NHS England

Improving specialist cancer and cardiovascular services

in north and east London and west Essex

Summary leaflet

Introduction

Cancer and cardiovascular disease cause two-thirds of early deaths in London.

If we were to improve local survival rates for heart disease and all cancers in line with at least the rate for England, we could save over 1,200 lives a year. So we can and must do better.

This document sets out why services need to change to improve services for today's patients and future generations. It also gives expert advice from local clinicians on how best to do this. Over the next month we will be working with local councils, patient groups and others to explain why and how specialist cancer and cardiovascular services in north and east London need to change.

Turn to page 8 for all the details about how to get involved, find out more and have your say.

Why services need to change

North and east London have some of the best cancer and cardiovascular experts in the country but our specialist services are not organised in a way that gives patients the best chance of survival and the best experience of care.

Specialists, technology and research are spread across too many hospitals to provide the best round-the-clock care to all patients.

What clinicians want to do

Clinicians have examined how we provide specialist services for complex or rare cancers and cardiovascular disease in our local area and how they could be improved.

Clinicians have told us that we should combine **specialist cardiovascular services** currently provided at The Heart Hospital, The London Chest Hospital and St Bartholomew's to create an integrated cardiovascular centre in the new building at St Bartholomew's Hospital. The Royal Free Hospital and the integrated cardiovascular centre at would act as heart attack centres for the area.

For **five complex or rare cancers**, clinicians have told us we should provide specialist surgery and treatment in centres of excellence across the area with a hub at University College Hospital. We would continue to provide services locally for other types of cancer and general cancer services, such as diagnostics and chemotherapy.

By bringing expertise, state-of-the-art technologies, research and education together centres of excellence we can improve the whole pathway of care.

Clinicians know that specialist centres would mean an increase in travel times for some patients. They only want patients to travel further when it is absolutely necessary for them to receive better, more specialist care. Most patients would continue to be diagnosed and, where possible, receive their outpatient treatment and follow-up care at their local hospital.

About this review

NHS England buys and oversees specialised services for the country. Specialist services are those provided by a few hospitals, to only a few patients. So you only tend to go to these places if you have a condition that needs really specialist care, perhaps because it is particularly rare or complex.

Local clinicians have developed proposals for how specialist cancer and cardiovascular services in north and east London and west Essex could be improved.

Most of the hospitals that are part of this review are located in north and east London. But many patients from elsewhere use these services, particularly those from west Essex.

Cancer

In north and east London, it is estimated around 12,900 people are diagnosed with cancer each year and that figure is predicted to rise.

Clinicians have made recommendations to centralise specialist services for the following cancers:

- Brain cancer
- Head and neck cancer
- Urological cancer (prostate, bladder and kidney)
- Blood cancer (acute myeloid leukaemia and stem cell transplants
- Oesophago-gastric cancer (cancer of the stomach or gullet).

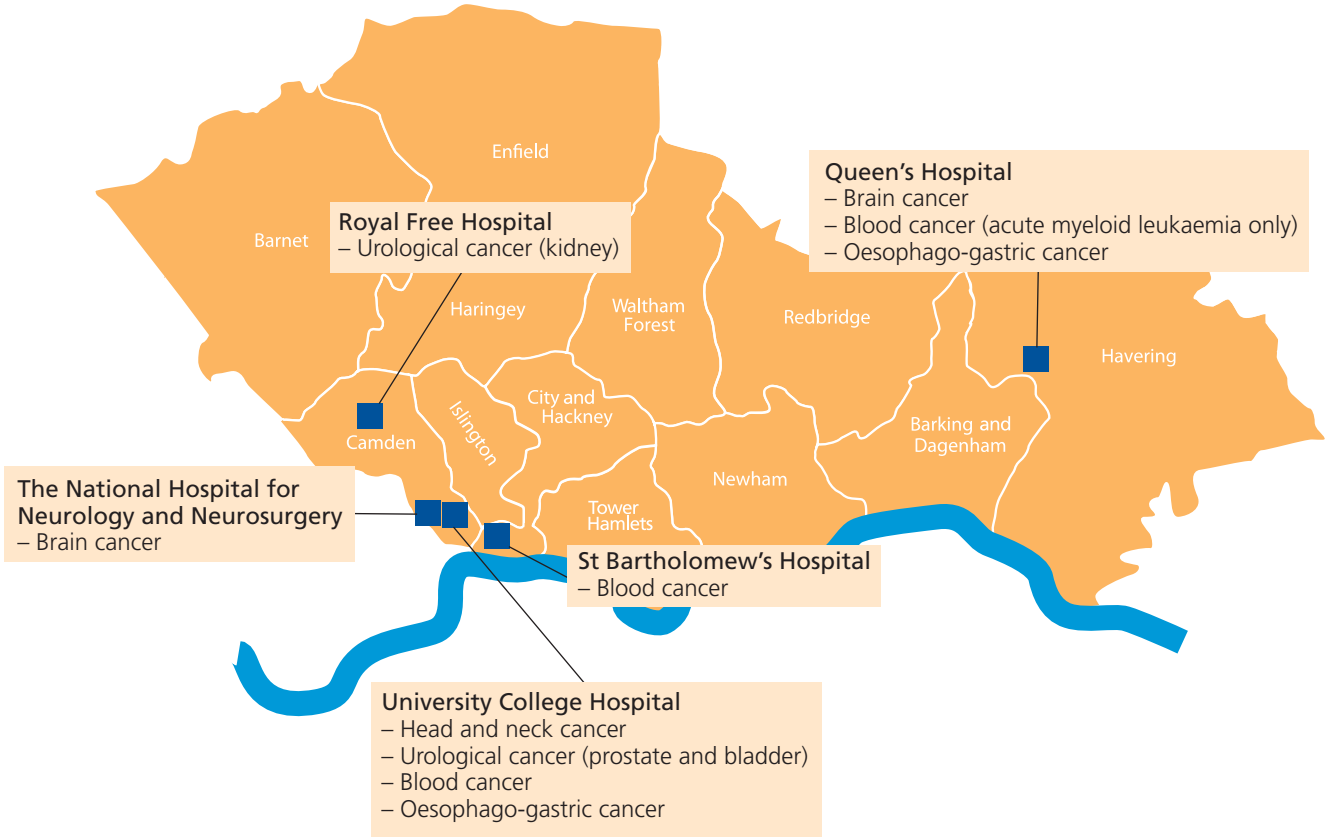
We do not propose to change general cancer services and all services for other types of cancers. However clinicians are looking at how these services can continue to be improved. This means your local hospital or GP will continue to provide most services, such as tests, chemotherapy and follow-up care.

Why we need to change

- **Current services are not always meeting recommended standards**. Specialist teams are spread across too many hospitals so they are not always serving the recommended population size or carrying out the recommended number of procedures. There are also challenges in providing the right team of experts across all hospitals.
- **Local cancer patients have relatively poor clinical outcomes**. Over recent years, improvements in one-year survival in the region have lagged behind those reported in England as a whole. There are also inequalities in outcomes within London.
- **Patients do not always have a good experience**. In the past year cancer patients have rated nine hospital trusts in London among the 10 worst in the England. Patients with rarer cancers also tend to have lower level of satisfaction than patients with more common cancers.
- **Specialists are needed to make the most of the latest advances in treatment**. Advances in medicine and surgery mean that clinical staff and equipment need to become more specialised so patients can access the best care.
- **Not enough patients are involved in clinical trials**. Taking part in clinical trials improves outcomes for cancer patients. A lot of research takes place locally, but less than a quarter of cancer patients take part in trials.

The interior of University College Hospital's Macmillan Cancer Centre.

Specialist cancer centres recommended by local clinicians



Clinicians' vision for cancer care

Clinicians want to create a system of care with specialist centres working closely with local hospitals and GPs. University College Hospital would be a key specialist centre in this system.

Clinicians believe that concentrating specialist cancer services at fewer high-volume hospitals would save lives and provide more productive, efficient and sustainable services.

The centres would provide the following:

- Expert care closer to where patients live through joint consultant appointments, outreach clinics, joint multi-disciplinary teams and local 'one-stop' diagnostic clinics for patients that urgently need a range of tests.
- Multi-disciplinary care teams including specialist nurses, anaesthetists and therapists with enough qualified staff to provide suitable cover.
- Better access to research and clinical trials, which are essential for finding new treatments and therapies.
- An improved working environment for all staff, better access to improved training and more opportunities to get involved in research.
- The opportunity to collect better data on outcomes and quality of care to continually raise standards for patients.

Cardiovascular

It is estimated in 5,436 people in north and east London die early because of heart disease and stroke.

Prevention and treatment have improved over the last decade but more needs to be done to bring the UK in line with the best international outcomes, and to speed up the adoption of new technologies.

Improving specialist cardiovascular services is one part of clinicians' vision for the whole pathway of care. They agree that, to achieve world-class standards, we must change the way we provide specialist adult cardiovascular services including:

- 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.

Specialist cardiovascular services, and a range of supporting services, are currently provided at The Heart Hospital, The London Chest Hospital, St Bartholomew's Hospital and Royal Free Hospital. Some invasive cardiology takes place at Whipps Cross University Hospital and King George Hospital, which is not changing as part of this review.

The specialist cardiac services currently provided at The London Chest Hospital and St Bartholomew's Hospital are due to move to a new state-of-the-art facility in the St Bartholomew's complex, when the building is complete at the end of 2014.

Hospitals providing specialist cardiovascular services in north and east London

1. The London Chest Hospital
2. St Bartholomew's Hospital
3. The Heart Hospital
4. Royal Free Hospital

Why we need to change

The risk of cardiovascular disease is already high and is increasing

On average, people with heart disease in north and east London die earlier than people with heart disease in the whole of London and in England.

There is also a huge variation in outcomes from cardiovascular disease locally. Barnet has some of the lowest rates of early deaths from cardiovascular disease in England. But Newham and Tower Hamlets have some of the highest.

It is also estimated that over half of people with cardiovascular disease locally are undiagnosed.

Current services do not always meet recommended standards for care

The Heart Hospital and The London Chest Hospital both provide good outcomes and patient experience but neither is large enough to meet all current and future expectations for a high-quality service.

Clinicians think they could save more lives if expert teams were seeing a higher volume of patients in large units. Seeing more patients with the same condition would allow dedicated teams to develop and keep improving their skills – especially in areas where surgical techniques change quickly.

Medical advances also mean that clinical teams are specialising in specific types of cardiac surgery. It is not possible for clinicians to develop particular expertise in this field in hospitals seeing a low or average number of patients.

Specialists are needed 24/7 to deliver expert emergency care

Medical advances in techniques and technology mean we can now save more people who have heart attacks. As a result we do more cardiac surgery and interventional cardiology on an urgent or emergency basis rather than as planned care.

Only large centres are able to have specialist surgeons and other staff available 24/7.

Centralising care would ensure people needing urgent expert help can get it 24 hours a day, seven days a week.

Limited capacity at the Heart Hospital

Located in central London, it cannot expand yet demand is increasing. When the hospital opened in 2001 we expected it would need to be reorganised or moved to a new location in the future; this is now overdue.

The difficulty with capacity has already led to higher-than-average waiting times, more operations being cancelled and more mixed-sex wards.

The opportunity to integrate research and innovation into daily practice

Clinicians think they can help achieve better cardiovascular outcomes if, rather than working separately on two nearby sites, they combine their specialist academic and clinical services on a single campus. This would provide a better environment for sharing best practice, engaging trainees and encouraging high-quality research opportunities. It will also help improve outcomes because more patients will be able to take part in clinical trials.

Clinicians' vision for cardiovascular care

Clinicians recommend developing a single integrated cardiovascular centre at St Bartholomew's Hospital with the Royal Free Hospital remaining as a second heart attack centre. They believe this would provide the best outcomes for patients.

The proposed integrated cardiovascular centre at St Bartholomew's Hospital would be one of the largest in the UK and would work closely with local hospitals, GPs and community services to support prevention, early identification, diagnosis, treatment and rehabilitation. Patients would continue to access a range of cardiovascular services locally, including outpatient services.

Clinicians believe that their vision for specialist cardiovascular services would produce these benefits for local people:

- Improved patient experience and outcomes, which would be measured to ensure that services continue to provide high-quality care.
- Prompt access to treatment in all departments. This would help reduce longer waits and cancellations.
- Greater access to new diagnostics and state-of-the-art equipment in all departments. Local people would experience the same high standards of care no matter where they live.
- Expert multi-disciplinary teams with the knowledge and understanding that comes from treating lots of similar conditions. Emergency services would be provided 24/7 by highly skilled individuals and more services could be provided seven days a week and for more hours of the day as a result of larger pools of experts.
- Patients would have more opportunity to take part in clinical trials. They would know that they were being treated by teams working at the forefront of innovation.

The new facility being built at St Bartholomew's Hospital in Farringdon.

How to get involved

We are now seeking the views of local people on clinicians' ideas for change.

During November 2013, there will be events with clinicians and NHS staff explaining why they want to change specialist cancer and cardiovascular services.

If you would like to attend an event, or would like a representative to attend a meeting of your local group, please contact us. You can find details of dates and venues on our website or by calling us.

We also welcome comments on the case for change by email, letter or phone by 4 December 2013. However, if you do have comments after this date, please contact us.

We will use this feedback and ongoing technical work to develop final recommendations for change.

To get involved or to request this document in another language, alternative format or large-print:

Email: **cancerandcardiovascular@nelcsu.nhs.uk**

Telephone: **020 3688 1086**

Write to: Cancer and cardiovascular programmes, c/o North and East London Commissioning Support Unit, Clifton House, 75-77 Worship Street, London EC2A 2DU

Visit: **www.england.nhs.uk/london/engmt-consult**

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