Appendix G: Provider correspondence

This appendix contains:

- A letter of support for the specialist cancer and cardiovascular proposals from Stephen Burgess, Medical Director at Barking, Havering and Redbridge University Hospitals NHS Trust
- A letter of support for the specialist cancer and cardiovascular proposals from Steve Ryan, Medical Director at Barts Health
- A letter outlining the approach adopted by Barts Health to mitigate potential impacts of specialist cancer and cardiovascular proposals on the major trauma centre at The Royal London Hospital, from Steve Ryan, Medical Director at Barts Health
- A letter outlining the performance improvement programme in place at Barts Health with regards to Referral-to-Treatment and other issues, from Steve Ryan, Medical Director at Barts Health
- A letter of support for the specialist cancer and cardiovascular proposals from Stephen Powis, Medical Director at the Royal Free London NHS Foundation Trust
- A letter of support for the specialist cancer and cardiovascular proposals from Gill Gaskin, Medical Director at University College Hospitals NHS Foundation Trust

Barking, Havering and Redbridge
University Hospitals
NHS Trust

Queen's Hospital,
Rom Valley Way
Romford, Essex
RM7 0AG
Tel: 01708 435039

17th June 2014

Dr Anne Rainsberry
NHS England (London)
105 Victoria Street
London

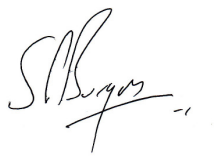
Dear Anne,

Re: Specialist cancer and cardiovascular services

On behalf of Barking, Havering & Redbridge University Hospitals NHS Trust I am pleased to confirm my support for the commissioner preferred options that were agreed at the Commissioner Decision Meeting on the 9th May 2014 (see annex to this letter).

We are now working collaboratively with the other trusts in the area, UCLPartners and the Pathway Boards to develop robust implementation plans ahead of the final commissioner decision in July. We recognise your team is currently leading on a period of further engagement and will ensure feedback from this engagement is sufficiently captured in the plans.

Yours sincerely,



Stephen Burgess
Acting Medical Director
Barking, Havering & Redbridge University Hospitals NHS Trust

Annex to letter re: specialist cancer and cardiovascular services

The following recommendations were agreed by lead commissioners as their preferred options for further engagement.

1.1 Brain cancer
That the National Hospital for Neurosciences (UCLH) and The Queen's Hospital (Romford) (BHRUT) are retained as the two units in the area providing neurosurgical cancer services

1.2 Head and neck cancer
That UCLH is retained as the single centre for specialist head and neck cancer surgery in the area.

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

1.4 Urological Cancer: Renal
That the Royal Free Hospital is the single provider for renal cancer surgery for the area

1.5 Haematological cancer: Haematopoietic stem cell transfer
That Barts Health and UCLH are retained as the two level 3 providers for AML and HSTC in the area.

1.6 Haematological Cancer: Acute myeloid leukaemia (level 2b)
That Barts Health, UCLH and The Queen's (Romford) are retained as providers of AML level 2b services.

1.7 Oesophago-gastric cancer
That an interim position is adopted that retains a service at UCLH and The Queen's Hospital with both units operating collaboratively under a single model and sharing best practice.

In three to five years' time consideration of further consolidation should be given following a review of the volume of activity at both units against the latest standards of best practice.

2. That services at The Heart Hospital should be transferred 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 be the Heart Attack Centres for the area.

Barts Health NHS
NHS Trust

Ref: SR750

19 June 2014

Dr Anne Rainsberry
NHS England (London)
105 Victoria Street
London

Trust Executive Offices
Barts Health NHS Trust
Ground Floor
Pathology and Pharmacy Building
The Royal London Hospital
80 Newark Street
London E1 2ES
Main switchboard: 020 7377 7000
E: steve.ryan@bartshealth.nhs.uk
www.bartshealth.nhs.uk

Dear Anne,

Specialist cancer and cardiovascular services

On behalf of Barts Health NHS Trust, I am pleased to confirm my support for the commissioner preferred options that were agreed at the Commissioner Decision Meeting on the 9 May 2014 (see annex to this letter).

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Yours sincerely

Dr Steve Ryan
Medical Director

Barts Health NHS
NHS Trust

Annex to letter re: specialist cancer and cardiovascular services

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Barts Health NHS
NHS Trust

Improving specialist cancer and cardiovascular services in N&E London and W Essex: trauma co-dependencies: Update July 2014

Further to the update of 2 May 2014, further clinical engagement and progress has been made in examining the important co-dependencies, risks concerns and beginning to define the broad mitigations and solutions.

Headlines

1. Effective governance has been set-up to ensure all key experts are involved
2. This is being considered within a wider review of emergency standards
3. Expert advice is being sought from London Cancer on options and recommendations

Governance and workstream structures

Core clinical advisory group

- Meets weekly
- Contains MD and lead surgeons and anaesthetists
- Responsible for ensuring risks are adequately defined and mitigations are appropriate
- Group is producing paper on critical care cancers
- Key clinical issues identified in May were:
    - Neurosurgery: Surgeon availability, theatre staff skills
    - Head and Neck: Surgeon availability, managing the complex airway
    - Upper GI: Surgeon availability, anaesthetic skills
    - Renal: Surgeon availability

Reference group

- Has met twice since May
- Contains wider pool of clinicians across the relevant specialties
- Each service was able to define the key areas of concern.
- For neurosurgery a business plan for trauma neurosurgical posts is to be developed.
- Business planning meetings held covering research, education (including postgraduate training) and risks to debate outputs from the reference group

Merger of surgery and clinical academic groups

The merger of the cancer and surgery clinical academic groups is nearing completion with the appointment of a surgeon as its substantive director. As I said in May, the Major Trauma Centre was subject to a recent peer review where need for improvement was noted in the area of rehabilitation and a business case has been developed.

Barts Health NHS
NHS Trust

Wider system work on emergency standards

Barts Health is considering how it improves its current emergency service standards as they apply to trauma and other acute services.

- Major team job planning exercise is underway across all services with a focus on the 7 days a week imperative, daily consultant ward rounds, more direct engagement of consultants in delivering and shaping the emergency care response.
- Transforming Services Changing Lives is the sector wide transformation process, beginning in Spring 2014 with acute and specialised emergency care being one of its key work-streams. An associate medical director has been appointed to support the medical director and the clinical academic group director for emergency and acute care in delivering this agenda.
- The clinical director for emergency care is conducting a ward by ward audit of adherence to the Trusts standards. We are seeing real traction. The system design and baseline forms a major CQUIN this year (value > £2.0 m).

London Cancer review

Mairead Lyons the Director of Integrated Cancer for London Cancer is now walking with the Barts Health's Medical Director on a 3 month programme which will deliver recommendations and options to deliver the relevant mitigations and make recommendations to build on service excellence and standards. This work began in early July and is systematically working through issues "from the bottom up". This week the work has focused on head and neck cancer, with key inputs from both the cancer and trauma surgical leads. We see real opportunities to develop further trauma excellence.

I think I can best sum up the opportunity with a quote from a colleague:

"Not unreasonable to develop a memorial Sloane Kettering at UCH, but a Baltimore shock trauma at Whitechapel"

I trust this update is helpful.

Dr. Steve Ryan

10 July 2014

Barts Health NHS
NHS Trust

Trust Executive Offices
Barts Health NHS Trust
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E1 2ES
Main switchboard: 020 3416 5000
E: steve.ryan@bartshealth.nhs.uk
www.bartshealth.nhs.uk

Ref: SR757

10 July 2014

Sir David Fish
Neil Kennet-Brown

Dear Neil and David,

RTT and specialist cancer surgery

There have been significant issues with compliance with the Referral-to-Treatment ("RTT") standards at Barts Health, which are well known to commissioners. There is a major improvement programme in place to improve performance. In addition, a harm review programme has been put in place to monitor, detect and intervene in patients and cohorts of patients where necessary. This is led by the Deputy Medical Director and assured under the leadership of the Deputy Medical Director for NHS England (London). The issues relate to key themes: firstly, a widespread historical practice (from our legacy organisations) in non-compliance to scheduling in precise chronological order of referral. This practice is now ended, and it is expected that patient journeys compromised by this problem will be dealt with by year end. The second relates to demand versus capacity, which has been a specific issue with certain pathways in urology, neurosurgical spinal care (a national issue) and orthopaedics. Work is proceeding in all these areas to match capacity and demand and ensure in-hospital patient flow does not compromise quality of care and outcome by RTT or other issues. Our response has been to supply additional capacity in the short term by waiting list initiatives and the use of the private sector. To sustain this in the longer term, other initiatives are in place including a theatre productivity programme, strengthening the systems and culture for effective daily working on wards, and improvements in outpatient flow.

The proposed specialist surgical cancer reconfigurations are expected to significantly assist in improving our RTT performance as follows:

1. Head and neck – this reconfiguration involves the largest number of patient episodes, in the order of 200 annually; since a large proportion of these patients require critical care as part of their pathway of care, it will free up critical care (usually HDU) capacity, which will improve flow for patients needing these pathways for other complex surgery. In addition, significant theatre capacity will be made available at the Royal London Hospital to allow us to design patient flows through the programmes mentioned above.

2. Neurosurgery – a significant number of patients (> 100/year); the neurosurgery ward is often full due to high throughput and highly complex patients requiring monitored-beds and this prevents flow out of critical care and access for patients awaiting spinal surgery. The high demand of emergency pathways puts a real strain on the elective pathways, which is reflected in RTT difficulties in neurosurgery. Again, significant theatre capacity will also be made available and it will also assist flow of head-injured and neurovascular patients on emergency pathways as well as RTT issues.

3. There is also expected to be benefit in relation to urology patients, with more than 50 surgical episodes per year beginning to be relocated to the Royal Free Hospital. This will have a clear benefit on urology RTT pathways.

4. The upper-gastrointestinal changes, again around 50 cases per year, will significantly improve flow in and create additional capacity in theatres, which can be used to drive RTT performance.

In summary these changes have cumulative beneficial effects on two of our key “pinch-points” in-patient flow and RTT - critical care and theatres. They will also have an effect on demand for "in-episode” diagnostics, which is helpful in RTT performance. The diagnostics, critical care and theatre capacity for the cardiovascular changes will have no impact on our RTT problems as this capacity is ring-fenced at the St Bartholomew’s site.

I hope these comments are helpful and demonstrate that the significant population health benefits of the cardiovascular and cancer proposals will address issues that Barts Health is dealing with in terms of RTT performance and bring a double benefit.

Yours sincerely

Dr. Steve Ryan
Medical Director
Barts Health NHS Trust

Royal Free London NHS
NHS Foundation Trust

Royal Free Hospital
Pond Street
London
NW3 2QG

Tel: 020 3758 2000

Dr. Anne Rainsberry
NHS England (London)
105 Victoria Street
London

7th July 2014

Dear Anne,

Re: Specialist cancer and cardiovascular services

On behalf of the Royal Free NHS Foundation Trust, I am pleased to confirm my support for the commissioner preferred options that were agreed at the Commissioner Decision Meeting on the 9th May 2014 (see annex to this letter).

We are now working collaboratively with the other trusts in the area, UCLPartners and the Pathway Boards to develop robust implementation plans ahead of the final commissioner decision in July. We recognise your team is currently leading on a period of further engagement and will ensure feedback from this engagement is sufficiently captured in the plans.

Yours Sincerely,

Prof Stephen Powis
Medical Director
Royal Free NHS Foundation Trust

Dr Anne Rainsberry
NHS England (London)
105 Victoria Street
London

University College London Hospitals
Specialist Hospital Board
UCLH NHS
Foundations Trust
2nd Floor East
250 Euston Road
London
NW1 2PG
Switchboard: 0845 155 5000/ 020 3456 7890
Website: www.uclh.nhs.uk

17 June 2014

Dear Anne,

Re: Specialist cancer and cardiovascular services

On behalf of University College London Hospitals, I am pleased to confirm my support for the commissioner preferred options that were agreed at the Commissioner Decision Meeting on the 9th May 2014 (see annex to this letter).

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Gill Gaskin
Medical Director
Specialist Hospitals Board
UCLH NHS Foundation Trust

Annex to letter re: specialist cancer and cardiovascular services

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