

Specialist urological cancer services

Recommendation making process

February 2013

Purpose

This paper outlines the process through which the *London Cancer* Board made a recommendation to its commissioners on the future location of its specialist urological cancer surgical services. The aim is to ensure that we provide the best urological cancer services that can be delivered within the available resources for our population.

Background

In early 2012 a *London Cancer* Urology Technical Group (a multi-professional group of clinicians and patients) drew up a service specification outlining the future requirements of local diagnostic and treatment units and specialist centres delivering the more complex aspects of care. The aim of this work was to ensure that both local units and specialist centres provide world class services for patients with suspected or proven urological cancers. This detailed specification took account of the recommendations of the London-wide Model of Care for cancer, published by NHS London in August 2010*.

There was a large degree of consensus amongst the urology community that *London Cancer* should go beyond the recommendations of the Model of Care in order to provide services that are comparable in terms of clinical outcomes, research, and training opportunities with the best international centres. The clinical consensus was that this would best be achieved through consolidation of all of the complex surgery into a single team of specialists based at a single specialist centre for the provision of complex renal cancer surgery and a single specialist centre for complex bladder and prostate cancer surgery.

The Urology Pathway Board, which has invited full representation from all providers as well as patients and primary care, led the development of this vision and ambition. The service specification was endorsed by the independent *London Cancer* Board and published in **May 2012** after which there was a period of discussion and engagement.

Timeline

On **28 August 2012** *London Cancer* asked each trust within the integrated cancer system to make a preliminary and non-binding expression of its interest in providing local or specialist bladder and prostate and/or renal services in the future. Trusts were informed that this initial request was not yet a formal bidding process but was intended to assist *London Cancer* in understanding the capabilities, capacity and commitment of our partner organisations to provide care along the urology cancer pathway.

* NHS Commissioning Support for London, *A model of care for cancer services: Clinical paper*, August 2010
<http://www.londonhp.nhs.uk/publications/cancer/>

London Cancer received all expressions of interest by **1 October 2012**. All trusts currently providing urological cancer services expressed an interest in hosting local urological cancer units. The following trusts expressed an interest in hosting one or more of the specialist centres:

Specialist bladder and prostate cancer centre

- Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT)
- University College Hospitals NHS Foundation Trust (UCLH)

Specialist renal cancer centre

- Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT)
- Barts Health NHS Trust (BH)
- Royal Free London NHS Foundation Trust (RFL)

The expressions of interest were assessed against the service specification by the *London Cancer* central team on behalf of the *London Cancer* Board. Trusts were sent feedback on their expressions of interest on **10 October 2012**.

At this stage the *London Cancer* Board supported all expressions of interest in providing local urological units. With regard to the specialist centres, it supported UCLH's interest in hosting the specialist bladder and prostate cancer centre and supported the interest of both RFL and BH in hosting the renal cancer centre.

The *London Cancer* Board felt, on the basis of the information available to it, that BHRUT could not meet key parts of the specification for the co-dependencies of the specialist bladder-prostate cancer centre. Also, it noted that the trust would need to make substantial investment and relocation of services in order to meet the specialist renal cancer surgical centre specification and that the two other expressions of interest were much more developed against the specification. As such, the Board advised BHRUT that it was unable to support its continued expression of interest at this stage.

The expressions of interest were discussed by the *London Cancer* Medical Directors' Forum at a joint meeting with trust management leads, on **16 October 2012**. Agreement was reached that *London Cancer* should strive to achieve a clinically-led solution that made the best use of the available expertise and resources across the system. Trusts were therefore granted two months to develop a collaborative way forward.

The trusts originally interested in hosting a specialist centre were invited to provide a written response on the outcome of these clinical discussions by **7 December 2012**. At this stage:

- UCLH confirmed its interest in hosting the specialist bladder and prostate cancer centre
- No consensus had been reached on the location of the specialist renal centre and so both RFL and BH confirmed their continuing interest in hosting the centre
- BHRUT confirmed that it would not pursue its interest in hosting either the bladder and prostate or renal specialist centre and would not continue to advocate a two specialist centre model. The trust affirmed its commitment to working with the preferred centres when they were agreed. In this, BHRUT outlined its expectation that all of the specialist expertise across the system be harnessed and local units be supported by the specialist centres to deliver as much care as possible locally.

During the clinical discussions that happened at this time, led by the medical director of BHRUT, the commitment to the model of a single specialist centre for bladder and prostate cancer and a single specialist centre for renal cancer was reaffirmed as it harnessed to full effect the relationship between surgical volumes and outcomes. These discussions emphasised a number of requirements

for support to trusts providing local urological services for patients, some of whom may now have to travel further for some aspects of their specialist care:

- Local assessment and follow up should be the rule, with significant on-site presence of specialist expertise from the centre
- There should be clear joint job plans for all clinicians working at the specialist centre with the local centre they will continue to support
- Overall outcomes and individual outcomes should be tracked and managed closely to assure there are no unintended consequences over the period of transition and as the new system and pathways bed down
- The model of *London Cancer* which decentralises as much as possible to improve local access, improve recruitment to research and promote earlier presentation should be supported
- *London Cancer* should continually reassess whether local care is possible and only continue to centralise where necessary (according to best evidence).

These factors were therefore emphasised in developing the process for discriminating between the two trusts interested in hosting the specialist renal cancer centre and in the requirements for further detailed proposals from the only trust that retained an interest in hosting the specialist bladder and prostate centre, UCLH.

On **13 December 2012** a urology transport meeting was held between patient representatives, a member of the UCLH management team and the *London Cancer* central team. This meeting produced recommendations for the future specialist bladder and prostate centre and renal centre to consider when addressing patient transport.

On **14 December 2012** an external expert advisor to the *London Cancer* Board, Mr Michael Aitchison consultant urologist at NHS Greater Glasgow and Clyde, made a visit to the two trusts that retained an interest in hosting the specialist renal centre. The aim of this visit was to:

- Discuss the content and clinical detail of their expression of interest
- Encourage further dialogue between the trusts or reaffirm that there was no possibility of reaching clinical consensus about the best location of the specialist renal centre
- Discuss the specialist centre specification with both teams to ensure that it was clear and accepted by all.

The feedback from the external expert advisor on the renal cancer centre proposals was that, on the basis of his visit and the expression of interest documentation, he had not identified any objective clinical criteria that immediately favoured one site over the other.

Following further discussion at the *London Cancer* Medical Directors' Forum meeting on **18 December 2012**, trusts received written confirmation of the next steps on **19 December 2012**.

The further clinical discussions that took place over this period made it possible for the service specification to be improved and clarified by the Urology Pathway Directors and the Chief Medical Officer of *London Cancer*, particularly around the requirements of the specialist centres to support local units to maintain relevant clinical expertise close to home for patients. A new version of the service specification (version 2.0) was therefore issued at this stage. In order for the *London Cancer* Board to make a decision on the specialist centre sites it would recommend to commissioners, it asked that more detailed proposals be submitted using the updated specification and giving particular emphasis to seven key domains:

1. Plans for **leadership**
2. The **patient pathway**
3. **Joint working** across the system
4. Supporting **local services**
5. Patient and relative **transport**
6. Plans for **audit and outcomes** measurement
7. **Organisational capacity** to deliver the proposals

The three trusts that still wished to host a specialist centre (BH, RFL, UCLH) were asked to develop these detailed proposals by **21 January 2013**. This deadline was later extended to **30 January 2013** in the light of feedback from the trusts involved. Detailed proposals were received on this date from RFL and BH for renal cancer and from UCLH for bladder and prostate cancer.

On **4 February 2013** the Urology Pathway Board met to discuss the proposals. The members recognised that they all had conflicts of interest in expressing preference for the sites of the specialist centres.

These conflicts were noted and the Urology Pathway Board was therefore not asked to make any recommendations on the location of the specialist centres. Pathway Board members were instead encouraged to discuss in an open forum their individual views on the strengths and weaknesses of all three proposals. During the discussions, members of the Pathway Board were given an assessment framework that invited comments on the strength of submissions in each of the seven assessment domains. This was to enable them to also comment confidentially on the strengths and weaknesses of the proposed clinical service and its research capability. All views and comments expressed and submitted were collated to be conveyed to the *London Cancer* Board for consideration.

The *London Cancer* Board met on **6 February 2013** to assess the detailed submissions from UCLH, BH and RFL against the seven key domains. The views of the external expert advisor, Mr Michael Aitchison, were also taken into account. In addition, information about patient transport, the feedback from the public engagement meetings to date, and the feedback on clinical issues and partnership working from the Urology Pathway Board were provided, taking due account that members had acknowledged conflicts of interest.

***London Cancer* Board assessment framework and approach**

In assessing the relative merits of all three submissions covering the seven key domains, the *London Cancer* Board first ranked the seven assessment domains in order of importance and agreed that they fell into three broad groups. Leadership and organisational capacity were ranked as the two most important domains to ensure timely and successful delivery of the whole specification. The second rank included the domains concerning the delivery of a high quality patient pathway through joint working and support to local services. Whilst important, the Board agreed that, since either trust could reasonably be expected to address these during implementation, audit and patient transport should be weighted in the third rank with regard to the process of making a recommendation to commissioners on the site of specialist renal cancer surgery.

***London Cancer* Board assessment of the bladder and prostate submission**

The *London Cancer* Board agreed unanimously to recommend to commissioners that specialist bladder and prostate cancer surgery in *London Cancer* be sited at UCLH. It agreed that it would ask the UCLH team to work together with *London Cancer* to address the further detail required by holding a co-design workshop with representatives from across the system to develop the

pathway in March 2013. The areas requiring further detail are outlined in the feedback letter to their Chief Executive Officer.

London Cancer Board assessment of the renal submissions

The *London Cancer* Board agreed that both the BH and RFL submissions were of high quality. The Board noted the external expert advisor's assurance that both submissions were clinically sound and that no objective *clinical* criteria immediately favoured one site over another. It also noted that the renal cancer experts in the system had expressed their commitment to working together wherever the specialist surgical centre was sited.

The *London Cancer* Board agreed that the RFL submission was significantly stronger and that there were sufficient differences between the two submissions to make a decision. These were provided in detailed feedback letters to the Chief Executive Officer of each trust. The *London Cancer* Board agreed unanimously to recommend to commissioners that the centre for specialist renal cancer surgery in *London Cancer* be sited at Royal Free London NHS Foundation Trust.

On **11 February 2013** the decision to make recommendations to commissioners on the future sites of the specialist bladder and prostate cancer surgical centre and the specialist renal cancer surgical centre were presented to the UCLP Executive Group meeting and the *London Cancer* Joint Development Group.

On **12 February 2013** written feedback letters were sent to the CEOs of the two trusts interested in hosting the specialist renal centre (RFL and BH).

On **14 February 2013** a written feedback letter was sent to the CEO of the trust interested in hosting the specialist bladder-prostate cancer centre (UCLH).

It was emphasised to all three trusts in this correspondence that the public engagement process for urological cancer services is ongoing. Until this process is complete, although planning for change can continue and we would encourage this across the trusts, they should not make any irreversible changes to their specialist urological cancer services until the NHS Commissioning Board has considered and decided whether to agree our recommendations.

Over the coming weeks we will be working through the process of accreditation for both specialist centres and local urological diagnostic and treatment units should our proposals be supported by our commissioners. We will work with each specialist team to organise any necessary co-design workshops, including input from all relevant stakeholders. We will also need to agree the overall project planning arrangements that each trust proposes to put in place and the part that UCLPartners and *London Cancer* will play in the implementation process. If our proposals are supported by commissioners then we would anticipate full implementation by April 2014.

Detailed timeline

