for cardiovascular services be undertaken alongside proposals for cancer services.

The services provided at the London Chest Hospital, operated by Barts Health NHS Trust, are already planned to move to St Bartholomew's in 2014 and this new clinical proposal would see the cardiac services from UCLH's Heart Hospital also relocated to create one centre of excellence. The proposal will be subject to a full engagement and consultation process.

In principle, this change is of a similar scale to other recent improvements to the London health service, such as the establishment of the hyper-acute stroke units (HASUs) and London Trauma networks. These decisions were based on evidence that centralisation will save lives and improve patient outcomes, which has been shown with the HASUs and the trauma network.

It is proposed that a commissioner-led engagement and consultation process for cardiovascular services be undertaken alongside proposals for cancer services.

Commissioner responsibility for cardiovascular services is currently being reviewed. This will likely include NHS England as the lead commissioner for specialised cardiovascular services and clinical commissioning groups (CCGs) as commissioners for any non-specialised elements of the cardiovascular pathway.

Conclusion

The North and East London Commissioning Support Unit is supporting NHS England to establish programme management and a pre-consultation engagement process for the cancer and cardiovascular proposals. It is anticipated that the pre-consultation engagement process will take place during August/September. This is in addition to the engagement which has been led by providers since the announcement of the programme on 20 February 2013. Once the programme is clearer, we would be keen to work with the Chair of the JHOSC and Committee Officer to set out the engagement plan and gain feedback. This work is at an early stage and we would be pleased to arrange clinical representatives to attend a future meeting of the JHOSC to discuss their emerging recommendations.

CONTACT OFFICER:

Nicole Millane
Communications, Transformational Change
North and East London Commissioning Support Unit

Neil Kennett-Brown
Programme Director, Change Programmes

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