NHS England

Improving specialist cancer and cardiovascular services

in north and east London and west Essex

Commissioners' preferred options

Foreword

Cancer and cardiovascular disease cause two thirds of early deaths in London. If we could improve local survival rates for heart disease and all cancers in line with the rate for England, we could save more than 1,200 lives each year.

Local people have shown us their broad support for creating specialist, high-volume centres of excellence within a connected network of hospitals. At these centres, patients would receive world-class treatment and have access to expertise and the latest treatments, technology and research in one place.

Our Case for Change – Improving specialist cancer and cardiovascular services across north and east London and west Essex – sets out clinicians' recommendations for bringing together specialist services for five types of cancer (brain, head and neck, urological, blood and oesophago-gastric cancer) and cardiovascular care in order to improve patients' outcomes and experience. The Case for Change describes in detail our proposals to create specialist centres, and our vision to ensure a seamless pathway for patients as they move from diagnosis to treatment to aftercare. Patients should only travel extra distances for specialist surgery or treatment.

Since publishing the Case for Change in October 2013, we have spoken to clinicians, patients and members of the public from across north and east London and west Essex to get their views. We have read and considered all their comments, concerns and feedback. We also ran a rigorous appraisal process to understand the best options for these services. These have informed our recommendations for change, which we explain in our business case. We have also commented on how we plan to make the proposed changes, if approved.

In the coming weeks, we will listen to people across the region to get feedback on our preferred options and inform our planning.

For more about this next phase, please read page 13. Once again, we are keen to hear the views of everyone across the area. Please do send us your views and feedback by **Friday 27 June 2014** so we can incorporate them before we and our clinical commissioning group colleagues make any final decision in July 2014.

The following pages summarise our business case, explaining why change is needed if we are to bring benefit to patients who are living with cancer and heart disease.

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Introduction

This document is a high-level summary of NHS England's business case. The full business case is available here: **http://www.england.nhs.uk/london/london-2/engmt-consult/**. This document aims to:

- gather feedback from local people on the preferred options for change
- explain how the proposed specialist centres for cancer and heart care would work, and
- show how we will achieve the aims of our Case for Change, developed for clinical reasons.

It explains the background to the proposals and summarises the work done to date (including the first phase of engagement). It goes on to show how comments and feedback have helped shape the programme's next steps and our preferred options for change, which are outlined on page 13.

It also talks about this next phase of engagement. This includes advisory workshops and events designed to involve patients and the public in plans to implement the changes. The document also describes the programme's next steps and how you can get involved.

NHS England is the main commissioner for specialised services. We have worked with local clinical commissioning groups (CCGs), local NHS trusts and UCLPartners – an academic health science partnership – to lead this review.

The programme so far

2010 – Working with clinicians, we did a London-wide review to look at what specialist services for cancer and cardiovascular disease should be like. This involved discussions with patients and the public. It concluded that fewer specialist high-volume units would improve clinical outcomes for patients, speed up the introduction of new technologies, achieve greater quality and optimise efficiency. Clinicians were then asked to look at how we could apply this model of care in the local area.

Early 2013 – We asked people about proposals to improve urological (kidney, bladder, prostate) cancer services. After receiving feedback, we decided to examine the five cancer pathways and cardiovascular specialist services in one review.

Late 2013 – NHS England wrote a case for change, suggesting that specialist services could be brought together across north and east London and west Essex. We asked people about the proposals from **28 October to 4 December 2013**.

Early 2014 – NHS England worked with UCLPartners, clinical commissioning groups, GPs and hospital trusts in compiling the feedback. We continued to attend meetings of joint health scrutiny committees and clinical commissioning groups (CCGs). We published an 'engagement report' on NHS England's website on 12 March 2014.

April–May 2014 – We developed preferred recommendations for change and published an initial business case.

Clinicians from across north and east London and west Essex developed their vision for cancer and cardiovascular services alongside patients' representatives. This informed our Case for Change.

In the Case for Change, clinicians recommended we **combine specialist cardiovascular services** currently provided at The Heart Hospital, The London Chest Hospital and St Bartholomew's **by creating an integrated cardiovascular centre in the new building at St Bartholomew's Hospital.** The Royal Free Hospital and this new cardiovascular centre would act as heart attack centres for the area.

For five types of rare and complex cancer, clinicians recommended that we provide specialist surgery and treatment in centres of excellence across the area, with a hub at University College London Hospitals NHS Foundation Trust. Patients would only travel to these newly created centres of excellence for specialist surgery and treatment.

In the autumn of 2013 (28 Oct to 4 Dec), we asked people about our Case for Change. This built on previous discussions including Healthcare for London: Consulting the Capital (2008); the London-wide review of cancer and cardiovascular services (2010); and the review of specialised urological services in north and east London and west Essex (2013).

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

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

In our autumn 2013 discussions, we:

- shared the Case for Change and event details (below) with **over 540 stakeholders**
- held **five drop-in sessions** across the area for members of the public, enabling them to have one-to-one discussions with clinicians and commissioners
- attended **28 meetings** with patient groups, CCGs and councils
- issued an **open offer** to meet and attend local groups as requested
- ran a **series of workshops** with patient and clinical representatives to assess the options for change (page 4 says more about how the options were appraised)
- received **130 comments or views** and continued to accept responses after the closing date. We included this feedback in a report published in March 2014 and built it into our planning for this second part of the programme.

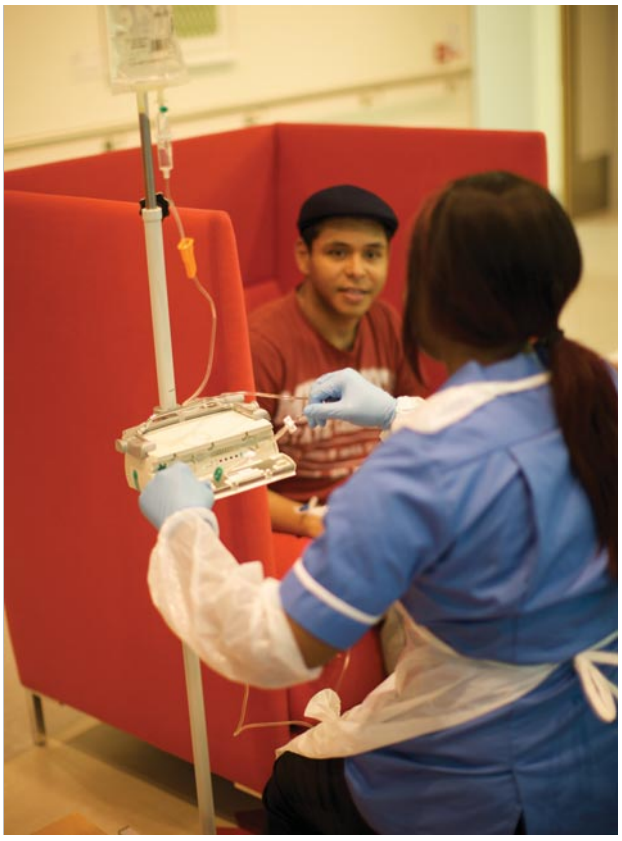
What we have heard

Overall, **our discussions showed broad clinical and public support for the need to improve patient outcomes and experience across the area and the need to bring specialist services together (consolidation).** People showed they were concerned about the effect of travel and transport for them and their families, how the specialist centres would work with local hospitals, and how/if the proposals would affect any other hospital services such as the major trauma centre at The Royal London Hospital. We have considered all these issues in detail during discussions at the options appraisal meetings, with clinical leaders at the hospitals in the region, and with commissioners.

Where people have raised issues that needed further thought and work, we have fed them into our plans for implementing the proposed changes and this next discussion phase. You can find more details of this on page 12.

The three local joint health and scrutiny committees (JHOSCs) have all said the proposals are not a substantial service change, so they do not need to be formally consulted under section 244 of the NHS Act 2006. All said we should continue to engage with public, patients and staff as the work goes on.

You can get an overview of the themes that arose during discussions, copies of correspondence from the JHOSCs, and the CCG support for our proposals here:
http://www.england.nhs.uk/london/london-2/engmt-consult/



Options appraisal process

NHS England adopted a rigorous three-step process to achieve consensus on the best set-up for specialist cancer and cardiovascular services for north and east London and west Essex. This took place during the first engagement phase. It was done by appraisal panels made up of patient groups, clinicians and commissioners for each of the cancer areas and for the cardiovascular proposals. We've outlined the three steps below:

Step 1: Developing a long list of possible options

For each service area, we drew up several options on a long-list. We reviewed and amended them after discussions with UCLPartners and London Cancer. The hospital providers on the long-list and the locations of services were limited to the existing service providers in the sector.

Step 2: Arriving at a shortlist of possible options

A shortlist was made by appraisal panels for cancer and cardiovascular services involving clinical, commissioning and patient representation. The panels studied all options we thought safe and viable. In their assessment, they looked at the following questions:

- **Does the option meet the minimum number of procedures or population covered as outlined in NICE guidance and/or NHS England service specifications?** This sets the appropriate maximum number of providers for the area.
- **Is the provider a specialist regional provider for patients outside north and east London?** In some cases hospital providers were also the regional provider for patients outside north-central and north-east London. If so, these providers were shortlisted.
- **Are there any critical co-dependencies that need to be in place to deliver these services?** Some specialist cancer services need to be close to other key services. Providers must offer these services to be shortlisted.

Step 3: Appraising the shortlisted options

After a safe and viable shortlist of options was written, panels of appraisers assessed the options formally. They used an agreed set of criteria and weightings – see the table below:

Criteria	Description	Weighting
Clinical quality	The extent to which (how far) the option will improve clinical outcomes for patients	45%
Patients' experience	How much the option will affect patients' ability to choose a provider and how patients will get access to the services	25%
Ability to deliver the change	How far-reaching and complex the option will be to implement, and how well it will fit with the provider's and commissioner's future priorities	20%
Research education and training	How far the option will improve the quality of research and support future trends in education and training	10%

We held a series of structured workshops to appraise and score the options on each of the four criteria. We collated and weighted the scores to reach a set of preferred options for each pathway.

You can read more details on the process, and see the report, on our website: **http://www.england.nhs.uk/london/london-2/engmt-consult/**

London Clinical Senate review

During our first phase of engagement, some respondents raised concerns about specialist prostate surgery being brought in to one centre of excellence at University College London Hospitals NHS Foundation Trust (UCLH). We had proposed this in our Case for Change, applying guidance from the London-wide model for cancer care and national service specifications.

We asked the London Clinical Senate to provide an independent review. This was in two parts:

- To give advice on whether we had adopted a sufficiently robust clinical process to arrive at our preferred options for change.
- To give advice on the prostate proposals, specifically on our recommendations for a future model of specialist services for prostate cancer based on outcomes data from NHS trusts and recent NICE (National Institute for Health and Care Excellence) guidance.

To reach conclusions, the Senate reviewed documents from us and outcome data from UCLH and Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT).

The Senate's report said our process had been clinically robust. It also said we had listened to and considered the feedback and comments we had received in the first phase of engagement, and it highlighted the importance of further engagement.

The Senate said there was a strong evidence base for our proposals to bring specialist surgery for prostate cancer into one centre of excellence. It found significant support for the proposals from clinicians.

The London Clinical Senate report is available on our website:
http://www.england.nhs.uk/london/london-2/engmt-consult/

What are the benefits?

Cancer services

Better clinical outcomes

There is compelling clinical evidence that better outcomes for cancer patients are achieved in centres that see larger numbers of patients. The Case for Change refers to numerous studies over the past ten years supporting this. In summary, better clinical outcomes can be achieved through the following:

- Continuous improvement among surgeons and theatre staff who carry out enough operations each year
- Access to the most up-to-date equipment
- Access to research and clinical trials
- Presence of a core multidisciplinary team working 24/7 hours
- Recruitment of talented national and international clinical staff to work in the specialty

Improved patient experience

Specific benefits to the patient's experience include the following:

- Reduced length of stay and earlier discharges
- Reduced complications and readmission rates
- Improved case mix through more effective triaging (initial assessment)
- Improved patient safety
- Improved local diagnostic times through the network support of the specialist centre
- Increased survival rates and reduced risk of post-operation complications
- Prompt access to the relevant specialists, thereby reducing delay to treatment and minimising unnecessary hospital visits
- Multidisciplinary clinics developing and communicating clear management of care plans for the patient
- An enhanced recovery programme, reducing length of stay after the operation
- Better co-ordinated pathway of care
- Strengthened multidisciplinary follow-up clinics at local providers through outreach and joint appointments

High-quality clinical training and research

Developing high-volume centres with pooled resources is expected to deliver the following benefits:

- Scope for sub-specialisation, providing training opportunities for junior staff and research opportunities
- Recruitment of talented national and international clinical staff to work in the specialty
- High-quality clinical training to junior doctors and other health professionals

Value for money and sustainability

Consolidation of specialist centres will produce better clinical outcomes and develop economies of scale, which will in turn produce a number of financial benefits for commissioners and providers. Specifically they include the following:

- Reduced length of stay and earlier discharges
- Reduced complications and readmission rates
- Improved case mix through more effective triaging (initial assessment)
- Reduced overheads and efficient use of staff
- Capacity to invest in latest technology
- Enhanced productivity of multi-disciplinary teams

Cardiovascular services

Better clinical outcomes

The Case for Change demonstrates that outcomes for patients treated by clinicians who are experienced and have high volumes of cases are better. Specific benefits include the following:

- Carrying out more than the evidence-based recommended minimum number of complex and emergency procedures in cardiology
- Further sub-specialisation in surgery and supporting services and access to a specialist 24/7 rota
- Additional investment in new technologies, enhancing and facilitating the growth of specialties
- Improvements in care by supporting local acute hospitals and primary and community health services
- Access to clinical trials and pioneering research

Improved patient experience

Cardiovascular care would be provided as part of an integrated system with an expert specialist centre at its hub. We have identified the following patient experience benefits as a result:

- Reduced length of stay and earlier discharges
- Reduced complications and readmission rates
- Improved case mix through more effective triaging (initial assessment)
- Streamlined care pathways and clearer referral routes for emergency units, ambulance services, GPs and community services
- Greater capacity and flexibility to respond to demand, reducing waiting times and cancellations
- Prompt access to treatment in all departments reducing waiting times and cancellations
- Greater access to the latest diagnostics and equipment
- Access to highly skilled surgeons 24/7

High-quality clinical training and research

Developing high-volume centres with pooled resources is expected to produce the following benefits:

- Strengthened research, science and clinical trials. By creating access to data from such a large, diverse population and broad range of activity, the centre would attract funding for clinical trials
- Sub-specialisation and defined career pathways
- Recruitment of talented national and international clinical staff to work in the specialty
- High-quality clinical training for junior doctors and other health professionals

Value for money and sustainability

Consolidation of specialist centres will produce better clinical outcomes and give economies of scale, which will in turn bring several financial benefits for both commissioners and providers. Specifically they include the following:

- Reduced length of stay and earlier discharges
- Reduced complications and readmission rates
- Improved case mix through more effective triaging (initial assessment)
- Reduced overheads and efficient use of staff
- Capacity to invest in latest technology
- Enhanced productivity of multi-disciplinary teams

Impact analysis

To understand how our proposals could affect patients and other elements of the health care system, we have done an 'impact analysis'.

Travel – the net impact on travel times for those patients who would receive care at a different location has been examined. Under the recommendations, travel distance and time would increase for some patients, particularly those travelling from outer north-east London and west Essex. We will do more analysis to understand this in more detail and develop contingency plans with the hospital providers.

Equality – we analysed whether our proposals would be likely to have an impact on groups identified in our analysis. These were older people, people with disabilities and people from more ethnically diverse communities. Our analysis found that the proposals would not, but it did show that some services would be moving out of communities that are more ethnically diverse. So, hospitals providing specialist services under our proposals would need to make sure that people in those communities would not be unduly affected.

Financial – the main priority for these proposed changes is clinical. Our focus has been on saving patients' lives and improving their outcomes from surgery. The changes will help save 1,200 lives a year. However, financial analysis shows that all the providers can afford our proposals, including the costs of implementation. The changes will give value for money to the taxpayer and all the organisations involved.

You can read our full business case, along with more detailed information, here:
http://www.england.nhs.uk/london/london-2/engmt-consult/

Do you wish to add anything about the effects of our proposals on travel, equality, financial issues or other matters?

Next stages and how to be involved

We will need to do detailed planning and design work to ensure that the new specialist centres can provide the intended benefits to patients outlined in the Case for Change.

The programme's next stage focuses on gathering feedback on commissioners' preferred options for change; identifying what change would look like for patients; and seeing what information we need and what we need to be aware of when putting our plans into action.

As part of this next stage, we are asking local people – including staff, clinicians, patients, the public and other stakeholders – to give us their views on our preferred options and the details.

People have told us they have concerns about travel and transport, how the specialist centres would work with local hospitals and how/if the proposals would affect other hospital services. We have considered these in great detail. But to ensure that we can plan changes that offer the greatest benefits to patients, we will be holding a series of workshops in the coming weeks, including looking at travel – how do we ensure that things like parking and public transport are not barriers to accessing specialist services?

We will also be holding an event to discuss the results of the London Clinical Senate's review of prostate proposals.

We will send more details of these events to stakeholders and post them online on our dedicated NHS England webpage. Hard copies of this document are available on request and at all stakeholder workshops. You can get extra copies from main reception desks at University College Hospital, The Heart Hospital, St Bartholomew's Hospital, The Royal Free Hospital, Queen's Hospital, and Chase Farm Hospital.

If you would like to attend one of these workshops, or would like a programme representative to attend a meeting of your local group, please contact us.

We welcome comments on our preferred options, the outcomes of the London Clinical Senate review, and our plans for implementing our proposals by email, letter or phone by **Friday 27 June 2014.**

We will use all feedback and ongoing work to inform the plans for new specialist centres if they are approved.

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

Email: cancerandcardiovascular@nelcsu.nhs.uk

Telephone: 020 3688 2440

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

To request this document in another language, alternative format or large print, email cancerandcardiovascular@nelcsu.nhs.uk

Commissioners' preferred options

What we propose for specialist cancer services

Below, we summarise our preferred options for each clinical area. For each of the options, based on current levels of surgery and treatment (procedures), we have estimated the number of procedures likely to be affected.

Brain cancer

We should retain the National Hospital for Neurosciences and The Queen's Hospital (Romford) as the two units in the area providing specialist surgery for brain cancer.

We estimate this will affect 97 out of 831 procedures.

Do you agree with the preferred option, stated above? Yes ☐ No ☐

If you do not agree with this preferred option, please use the space below to explain why.

Head and neck cancer

We should retain University College Hospital as the single centre for specialist head and neck cancer surgery in the area.

We estimate this will affect 241 out of 394 procedures.

Do you agree with the preferred option, stated above? Yes ☐ No ☐

If you do not agree with this preferred option, please use the space below to explain why.

Urological cancer: prostate and bladder

We should retain University College Hospital as the single centre for specialist prostate and bladder surgery in the area.

We estimate this will affect 93 out of 275 procedures – for complex prostate cancer surgery (radical prostatectomies)

We estimate this will affect 32 out of 71 procedures for complex bladder surgery.

Do you agree with the preferred option, stated above? Yes ☐ No ☐

If you do not agree with this preferred option, please use the space below to explain why.

Urological cancer: renal (kidney)

We should have the Royal Free Hospital as the single provider for renal cancer surgery for the area.

We estimate this will affect 145 out of 239 procedures.

Do you agree with the preferred option, stated above? Yes ☐ No ☐

If you do not agree with this preferred option, please use the space below to explain why.

Haematological (blood) cancer: acute myeloid leukaemia (AML) and haematopoietic stem cell transfer (HSTC)

We should retain St Bartholomew's Hospital and University College London Hospitals as the two level 3 providers for AML and HSTC in the area.

We estimate this will affect 53 out of 274 procedures.

Do you agree with the preferred option, stated above? Yes ☐ No ☐

If you do not agree with this preferred option, please use the space below to explain why.

Levels of care

The British Committee for Standards in Haematology defines four levels of care:

Level 1 – Outpatient units provide treatment orally or intravenously, which does not normally cause significant loss of white blood cells.

Level 2a – These centres provide treatment that results in short periods (less than seven days) of bone marrow and white blood cell loss, requiring short hospital stays.

Level 2b – These centres provide complex chemotherapy needed to treat patients with relapsed lymphomas, as well as providing intensive treatment for AML.

Level 3 – These centres provide intensive treatment for acute lymphoblastic leukaemia and transplant services.

Haematological (blood) cancer: acute myeloid leukaemia (AML) (level 2b)

We should retain St Bartholomew's Hospital, University College London Hospitals and Queen's Hospital (Romford) as providers of AML level 2b services.

We estimate this will affect 18 out of 118 patients.

Do you agree with the preferred option, stated above? Yes ☐ No ☐

If you do not agree with this preferred option, please use the space below to explain why.

Oesophago-gastric cancer

For the time being, we should retain a service at University College London Hospitals and Queen's Hospital, Romford, with both units working together as one service sharing best practice.

In three to five years' time we would consider further consolidation after reviewing the volume of activity at both units against the latest standards of best practice.

We estimate this option will affect 53 out of 131 procedures.

Do you agree with the preferred option, stated above? Yes ☐ No ☐

If you do not agree with this preferred option, please use the space below to explain why.

What we propose for specialist cardiovascular services

Our vision for specialist cardiovascular services is to provide world-class experiences and outcomes for patients. **We summarise our recommendation below.**

We should transfer services at the Heart Hospital to St Bartholomew's Hospital to create a single integrated cardiovascular centre. The Royal Free Hospital and the integrated cardiovascular centre at St Bartholomew's Hospital would act as heart attack centres for the area.

Do you agree with the preferred option, stated above? Yes ☐ No ☐

If you do not agree with this preferred option, please use the space below to explain why.

Your details

Name

Date of birth

Gender

Email address

(We will not pass your email address on to any third parties and will only use this to send you information about these proposals. Please indicate if you do not want to be contacted about the proposals)

Yes ☐ **No** ☐

Job title

Organisation

Location

All of the above are optional fields.

Please use the space below to continue any comments from a previous question.

Please use the space below to continue any comments from a previous question.

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