

Improving specialist Cancer and Cardiac services



10am-1pm Friday,
26 June 2015



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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

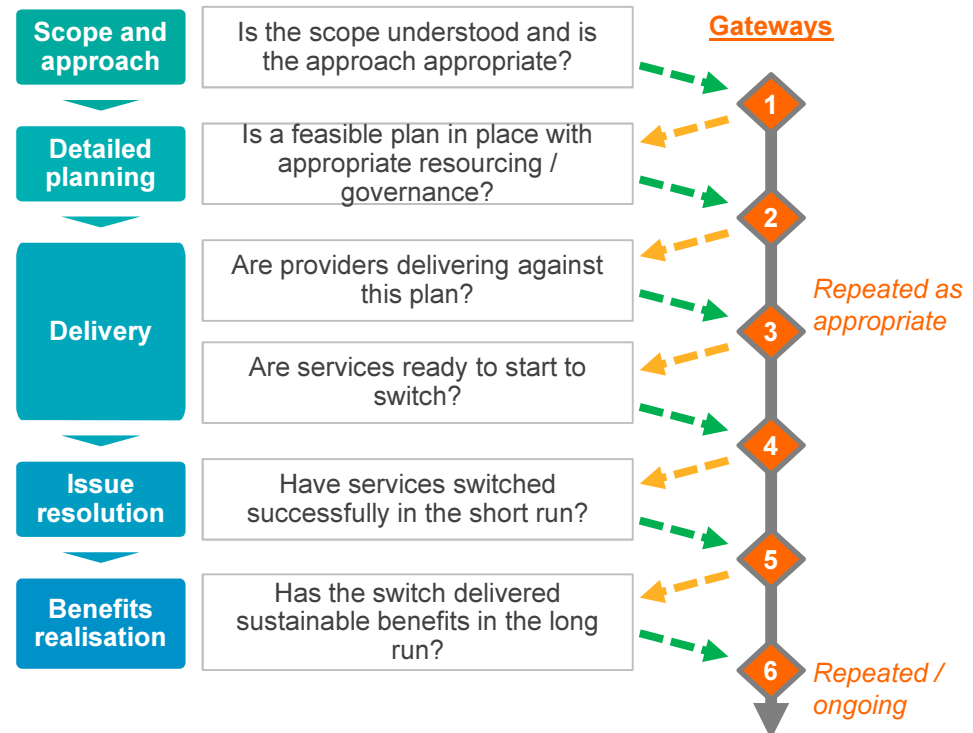


To ensure the **safety and readiness** of any service **before** and **during** a change, a **commissioner assurance** framework was established in September 2014.

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 st 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

Gates 1 & 2: Scope, approach, resourcing and governance

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.

Integration of complex cancer services

Haem-Onc

**GATEWAY 1 and 2
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 to meet gateway 1 and 2.

Version History

Version	Date issued	Brief Summary of Change	Author
Draft	November 2014		Helen Worsley

For more information on the status of this document, please see the covering letter or CONTACT.

Date of issue	November 2014
File Name	Assurance Document
File Location	\cancers\Assurance Document.doc

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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

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

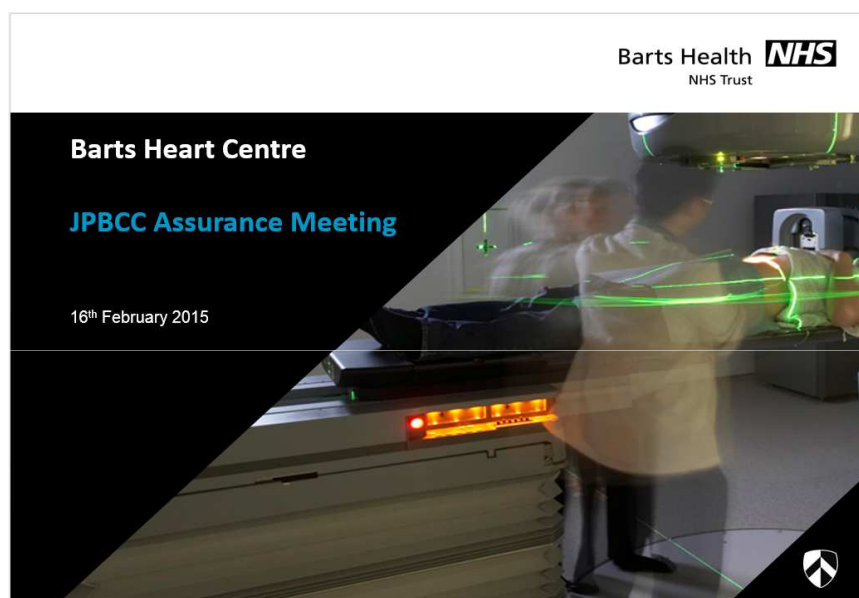
Example Criteria:

- 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

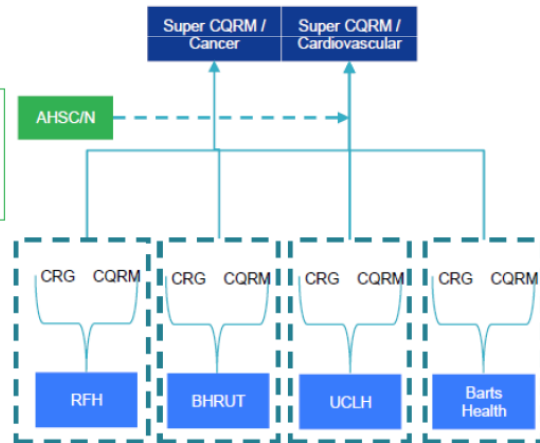
Two gate reviews (5 and 6) after service transfer (one immediately and one medium term) ensure continued quality of service delivery.

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

Academic Health Science Centre/ Network responsible for provider oversight, and for definition/ measurement of expected world class benefits



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.