Appendix C: Event material

Brain cancer

Patients with brain cancer usually attend A&E with severe symptoms such as seizures. Most patients require brain surgery with high levels of support and follow-up care.

Hospitals providing specialist brain cancer services in north and east London

Brain cancer surgery is delivered at three hospitals:

- The National Hospital for Neurology and Neurosurgery (NHNN)
- Queen's Hospital
- The Royal London Hospital

The Royal London Hospital's patients have oncology at St Bartholomew's Hospital. Oncology for brain cancer patients also takes place at Mount Vernon Cancer Centre, part of East and North Hertfordshire NHS Trust.

Why do services need to change?

- The three centres serve a population of over 3.9 million (north and east London and Essex). This is well below the minimum population of two million per centre set by the national standards.
- To varying degrees, all three local centres have neurosurgeons and radiologists managing and investigating brain cancer for less than 50% of their time. This is below the level set by the national standards.

Patients do not always have good access to radiotherapy within six weeks, neuro-rehabilitation services or a full 'cancer network' multi-disciplinary team for wider, supportive aspects of care.

Clinical recommendations

Clinicians recommend that current neuro-oncology surgery services should be consolidated to **two centres at Queen's Hospital in Romford and The National Hospital for Neurology and Neurosurgery.**

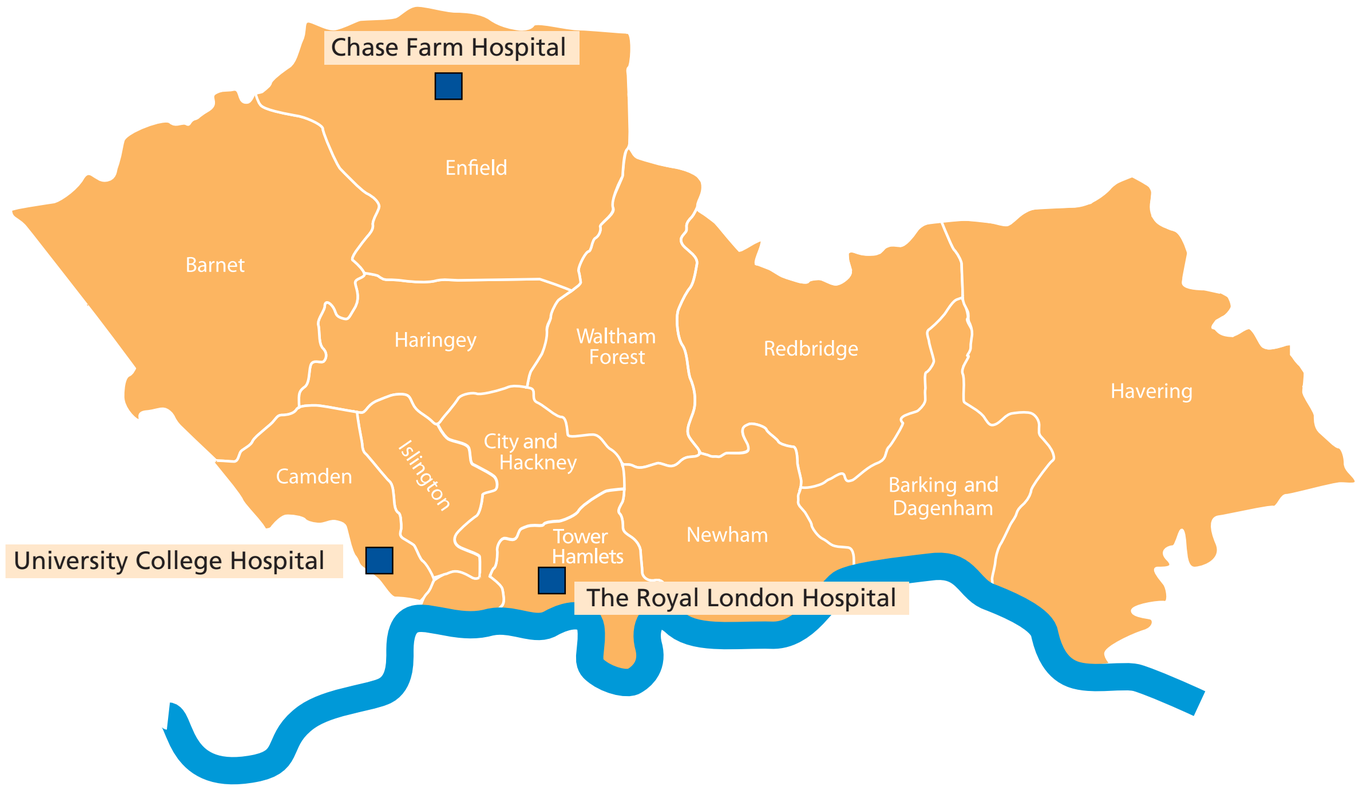
Other ways of improving the patient pathway have also been recommended. This includes:

- immediate referral for patients with suspected brain cancer to a neuro-oncology surgery centre
- improving access to clinical nurse specialists and holistic support
- rapid diagnosis and referral to oncology after surgery
- better follow-up care through joined up working between the neuro-oncology surgery centres with oncology centres, local cancer units, GPs and hospices
- improved access to neuro-rehabilitation.

Head and neck cancer

Surgery is the most common treatment for head and neck cancer but more patients are now being treated with chemotherapy and radiotherapy.

Hospitals providing specialist head and neck cancer surgery in north and east London



Why do services need to change?

Currently surgery is carried out at three centres serving a population of 3.2 million people in north and east London. Individually these centres do not all meet the recommended standard for number of patients treated (100 new diagnoses each year).

Not all patients have access to the full range of specialists they need, such as plastic surgeons, specialist dentists, dietitians and speech and language therapists.

The relatively low volumes of head and neck cancer surgery done across north and east London does not allow all surgeons to develop specialist expertise and use of latest technologies, such as robotic surgery. Care could also be more joined-up to reduce delays and improve the quality of care and experience for patients.

Clinical recommendations

Clinicians recommend that head and neck cancer surgical services should be located in **one centre at University College Hospital**.

Improvements should also be made to the whole pathway including:

- faster diagnosis
- initial assessment and tests taking place close to patient's homes, where possible
- patients offered all suitable treatment options and reconstruction
- cutting-edge radiotherapy services, where suitable
- follow-up at local centres and enhanced recovery programmes.

Bladder and prostate cancer

Around 1,900 people are diagnosed with prostate or bladder cancer in north and east London every year. Of these, around 300 patients need complex surgery.

Hospitals providing specialist bladder and prostate cancer surgery in north and east London

In 2010/11, each bladder and prostate centre carried out between 54 and 89 specialist operations – a total of 296 (220 for prostate cancer and 76 for bladder cancer).

Why do services need to change?

Currently four centres serve over 3.2 million people in north and east London and do not always meet service standards of having multi-disciplinary teams managing a population of at least one million people.

Specialist services for bladder and prostate cancer patients are currently widely dispersed. Not all hospitals provide the latest technologies and therefore patients have unequal access to complex surgery, which can reduce complications such as impotence and incontinence

Clinical recommendations

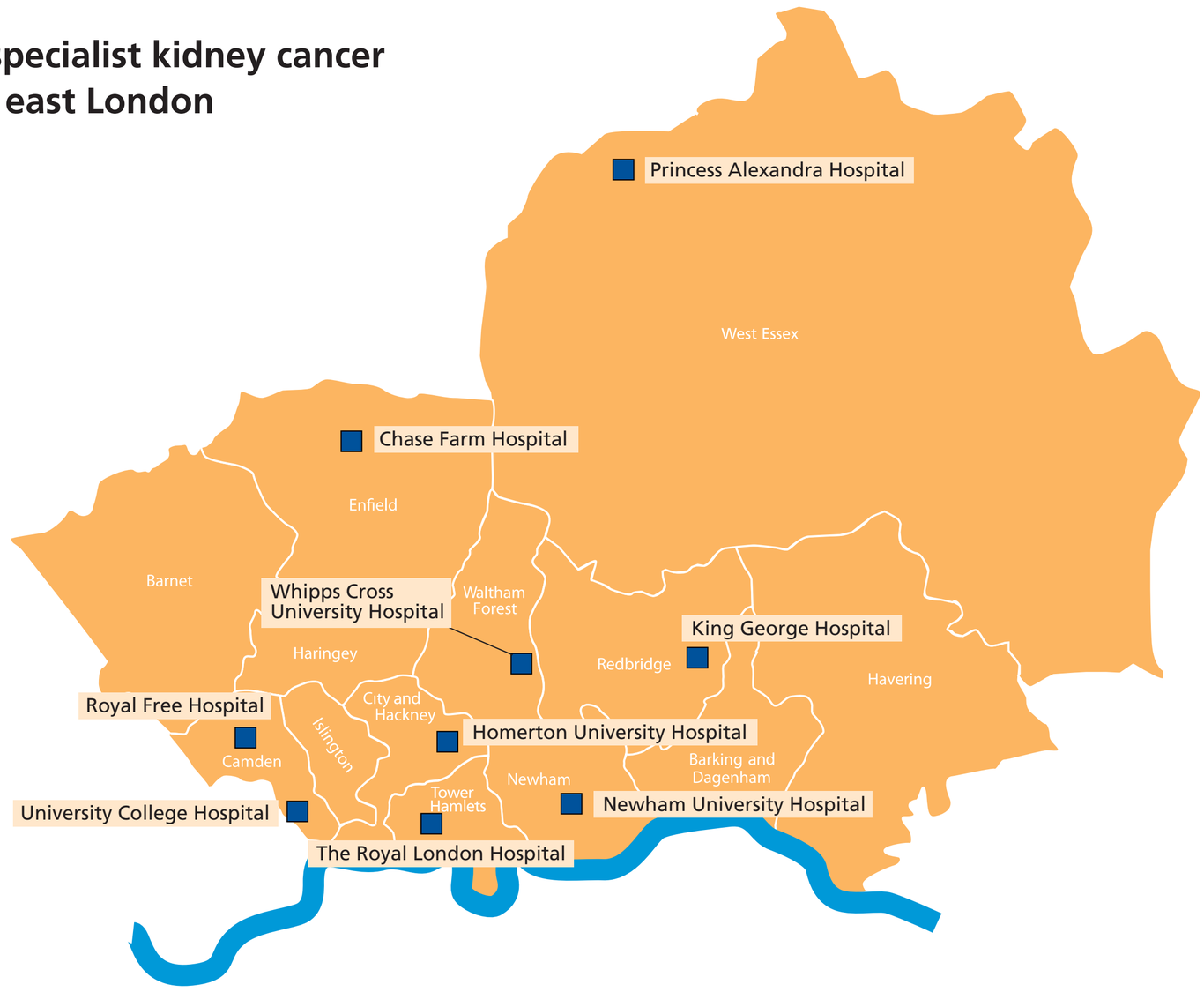
Clinicians recommend that complex bladder and prostrate procedures be **centralised at University College Hospital**. Stakeholders have also asked that commissioners consider a second option of retaining some specialist prostate surgery at a second centre at Queen's Hospital in Romford.

This will provide patients with the care and expertise they need from specialist health professionals, increase investment in skills, research and advanced technology, and increase the number of patients taking part in clinical trials.

Kidney cancer

Kidney cancer is rare with only around 400 patients in north and east London and west Essex each year. Most of these patients require surgery. These procedures vary in complexity but all rely on emerging technologies such as keyhole surgery and robotically-assisted surgery.

Hospitals providing specialist kidney cancer surgery in north and east London



In 2010/11 each hospital carried out between 10 and 72 kidney cancer operations – a total of 292 operations.

Why do services need to change?

- Currently nine centres serve a population of 3.2 million, which is well below the service standards of one million people per centre.
- Specialist services for kidney cancer are currently widely dispersed with some centres doing as few as 10 operations a year.
- Not all hospitals have access to the latest technologies, such as robotic surgery.
- Kidney cancer surgery should ideally take place in a hospital that has renal medicine and dialysis facilities.

Clinical recommendations

Clinicians recommend that services are brought together at **one specialist centre at the Royal Free Hospital**. The Royal Free Hospital has many of the necessary specialities to support surgery including:

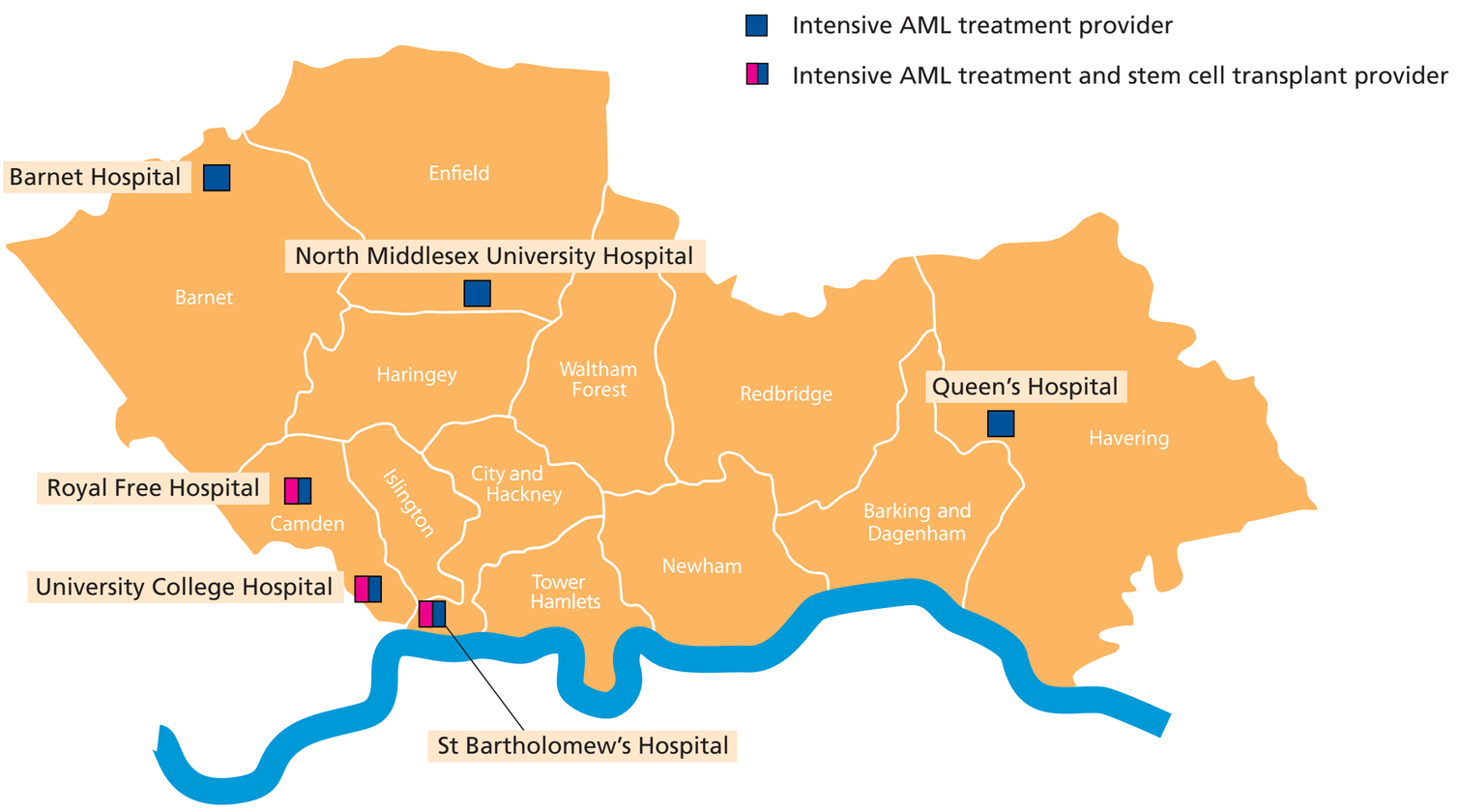
- vascular surgery
- liver and pancreatic surgery
- renal medicine
- 24-hour interventional radiology.

Blood cancer

Treatment for blood cancer (acute myeloid leukaemia or AML) and stem cell transplants requires intensive chemotherapy, and high-quality facilities for close supervision and monitoring of patients on a 24-hour basis.

This review covers AML treatment and stem cell transplants as the facilities and staff needed for each service are often the same.

Hospitals providing AML and stem cell transplant services in north and east London



Why do services need to change?

- Six centres currently treat between two and 39 AML patients intensively a year and three centres provide stem cell transplants. These services do not always meet recommended standards of 10 new AML cases a year and 100 transplants a year.
- Each centre should also have haematologists who are familiar with managing cancer on-site during working hours and available out-of-hours so patients can be treated by clinicians with suitable expertise.
- Intensive treatment for AML and stem cell transplants takes a lot of time and expertise and is therefore costly. Larger services will be more cost-effective and better able to provide the care patients need.

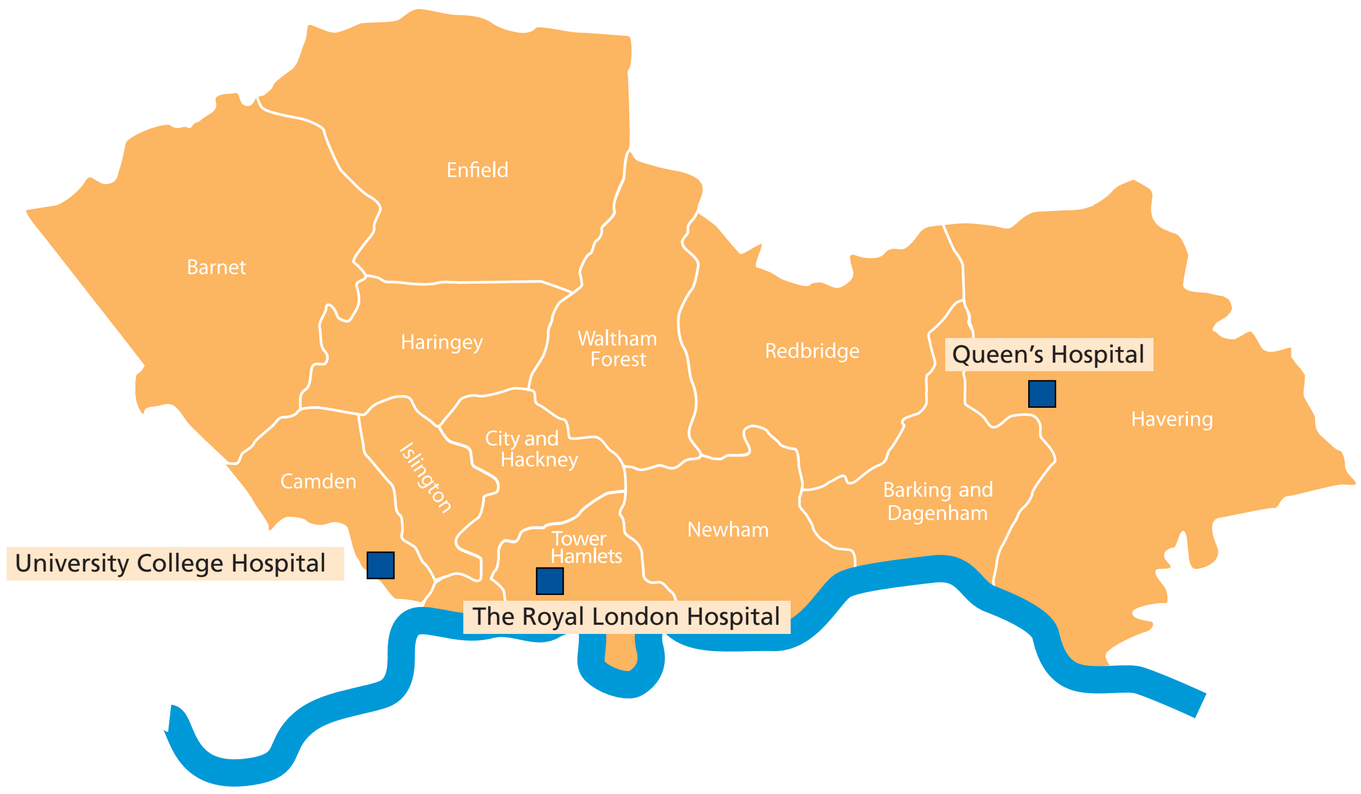
Clinical recommendations

Clinicians recommend that there should be **three centres providing intensive AML treatment** located at **Queen's Hospital in Romford**, **St Bartholomew's Hospital** and **University College Hospital**. St Bartholomew's and University College Hospital would also provide stem cell transplant services.

Oesophago-gastric cancer

Oesophago-gastric (OG) cancer is cancer of the stomach or gullet. Every year, 830 new patients are likely to be diagnosed in north and east London and Essex. Surgery offers the best chance of long-term survival for patients if the cancer is diagnosed at an early stage. Unfortunately, only a quarter of patients diagnosed with OG cancer in our area have a tumour that is operable.

Hospitals providing specialist OG cancer surgery in north and east London



These centres perform a total of around 150 procedures a year, each doing between 41 and 54 operations.

Why does this need to change?

Currently three specialist OG centres carry out surgical procedures for the local area and do not always meet service standards and clinical recommendations:

- serving a population of between 1.5-2 million (Association of Upper GI Surgeons)
- performing at least 60 operations a year.

As individual centres, our hospitals have limited ability to provide 24/7 consultant cover, which has been shown to reduce the length of stay in hospital and increase survival.

Recent studies show that survival rates increase in centres that perform over 80 operations a year.

Clinical recommendations

Clinicians recommend that there should be **two centres at Queen's Hospital in Romford** and **University College Hospital**. Clinicians recommend the work be consolidated further into a single specialist centre at University College Hospital.

Specialist cancer services

More people are now surviving cancer, but there is still a lot of room for improvement. Cancer patients in London have worse survival rates and lower satisfaction about the care they receive compared to patients in the rest of England. Within London there are also inequalities in specialist cancer care and outcomes between areas.

Clinicians have been reviewing specialist cancer services and have made recommendations for:

- brain cancer surgery
- bladder, prostate and kidney cancer surgery
- head and neck cancer surgery
- blood cancer treatment and stem cell transplants
- oesophago-gastric (stomach or gullet) cancer surgery.

Most care will continue to be provided locally. But clinicians believe that centralising services for these specialist services will save more lives and help to achieve the wider improvements that are needed along the whole pathway of care.

General cancer services for those listed above and for all other cancer types are not part of this review. However, clinicians are looking at how these services can continue to be improved for all patients.

This means your local hospital or GP will continue to provide most services. These include:

- tests such as X-rays, ultrasounds, genetic screening, mammograms and scans
- chemotherapy
- follow-up checks
- support services such as physiotherapy, occupational therapy and counselling
- palliative care.

Improving specialist cardiovascular services

Cardiovascular disease affects millions of people in the UK and is one of the biggest causes of early death and disability. Estimates put the number of people in north and east London, who die early due to heart disease and strokes at 5,436.

Hospitals providing specialist cardiovascular services in north and east London

1. The London Chest Hospital (Barts Health)
2. St Bartholomew's Hospital (Barts Health)
3. The Heart Hospital (UCLH)
4. Royal Free Hospital (Royal Free London NHS Foundation Trust)

University Hospital in Essex also provides specialist cardiovascular services.

Heart attack centres in London

1. The London Chest Hospital
2. Hammersmith Hospital
3. Harefield Hospital
4. The Heart Hospital
5. King's College Hospital
6. Royal Free Hospital
7. St George's Hospital
8. St Thomas' Hospital

Basildon University Hospital in Essex also acts as a heart attack centre.

Why we need to change

Clinicians have identified five main reasons why we need to change:

1. The risk of cardiovascular disease is already high and is increasing with our growing and ageing population. People with heart disease in north and east London are more likely to die prematurely than other people in London or England.

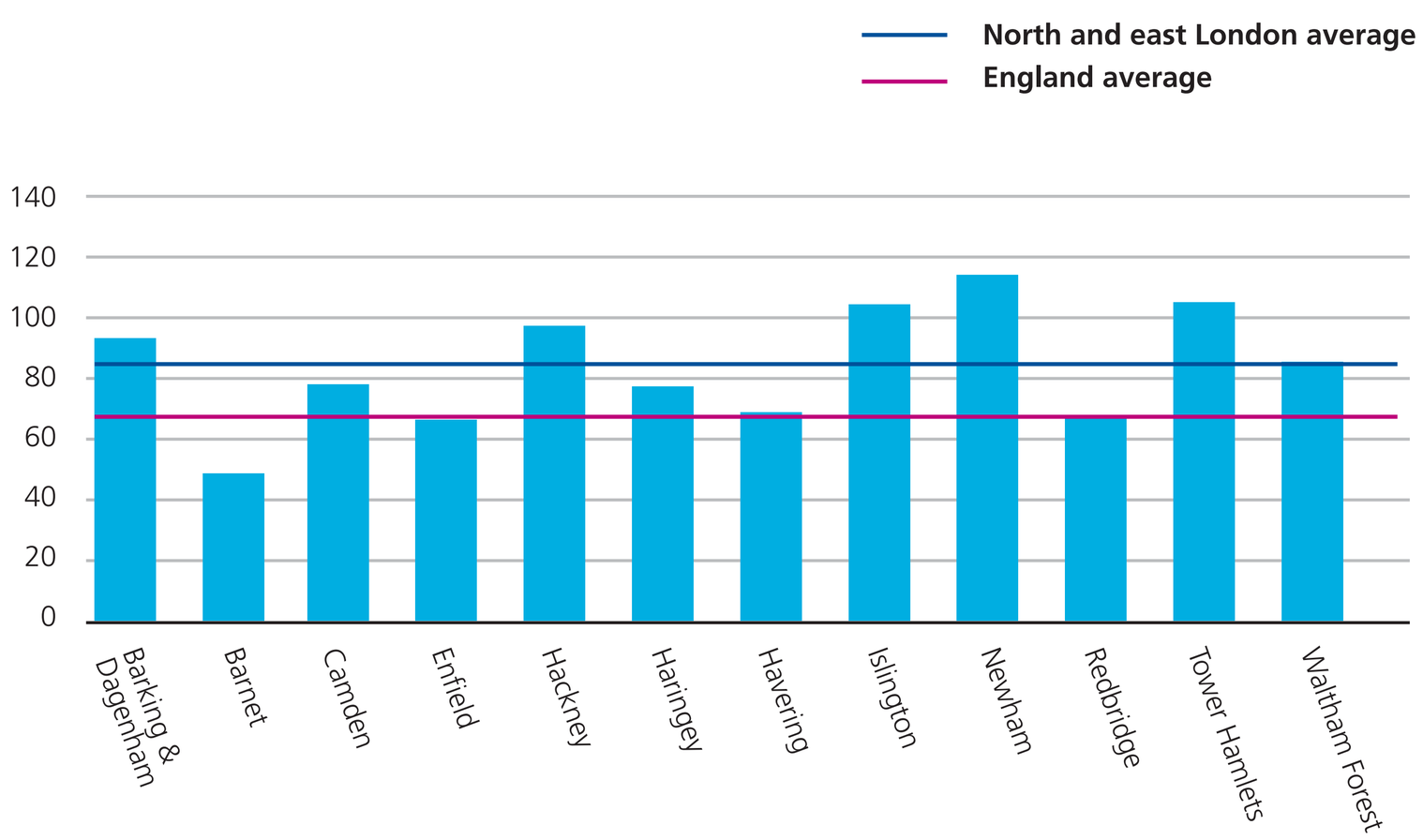
2. Current services cannot meet recommended standards for care. We have high levels of unmet need and unequal access to treatment. Clinicians think they could save more lives if expert teams saw more patients.

3. Specialists are needed 24/7 to provide expert emergency care and enable them to do more work as sub-specialists, such as in aortic valve disease. Our medium-sized units cannot sustain this.

4. Too many people are waiting too long for routine surgery. Patients at both The London Chest Hospital and The Heart Hospital are waiting longer for surgery than the national average of 63 days. Some patients at The Heart Hospital wait up to 93 days. Capacity at The Heart Hospital is limited, with no room for expansion.

5. There is an opportunity to integrate research and innovation into daily practice. This would improve care for local people and attract extra funding.

Premature death from all circulatory disease (2008-10)



We could save 1,117 lives a year locally if we could bring our rate of early deaths from cardiovascular disease into line with the England average. We could save about 2,200 lives if our rate of early deaths was the same as Europe's.

Our vision of care

Our vision is to provide world-class experience and outcomes for patients, underpinned by world-leading academic research and education.

To achieve this vision clinicians have identified seven key aims:

1. Establish a seamless pathway and better co-ordination of care for cardiovascular patients across all NHS organisations.
2. Provide world-class standards of care and improve patient outcomes and experience.
3. Improve access to cardiovascular care and reduce waiting times.
4. Ensure our population benefits from the latest technological advances, research and access to clinical trials.
5. Ensure services are sustainable for the future.
6. Maximise efficiencies and attract national and international investment in research.
7. Ensure continuous training and education in cardiovascular disease is of a high standard across north and east London.

Clinicians have identified a strong and pressing need to change the way we deliver specialist cardiovascular services in north and east London. They recommend developing a single integrated cardiovascular centre at St Bartholomew's Hospital with the Royal Free Hospital remaining as a second heart attack centre.

Existing cardiology services would continue to be provided at University College Hospital to support routine and other specialist care (for example, cancer care).

An artist's impression of a general ward at the new facility at St Bartholomew's Hospital.

How services would work: an example

Robert, 47, has a heart attack at home in Haringey. His wife calls an ambulance and he is taken to the specialist heart centre at St Bartholomew's Hospital by ambulance. The ambulance arrives at the emergency entrance and the crew take him to the specialist heart centre. Robert reaches the assessment unit via a dedicated lift for emergency patients, which the crew know will be available for their immediate use. As Robert arrives at the cath lab floor he suffers a cardiac arrest. This is managed in a dedicated private receiving room next to the cath labs. His circulation returns and he is taken into the cath lab for a primary angioplasty. His family is reassured that he is receiving the best possible care.

What this would mean for patients

Patients would be treated by a specialist centre working closely with local hospitals, GPs and community services to support prevention, early identification, diagnosis, treatment and rehabilitation.

An integrated system would ensure that patients and their carers get ongoing support, with a clear management or care plan understood by everyone involved in their care.

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

- **Improved patient experience and outcomes**, which would be measured to ensure that services continue to provide high-quality care.
- A single integrated centre, which would provide **prompt access to treatment** in all departments. This would help reduce long waits and cancellations.
- A high-quality environment with **greater access to new diagnostics and state-of-the-art equipment** in all departments.
- Emergency services would be provided 24/7 by **expert multi-disciplinary teams** and more services could be provided seven days a week and for more hours of the day as a result of larger pools of expert staff.
- Patients would be able to take part in a **wider range of clinical trials**. They would know they were being treated by teams working at the forefront of innovation.

Cancer activity at Barts Health NHS Trust

Estimated overall change in cancer activities = -1% of cancer spells

✔ No change
▲ Increase in activity
▼ Decrease in activity
▼ (X) All activities moving to another site

No change to other rare tumour services currently provided at Barts Health NHS Trust e.g. testicular, penile, ocular cancer and teenage and young adult cancer services.

Tumour	Referral and diagnosis	Complex diagnosis	Surgery and interventional treatment	Systemic anti-cancer therapy	Radiotherapy	Follow-up and monitoring
Brain	✔	▼ (X)	▼ (X)	✔	✔	✔
Breast	✔	✔	✔	✔	✔	✔
Colon, rectal or bowel (colorectal)	✔	✔	✔	✔	✔	✔
Gynaecology	✔	✔	✔	✔	✔	✔
Blood (haematology) Other	✔	✔		✔	✔	✔
Acute myeloid leukemia	✔	✔		▲	✔	✔
Stem cell transplants	✔	✔		▲	✔	✔
Head and neck	✔	✔	▼ (X)	✔	✔	✔
Lung	✔	✔	✔	✔	✔	✔
Skin	✔	✔	✔	✔	✔	✔
Liver, gallbladder and pancreas (hepato-pancreato-biliary or HPB)	✔	✔	✔	✔	✔	✔
Gullet and stomach (oesophago-gastric)	✔	▼	▼ (X)	✔	✔	✔
Bladder and prostate	✔	✔	▼	✔	✔	✔
Kidney	✔	✔	▼	✔	✔	✔

Cancer activity at Barking, Havering and Redbridge University Hospitals NHS Trust

Estimated overall change in cancer activities = - 3% of cancer spells

✔ No change
▲ Increase in activity
▼ Decrease in activity
▼X All activities moving to another site

No change to paediatric and teenage and young adult cancer services currently provided at Barking, Havering and Redbridge University Hospitals NHS Trust.

Tumour	Referral and diagnosis	Complex diagnosis	Surgery and interventional treatment	Systemic anti-cancer therapy	Radiotherapy	Follow-up and monitoring
Brain	✔	✔	▲	✔	✔	✔
Breast	✔	✔	✔	✔	✔	✔
Colon, rectal or bowel (colorectal)	✔	✔	✔	✔	✔	✔
Gynaecology	✔	✔	✔	✔	✔	✔
Blood (haematology) Other	✔	✔		✔	✔	✔
Acute myeloid leukemia	✔	✔		▲	✔	✔
Stem cell transplants	✔	✔				✔
Head and neck	✔	✔		✔	✔	✔
Lung	✔	✔	✔	✔	✔	✔
Skin	✔	✔	✔	✔	✔	✔
Liver, gallbladder and pancreas (hepato-pancreato-biliary or HPB)	✔			✔	✔	✔
Gullet and stomach (oesophago-gastric)	✔	✔	▲▼X	✔	✔	✔
Bladder and prostate	✔	✔	▼	✔	✔	✔
Kidney	✔	✔	▼	✔	✔	✔

Cancer activity at University College London Hospitals NHS Foundation Trust

Estimated overall change in cancer activities = 4% of cancer spells

✔ No change
▲ Increase in activity
▼ Decrease in activity
X All activities moving to another site

No change to teenage and young adult cancer services currently provided at University College London Hospitals NHS Foundation Trust.

Tumour	Referral and diagnosis	Complex diagnosis	Surgery and interventional treatment	Systemic anti-cancer therapy	Radiotherapy	Follow-up and monitoring
Brain	✔	▲	▲	✔	✔	✔
Breast	✔	✔	✔	✔	✔	✔
Colon, rectal or bowel (colorectal)	✔	✔	✔	✔	✔	✔
Gynaecology	✔	✔	✔	✔	✔	✔
Blood (haematology) Other	✔	✔		✔	✔	✔
Acute myeloid leukemia	✔	▲		▲	✔	✔
Stem cell transplants	✔	▲		▲	▲	✔
Head and neck	✔	✔	▲	✔	✔	✔
Lung	✔	✔	✔	✔	✔	✔
Skin	✔	✔	✔	✔	✔	✔
Liver, gallbladder and pancreas (hepato-pancreato-biliary or HPB)	✔			✔	✔	
Gullet and stomach (oesophago-gastric)	✔	▲	▲	✔	✔	✔
Bladder and prostate	✔	✔	▲	✔	✔	✔
Kidney	✔	✔	▼	✔	✔	✔

Cancer activity at Royal Free London NHS Foundation Trust

Estimated overall change in cancer activities = No change to cancer spells

✔ No change
▲ Increase in activity
▼ Decrease in activity
▼ (X) All activities moving to another site

Tumour	Referral and diagnosis	Complex diagnosis	Surgery and interventional treatment	Systemic anti-cancer therapy	Radiotherapy	Follow-up and monitoring
Brain	✔			✔	✔	
Breast	✔	✔	✔	✔	✔	✔
Colon, rectal or bowel (colorectal)	✔	✔	✔	✔	✔	✔
Gynaecology	✔			✔	✔	✔
Blood (haematology) Other	✔	✔		✔	✔	✔
Acute myeloid leukemia	✔	▼		▼ (X)	▼ (X)	✔
Stem cell transplants	✔	▼ (X)		▼ (X)	▼ (X)	✔
Head and neck	✔	✔		✔	✔	✔
Lung	✔	✔	✔	✔	✔	✔
Skin	✔	✔	✔	✔	✔	✔
Liver, gallbladder and pancreas (hepato-pancreato-biliary or HPB)	✔	✔	✔	✔	✔	✔
Gullet and stomach (oesophago-gastric)	✔			✔	✔	
Bladder and prostate	✔	✔	▼	✔	✔	✔
Kidney	✔	✔	▲	✔	✔	✔

Clinical recommendation

Clinicians believe that bringing together two average-sized specialist cardiac centres – The Heart Hospital and The London Chest Hospital – and the services located at the old St Bartholomew's Hospital onto a new, state-of-the-art campus at St Bartholomew's would:

- attract national and international patient referrals, bringing income from outside the NHS
- become a centre for therapeutic innovation, in partnership with Queen Mary University, University of London and University College London
- have strong academic links that attract staff and give patients access to new technologies
- have enough capacity to support clinicians' vision of care
- utilise the new hospital building for additional cardiovascular activity, which ideally would have complementary services
- reduce the travel distance for three quarters of outpatients and two thirds of inpatients.

We are keen to find out what everyone thinks about the option proposed.

What other options did we consider?

The Heart Hospital

A single integrated high-volume cardiovascular centre could not be located at The Heart Hospital as it has no room to expand.

The London Chest Hospital

The London Chest Hospital services are already moving to St Bartholomew's Hospital in late 2014 as part of the new hospital development.

New building at The Royal London Hospital or University College Hospital

We could not afford new buildings at these hospitals. The NHS already has facilities that could accommodate, or be adapted to accommodate, this activity at a much lower cost.

Options outside north and east London

If these proposals proceed, a few patients currently accessing care at The Heart Hospital would probably be treated by hospitals in west and south London (The Royal Brompton Hospital and Guy's and St Thomas' Hospitals).

However, for about 80-90% of people who currently access care at The Heart Hospital, St Bartholomew's Hospital would be the nearest alternative. Because of this we have worked on the basis that cardiovascular services should be concentrated in north and east London. We have not tested in detail any options that would mean a lot more patients travelling to be treated in west or south London.

About this review

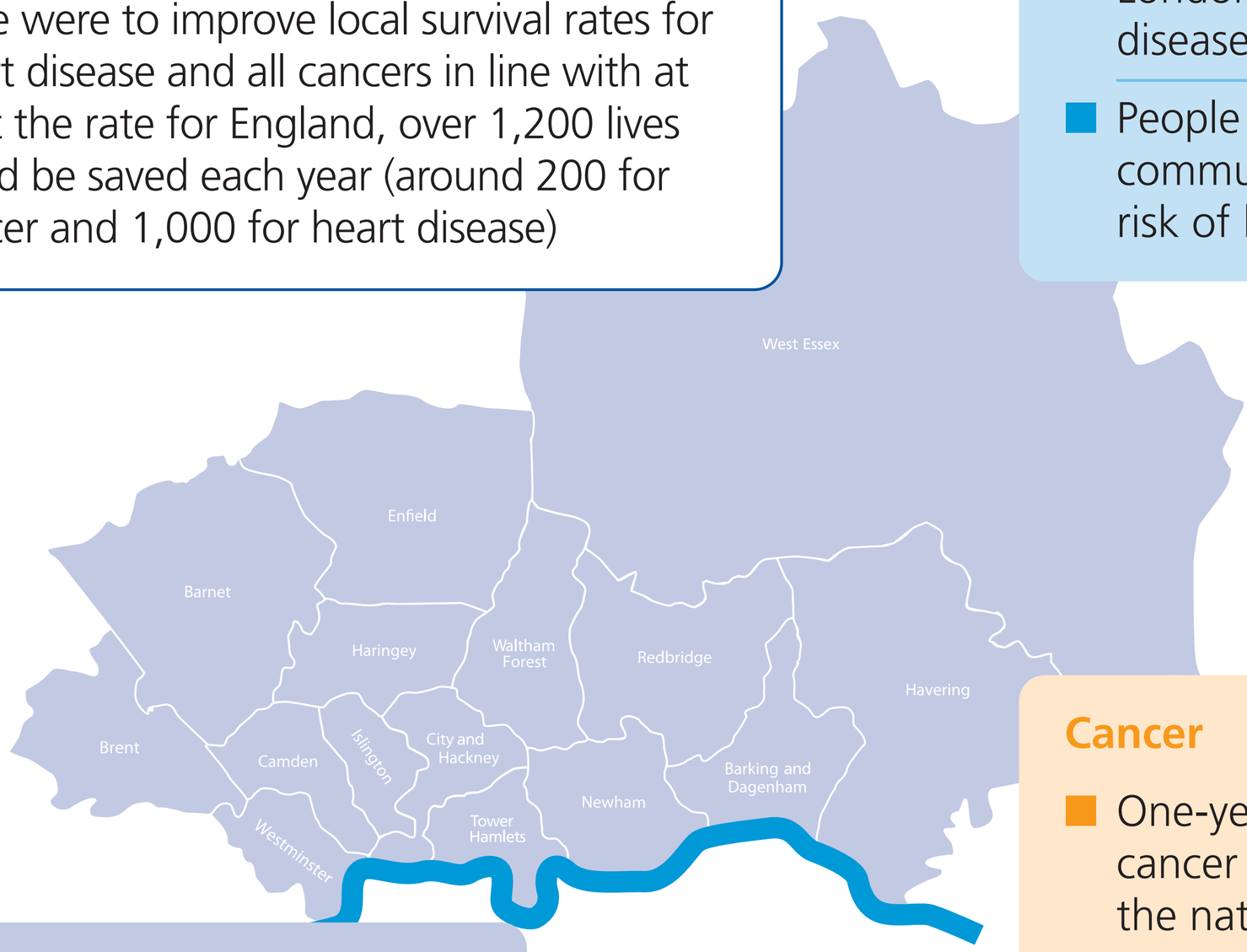
NHS England, the main commissioner for specialised services, is leading the review of specialist cancer and cardiovascular services, together with a number of local clinical commissioning groups (CCGs).

Clinicians and patient representatives from across north and east London and west Essex have developed this vision for cancer and cardiovascular services.

- Cancer and heart disease priority areas for action
- Two thirds of early deaths, before the age of 75, in London are a result of heart disease and cancer
- If we were to improve local survival rates for heart disease and all cancers in line with at least the rate for England, over 1,200 lives could be saved each year (around 200 for cancer and 1,000 for heart disease)

Heart disease

- Two thirds of early deaths, before the age of 75, in London are a result of heart disease and cancer
- People in our local communities are at higher risk of heart disease



Cancer

- One-year survival rates for cancer in London lag behind the national average
- Nine out of 10 of the hospitals rated worst for cancer patient experience are in London
- The number of people with cancer is increasing

What will this achieve?

- The safest care
- The best outcomes
- The best patient experience
- Outstanding research opportunities

Who uses these services?

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

Wherever you live, we encourage you to give us your feedback.

NHS England

Improving specialist cancer and cardiovascular services

The case for change

North and east London and west Essex have some of the best cancer and cardiovascular experts in the country. However, we need to change the way we deliver specialist cancer and cardiovascular services to give patients the best outcomes and experiences of care.

Clinicians tell us that bringing together expertise, technology and research will give better care and save more lives. To do this clinicians recommend:

- combining **specialist cardiovascular services** currently provided at The Heart Hospital, The London Chest Hospital and St Bartholomew's Hospital to create an integrated cardiovascular centre in the new building at St Bartholomew's.
- providing specialist surgery and treatment for **five complex or rare cancers** in fewer specialist centres. Services would continue to be provided locally for other types of cancer and general cancer services, such as diagnostics and chemotherapy.

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

NHS England

Improving specialist cancer and cardiovascular services

Have your say

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

Your feedback will be used to help us develop preferred recommendations and a business case.

Expected timeline

- **Late 2013 – early 2014:** Commissioners develop preferred recommendations and a business case
- **Early 2014:** Formal engagement or consultation on commissioners preferred recommendations
- **Mid 2014:** Decision by commissioners on whether to proceed with changes
- **Late 2014-2018:** Implementation (if approved)

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

Creating world class care for cancer and heart patients

Have your say

You do not have to provide us with your name and contact details. However, please do let us know if you would like to be kept updated with news and events regarding this review

Name:
Telephone number:
Email:
Address:

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

Email: cancerandcardiovascular@nelcsu.nhs.uk

Visit: www.england.nhs.uk/london/engmt-consult for further information