

NHS NORTH CENTRAL LONDON BOROUGHS: Barnet, Camden, Enfield,

Haringey and Islington

WARDS: ALL

PRESENTATION TITLE: Specialist cancer and cardiac service reconfiguration

PRESENTATION OF:

Neil Kennett-Brown, Programme Director, Change Programmes, North and East London CSU Clinical representatives from *London Cancer North and East* and UCLPartners.

FOR SUBMISSION TO:

Inner North Central London Joint Health Overview & Scrutiny Committee

MEETING DATE:

29 November 2013

EXECUTIVE SUMMARY OF PRESENTATION:

Background to the proposals

A 2010 pan-London review found that cancer and cardiovascular services in the capital did not always give patients the best chance of survival and the best experience of care. Public engagement on the pan-London case for change and model of care was undertaken in 2010 (<u>cardiovascular care</u> and <u>cancer care</u>).

Building on the pan-London review, clinicians (working through the academic health science network UCLPartners for cardiovascular care and *London Cancer North and East* the integrated cancer system for north and east London and west Essex for cancer care) have looked at how best to improve services locally.

As commissioners, NHS England has published a case for change and begun engaging with the public, patients and staff to gather views on the clinical recommendations, and to inform the development of a business case, and period of any further engagement. The engagement will run from 28 October to 4 December 2013.

Cancer pathways

London Cancer has established a number of cancer pathway groups involving clinicians, GPs and patient representatives. By building on the Model of Care, and with an ambition to provide the quality of care that patients deserve, London Cancer North and East's pathway groups have developed clinical recommendations for providing the cancer services across north and east London and west Essex. While most cancer care would remain unchanged and would be provided locally, clinicians are recommending specialist services for the following five pathways in fewer specialist centres:

- Brain cancer surgery
- Head and neck cancer surgery
- Urological (bladder, prostate and kidney) cancer surgery
- Stem cell transplants and treatment of acute myeloid leukaemia
- Oesophago-gastric (upper GI) cancer surgery.

If London Cancer North and East's recommendations are fully implemented as proposed, the change of activity at University College London Hospitals NHS Foundation Trust (UCLH), Royal Free London NHS Foundation Trust (Royal Free) and Barnet and Chase Farm Hospitals NHS Trust (BCF) is shown on the diagrams below.

Cancer activity at UCLH

✓ - No change ↑- Increase in activity ↓ - Decrease in activity ↓ x - All activities moving to another site

No change to teenage and young adult cancer services currently provided at UCLH

Tumour	Referral & Diagnosis	Complex Diagnosis	Surgery & Interventional Treatment	Systemic Anti- cancer Therapy	Radiotherapy	Follow-up & Monitoring
Brain	•	^	↑	•	•	V
Breast	•		•	•	→	•
Colorectal	•	•	•	✓	✓	~
Gynaecology	•		V	•	V	V
Haematology Other (I & IIa)	•	•		•	V	•
AML (lib)	✓	↑		1	•	✓
HPSCT	•	^		1	1	✓
Head &Neck	V	V	1	•	•	•
Lung	•		•	V		~
Skin	•	•	•	✓	✓	✓
UGI (HPB)	•			✓	•	
UGI (OG)	V	^	1	•	✓	~
Urology Bladder & Prostate	•	•	↑	•	•	•
Renal	V		V	V	V	9

Cancer activity at Royal Free

✓ - No change ↑- Increase in activity ↓ - Decrease in activity ↓ X - All activities moving to another site

Tumour	Referral & Diagnosis	Complex Diagnosis	Surgery & Interventional Treatment	Systemic Anti- cancer Therapy	Radiotherapy	Follow-up & Monitoring
Brain	•			•	V	
Breast	•	~	V	•	V	
Colorectal	•	•	•	V	•	V
Gynaecology	•			~	V	V
Haematology Other (I & IIa)	•	v		•	•	•
AML (IIb)	•	4		↓×	√×	V
HPSCT	•	√×		↓×	↓×	v
Head & Neck	•	•		~	V	
Lung	•	•	•	•	V	V
Skin	V	V	•	•		V
UGI (HPB)	V	V	V	•	•	V
UGI (OG)	•			•	U U	
Urology Bladder & Prostate	V	v	•	•	•	v
Renal		V	1		V	Ų.

Cancer activity at Barnet and Chase Farm

✓ - No change

↑- Increase in activity

↓ - Decrease in activity

↓ X - All activities moving to another site

No change to paediatric cancer services currently provided at BCFH.

Tumour	Referral & Diagnosis	Complex Diagnosis	Surgery & Interventional Treatment	Systemic Anti- cancer Therapy	Radiotherapy	Follow-up & Monitoring
Brain	•					V
Breast	•	•	•	•		•
Colorectal	V	•	V	•		
Gynaecology	V			~		
Haematology Other (I & IIa)	•	•		•		V
AML (IIb)	•	4		↓ ×		•
HPSCT	•					✓
Head & Neck	V	•		•		•
Lung	•	•		•		•
Skin	•	•	~	•		•
UGI (HPB)	•			V		
UGI (OG)	•			•		V
Urology Bladder & Prostate	V	v	V	•		V
Renal	•	•		✓		V

An overview of the location of all specialist centres for the five pathways under review can be found on page 11 of the case for change.

Cardiovascular services

Separately, clinicians are proposing to improve patient outcomes through integrating specialist cardiovascular services. The proposal is for specialist cardiovascular 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 excellence at St Bartholomew's Hospital in late 2014.

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 (Marylebone, London Borough of Westminster) also relocated to create one centre of excellence.

Most people who are currently referred to The Heart Hospital live in north-central London and most people who are referred to The London Chest Hospital live in north-east London. So travelling to an integrated cardiovascular centre at St Bartholomew's Hospital would be a reasonable alternative for patients who are currently treated at The Heart Hospital.

Options appraisal

NHS England (on behalf of commissioners) is considering these proposals and engaging patients, clinicians and key local stakeholders on the options for delivering these specialised centres of excellence. Part of the engagement is to identify a short-list of options that can be formally appraised. This appraisal will develop preferred options which can be formally engaged upon before any decisions are taken.

Options appraisal meetings have been held with representatives from commissioning, public health and patient groups. Clinical and non-clinical appraisal meetings will continue until December 2013.

Scrutiny and decision-making

NHS England as the lead commissioner will be the decision-making body on any proposals for specialised cancer and cardiovascular services. CCGs as commissioners for any non-specialised elements of the pathways will be important stakeholders in the process and their formal feedback will be used to inform the decision-making process.

NHS England has written to the INEL Joint Health Overview and Scrutiny Committee (as well as JHOSCs from Outer North East and North Central London) to consider in respect of which recommendations, if any, constitute a substantial variation of services, and the extent of involvement under section 242 of the Health Act 2006. If a formal consultation is not required, NHS England would still undertake a further period of formal engagement around the commissioner recommendations for each pathway.

If a formal consultation is required then in the new Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013, where an NHS body/health service provider service change impacts on more than one local authority's area and it has to consult more than one local authority, those local authorities must appoint a single joint overview and scrutiny committee for the purposes of the consultation for the area affected. In this case, the area affected would be the London Boroughs in north and east London plus Westminster, west Essex and Hertfordshire.

NHS England would agree the scale and duration of any formal engagement or consultation with the affected boroughs.

Engagement

The case for change, supporting documents and event details were made available on the NHS
England website on 28 October 2913. A media release was also issued by NHS England and received coverage in the Evening Standard. A news story was also posted on London Cancer North and East's website and UCLPartners website, which pointed to the NHS England webpage.

Letters announcing the launch of the case for change and advising of ways to get involved were sent to circa 630 stakeholders, along with a copy of the case for change:

- local and national Healthwatch
- local and national cancer and cardiovascular patient support groups
- Chairs of Health and Wellbeing Boards, Directors of Adult Social Services and Directors of Public Health
- MPs, London Assembly Members and LMCs
- Chairs of ONEL, INEL, NCL JHOSCs and the OSCs of Westminster, Hertfordshire and Essex
- CCGs and London adult specialist care providers.

Five public drop-in events are planned for the engagement. The events were advertised in 15 local newspapers (Harlow Star, Epping Forest Independent, Epping Forest Guardian, Romford Recorder, Ilford Recorder, Newham Recorder, Waltham Forest Guardian, Barnet Hendon Press, Enfield Independent, Enfield Advertiser, Barnet & Potters Bar Times, Camden New Journal, Islington Tribune, Islington & Hackney Gazette) during the week commencing 4 November. All event dates were advertised in each publication to give members of the public the option of attending any (or all) of the events.

- Tuesday 12 November, 1.30-3.30pm, Harlow Leisurezone Conference Room, Second Avenue, Harlow, CM20 3DT
- Wednesday 13 November, 5.30-7.30pm, Romford Central Library, St. Edwards Way, Town Centre Romford, RM1 3AR
- Monday 18 November, 6-8pm, The Old Town Hall, 29 Broadway, Stratford, E15 4BQ
- Tuesday 19 November, 3-5pm, Green Towers Community Centre, 7 Plevna Road, Edmonton,

N9 0BU

• Monday 25 November, 6-8pm, Camden Centre, Bidborough Street, London, WC1H 9AU

Five staff events are planned for the engagement and have been promoted via Trusts internal communications channels. The events have been located at sites across north and east London with staff encouraged to attend any (or all) events.

Outputs, such as attendance numbers and key themes, for the events being held prior to the 20 November will be presented at the JHOSC meeting.

Timings

Late 2013	Engagement and business case development
Early 2014	Formal engagement or consultation
Mid 2014	Decision by NHS England and CCGs
Late 2014-2018	Implementation, if approved

Conclusion

The Committee is asked to note the overview of the clinical recommendations and engagement, and is invited to provide formal comment on the clinical recommendations for specialist cancer and cardiovascular services. The Committee is also asked to note the request for the Chair to participate in a meeting with NHS England and Chairs of the INEL and NCL JHOSC to consider the full outcomes of engagement and to consider which, if any, pathways require formal consultation and what time period that formal consultation would run.

Attachments include: Case for Change.

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DATE: 15 November 2013