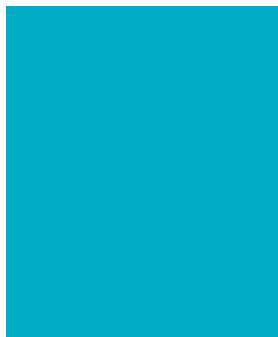
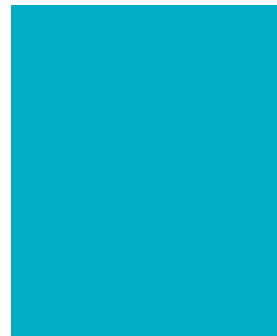
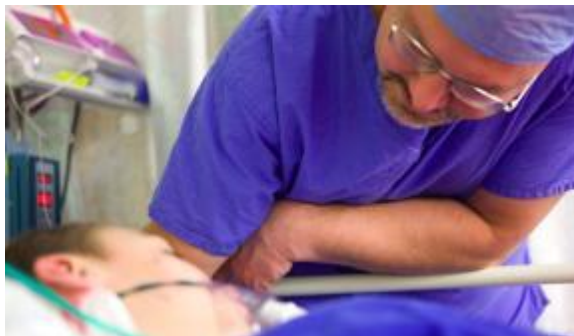


Cancer and cardiovascular services



Why we need change

- Local services are not organised in a way that gives patients the best care
- Specialists, technology and research spread across too many hospitals
- Evidence suggests that focused specialist centres lead to better outcomes



What it would mean for patients

- Improved experience and outcomes
- Prompt access to the right treatment and state-of-the-art equipment
- Specialist care available 24/7 and shorter waiting times
- Better access to the latest treatments and technology through more access to clinical trials



Cancer



Scope of the engagement

- Clinicians reviewed specialist services for five rare or complex types of cancer:
 - Brain cancer surgery
 - Head and neck cancer surgery
 - Bladder, prostate and kidney surgery
 - Treatment for acute myeloid leukaemia and stem cell transplants
 - Oesophago-gastric (OG) cancer surgery

Clinicians believe that these changes would affect less than 10% of all cancer services

Cancer activity at UCLH

✓ - No change ↑ - Increase in activity ↓ - Decrease in activity ↓× - 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	✓	↑	↑	✓	✓	✓
Breast	✓	✓	✓	✓	✓	✓
Colorectal	✓	✓	✓	✓	✓	✓
Gynaecology	✓	✓	✓	✓	✓	✓
Haematology Other (I & IIa)	✓	✓		✓	✓	✓
AML (IIB)	✓	↑		↑	✓	✓
HPSCT	✓	↑		↑	↑	✓
Head & Neck	✓	✓	↑	✓	✓	✓
Lung	✓	✓	✓	✓	✓	✓
Skin	✓	✓	✓	✓	✓	✓
UGI (HPB)	✓			✓	✓	
UGI (OG)	✓	↑	↑	✓	✓	✓
Urology Bladder & Prostate	✓	✓	↑	✓	✓	✓
Renal	✓	✓	↓	✓	✓	✓

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	✓			✓	✓	
Breast	✓	✓	✓	✓	✓	✓
Colorectal	✓	✓	✓	✓	✓	✓
Gynaecology	✓			✓	✓	✓
Haematology Other (I & IIa)	✓	✓		✓	✓	✓
AML (IIb)	✓	↓		↓X	↓X	✓
HPSCT	✓	↓X		↓X	↓X	✓
Head & Neck	✓	✓		✓	✓	✓
Lung	✓	✓	✓	✓	✓	✓
Skin	✓	✓	✓	✓	✓	✓
UGI (HPB)	✓	✓	✓	✓	✓	✓
UGI (OG)	✓			✓	✓	
Urology Bladder & Prostate	✓	✓	✓	✓	✓	✓
Renal	✓	✓	↑	✓	✓	✓

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	✓					✓
Breast	✓	✓	✓	✓		✓
Colorectal	✓	✓	✓	✓		✓
Gynaecology	✓			✓		✓
Haematology Other (I & IIa)	✓	✓		✓		✓
AML (IIb)	✓	↓		↓ X		✓
HP SCT	✓					✓
Head & Neck	✓	✓		✓		✓
Lung	✓	✓		✓		✓
Skin	✓	✓	✓	✓		✓
UGI (HPB)	✓			✓		✓
UGI (OG)	✓			✓		✓
Urology Bladder & Prostate	✓	✓	↓	✓		✓
Renal	✓	✓	↓	✓		✓

Vision for cancer care

- Create an integrated system of care providing:
 - Local care where possible, specialist care where necessary
 - High performing multi-disciplinary teams of surgeons, specialist nurses, anaesthetists and therapists
 - High capacity specialist teams that strengthen local services
 - Training and research opportunities for staff
 - Open and transparent data collection

Specialist centres would work with local hospitals and GPs to improve the patient journey from diagnosis to follow-up care

Brain cancer surgery

- Currently three neuro-oncology centres serve a population of over 3.9 million
- Current services do not always meet national standards of:
 - Two million population size
 - At least 50% of the time spent in neuro-oncological surgery

Clinical recommendations

- Consolidate neuro-oncology surgery at two centres
- Improvements to the pathway:
 - Immediate referral to neuro-oncology surgery centre
 - CNS support for holistic care
 - Rapid diagnosis and referral to oncology after surgery
 - Follow-up care and rehabilitation

Head and neck cancer surgery

- Surgery is currently carried out at three centres serving a population of 3.2 million
- Current services do not always meet national standards of:
 - At least one million population
 - Patients should be managed by a specialist MDT that manages at least 100 new cases a year

Clinical recommendations

- Consolidate head and neck cancer surgery at one centre
- Improvements to the pathway:
 - Sustaining dedicated facilities, 24/7 specialist medical, nursing and therapy support teams
 - Faster diagnosis and screening
 - Patients offered all suitable treatment options and reconstruction
 - Access to cutting-edge radiotherapy
 - Local follow-up and enhanced recovery packages during and after treatment

Bladder and prostate cancer surgery

- Around 100 bladder cancer patients and 220 prostate cancer patients require complex surgery a year in north and east London
- Four centres currently serve over 3.2 million
- Each centre does between 54-89 complex operations
- Services do not always meet national standards:
 - Treatment should be managed by MDTs
 - Centres should serve at least one million people

Clinical recommendations

- Centralising complex bladder and prostate procedures (undertaken robotically) at University College Hospital
- Stakeholders have also asked commissioners to consider the option of offering some specialist prostate surgery at a second centre at Queen's Hospital in Romford

Renal cancer surgery

- Most renal cancer patients need complex surgery
- Nine centres currently serve our 3.2 million population
- Numbers of procedures done at each centre ranges from 10 – 72
- Not all hospitals have access to latest technologies (e.g. robotics, focal therapies)
- Renal cancer surgery should have renal medicine and dialysis facilities

Clinical recommendations

- Consolidate services into one specialist centre at the Royal Free
- Royal Free has necessary supporting specialities including:
 - Vascular surgery
 - Liver and pancreatic surgery
 - Renal medicine
 - 24-hour interventional radiology
- Royal Free also has the ability to expand facilities in line with its strategy for renal diseases

AML treatment and stem cell transplants

- Currently north and east London has:
 - Six level 2b AML centres treating 2-39 new patients intensively
 - Three transplants centres
- Services do not always meet recommended standards of:
 - 100 transplants a year
 - 10 new AML cases a year

Clinical recommendations

- Level 2b AML treatment should be consolidated into three centres
- Stem cell transplant services should be consolidated into two centres

OG cancer surgery

- 25% of OG patients require specialist treatment
- The local area currently has three specialist OG centres
- Services do not always meet recommended standards of:
 - Serving a population of one million
 - Performing at least 60 operations a year

Clinical recommendations

- Staged consolidation of specialist diagnostics and surgical services
- Initially two centres:
 - Queen's Hospital in Romford
 - University College Hospital
- Medium to long term, further consolidation into a single centre at UCLH

Cardiovascular

Introduction



Cardiovascular

- This review focuses on specialist adult cardiovascular services:
 - Adult congenital heart disease
 - Cardiac anaesthetics and critical care
 - Cardiac imaging
 - Cardiac rhythm management
 - Cardiac surgery
 - General interventional cardiology
 - Management of complex/severe heart failure
 - Inherited cardiovascular disease

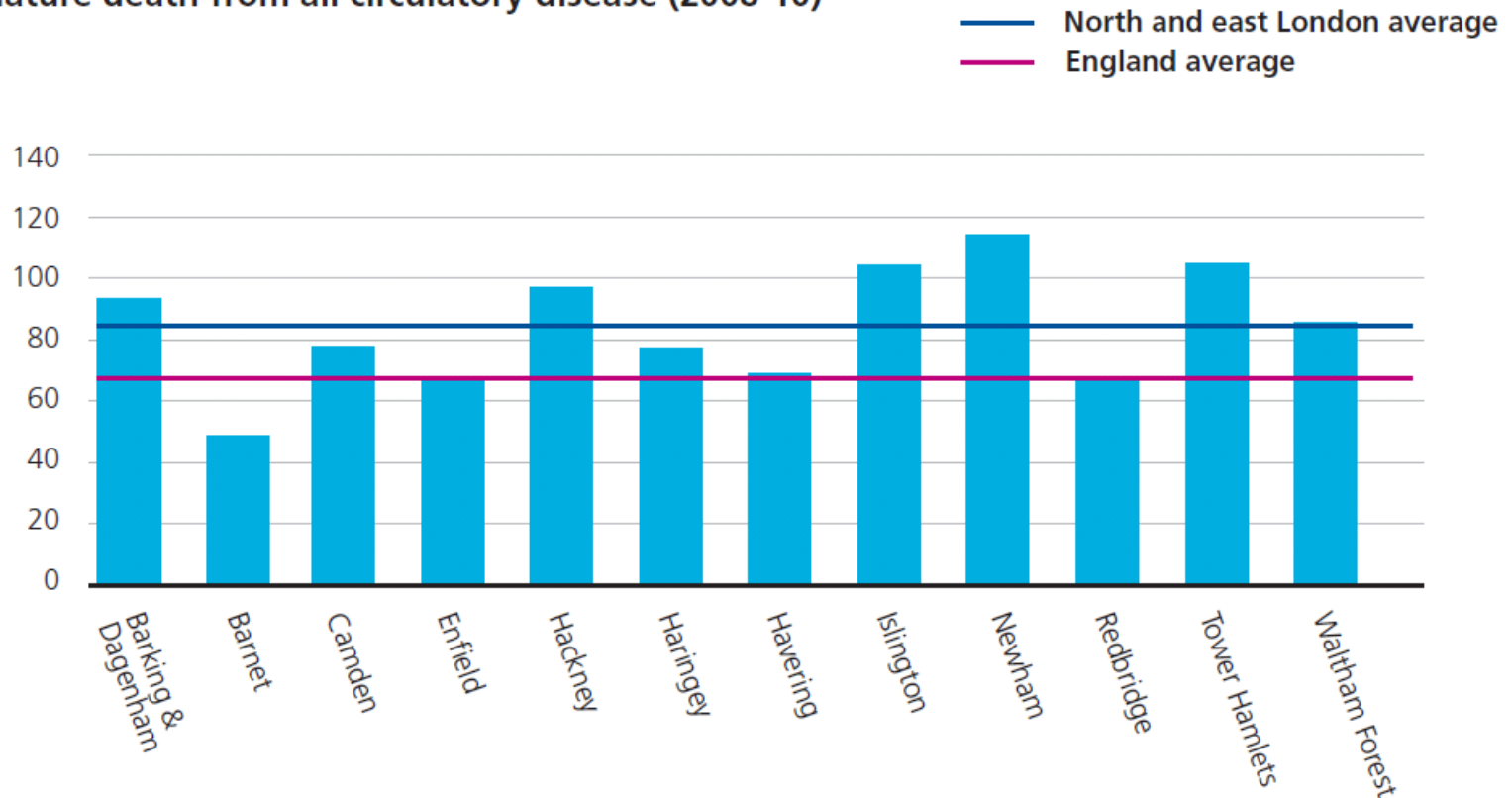


Local need

Over **1,000 lives** could be saved if we equalled the England average.
Over **2,000** when equalling the European rate

Diverse, ageing and growing population with many facing significant deprivation

Premature death from all circulatory disease (2008-10)



Why we need to change

- Some of our patients are waiting unacceptably long for treatment
- Too many patients are having their surgery cancelled
- Hospitals cannot deliver 24/7 care by specialist teams without sufficient patient numbers
- Not all our services are delivering the national standards for care and patient outcomes could be improved

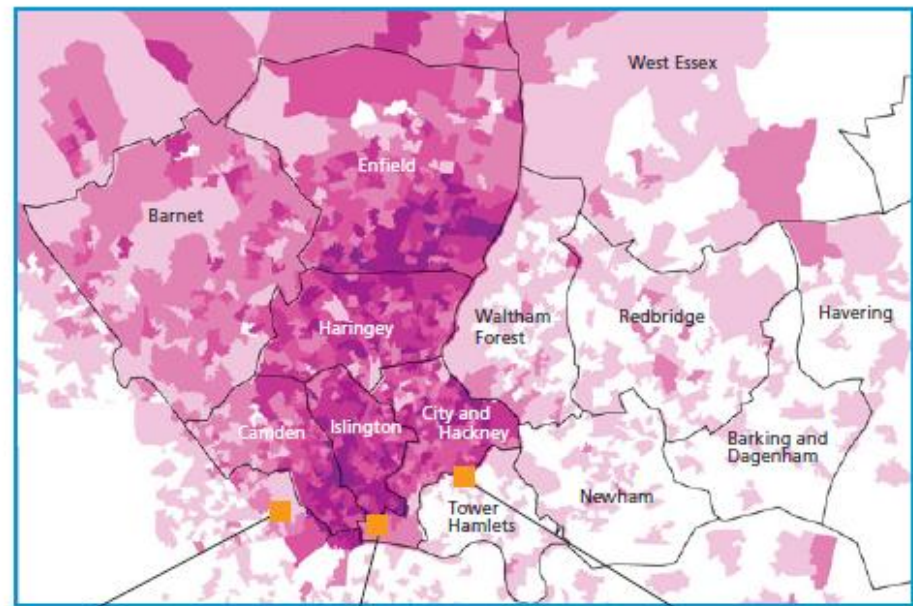
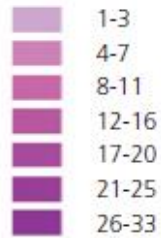
**These challenges
threaten good
patient experience**

Clinicians' recommendations

- Create a world-class integrated cardiovascular centre at the new St Bartholomew's Hospital site
- Develop a comprehensive, joined-up network of care spanning from prevention and earlier diagnosis through to treatment of disease
- The majority of care would continue to be provided close to people's homes



Patient flows for The Heart Hospital



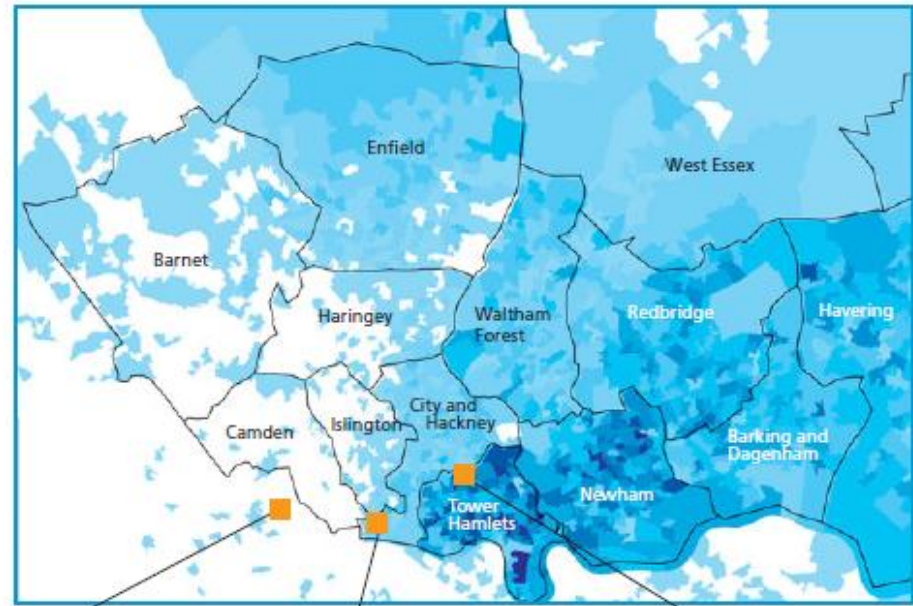
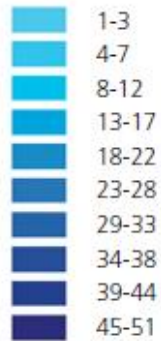
Distance from The Heart Hospital to St Bartholomew's Hospital is around 2.5 miles

The Heart Hospital

St Bartholomew's Hospital

The London Chest Hospital

Patient flows for The London Chest Hospital



Distance from The London Chest Hospital to St Bartholomew's Hospital is around 3.3 miles

The Heart Hospital

St Bartholomew's Hospital

The London Chest Hospital

Engagement

cancerandcardiovascular@nelcsu.nhs.uk

www.england.nhs.uk/london/engmt-consult/



Equality analysis approach

Stage 1: Initial Equality Analysis (screening) by end of December 2013

- ❖ At this stage we will be looking at and analysing all key policy documents, proposals and any available equality data on protected groups across North and East London.
- ❖ We will talk to the key people in the NHS who are involved in the reconfiguration.
- ❖ Assess how the proposed change is going to impact on the communities in North and East London, particularly equality groups.
- ❖ Based on the evidence, if there is any likely negative or disproportionate impact on equality then we will recommend necessary measures to be put in place to either mitigate or minimise those impacts before the implementation of the next phase, and address them during formal engagement/consultation.

Stage 2: Full Equality Analysis by March 2014

- ❖ The full Equality Analysis will be based on the initial screening and further analysis of engagement feedback, as well more detailed information from current cancer and cardiac services.
- ❖ The analysis will look at any likely negative and disproportionate impact and also how the proposed new services can proactive steps to improve equality.
- ❖ We will develop a detailed action plan to address comments and responses received from engagement/consultation during both the pre and post implementation phases of the change including access, staff training, communication and patient engagement.

Feedback to date

- Update to be provided at the meeting

Staff events

- 31 Oct, 17.30 - 19.30, Conference Room, West Wing, St Bartholomew's Hospital, West Smithfield, London, EC1A 7BE
- 4 Nov, 15.00 - 17.00, Seminar Room 2, James Fawcett Education Centre, First Floor, King George Hospital, Barley Lane, Ilford, IG3 8YB
- 5 Nov, 12.00 - 14.00, Education Centre, 1st Floor West, 250 Euston Road, NW1 2PG
- 15 Nov, 14.00 – 16.00, Peter Samuel Hall, 1st floor, Royal Free Hospital, Pond Street, NW3 2QG
- 25 Nov – Queen's Hospital TBC

Public events

- 12 Nov, 1.30-3.30pm, Harlow Leisurezone Conference Room, Second Avenue, Harlow, CM20 3DT
- 13 Nov, 5.30-7.30pm, Romford Central Library, St. Edwards Way, Town Centre Romford, RM1 3AR
- 18 Nov, 6-8pm, The Old Town Hall, 29 Broadway, Stratford, E15 4BQ
- 19 Nov, 3-5pm, Green Towers Community Centre, 7 Plevna Road, Edmonton, N9 0BU
- 25 Nov, 6-8pm, Camden Centre, Bidborough Street, London, WC1H 9AU