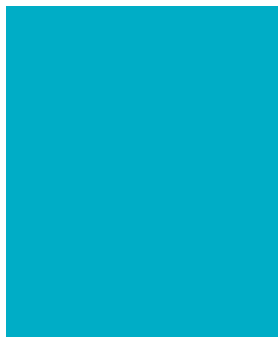
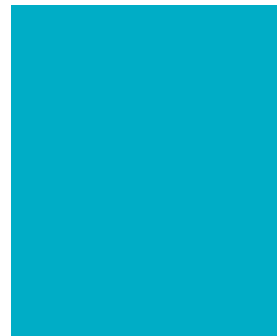
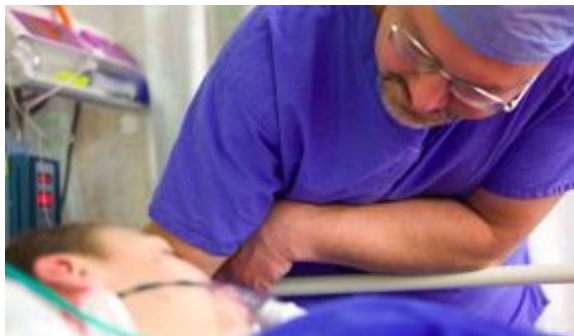


Cancer and cardiovascular services



About the programme

- Local services are not organised in a way that gives patients the best care
- Currently our specialists, technology and research are spread across too many hospitals
- To address this, clinicians have recommended:
 - Specialist cardiovascular services at The London Chest, The Heart Hospital and St Bartholomew's Hospital are consolidated to create an integrated cardiovascular centre at St Bartholomew's
 - For specialist cancer care, the proposal is to consolidate only some of the specialist elements of five cancers
- The majority of care would continue to be provided locally.

Specialist cancer services: scope

| Clinical scope | Approx impact of the proposed changes |
|--|---------------------------------------|
| Brain cancer surgery | 97 of 831 procedures |
| Head and neck cancer surgery | 241 of 394 procedures |
| Complex prostate cancer surgery (radical prostatectomies) | 93 of 275 procedures |
| Complex kidney cancer surgery (partial and full nephrectomies) | 145 of 239 procedures |
| Complex bladder cancer surgery | 32 of 71 procedures |
| Acute myeloid leukaemia (level 2b) treatment | 18 of 118 patients |
| Haematopoietic stem cell transplantation (level 3b) treatment | 53 of 274 procedures |
| OG (stomach or throat) cancer surgery | 53 of 131 procedures |

Programme update

- The majority of CCGs have submitted formal support for the proposals
- London Clinical Senate independent clinical assurance underway
- Initial business case expected to be published in April 2014



London Clinical Senate review: scope

- Advise on robustness of clinical process to arrive at recommended options, and depth of clinical involvement and support
- Advise on the future model and location(s) of radical prostatectomies, specifically:
 - A comparative analysis of current outcomes data
 - Which outcome measures should be used to compare radical prostatectomy performance
 - Implications of recently published NICE prostate guidance
- Professor Chris Harrison, Clinical Senate Council Vice-Chair, leading the process

Expert reference groups

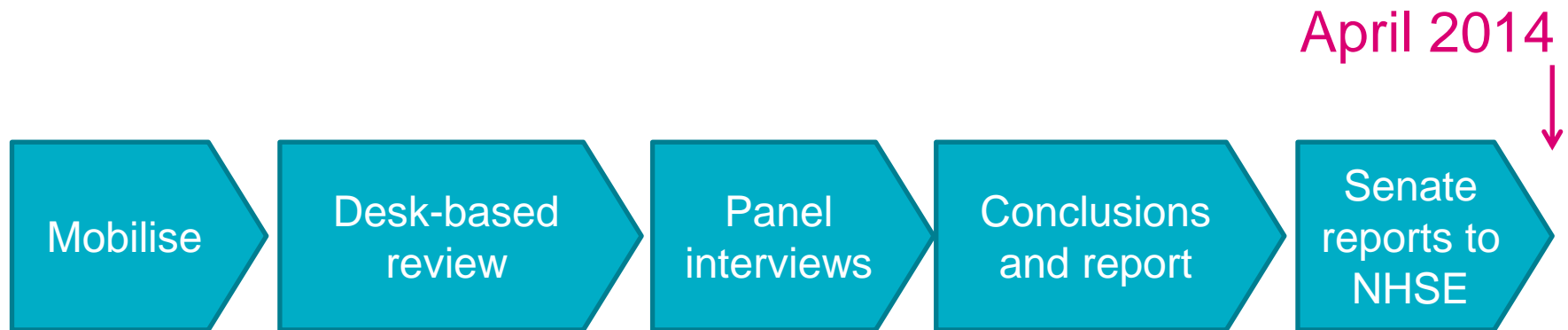
Expert reference group (programme-wide)

- One clinician with expertise in cancer services and one with expertise in cardiac services
- Two London Clinical Senate Lay Members
- A GP
- Director of Nursing and Medical Director (both drawn from the London Clinical Senate Council or Forum)
- A member of another Clinical Senate

Expert reference group (prostate)

- Consultant Urologist/Andrologist, London Clinical Senate Council Member
- Director, Centre for Clinical Practice, NICE or nominee
- Chair of the Specialised Urology Clinical Reference Group or nominee
- Clinical Audit Lead, British Association of Urological Surgeons (BAUS)

Clinical Senate assurance review: plan



Programme-wide clinical review

Prostate review

Initial business case approval

- A Commissioner Programme Board will have final approval of the initial business case
- The board will comprise NHS England and six CCGs who are majority commissioners for the proposed changes:
 - For **specialist cardiovascular** 59% of activity is CCG commissioned. Of this, 70% is commissioned by Haringey, City and Hackney, Enfield, Islington, Camden and Barnet CCGs
 - For **specialised cancer care** all the services are commissioned by NHS England, except acute myeloid leukaemia. This would particularly impact Enfield, Barnet, Haringey and Camden CCGs due to the proposed transfer of services to ULCH from other locations

Planning for implementation

ROLE

MECHANISMS

Commissioners

- Ensuring plans meet the standards and requirements identified in engagement (eg management of co-dependencies, meeting volumes, deliverable in a safe and timely manner)
- Ensuring system-wide benefits are identified and the overall change programme will deliver these benefits
- Ensuring a framework is in place to assure the ongoing implementation
- Deciding whether to proceed to implementation

- NHS England:
- Specialised Commissioning
 - Ops and Delivery

CCGs

Common
Commissioner Board

Clinicians

- Signing-off clinical service models from a pathway perspective
- Developing proposals for a individual pathways

- Pathway Boards
- UCL Partners
- Provider Clinical Directors

Providers

- Developing robust implementation plans and service models
- Providing confidence to clinicians and commissioners that the plans and models are deliverable
- Mobilising their own delivery programmes

- Provider programmes

TDA / DH/HMT

- Approving Barts Health OBC and FBC

TDA Board
DH/HMT process

Planning for implementation: major trauma 1/2

- Full day clinically-led workshop in January - over 45 representatives from across the system including national clinical director for trauma care.
- Recognition of the excellence of the current trauma service, and the significant improvements that it has made with a clear commitment to maintain services and work collaboratively between trusts
- Importance of culture and interpersonal relationships to deliver excellent trauma services

Planning for implementation: major trauma 2/2

- Trauma services require many different specialties, skills and support services, which must continue to be available through effective collaborative working
- Programme of work underway between trusts, UCLPartners and commissioners to mitigate risks
- This element of work will form part of the wider planning for implementation phase of the programme

Phase two engagement approach

- Approach discussed with patient advisory groups and meeting scheduled to discuss approach with local Healthwatch groups
- Engagement period commence following approval of initial business case
- Plain English summary leaflet of proposals distributed to all stakeholders
- Information available online and cascaded via trusts, CCGs and stakeholders
- Engagement events:
 - 1x prostate discussion event in outer north east London
 - 3x stakeholder advisory group meetings covering travel, whole pathway integration, and service impacts
 - Open offer to attend meetings

Next steps

- Following endorsement of the recommendations in the initial business case, phase two of the programme will commence including:
 - Phase two engagement
 - Planning for implementation
 - Development of commissioner assurance and oversight frameworks
 - Development of decision-making business case
- The above will support final decision-making expected in June 2014