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24 June 2015

To: All Members of the North Central London Joint Health Overview and Scrutiny Committee

Dear Member,

North Central London Joint Health Overview and Scrutiny Committee - Friday, 26th June, 2015

I attach a copy of the following presentations for the above-mentioned meeting:

**6. ACADEMIC HEALTH SCIENCE NETWORK (PAGES 1 - 12)**

To receive a report on the work of the Academic Health Science Network covering north central London and its role in assisting the transfer of medical research into practice within the NHS.

**7. SPECIALIST CANCER AND CARDIOVASCULAR SERVICES - UPDATE ON IMPLEMENTATION OF RECONFIGURATION (PAGES 13 - 22)**

To receive an update on progress with the implementation of changes to specialist cancer and cardiovascular services in the north central London area.

Yours sincerely

Robert Mack  
Principal Scrutiny Support Officer

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## UCLPartners

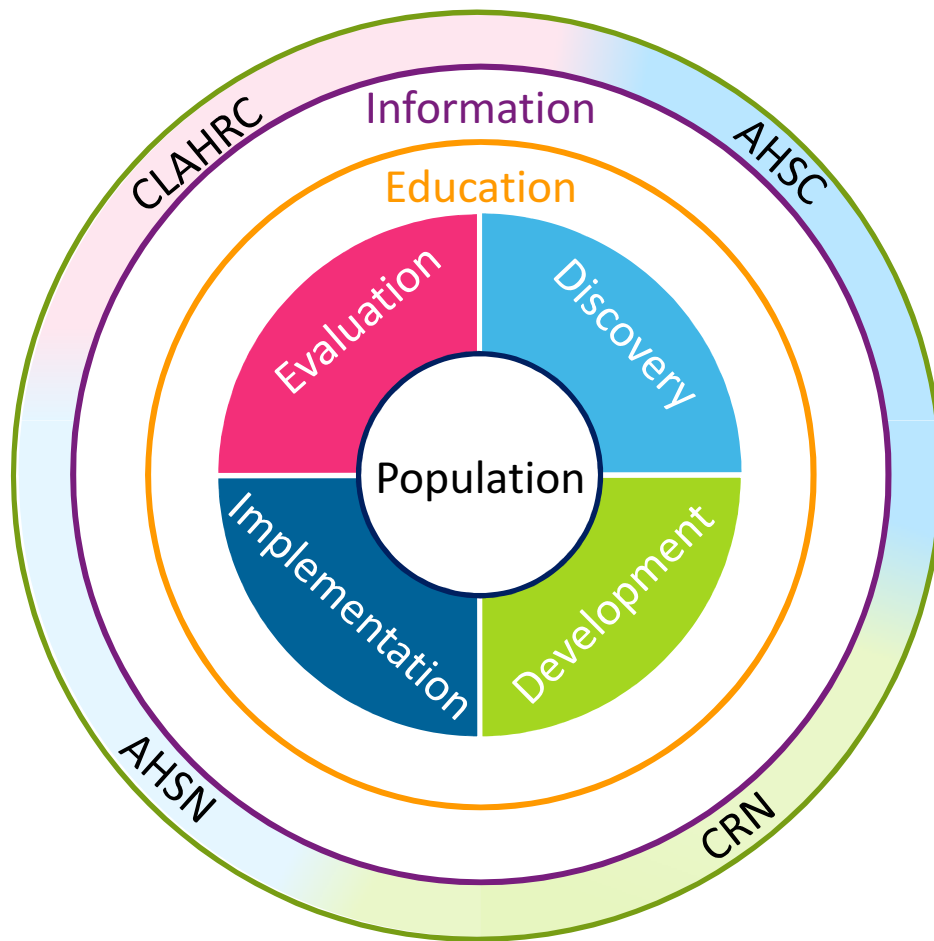
### Academic health science partnership

David Fish, Managing Director

Hilary Ross, Director of Strategic Development

To translate cutting-edge research and innovation into measurable health and wealth gain for patients and populations – delivering solutions to address the most pressing healthcare challenges in London, across the UK and globally

# Reframing the pathway – an integrated journey to transform healthcare through innovation into practice



Bringing together formal designations under one umbrella and working with partners to:

- **Discover** new treatments and methods for improving health
- **Develop** discoveries through clinical trials
- **Implement** changes at scale and pace across the partnership
- **Evaluate** how the system is working and what can be done next
- **Educate** the workforce and develop capabilities
- **Use information** to its best effect throughout the system

# Partnership vision and values

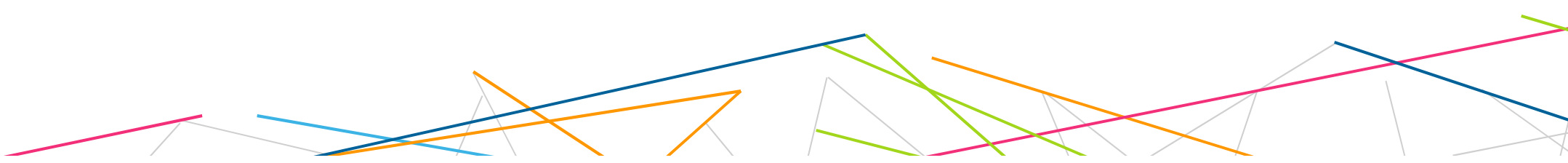
Our work is:

Patient led

Population focused

Developed in partnership

Delivered at pace



# the geography and partners



Six million  
population



**23 healthcare organisations** acute and mental health trusts; community providers



**11 higher education institutes** and research networks

**20 Clinical Commissioning Groups (CCGs)**



**Industry partnerships** in research and translation of innovation into health and wealth



**26 boroughs and local councils**



# Examples of progress in 2014/15: Improving specialist cancer and cardiac services

## The challenge:

Cancer and cardiac disease account for 60% of premature deaths before the age of 75 in London  
Clinicians recognised the need to implement new models of care to address this inequality  
By changing services, the partnership has the opportunity to save 1,200 lives per year

## Addressing the challenge:

- UCLPartners supported clinical teams and commissioners in developing proposals for specialised services and engaging with the public
- Now we are supporting implementation of such centres and *links to primary care and secondary care*
- The new Barts Heart Centre has become a clinical and academic hub for specialist cardiac care
- UCLH is developing as the major hub for specialist cancer care, with RFL centre for renal cancer surgery

## The outcomes:

Care will be delivered within an integrated system that delivers care in the setting most suited to patients' needs and supports quality improvement across whole pathways  
Improvements in quality of care and patient outcomes, supported by opportunities for excellence in research and education  
Net benefit to the system of £94.2m  
Save 1,200 lives per year when fully implemented





# Examples of progress in 2014/15: Supporting primary care in the prevention of heart attacks and strokes

## The challenge:

Atrial fibrillation causes 1 in 8 strokes  
Around 26,000 people in our region have AF and do not know it  
More than half of strokes due to AF could be prevented by appropriate use of oral anti-coagulation treatment  
NICE highlights the need for ensure people with AF receive the right treatment  
Camden had particularly low figures

## Addressing the challenge:

- UCLPartners worked with Camden CCG to help GP practices identify people with AF
- Clinical decision support tool helped GPs to prescribe appropriate treatment
- Established community of practice with 12 CCGs to improve detection and management of AF across the region

## The outcomes:

Camden has seen very positive uptake in 35 out of 37 GP practices  
The project is being replicated by Enfield, Barnet, Haringey and Islington  
If Camden's results are repeated across the region, we will reach NICE guidelines in 18 months  
Preventing 700 strokes saves 210 lives and approx. £7m each year



## Our strategic priorities – supporting delivery of the 5YFV

**System Transformation:** Improve health outcomes for patients and the population through supporting the system to implement and evaluate integrated pathways and new models of care

**Quality:** Support organisations and individuals to develop capability and infrastructure to improve quality, patient safety and experience and reduce costs

**Innovation:** Ensure innovation is embedded to drive change at scale and pace

**Sustainability:** Ensure UCLPartners is a sustainable, viable organisation



# Priorities for 2015/16: Transformation of specialist cancer and cardiovascular care

**Securing the benefits from the new academic medical centres as hubs for research and innovation within wider integrated systems of care**

Supporting the development and delivery of a new model of care for cancer services including:

- Improving one-year survival, by diagnosing cancer sooner and improving access to tests
- Improving patient experience by integrating cancer treatment into the wider health system

Supporting the transformation of cardiovascular care including:

- Scaling up approach on AF and cardiovascular prevention
- Integration of Barts Heart Centre with a new QMUL/UCL joint cardiovascular institute to drive forward diagnostic and therapeutic innovation and prevention strategies



# Priorities for 2015/16: Delivering a new model of care for children and adolescent mental health services

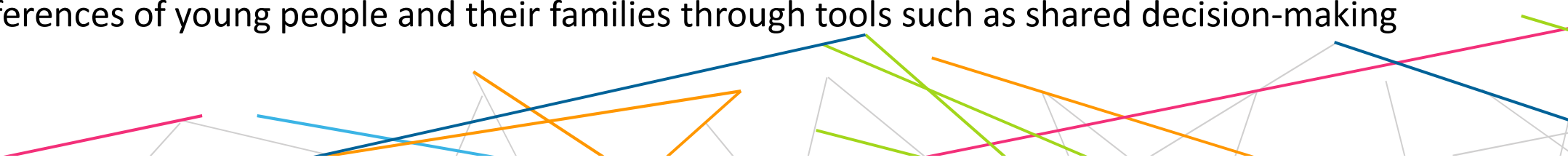
## Integration of mental health and physical health provision is a priority in the 5YFV

Government task force has identified the need to improve quality, access and safety in mental health services for children and young people

1 in 10 young people have a diagnosable mental health problem yet there is currently very limited access to mental health services, with long waiting times and often poor outcomes

We are working as part of a partnership with Anna Freud Centre (charity), the Tavistock and Portman NHS Foundation Trust and the Dartmouth Center for Healthcare Delivery Science in the US on a new model of care for CAMHS in NCL, with support from NHS England (London) and as part of the *National Innovation Accelerator Programme*

The *THRIVE* model of care will provide more readily accessible support that is responsive to the needs and preferences of young people and their families through tools such as shared decision-making

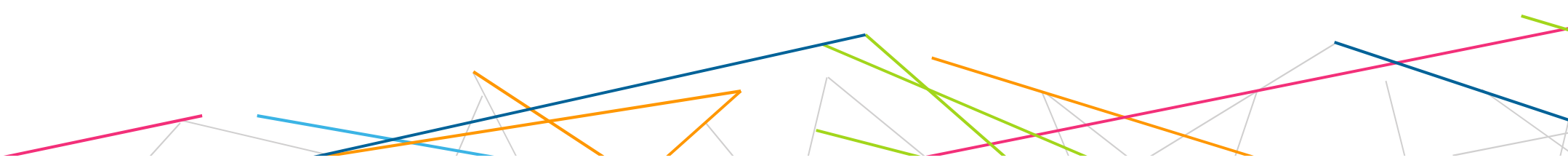


# Priorities for 2015/16: Supporting primary care transformation

**Building capacity and capability in primary care within new provider organisations is vital for the delivery of new models of care and for viable health economies**

Building on our primary care development and quality improvement work in East London, we are working with federation leads across NCL to scope support for a similar approach as part of the evolving strategy for the NCL health economy

We would like this to include support for the development of federations, evaluation, and development and embedding of quality improvement approaches such as QI collaboratives, development of quality indicators and dashboards linked to GP education and guidelines





## UCLPartners

### Academic health science partnership

David Fish, Managing Director

Hilary Ross, Director of Strategic Development

# Improving specialist Cancer and Cardiac services



10am-1pm Friday,  
26 June 2015



Item	Lead
Recap: Case for change	NEL CSU
Ensuring safety before and during service transfers	NEL CSU
Current timeline	NEL CSU
Gateways 1-2	Trusts
Gateway 3	Trusts
Gateway 4	Trusts
Ongoing assurance	NEL CSU



## Recap: Case for change

Clinicians and commissioners with UCLP agreed to create integrated cancer and cardiovascular systems providing care locally where possible, specialist care where necessary.

This re-configuration of services in north and east London and west Essex was agreed by CCGs (Jul 2014) & NHS England (Oct 2014):



<http://www.england.nhs.uk/london/engmt-consult/>

Pathway	Previous	Future
Brain	UCLH + BHRUT + BH	UCLH + BHRUT
Head and Neck	UCLH + BH + CFH	UCLH
Bladder and Prostate	UCLH + BH + BHRUT + BCF	UCLH
Renal	Various providers across the area	RFL
Haem-Onc (HSCT)	UCLH + RFH + BH	UCLH + BH
Haem-Onc (AML)	UCLH + RFH + BHRUT + BH + NMUH + BCF	UCLH + BH + BHRUT
OG	UCLH + BHRUT + BH	BHRUT + UCLH
Cardio	UCLH (Heart Hospital) + BH (London Chest and Royal London)	BH (Heart Centre)

Key	
BCF	Barnet & Chase Farm Hospital
BH	Barts Health
BHRUT	Barking Havering and Redbridge University Trust
NMUH	North Middlesex University Hospital
UCLH	University College London Hospitals
RFL	Royal Free London

## Ensuring readiness and safety before and during service transfers

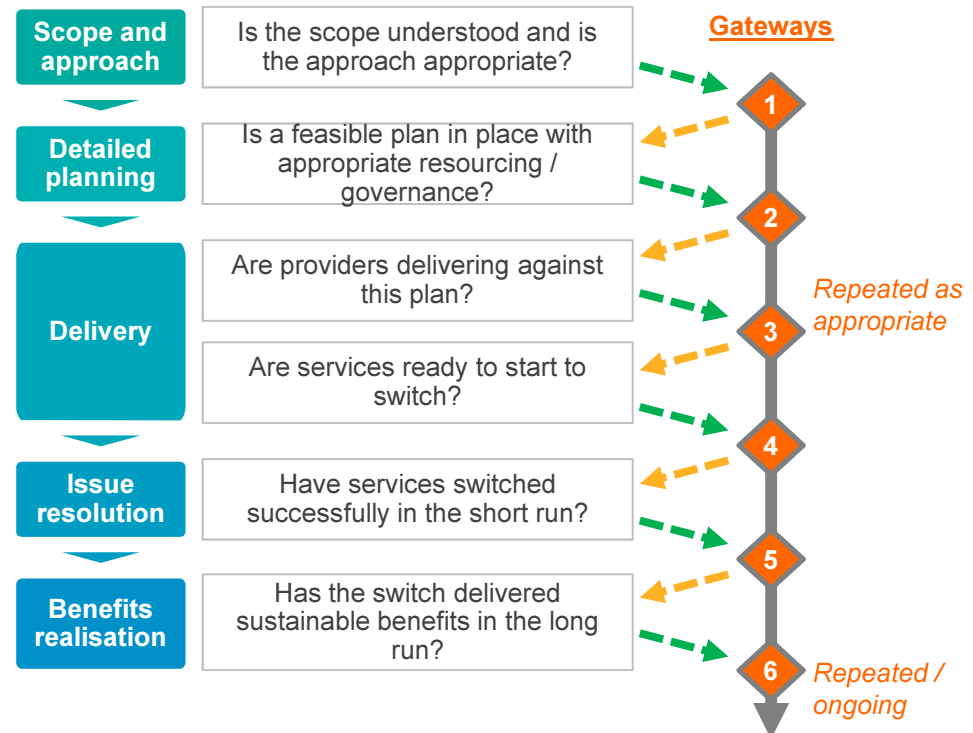


To ensure the **safety and readiness** of any service **before** and **during** a change, a **commissioner assurance** framework was established in September 2014.

A Programme Board:

- Oversees delivery of the provider and pathway-level plans for implementation
- Reviews progress against implementation plans, acting as a checkpoint for commissioner assurance purposes
- Makes recommendations for successful implementation
- Maintains an overview on performance of the specific pathway during reconfiguration – advising existing infrastructure, where appropriate

**Commissioner Gateways:** A series of gateways were designed in collaboration with commissioners, providers and UCLP to ensure robust planning and implementation of service transfers and mitigation of any impacts on other services.



## Timing

Pathway	Last Gateway	Next Gateway	Comment
Renal Cancer Pathway (RFL)	Gateway 4 (Dec 14)	Gateway 5 (Q1 16)	Expansion of services – to be phased until December 2015
Cardio Pathway (Barts Health)	Gateway 4 (Feb 15)	Gateway 5 (Nov 15)	Service transfer from the London Chest Hospital to the Barts Heart Centre completed 24th April.  Transfer from The Heart Hospital in Marylebone completed 1 <sup>st</sup> May.
OG (UCLH and BHRUT)	Gateway 3 (Feb 15)	Gateway 4 (July 15)	Services planned to switch November 2015
Urology (UCLH)	Gateway 3 (Feb 15)	Gateway 4 (Jul 15)	Services planned to switch November 2015
Head and Neck (UCLH)	Gateway 3 (May 15)	Gateway 4 (Nov 15)	Services planned to switch November 2015
Haem-Onc (UCLH)	Gateway 3 (May 15)	Gateway 4 (Nov 15)	Services planned to switch November 2015
Brain (UCLH and BHRUT)	<i>Planning</i>	Gateway 1-3 (Jul 15)	Services planned to switch in Spring 2016

**Gateway Review 1/2** Ensure appropriate scoping, agreement by all stakeholders impacted by the proposals (receiving and sending providers). Supported by strong governance to identify, escalate and manage clinical and delivery risks.

Example Criteria:

- Has the scope been agreed? Is it documented which procedures/ elements of services will transfer?
- Has a plan been developed and is there a clear and tested timeline for implementing the pathway?
- Is there is a mechanism for capturing, reporting and tracking risks and issues? Are risks clearly identified and documented with appropriate mitigation plans (also resourced in the plan)?



## Gates 3: Are providers delivering against this plan?



**Gateway Review 3** Review progress and outputs of key clinical and enabling work streams; identify any risks to delivery within the stated timeframes.

Integration of complex cancer services

Haem-Onc

**GATEWAY 3**  
**Assurance Document**

Purpose of this document  
To provide assurance to the commissioners that there is a robust plan in place to deliver the changes and so pass gateway 3.

Version History

Version	Date Issued	Brief Summary of Change	Author
Draft	March 2015	Comments from OSG members	Claire Levermore
FINAL	April 2015	Comments from CUB members	Claire Levermore

<small>For more information on the status of this document, please see the covering letter or contact:</small>	<small>Contact Name &amp; address – Claire Levermore Tel: 07855 169040 E-mail: <a href="mailto:claire.levermore@uclh.nhs.uk">claire.levermore@uclh.nhs.uk</a></small>
<small>Date of issue</small>	<small>March 2015</small>
<small>File Name</small>	<small>Assurance Document</small>
<small>File Location</small>	

### Example Criteria:

- Is there a clear, timed pathway, agreed both by sending and receiving providers and all referring organisations (across primary/secondary and tertiary care)
- Is there a robust ITT system in place?
- Current status of the enabler to build the necessary capacity. Are there any key risks and issues causing concern and if so has appropriate mitigation been planned? Has a migration plan been developed?
- Have providers appropriately considered their duties under the Equalities Act?

## Gate 4: Are services ready to start to switch?

**Gateway Review 4** Tests readiness of services to switch, assesses any residual risks.

**Assessment informs the decision to transition the services.**



### Assurance at Gateway Review 4 included:

- **Patient communications** including travel implications in-place
- **Stakeholder events** incl. commissioners, referring providers and GPs
- **Service model designed** and signed off by clinical reference groups
- **Co-dependent and support services** scoped/scaled for combined service
- **Workforce model** designed, consulted on and finalised
- **Staff fill rates** known, gaps understood and interventions to close agreed
- **Staff preparedness** plan in place and progressing to-plan
- **Clinical move sequence** agreed by clinicians / operational management
- **Pooled patient lists** and associated time to treatment forecasts agreed
- **Service continuity metrics** agreed and being monitored

- Barts Heart Centre opened Spring 2015 at St. Bartholomew's Hospital
- Consolidated services from three existing sites; ~80,000 patients per year delivered by 1200 staff
- 10 theatres, 10 catheter labs, 250 general beds and 58 critical care beds
- Will deliver more heart surgery and cardiac procedures than any other centre in Europe – forecast ~1,000 additional lives saved every year
- Part of UCL Partners & aligned to Queen Mary University London & University College London – a world-leading platform for innovation via integrated service, research and education and training, for the benefit of patients
- The start of system transformation and improvement.

## Ongoing assurance

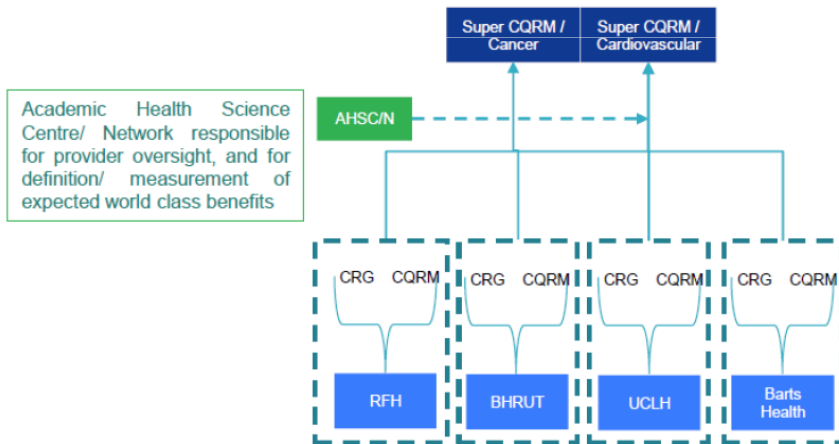
Two gate reviews (5 and 6) after service transfer (one immediately and one medium term) ensure continued quality of service delivery.



**Gateway Review 5** Ensures no drop in quality/ performance.

**Gateway Review 6** Reviews benefits a regular basis.

### System-wide quality review mechanism to provide commissioner oversight



Each provider would continue to be responsible for delivery against core contractual standards (monitored through existing contract review group/ clinical quality review groups)

### Objectives (draft):

Monitor and set system-wide standards and requirements  
 Providers should demonstrate and share best practice, lessons learned from complaints, incidents, Never Events, surveys, safeguarding concerns, quality alerts and feedback from service users and staff.

Agree and oversee delivery of expected benefits as outlined in the cancer/ cardiac programme business case.

Ensure appropriate mechanisms to monitor, and hold Provider(s) to account for, contractual requirements around clinical quality and safety of service.

Act as primary commissioner / provider forum for addressing issues that have the potential to negatively affect clinical outcomes for patients to ensure continuous improvement of services.

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