

NHS NORTH CENTRAL LONDON	BOROUGHES BARNET, CAMDEN, ENFIELD, HARINGEY, ISLINGTON WARDS: ALL
REPORT TITLE: Update on proposed changes to urological cancer surgical services	
REPORT OF: Neil Kennett-Brown Programme Director, Change Programmes North and East London Commissioning Support Unit	
FOR SUBMISSION TO: North Central London Joint Health Overview & Scrutiny Committee	MEETING DATE: 14 March 2013
SUMMARY OF REPORT: <p>Over recent months, expert clinicians representing all the hospitals providing urological cancer services in north central London, north east London and west Essex have been looking at how they can improve urological cancer surgical services, specifically complex surgery for bladder and prostate cancer and kidney cancer. This review is being led by <i>London Cancer</i> which represents NHS cancer care providers and the cancer Joint Development Group and also involves GPs, nurses, health professionals and patient representatives.</p> <p>This work follows a 2009/10 London-wide review of cancer care in London. The London-wide clinical case for change and model of care – <i>the Model of Care for Cancer Services 2010</i> – made a compelling argument to improve cancer services in the capital where access to and outcomes from cancer were unequal, and mortality rates from cancer were higher in London than the rest of the UK. The model of care was underpinned by ten guiding principles, including the centralisation of services where clinically appropriate. A wide public engagement held in 2010 supported the principles of the London-wide model of care.</p> <p>Using the model of care as a framework, clinicians have developed a case for change which outlines their recommendations for improving urological cancer surgical services. <i>London Cancer's</i> case for change was published on 31 January 2013.</p> <p>Clinicians believe that the way in which specialist services are currently organised does not support the delivery of the highest quality of care, research and training. Clinicians also believe that we 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.</p> <p><i>London Cancer</i> is recommending that complex surgery be consolidated in one specialist centre for bladder and prostate cancer and one specialist centre for kidney cancer. Importantly, patients would continue to receive the majority of their care at their local urological cancer unit. Only a small number of people would need to go to a specialist centre for complex surgery for kidney, bladder or prostate cancer. Less complex surgery would continue to be provided at local urological units. Quality of care would also improve across all local urological cancer units, in line with agreed standards and an audit programme.</p> <p>As the current commissioners of these specialist surgical services, NHS North East London and the City and NHS North Central London are now engaging on <i>London Cancer's</i> case for change with patient and public representatives, local councils, local involvement networks and other local groups in London, west Essex and south Hertfordshire.</p>	

In February, more information on the clinical evidence and designation process was published, in addition to further detail from *London Cancer* on their recommendations for the model of care and proposed hospital providers. This will be widely circulated to stakeholders.

Commissioners will formally discuss the proposals with clinical commissioning groups in March 2013, and host stakeholder and clinical workshops to get feedback on the clinical recommendations. We invite comments and feedback before 29 March 2013.

From April 2013, responsibility for commissioning these services will transfer to the NHS Commissioning Board (NHS CB). We are planning a meeting with the NHS Commissioning Board and representatives of health overview and scrutiny committees in late April to formally present the recommendations for urological cancer surgical services, and to brief scrutiny representatives on the range of strategic changes to specialist services in the pipeline.

The NHS CB will consider all of the views received as part of this engagement before making decisions on proposals.

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RECOMMENDATIONS: The Committee is asked to note the update on the engagement on urological cancer surgical services and the request to participate in a meeting with the NHS Commissioning Board in late April. The Committee is also invited to comment on the clinical recommendations for urological cancer services.

Attachments include: Case for Change, *Urological Cancers: Why we need change*; additional documentation pack.

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DATE: 22 February 2013