Improving Specialist Cancer and Cardiovascular Services in North and East London and west Essex

NHS E Response to the London Clinical Senate Review

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1 Introduction from NHS England

1.1 Acknowledgements

Clinical leadership is at the heart of the NHS commissioning system and is vital to fulfil the ambition for continuous improvement in the quality of services and outcomes for patients. Clinical Senates bring together a range of professionals and patients to take an overview of health and healthcare for defined populations and provide a source of independent strategic advice and leadership to support commissioners in making the best decisions about health care for the populations they represent, including how services should be designed to provide the best overall care and outcomes for patients. The London Clinical Senate is one of twelve Clinical Senates[1] in England and has become an important forum for advising on issues that are key to the development of London's health services.

We sought advice from the London Clinical Senate that relate to the development of commissioner led recommendations for specialist services in cancer and cardiovascular care. We would like to thank Professor Christopher Harrison, Vice-Chair of the Senate Council who led the reviews, members of the two reference groups established to assist the Clinical Senate in formulating the advice and the participating stakeholders. We particularly note the expertise and independence provided through the reference groups, which included members from outside London, and recognise this as an important aspect of the Clinical Senate's process.

1.2 Introduction

NHS England (London) received two reports from the London Clinical Senate concerning 1) a clinical review of the process NHS England adopted to develop recommended options and 2) advice on the recommendation of the future model and location(s) of radical prostatectomies . NHS England (London) recognises these reports are in draft and feedback is currently being reviewed.

This paper outlines NHS England's response to the recommendations made in both reports. The final reports and NHS England's responses will be presented at the second commissioner decision meeting.

1.3 Advice requested from the London Clinical Senate

Local clinicians through the leadership of UCLPartners have looked at how improvements can be made to specialist cancer and cardiovascular services in north and east London and west Essex. These were described in the Case for Change[2] document developed by NHS England (London). The subsequent recommended options were informed and developed by extensive public and clinical engagement and a comprehensive options appraisal.

[1] http://www.england.nhs.uk/wp-content/uploads/2013/12/plan-del-serv-chge1.pdf
[2] Available at: http://www.england.nhs.uk/london/london-2/engmt-consult/

In proposing a set of recommendations, the programme must demonstrate a clinically supported case for change and that the recommendations were informed by a thorough and transparent options appraisal process and extensive stakeholder engagement.

In line with best practice regarding assurance of service reconfigurations, NHS England (London) Transformation Directorate commissioned the London Clinical Senate to provide external advice to inform the assurance process, on whether the process for reaching recommended options was clinically robust.

Over the engagement period, some patients and clinicians raised specific concerns regarding the option of transferring specialist prostate cancer surgery (radical prostatectomies) from BHRUT to UCLH suggesting the clinical evidence did not support that option.

In response to the concerns raised, 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 options appraisal process. The progamme adopted the same appraisal approach for this option as the other cancer pathway options. However the appraisal did not consider newly available outcome data for both trusts nor the recently drafted NICE guidelines for prostate cancer[3].

Given the sensitivity of this option, NHS England requested the London Clinical Senate to provide an independent review on both the audited outcome data and the draft NICE guidance. The output of this review will help to inform decision making specifically for the bladder/prostate recommendation.

1.4 Scope of work

The advice which the London Clinical Senate has been asked to provide is in two parts:

(a) To give advice on whether NHS England adopted a sufficiently robust clinical process to arrive at the recommended options, considering the clinical involvement and evidence used; as part of this, advice on the depth of clinical involvement and support was also requested and

(b) To give advice on specific aspects of the proposals relating to the future model and location(s) of radical prostatectomies to inform the option recommended by the commissioner. The advice has three elements:

- A comparative analysis of current outcomes data
- Which outcome measures should be used to compare radical prostatectomy effectiveness
- Implications of recently published NICE prostate guidance.

To be clear, with respect to (a) the advice sought relates to the process through which commissioner recommendations have been developed and not to the recommendations themselves.

[3] http://www.nice.org.uk/nicemedia/live/14348/66226/66226.pdf

2 Response to the advice on whether NHS England adopted a sufficiently robust clinical process to arrive at the recommended options

NHS England welcomes the London Clinical Senate's review of the cancer cardiac programme and their overall finding that the approach we have adopted is clinically robust.

NHS England welcomes the specific recommendations which the Senate has made, and which we will ensure shape our approach to engagement and decision-making. The table below provides more detail of these recommendations and how the programme will respond.

Clinical Senate recommendation	*Engagement should be strengthened to encompass a broader range of patients and the public, GPs and front-line clinicians affected by the proposals. GPs are a particularly important group who need a robust flow of information to inform patients.*
How NHS England is responding	NHS England is currently undertaking further engagement on the recommendations presented in the Business Case. We will extend our engagement to encompass groups for whom equalities impacts may exist, and we will extend our engagement with clinicians through CCGs. As part of our planning for implementation, we will ensure that, were any services to change, the impacts of those changes on GPs and front-line clinicians will be fully understood and communicated prior to any move of services.

Clinical Senate recommendation	*The improvements in quality and outcomes that the proposals are intended to deliver should be made explicit and plans should be developed to evaluate whether improvements have been achieved and to make outcome data publically available.*
How NHS England is responding	As part of the planning for implementation work that is being undertaken with providers, clinicians and commissioners, NHS England will establish clear service standards and requirements for providers of these services. These will include ensuring service standards are at an acceptable level before any services switch. This will ensure quality is not compromised by any transition. In order to identify the longer term quality and outcome improvements, we will continue to work closely with the Academic and Health Science Partnership, UCLPartners, to identify the best clinical outcome measures to enable us to evaluate all services against the ambition of world class

Clinical Senate recommendation	*Recommendations about primary angioplasty activity volumes in the 'Case for Change' document should be checked for accuracy and consistency with national guidance*
How NHS England is responding	The recommendations for all changes proposed in the Business Case have been validated against national[4] and London Model of Care[5] standards. Each relevant National Clinical Reference Group at NHS England has been engaged on the proposed changes.

[4] http://www.england.nhs.uk/ourwork/commissioning/spec-services/npc-crg/
[5] http://www.londonhp.nhs.uk/wp-content/uploads/2011/03/Cancer-model-of-care.pdf

Clinical Senate recommendation	*Patients' concerns about travel, access and associated support need to be resolved as soon as possible. Beginning to discuss concrete proposals will demonstrate to patients that their concerns are being heard and that there is a commitment to finding a workable solution.*
How NHS England is responding	NHS England recognises the concerns raised by some patients relating to travel. As part of our engagement, we are planning a number of events with patients from across north and east London and west Essex to discuss in more detail the travel options that would be available to them, and develop a workable solution.

Clinical Senate recommendation	*Patients and clinicians concerns about the model of care for radical prostatectomies need to be addressed through a transparent process in which all evidence for recommendations is openly discussed and shared. The Clinical Senate advice's on the relevance of outcome data and recently published NICE guidance to assist commissioners in addressing this is provided in a separate report.*
How NHS England is responding	NHS England welcomes the specific findings of the radical prostatectomy review. Our response can be found in section 3 below.

Clinical Senate recommendation	*The impact of the proposed service changes on the Major Trauma Centre at the Royal London Hospital should be fully assessed and robust plans developed to mitigate risk. Early assurance about the solution and its deliverability should be a high priority.*
How NHS England is responding	Commissioners are fully committed to the Major Trauma Centre at the Royal London Hospital. We have been working closely with clinicians at Barts Health for over six months to understand the critical dependencies that the Major Trauma Centre has on other services and identifying how those dependencies will still be provided should any services move. The findings from this work will form critical requirements for any future services, and services will not be moving until commissioners and providers are satisfied that these requirements are fully met.

Clinical Senate recommendation	*Ownership and accountability for the process of delivering the changes should be made explicit and encompass planning, implementation and transition. This should be supported by a process of assurance to ensure that all plans are aligned at pathway, organisation and system level.*
How NHS England is responding	The current planning for implementation work being undertaken by NHS England with providers and clinicians will make explicit the governance and assurance framework for planning, implementing, transitioning and managing any subsequent service changes. This framework will ensure sufficient oversight and control is in place to prevent any services switching before pathways, organisations and the wider system is ready.

Clinical Senate recommendation	*Further work should be undertaken to ensure risks associated with other unintended consequences that have a negative impact on delivery of care are identified and plans developed to mitigate them. These should be reflected in the risk log which should be accessible to all stakeholders.*
How NHS England is responding	The planning for implementation work that NHS England is undertaking with providers and clinicians, coupled with the feedback from engagement, is being used to identify any dependencies and unintended consequences from moving services. These are being used to identify the specific risk logs for each pathway which will sit alongside the existing overall programme delivery risk log. As part of the assurance process, commissioners will need to be fully satisfied that these risks have been successfully mitigated and robust contingency plans are in place before any services are permitted to switch.

Clinical Senate recommendation	*More thought should be been given to the seamless and easy sharing of clinical patient information across sites and organisations and with GPs.*
How NHS England is responding	As part of our engagement and planning for implementation work, we will further explore the information requirements for delivering a seamless clinical service across the patient pathway. We will also support the work of our Academic and Health Science Network, UCLPartners to establish the right system, information and data requirements to drive clinical excellence across the pathway and enable connectivity within and across providers.

Clinical Senate recommendation	*It is important that all stakeholders understand the co-dependency between major, linked capital development and the delivery of the proposed service changes and associated clinical benefits. Finalising activity plans and giving assurance that sufficient capacity will be in place is an important part of this. The future use of the Heart Hospital at UCLH should be clarified to address contradictory views.*
How NHS England is responding	Any individual service changes identified in the Business Case, will depend upon other service moves, as estate becomes available on one site for another service to move in. As part of the planning for implementation work being undertaken with clinicians and providers, these estates dependencies are being identified. The proposed phasing of any moves will be shared with stakeholders prior to any service moving, and clear patient information will be provided to ensure that all patients and referring clinicians know where services are moving to. In the specific case of the London Heart Hospital, UCLH would propose to use the site to provide additional clinical capacity to enable the transfer of appropriate specialist cancer services.

Clinical Senate recommendation	*Every opportunity should be taken to improve integration across the whole pathway of care. Developing stronger links between specialised commissioners and Clinical Commissioning Groups will be important in ensuring effective integration between the specialised and the non- specialised parts of the pathway.*
How NHS England is responding	NHS England is working closely with clinicians and CCGs affected by the proposals. Representatives from Specialised Commissioning and CCGs form the overall decision-making meeting for the programme. Furthermore, we continue to support the clinical pathway boards to ensure clinicians and providers from the specialised and non-specialised elements of the pathway are working together with a common understanding of how the service will work.

3 Response to advice on the future model and location(s) of radical prostatectomies

NHS England (London) welcomes the advice from the London Clinical Senate's review. On the advice provided on the future model/location(s) of radical prostatectomies NHS England (London) notes that:

- The recently published NICE Guidance (CG175) on prostate cancer recommends volumes of at least 150 robotic prostatectomy procedures. Advice from the Reference Group estimate that better patient outcomes are only likely to plateau following a much higher volume of patients (upwards of 600 procedures per surgeon per year)

- Based on NICE guidance outlined above and current volumes, there can only be one compliant service in the area

- A potential second site offering open or laparoscopic surgery raises equity concerns for the populations at each site

- The Specialist Urology CRG would not support an option that split radical cystectomies from radical prostatectomies.

Based on this advice, and taking into consideration the options appraisal presented in the Cancer Cardiac business case[6], the programme has put forward the following recommendation for specialist bladder and prostate surgery:

Recommendation: Urological Cancer: Prostate and bladder

That UCLH is proposed as the single centre for specialist bladder and prostate cancer surgery.

The London Clinical Senate raised additional points of advice in relation to the implementation of any proposed change. This included:

- The requirement to offer and provide all recognised treatments such as Intensity Modulated Radiotherapy and Brachytherapy.

- The requirement to address key risks relating to any changes in patient pathways from BHRUT to UCLH in terms of the overall patient pathway in the diagnosis and management of prostate cancer. A single UCLH team would be very large and would require specific arrangements for MDT meetings, links with local services and follow up policies. These may all require a degree of networking, retaining the active involvement of referring teams.

Planning for implementation will need to consider how and when this recommendation is implemented, recognising there will be an impact to the current service at BHRUT. This will be informed, in part, by the next phase of engagement whereby NHS England are conducting travel and patient pathway workshops. Further to this an assurance framework will be designed to

[6] http://www.england.nhs.uk/london/wp-content/uploads/sites/8/2014/05/canc-card-bus-case.pdf

ensure that services transfer safely and addresses the key issues raised throughout the programme.

Future audits from all sites where radical prostatectomy is currently undertaken, should ensure that all these audits of surgical outcomes should be based on the British Association of Urological Surgeons (BAUS) database and NICE guidance, pending the planned development of measures by the Specialised Urology Clinical Reference Group.