NHS England

Improving specialist cancer and cardiovascular services in north and east London and west Essex

ENGAGEMENT OVERVIEW REPORT

Contents

1. Executive summary

NHS England, working with local clinical commissioning group (CCG) partners, published and distributed its case for change document *Improving specialist cancer and cardiovascular services in north and east London and west Essex* on 28 October 2013. The case for change was intended as a platform from which to build patient, public and stakeholder engagement and ensure meaningful involvement in the development of the clinical vision and commissioners' preferred recommendations for change.

Clinicians from across north and east London and west Essex came together through UCLPartners – an academic health science partnership – to develop clinical recommendations for specialist cardiovascular services. For specialist cancer services, this was done through *London Cancer North and East* (an integrated cancer network that is part of UCLPartners known as *London Cancer*). These clinical recommendations were presented in the case for change.

In order to develop commissioners' preferred recommendations for the future of specialist cancer and cardiovascular services in north and east London and west Essex, NHS England and CCG partners wished to engage the widest possible range of local stakeholders and residents to gain their views on, and experience of, current services and to hear their aspirations for the health services they would receive in future. This was done through a commissioner-led engagement exercise around the case for change and clinical recommendations.

The process of engagement

Engagement undertaken for specialist cancer and cardiovascular services builds on previous pan-London and local engagement exercises, namely: Healthcare for London which engaged across the capital; the London-wide 2010 review of cancer and cardiovascular services (led by the former NHS organisation Commissioning Support for London); and engagement on specialist urological cancer services covering north and east London and west Essex undertaken in early 2013.

In developing the clinical recommendations for change to specialist cancer services in north and east London and west Essex, UCLPartners and *London Cancer* had previously undertaken an extensive programme of stakeholder engagement. A wide range of stakeholders, including patient representatives, GPs, and other clinicians (including a range of professions e.g. Clinical Nurse Specialists, oncologists and radiologists) from every NHS trust currently providing cancer services in the locality, were involved in the development of the clinical recommendations. Likewise, over 100 cardiac clinicians from across the partnership were involved in developing the preliminary specialist cardiovascular proposals following a wider stakeholder workshop in November 2012.

Between 28 October and 4 December 2013 NHS England undertook a 38-day engagement exercise – *Improving specialist cancer and cardiovascular services in north and east London and west Essex*. This process was supported by a commissioner-led case for change document providing key information about existing specialist cancer and cardiovascular services, clinicians' recommendations for the future configuration of these services and the context for the engagement work. The case for change was supported by detailed technical documents produced by clinicians working through UCLPartners and *London Cancer*.

The overarching aim of the engagement exercise was to gain views of staff, CCGs, patient and public representatives and other stakeholders that would inform the development of commissioners' preferred recommendations, which would be subject to further engagement.

The engagement exercise was designed with input from patient participation groups and was approved by NHS England (London Region) Commissioner Programme Board.

Over the 38-day period a variety of methods were employed to seek the widest range of views from the community and our partners, from clinicians and from staff. These are detailed below.

The community and our partners

A range of activities were held to provide the community and our partners opportunities to engage with members of the programme team and clinicians. Activities included:

- The case for change was distributed in paper and on-line formats to over 540 stakeholders.
- Five drop-in sessions across the locality for informal one-to-one discussions.
- Discussions with the existing Cancer Partnership Group and The Heart Hospital Patient Group.
- Presentations at 10 patient group meetings.
- As well as face-to-face events, the programme used a variety of media to reach different stakeholder groups. For example, NHS England and UCLPartners maintain a presence on Twitter and have publicised the engagement and associated events through a number of channels such as online, stakeholder newsletters and local newspapers.

Clinicians and staff

- Five staff events at trusts across the locality, including a formal presentation and Q&A session.
- Discussions with CCGs, this included meetings with Chairs and/or cancer leads as well as presentations to some Governing Bodies.
- Promotion of the engagement and associated events on trust intranets, publications and in staff meetings.

Some forms of engagement have been with combined groups of stakeholders, for example eight options appraisal workshops held during November and December 2013 involved patients and healthcare professionals.

Scrutiny

There are three pre-established Joint Health Overview and Scrutiny Committees (JHOSCs) serving the boroughs in north and east London and west Essex. Each JHOSC has a nominated officer who was in regular contact with the programme team and was invited to the public engagement events held in November 2013.

Regular meetings and dialogue has been maintained with the three JHOSCs and Westminster OSC before and during the engagement to understand their views and any requirement for further engagement or consultation.

NHS England and clinical representatives presented the preliminary proposals for scrutiny at meetings for Inner North East London JHOSC (20 November), Outer North East London JHOSC (20 November) and North Central London JHOSC (29 November). A follow-up meeting was held with Chairs and

committee officers from the three relevant JHOSCs on 9 December to review the outcomes of engagement and determine the scope of future engagement.

The JHOSCs have formally agreed that the preliminary proposals do not require formal consultation.

Rate of response and reporting

Over the 38-day period of engagement NHS England received 130 comments or views. This included feedback via emails, recorded face-to-face discussions and the comments made via feedback forms collected at public events. Ninety-four people attended the five public events and 237 people attended the five staff events.

Outcomes of engagement

This report sets out the process by which NHS England carried out engagement on preliminary clinical proposals to improve specialist cancer and cardiovascular services in north and east London and west Essex.

We received views upon a variety of issues that will be important in both informing commissioners' preferred recommendations for specialist cancer and cardiovascular services in north and east London and west Essex, and the programme's wider activities.

A number of key themes emerged from the engagement exercise in direct relationship to the overall principle of centralisation, and the preliminary proposals for specific cancer pathways and the cardiovascular services. These are detailed in the *Feedback Report* (Appendix E), and are summarised below:

Overall

- Overall, there was strong clinical and public support and understanding of the need for the consolidation of specialist services and the need to improve outcomes across the area.
- Travel implications were highlighted by most respondents, particularly among patients and their families in outer north east London and west Essex.
- The need for further outcome data to substantiate the case for change and to help inform patient choice.
- Integration with the rest of the pathway and continuity of care.
- Some patient representatives perceived a reduction in patient choice or equality of access. However, this was balanced with the view that patients are already travelling to have surgery.

Cancer

- Many respondents felt that more emphasis should be placed on improving early diagnosis and prevention.
- Impact on other services, particularly the major trauma centre at The Royal London.
- Alternative models for specialist prostate surgery. A number of respondents preferred a two-site model (BHRUT and UCLH) or a single centre model spanning two sites.
- Overall support for moving oesophago-gastric (OG) specialist surgery to a two-site (BHRUT and UCLH) model but concern around further consolidation to a one-site model.

- Some respondents felt that if a one-site model for prostate, OG and renal cancer was recommended by commissioners then a formal consultation should be undertaken.

Cardiovascular

- Overall, there was strong support for the preliminary cardiovascular proposals. However only 10 of the 130 responses related specifically to cardiovascular. Patients understood the constraints at the Heart Hospital and why this change would be of benefit.
- Loss of quality of service and good patient experience provided at The Heart Hospital.
- Location of heart attack centres for patients who have a heart attack in central London or other areas currently served by the Heart Hospital.
- Some respondents raised concerns about increased activity levels at the Royal Free Hospital due to The London Chest Hospital and Heart Hospital service relocation.

Next steps

Engagement will continue throughout the programme with public and patient input into the planning for implementation work.

As part of planning for future engagement, we will work with a number of key stakeholder groups to ensure that they are fully apprised of its content:

- members of NHS staff within local providers
- CCGs and other clinicians
- patient participation groups and support groups
- community and voluntary sector organisations
- JHOSCs
- relevant boards and committees.

2. Introduction

The purpose of this report is to provide an overview of the engagement and communications activities that were carried out for specialised cancer and cardiovascular services in north and east London and west Essex. The report provides a narrative of the process, while the appendices provide more detailed breakdowns of feedback.

NHS England, the main commissioner for specialised services, together with local CCG partners led the engagement on the case for change and clinicians' recommendations for specialist cancer and cardiovascular services. The engagement was supported by clinicians and carried out in line with the objectives set out in the engagement plan (see appendix A).

Clinicians from across north and east London and west Essex came together through UCLPartners – an academic health science partnership – to develop recommendations for specialist cardiovascular services. For cancer, this was done through *London Cancer* (a part of UCLPartners).

The 38-day engagement was undertaken between 28 October and 4 December 2013. Stakeholders were asked to respond by the close date; however feedback was accepted after this date.

An overview of feedback and themes gathered throughout the engagement is given, however, it is important to note that the detailed feedback gathered from patients, the public, community groups and stakeholders through the engagement process, (either by the response form, in writing, or through focused discussions), is provided as part of a separate report.

3. Previous engagement informing the programme

Engagement undertaken for specialist cancer and cardiovascular services builds on previous pan-London and local engagement exercises. The clinical recommendations have also involved clinical and patient representatives from an early stage.

Healthcare for London

Lord Darzi's 2007 report *Healthcare for London: A Framework for Action* found that while there is excellence in healthcare in London, this excellence is not provided equally across the capital. The document set out proposals for improving care from birth through to end-of-life. A pan-London consultation, *Healthcare for London: Consulting the Capital*, ran from November 2007 to March 2008 and showed significant support for the principles contained in *A Framework for Action*. Of the 5,000 respondents, 60% supported moving the treatment of some conditions into specialist hospitals.

Commissioning Support for London: Cancer and cardiovascular programmes

Commissioning Support for London was established in April 2009 by the capital's 31 primary care trusts (PCTs) to deliver the *Healthcare for London* strategy. Based on the principles set out in *Healthcare for London*, Commissioning Support for London's 2010 review of cancer and cardiovascular services looked at the benefits of localising services where possible and centralising them where necessary.

The review was clinically-led with extensive input from patients across the capital[1],[2] and resulted in models of care being developed that described how the NHS could transform cancer and cardiovascular services in London. Respondents to the engagement on the models of care were supportive of the proposals, including specialisation of complex procedures and/or rare cancers.

This work was then handed over to commissioners to consider how best to implement the models of care locally.

Integrated cancer and cardiovascular systems

Building on the pan-London framework, the cancer and cardiovascular care providers of north and east London (and west Essex for cancer) agreed in July 2011 to develop integrated systems of care in response to the requirements of London's Strategic Health Authority and commissioners.

Since April 2012 the development of integrated cancer and cardiovascular systems has been led by UCLPartners – an academic health science network. Academic health science networks (AHSNs) are a key part of NHS England's plans to bring innovation and research into routine practice in the NHS. UCLPartners supports the healthcare system that services six million people in parts of London, Hertfordshire, Bedfordshire and Essex. *London Cancer* (part of UCLPartners) was commissioned to develop a whole pathway approach for cancer, including specialist services, for a resident population of 3.2 million. The *Integrated Cardiovascular System* was identified as a priority for UCLPartners as part of its AHSN bid in November 2012 by stakeholders such as GPs, healthcare providers, patient groups and public health leads. On 1 April 2013, UCLPartners was designated as an AHSN and as such has received funding from the Department of Health to deliver this work.

London Cancer established within its cancer pathway boards, specialist technical groups, and the *Integrated Cardiovascular System* established a clinical and academic strategy group to review the clinical evidence and to develop the case for change and clinical recommendations for improving specialist cancer and cardiovascular services in north and east London and west Essex. The groups comprise patient representatives, GPs, and clinicians (including a range of professions e.g. Clinical Nurse Specialists, oncologists and radiologists) representing all NHS trusts currently providing cancer and cardiovascular services in north and east London and west Essex. Engagement has also continued with the wider clinical community (primary and secondary) to discuss the implementation of new pathways and how NHS organisations would work together to implement the changes if agreed.

A three-month commissioner-led engagement was undertaken on urological cancer services covering north and east London and west Essex between 31 January and 30 April 2013 based on recommendations for change developed by clinicians in *London Cancer*. Respondents broadly supported the principle of centralisation for complex urological surgical services however concerns

[1] NHS Commissioning Support for London, *A model of care for cardiovascular services: Engagement report*, November 2011. Accessed at: www.londonhp.nhs.uk/wp-content/uploads/2011/04/Cardiovascular-engagement-report.doc [6 December 2013].
[2] NHS Commissioning Support for London, *A proposed model of care for cancer services: Engagement report*, November 2011. Accessed at: www.londonhp.nhs.uk/wp-content/uploads/2011/03/Cancer-engagement-report.pdf [6 December 2013].

were expressed about the impact of the early proposals on patients with prostate cancer, particularly with regard to travel and patient choice. Assurances were also sought about the impact of the proposals on local hospitals and other hospital services. Few concerns were raised about the proposed consolidation of specialist kidney cancer surgery in one centre.

Following this, NHS England agreed that the proposals would benefit from a further engagement exercise alongside proposals for other specialist cancer services and specialist cardiovascular services. A letter and briefing was widely distributed to key stakeholders outlining this approach on 15 August 2013.

4. Developing the engagement plan

Under section 13Q of NHS Act 2006, NHS England has a duty to involve patients and the public (or their representatives). Involvement can mean a range of activities – from sharing information to consulting users, or engaging in other ways.

The engagement plan for improving specialised cancer and cardiovascular services aimed to ensure a wide understanding of views and provide ample opportunity for stakeholders to comment on clinicians' preliminary proposals.

Early drafts of the engagement plan and a list of groups to be engaged with were developed in summer 2013 and were shared with patient representatives and CCGs, and the plan was amended in response to feedback.

NHS England's Commissioners Programme Board supported the engagement plan on 31 July 2013. A number of meetings and discussions about the planned engagement also took place between July and October 2013, including with relevant JHOSC Chairs and officers to begin to consider how they would wish to scrutinise the proposals.

Engagement activities targeted groups with an interest in the proposals, such as patient groups, clinicians and staff working in cancer and cardiovascular units, CCGs, JHOSCs and other stakeholder groups such as Healthwatch.

5. The case for change

NHS England's case for change *Improving specialist cancer and cardiovascular services in north and east London and west Essex* was published on NHS England's website on 28 October 2013. The commissioner-led document described the case for change and clinicians' recommendations for centralising specialist services for cardiovascular disease and five cancer pathways: brain cancer; urological cancer (bladder, prostate and kidney); head and neck cancer; blood cancer (acute myeloid leukaemia and haematopoietic stem cell transplantation); and oesophago-gastric cancer.

The document also provided detailed information on the vision for cancer and cardiovascular care; improvements underway to cancer and cardiovascular services; current services and service standards; why we need to change; and clinical recommendations. The evidence included information about the differences in life expectancy between London and the locality, and within the locality that impacted on different sections of the local population, including those with characteristics covered by the Equality Act 2010.

The case for change was supported by a summary leaflet, *London Cancer's* clinical recommendations and reference document for specialist cancer services, and UCLPartners' clinical recommendations for specialist cardiovascular services.

Early drafts of the case for change were reviewed by UCLPartners, *London Cancer*, GPs and patient representatives to further develop the final document. The document was also reviewed by the Plain Language Commission and awarded the Clear English Standard.

The case for change was emailed or posted to more than 540 stakeholders across north and east London, west Essex and south Hertfordshire, including:

- Professional bodies – Local Medical Committees and Royal Colleges.
- Local councils – health scrutiny committee chairs and officers, health and wellbeing board chairs, council leaders, chief executives, directors of adult social services.
- National and local Healthwatch branches – these groups were also asked to cascade information to their members.
- Patient groups, community groups and community voluntary service groups.
- CCGs – CCGs were also asked to forward information and promote the engagement to GP practices.
- NHS acute and community provider trusts – communications leads were asked to publish information on their intranets and newsletters for staff.
- Members of Parliament and London Assembly Members.

6. The process of engagement

Following the launch of the engagement period on 28 October 2013, individuals and/or organisations were encouraged to give their comments, views and feedback on the preliminary clinical proposals.

A dedicated email address was established (cancerandcardiovascular@nelcsu.nhs.uk) to receive feedback and a commissioner contact was provided in all communications and engagement activities for questions, queries or comments.

Feedback on the case for change was encouraged to be submitted by 4 December 2013, however feedback was welcomed (and continued to be accepted) after this date.

The programme has sought to be socially inclusive by using various ways to present and explain the preliminary clinical proposals.

As part of the engagement:

- Letters were issued to over 540 stakeholders with a copy of the case for change (see above) and a link to information about relevant engagement events on NHS England's website. An offer to attend meetings of local groups was extended to all stakeholders in these letters.
- Alternative formats of the summary leaflet were made available, as requested.

- Five staff engagement events and five public engagement events were held during the engagement period.
- Information on the engagement and listings of public engagement events published on NHS England, UCLPartners, *London Cancer* and participating trust websites.
- Colour advertisements listing all public events were placed in 14 local newspapers.
- UCLPartners tweeted details to +700 followers each time new information was added to the website, the day before events and on the day of the events. NHS provider trusts also tweeted details of events.
- In addition to these events, 28 meetings were held with patient groups, CCGs and councils to discuss the recommendations and to hear views and answer any queries. These meetings were attended by commissioning and clinical representatives.
- Updates were provided at the *London Cancer* patient partnership group and the Heart Hospital's patient group.
- Clinical videos for cancer and cardiovascular services were developed to provide a short introduction to the proposed changes in an accessible format and were made available on the UCLPartners website from 2 December 2013. The film was also shown at public engagement events.
- Partner trusts were sent updates and information about engagement events to cascade to staff and stakeholders.
- Patient involvement in the options appraisal process.
- A 'reminder' article was posted on NHS England's website to encourage responses to the engagement.

A full list of the communications and engagement activities is provided at appendix B. The following sections describe the above activities in terms of target audiences.

The community and our partners

In order to ensure public engagement on the case for change and clinical recommendations, five public engagement events were held across north and east London and west Essex. Events were organised in different parts of north east and central London and west Essex. Locations were chosen in order to ensure proportionate coverage of all areas potentially affected and with regards to good transport links for members of the public to be able to attend. Publicity of these events was cascaded from trust and CCG communications and engagement leads via their existing channels and advertisements were also taken out in 14 newspapers across the locality.

The public engagement events took place in Harlow (25 attendees), Romford (55 attendees), Camden (four attendees), Stratford (four attendees) and Edmonton (six attendees). The format of these events was a drop-in session held over two hours with clinicians and commissioners on hand to talk to attendees and answer questions. Display boards on a number of topics, copies of the full and summary version of the case for change, and feedback forms were available at the events (see appendix C). Attendees were also given the option to write their feedback on flip charts. The drop-in format of these events has been successfully used in health service change programmes such as Healthcare for

London's *Consulting the Capital* and *The shape of things to come*, as well as other large-scale projects such as London 2012 Olympics, Crossrail and High Speed Two.

The public were informed and engaged through a wide variety of articles in newsletters, public events and media articles. A full list of the promotion and publicity is provided at appendix D.

In addition to these events, commissioners and clinical representatives attended 28 meetings to discuss the clinical recommendations, 10 of which were patient group meetings. This included meetings with the Cancer Partnership Group – a group of patient representatives from north, central and east London and west Essex providing advice to *London Cancer* and North and East London Commissioning Support Unit's Cancer Commissioning Team – and The Heart Hospital Patient Group.

Clinicians and staff

Feedback has been invited from staff through existing newsletters, intranets, trust briefings and bespoke engagement events. The engagement events for staff were held at:

- St Bartholomew's Hospital (approximately 90 attendees)
- King George's Hospital (approximately 40 attendees)
- University College Hospital (approximately 55 attendees)
- Royal Free Hospital (approximately 35 attendees)
- Queen's Hospital (approximately 15 attendees).

These events were open to staff from any of the trusts involved in the proposals and included an additional date at Queen's Hospital following a request from Barking, Havering and Redbridge University Hospitals NHS Trust. The format of the events was a presentation and Q&A session with commissioners and clinical representatives from UCLPartners and *London Cancer*. The Medical Director and/or Chief Executive at the hosting trust also attended the event. Copies of the case for change and summary leaflet were made available at the event and an electronic copy of the presentation was sent to trust communication leads following the event to make available to staff.

Scrutiny

There are three pre-constituted JHOSCs – Outer North and East London (ONEL), North Central London (NCL) and Inner North East London (INEL). As part of the existing JHOSC framework, Essex is represented on the ONEL JHOSC. As the preliminary proposals for specialist cardiovascular care would affect The Heart Hospital, which is located in Westminster, individual meetings were held with Westminster Adults, Health and Community Protection Committee. A summary of their views is provided in Section 8.

Regular meetings and dialogue has been maintained with the three JHOSCs and Westminster OSC before and during the engagement to understand their views and any requirement for further engagement or consultation. Scrutiny colleagues were also invited to attend the public engagement events.

Formal scrutiny of the programme was undertaken on 20 and 29 November when the programme team and clinicians presented the case for change and clinical recommendations at previously timetabled

JHOSC meetings. A subsequent meeting on 9 December 2013 brought together Chairs of the three JHOSCs to gather views on the requirements for engagement or consultation.

GP commissioners

Letters were issued to CCGs in north and east London, west Essex and south Hertfordshire with the publication of the case for change on 28 October 2013, asking that CCGs consider the preliminary proposals and how they would wish to be engaged. This was followed by a borough-level briefing sent on 7 November 2013 outlining local prevalence rates, current CCG activity, the engagement process and expected timeline.

Some CCGs requested a presentation at their governing body meeting whilst others sent a formal letter of response. The views of the CCGs who responded to the engagement views are outlined in section 8.

Groups with protected characteristics

The preliminary proposals to improve specialist cancer and cardiovascular services in north and east London and west Essex are part of NHS England's drive to reduce health inequalities and the disparities in life expected between residents within the area and in the context of London-wide life expectancies.

Several groups with protected characteristics[3] make greater use of the specialist cancer and cardiovascular services being considered than the population average, for example older people and by association their families and/or carers. The programme engaged with people with protected characteristics and with a wide range of equality organisations, such as local Age UK groups and Cancer Equality, and made alternative formats of the case for change summary leaflet available on request. In addition, the programme undertook community-based drop-in sessions to reach wider audiences than might attend public meetings and utilised social media.

7. Options appraisal

As previously detailed, extensive conversations have taken place between clinicians, stakeholders and the public about the development of integrated cancer and cardiovascular systems in north and east London. As a result, UCLPartners and *London Cancer* developed clinical recommendations for change.

As part of the engagement, commissioners undertook a separate options appraisal process which included a series of stakeholder workshops. The outputs of this process would be used to inform commissioners' preferred recommendations for change.

An open invite to be involved in the options appraisal process was included in stakeholder letters distributed as part of the launch of engagement.

Cancer

[3] The protected characteristics: Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Race, Religion and Belief, Sex, Sexual Orientation.

- Two stakeholder workshops were held with patient representatives, clinicians and commissioners to discuss the potential options for the location of specialist cancer centres and to identify a shortlist of options to be formally appraised.

- Three stakeholder workshops with clinicians, commissioners and public health representatives to appraise the shortlist against deliverability, clinical quality and research, education and training criteria. Representatives from the Cancer Partnership Group were also invited to observe the workshops.

- A stakeholder workshop with patient representatives and clinicians to score the shortlisted specialist cancer centre options against patient experience criteria.

- A close-out event with participants involved in the options appraisal workshops to feedback the outcome of the scoring process.

Cardiovascular

- A two-hour workshop was held with patient representatives, clinicians and commissioners to consider the case for change and available options for delivering services in the future.

8. Outcomes of engagement – key themes

A summary of the key issues raised during engagement is provided below. A more detailed feedback report is provided at appendix E.

Overall themes

Issue	Response
Strong support and understanding of the rationale for concentrating specialist services on fewer sites. The need to create specialist centres of excellence that work as part of an integrated system received clinical and public support. Patients were also keen that services be kept local, where possible.	If the clinical recommendations were adopted, some specialist services would move to hospitals that are identified to become specialist centres but, for the majority of their care, patients across north and east London and west Essex would continue to be treated locally.
Travel implications were highlighted by nearly all respondents, particularly among patients and their families in outer north east London and west Essex. Concerns were raised about the inconvenience and difficulty for patients and their families travelling to central London, lack and cost of car parking, and the difficulty and discomfort of travelling when undergoing treatment.	Patients will only come to a specialist centre when absolutely necessary. All trusts proposed as specialist centres have transport plans in place including: • UCLH is increasing its number of disabled parking bays but car access for outpatients is discouraged through local government policy. The trust has also made commitments to improving the booking of NHS transport. Patients receiving specialist surgery at UCLH, and their partners, would also be offered the option of hotel accommodation overnight prior to surgery, when travel on the day of surgery is impractical. This will be at the four-star UCLH Charity Patient Hotel or another suitable hotel near UCLH. • BHRUT provides free parking for all cancer patients undergoing treatments regardless of their home address. Improvements to local bus services are also being discussed. Patient transport is also available for eligible patients. • The Royal Free Hospital has made a commitment to provide

	reserved parking spaces for patients undergoing renal surgery. Patient transport is also available for eligible patients. The hospital has access to local buses and London Underground and Overground services. Patients who travel to the Royal Free London for surgery can choose if they would prefer to stay overnight prior to surgery in hotel accommodation, with a free double room provided for the patient and immediate relatives • Disabled parking is available at St Bartholomew's Hospital but the site is also well served for public transport and a patient transport service is available for eligible patients. • No parking is available at St Bartholomew's Hospital but the site is also well served for public transport and a patient transport service is available for eligible patients. Work is ongoing to assess the current quality and provision of hospital transport arrangements and appropriate mitigation measures.
The need for outcome data to substantiate the case for change and help inform patient choice, particularly for prostate cancer. Respondents highlighted that the proposed specialist centres and surgeons should have outcomes data published.	• Audit of data is a priority and we would work with all providers to introduce a system for the collation and monitoring of data. • National cancer audits are in place, and providers work with local commissioning support units to ensure that they are submitting complete and timely data to these audits. The data is available online and in public portals designed by National Cancer Intelligence Network. • Outcome data on patients treated for prostate cancer with radical prostatectomy has been provided by UCLH and BHRUT to London Cancer and commissioners. The Royal Free has provided a detailed report (in December 2013) on kidney cancer outcomes treated to date at their centre and described how they are approaching improving their prospective data collection to include survival. • The London Clinical Senate, one of 12 clinical senates established by NHS England to provide oversight and advice on commissioning decisions for the healthcare populations they cover, will be undertaking an independent clinical assurance of all the proposals. In addition, the Senate will review the latest outcome data and the proposals for prostate and kidney cancer, in context of NICE guidance. The outcome of this review will inform commissioners' preferred recommendations. • For OG cancer, the mortality data is available and reported through the national audit Association of Upper Gastrointestinal Surgeons (AUGIS) and are already very low at all three current centres. Reducing this further is not the major or only reason for proposing further consolidation of OG surgery. • For specialist cardiovascular services, surgery mortality data and other outcome data was included in UCLPartners' clinical recommendations published alongside the case for change. Transformation leads have been appointed across all of the cardiovascular clinical workstreams. UCLPartners and Professor Richard Bohmer from Harvard Business School are working with the leads on outcome data and improvement metrics for the proposed new integrated cardiovascular centre at St Bartholomew's.
Integration with the rest of the pathway and continuity of care – the need to have mechanisms in	The aim of these preliminary proposals is to improve services and reduce variation across the whole care pathway from prevention and early diagnosis through to treatment and long term care. Integrated

place to ensure that patients, their records and their treatment plans are managed appropriately as they leave and re-enter a non-specialist part of the pathway.	specialist multi-disciplinary teams would use system-wide pathways and guidelines, which would be regularly updated, to ensure a seamless patient journey. Further details are being explored as part of the planning for implementation work; for example, we are already supporting whole pathway improvements and integration for cardiac rhythm management (atrial fibrillation) and heart failure.
Patient choice and competition. Many patient representatives perceived a reduction in patient choice or equality of access. However, this was balanced with the view that patients are already travelling to have surgery.	NHS England is undertaking a piece of work to ensure that potential competition issues related to the proposals are considered. A decision is expected to be made in spring 2014 as to whether the review needs to be assessed further in this context.

Cancer

Issue	Response
Focus on early diagnosis and prevention was highlighted by a number of respondents. Many felt that NHS resources would be better used on improving this part of the pathway or that more information was needed as to how proposed specialist centres would work with local hospitals, GPs and charities to increase early diagnosis and prevention.	While not detailed as part of the case for change, a large part of UCLPartners' work is focused on prevention, improving earlier diagnosis, reducing variation in services and improving patient experience. This work includes: • understanding and addressing the root causes of why one in four cancer patients present at A&E; and the root causes of heart attacks and strokes (seeing them as a failure of prevention) • improving uptake in bowel screening by 14% in Camden • increasing the proportion of people whose atrial fibrillation is appropriately managed in primary care to reduce strokes • improvement in heart failure management in the community • interactive case-study GP and practice nurse education led by local multi-disciplinary teams • a new model of rapid access to specialist opinion and diagnostics for bowel cancer symptoms • workshops to reduce inter-trust delays in cancer and sharing clinical and performance data • a single process for assessing patients' holistic needs • interactive maps to help patients to navigate cancer care locally. Details of this work are evidenced on the *London Cancer* website. Consolidating specialist cancer surgery would allow for surgeons to spend more time working in local centres/units. Hence, expertise would be available in the pre- and post-operative care of patients treated with complex surgery in local units and at all stages of the pathway. The centres would operate consultant-delivered on-call rotas such that specialist treatment and advice are available throughout all units in the system at all times.
Impact on other services, particularly the major trauma centre at The Royal London – a number or respondents queried the impact of the cancer proposals on other services, particularly the major trauma centre at The Royal London. Respondents felt	Clinicians (doctors and clinical nurse specialists) would work across both specialist and local cancer units in a networked model. The ambition is for clinicians to work as one team across the system. These preliminary proposals aim to replicate the success of major trauma centres and stroke units by ensuring the small number of cancer patients who require once-in-a-lifetime treatment receive world-class

that the loss of specialists, particularly in neurosurgery and OG surgery, would lead to a loss of skills by surgeons who currently support the trauma centre. The impact on other allied specialties including interventional radiology, histopathology, specialist anaesthesia and critical care, was also raised.	care. Major trauma centres and stroke units already collaborate between departments and providers. We believe similar joint-working arrangements with the proposed specialist cancer centres would enhance this system. The potential implications for the major trauma centre at The Royal London were discussed by the Programme Board in September 2013. A workshop with clinicians, led by Barts Health Medical Director Dr Steve Ryan and supported by National Lead for Trauma Care Dr Chris Moran was held on 16 January 2014.
Alternative two-site model for specialist prostate surgery. A number of respondents suggested a two-site model (BHRUT and UCLH) and a single centre model over two sites was preferable. Some respondents felt that there was not a strong clinical evidence for a one site model.	A potential two-site model offering some specialist prostate surgery at a second centre at Queen's Hospital in Romford was included as part of the commissioner-led options appraisal process. The outcomes of this process will form part of the initial business case. An independent review of prostate outcome data by the London Clinical Senate has been commissioned by NHS England and findings will be published as part of the initial business case, expected in spring 2014. As this configuration would differ to the national specification for specialist services, approval from the NHS England Clinical Reference Group would be required.
Overall support for moving OG specialist surgery to a two-site model but concern around further consolidation to a one-site model, particularly when taking into consideration the future configuration of services in Essex**.** The support for the two-site model (BHRUT and UCLH) was predicated on both centres being given equitable resources and opportunities. Some respondents felt that the clinical case for moving to a one-site option required more transparency and evidence as BHRUT is a high-volume centre with some of the best surgical outcomes in the country, good access to care and clinical trials. Concerns were also expressed about the proposed move of OG specialist surgery from The Royal London due to good patient access and the quality of current services.	If approved the new centres would aim to become the hub for a world-leading service and would provide the specialist elements of a whole pathway of care in partnership with local hospitals and primary and community care. In order to achieve this, we would require relevant expert staff working together across the entire system. For surgeons working across two sites, joint appointments between trusts would be in place to ensure that there is specialist input into the diagnostics, treatment and follow-up care for patients at the current local hospital sites. These joint appointments would ensure that the majority of patients, who do not require the specialist surgical procedure, have equitable access to the expertise of the specialist team, who would be required to work in a new way to provide this. In response to the request for further information, *London Cancer* has published the independent expert panel's report on its website.

Cardiovascular

Overall, there was strong support for the cardiovascular case for change however only 10 of the total 130 comments received related to the cardiovascular proposals.

Issue	Response
Loss of quality of service and good patient experience provided at The	• Primary driver is improving quality of care for cardiovascular patients. Current clinical outcomes and patient experience for

Heart Hospital – need to ensure that the move does not have a detrimental effect on patient care, particularly given that Barts Health is in financial turnaround. Issues were raised around down-banding and job losses, maintaining training and expertise (such as congenital heart disease), and involving patients in the design of the new centre.	cardiovascular patients at Barts Health are very similar to The Heart Hospital and some outcomes are better. The good patient experience at The Heart Hospital is at risk, given the limitations of the service on the current site due to capacity constraints. • Planning for implementation involves clinicians and patients from both trusts to ensure the new integrated cardiovascular centre brings together the best of both organisations. Transformation leads have been appointed from across UCLH and Barts Health to lead the development of the new clinical and academic strategy and service models. UCLPartners and Professor Richard Bohmer (Harvard Business School) are supporting the transformation leads through a series of monthly strategic retreats attended by the leads and other stakeholders from Barts Health, UCLH, Queen Mary's University and UCL. • The centre would also boost the local health economy by providing more cost-effective services, as well as bringing in more money from research investment and national and international patient referrals. • The proposed new integrated cardiovascular centre would offer more capacity, the lack of which currently contributes to longer waiting times and cancellations for surgery at The Heart Hospital. It would also have critical mass and more opportunity for training in specialist cases. • The proposed new centre would also enable the development of world class aspirations for cardiovascular treatment, care, research and prevention, something which is not possible within the current configuration.
Location of heart attack centres in central London – consideration needs to be given to what will happen to patients who have a heart attack in central London or other areas currently served by the Heart Hospital.	The Heart Hospital currently receives relatively few heart attack patients (423 in 2012/13) compared to other heart attack centres (London Chest received more than three times this amount during the same period). The majority of heart attack patients going to the Heart Hospital are from the north central London boroughs of Camden, Enfield and Islington. Fifty-one patients came from Westminster. In future, these patients are likely to be conveyed to the new centre around 2.5 miles away or to the other heart attack centres such as Royal Free, St Thomas' and Hammersmith with no compromise to patient care. London Ambulance Service (LAS) is currently modelling the impact of the proposals on LAS emergency conveyances and is also due to visit the new centre to discuss implementation in January 2014.
Impact on the Royal Free Hospital. Two respondents expressed concerns about the increased pressure on cath lab services and the need to ensure that there are sufficient resources and capacity in place.	The clinical lead for cardiovascular at the Royal Free is involved in the development of the clinical and academic strategy for the proposed new centre. Initial assumptions suggest the impact on the Royal Free will be minimal as the majority of current Heart Hospital patients live nearer to the proposed new centre, however, LAS modelling will confirm these assumptions and enable robust demand and capacity planning.

Scrutiny

Scrutiny committees	Borough areas covered	Overall position	Summary of feedback
Outer North and East London Joint	Barking & Dagenham,	Supportive	The committee received an update on the programme in October and a detailed presentation on the

Health Overview and Scrutiny Committee	Havering, Redbridge, Waltham Forest, Essex		recommendations in November 2013. Following an update in January 2014, the committee is of the view that formal consultation on the proposals is not necessary. However, it is essential that robust engagement continues with all stakeholders as the proposals are developed and implemented.
North Central London Joint Health Overview and Scrutiny Committee	Barnet, Camden, Enfield, Haringey and Islington	Supportive	The committee received an update on the programme in July and a detailed presentation on the recommendations in November 2013. The committee does not, at this stage, feel that a full public consultation is required on any or all of the proposals but welcomes further engagement to address any outstanding issues and monitor development plans.
Inner North East London Joint Health Overview and Scrutiny Committee	Hackney, Newham, Tower Hamlets and City of London Corporation	Supportive	The committee received a detailed presentation on the recommendations in November 2013. The committee is of the view that these proposals do not require formal consultation but is clear that it is essential that robust engagement and consultation should continue.
Westminster Adults, Health and Community Protection Committee	Westminster	Supportive	The committee received a detailed presentation on the recommendations in November 2013. The committee understands and supports the cardiovascular case for change, and referred the decision as to whether the changes warrant a full consultation to INEL JHOSC as representatives of more affected boroughs.

GP Commissioners

CCG	Overall position	Summary of feedback
Enfield	Supportive	Supportive of the clinical case for change and welcomes further engagement and planning for implementation work. The CCG confirmed it will be exercising its decision-making role on the proposals.
Barnet	Supportive	Supportive of the clinical case for change and welcomes further engagement and planning for implementation work. The CCG confirmed it will be exercising its decision-making role on the proposals.
Haringey	Supportive	Supportive of the clinical case for change and welcomes further engagement and planning for implementation work. The CCG confirmed it will be exercising its decision-making role on the proposals.
Islington	Supportive	Supportive of the clinical case for change and welcomes further engagement and planning for implementation work. The CCG also welcomed involvement in the assurance work, particularly around provider capacity and the deliverability of Barts Health. The CCG confirmed it will be exercising its decision-making role on the proposals.
Camden	Supportive	Supportive of the clinical case for change and welcomes further engagement and planning for implementation work. Planning work should particularly address impacts on CCG commissioned services; management of oncological emergencies; improving early diagnosis and increasing access to diagnostics; and integrating primary and secondary care. The CCG confirmed it will be exercising its decision-making role on the proposals.

Tower Hamlets	Supportive	Supportive of the clinical case for change and welcomes further engagement and planning for implementation work. Planning work should particularly address travel impact mitigation and communication mechanisms between UCLH and Barts Health.
Newham	Supportive	Supportive of the clinical case for change and welcomes further engagement and planning for implementation work. Planning work should particularly address travel impact mitigation and communication mechanisms between UCLH and Barts Health.
City and Hackney	Support for consolidation but do not support the cardiovascular proposals	Broad support for the case for change but does not support the relocation of cardiovascular services to Barts Health given concerns about the quality and efficiency of the overall management of the Trust. Assurances sought on impacts to CCG commissioned services, whole pathway integration and the financial implications for CCGs.
Barking and Dagenham, Havering and Redbridge (Havering CCG also sent a separate response, see below)	Support for consolidation, but concerns around specific cancer proposals	The CCGs strongly support the cardiovascular proposals and the development of integrated cancer systems across London. The CCGs believe improvements prevention and early diagnosis would deliver more benefits than a surgical reconfiguration. The following comments on specific cancer pathways were also noted: • OG cancer: support for the two-site model (BHRUT and UCLH) but further evidence needed for further consolidation to one-site. • Urology: Concern around lack of precedence for separating upper and lower tract centres and preference for a two-site single cancer system model. • Bladder cancer: Support for proposals to centralise major complex bladder surgery with further assurances on cross-site working, continuity of care and management of complications. • Prostate cancer: Support for two-site option (UCLH and BHRUT) under a single multi-disciplinary team. • Kidney cancer: Support for a two-site model (Royal Free and BHRUT) given a reported lack of consensus by some local clinicians. Asked for further understanding of the options appraisal process. Following receipt of this information, confirmed understanding of the options appraisal work and rationale for single site option • Brain cancer and blood cancer: Fully support the proposals.
Havering	Support for consolidation, but concerns around specific cancer proposals	The CCG fully supports the proposed changes for cardiovascular services and an integrated cancer system across London but remains concerned about some of the proposals and their potential impact locally: • The proposals do not demonstrate how improvements to the whole cancer pathway, particularly early presentation and diagnosis, will be achieved. • Travel impacts on vulnerable patients and the potential impact of travel distance on patient's treatment decision-making. • The potential to undermine local hospital services in the medium term. The CCG also highlighted points relating to specific pathways: • Urology: More evidence needed to support a single-site model and the split of sites for upper and lower tracts. Cost-benefit analysis also needed to determine value for money. • OG: Support for a two-site model (UCLH and BHRUT) given the high standard of surgical care and population size, and to lessen any negative impact on patient experience. • Spine and brain: Support for two-site model but assurances sought that choice of sites is made clear to patients being treated at Barts Health.
West Essex	Supportive	The CCG supports changes that can demonstrate improved clinical

		outcomes and that this may mean fewer centres. Planning for implementation work should address the following issues: • access for patients and their families • continuity of care for patients • mitigation to ensure non-specialist providers are not destabilised • shared responsibility for high standards of care at non-specialist sites, maintaining and improving access to diagnosis, and demonstrating improvements to patient experience • workforce planning, particularly any impacts on wider services such as A&E and recruitment of cancer care staff to non-specialist sites • assurances around provision of quality care during transition.

9. Next steps

We undertook engagement to gather feedback on the work we have undertaken so far, including the case for change and the clinical recommendations.

The London Clinical Senate is now undertaking an independent clinical assurance review of the programme. Commissioners will consider the outcomes of this review and feedback received during engagement before developing their preferred recommendations. These recommendations will be set out in an initial business case expected in spring 2014.

We are proposing to undertake further engagement on the planning for implementation work.

This continuous engagement approach will be informed by the outcomes of the initial equalities analysis being developed as part of the initial business case. An equality analysis is a tool designed to help identify the potential impact of policies, services and functions on staff, patients, carers, public and stakeholders. Undertaking equality analyses both promotes good practice and provides evidence of compliance with the public sector equality duty. The final business case will consider the views of protected groups and include a full equalities analysis.

As part of planning for future engagement, we will work with a number of key stakeholder groups to ensure that they are fully apprised of its content:

- members of NHS staff within local providers
- CCGs and other clinicians
- patient participation groups and support groups
- community and voluntary sector organisations
- JHOSCs
- relevant boards and committees.

Appendices