

Dr Jackie Applebee
60, Brokesley Street,
London
E3 4QJ

Jackie.turner@jackieapp.demon.co.uk

Sir David Nicholson
Chief Executive,
NHS England,
PO Box 16738
Redditch
B97 9PT

CC Mr Simon Stevens,
Dr Anne Rainsberry, Regional Director NHS England, London.

15th January 2014.

Dear Sir David.

This open letter arises from an unprecedented coming together at an emergency open meeting on the 11th December 2014 of around 60 doctors to discuss plans by NHS England to move some cancer services from Barts Health Trust to University College Hospital London. The majority of attendees were consultants, cancer specialists and their colleagues, working in Barts Health. There were also junior hospital doctors and GPs from the local area and CCG. Senior representatives from NHSE involved in developing cancer services were present.

The meeting expressed concern that the proposal to move five specialist cancer services from Barts Health to UCLH, as set out in "Improving Specialist Cancer and Cardiovascular Services in North and East London and West Essex", would lead to a number of unintended consequences which have not been properly considered and will not, as they stand, be in the interest of the generality of patients in North East London and West Essex. The clear consensus of the doctors at the meeting (many of whom had not been consulted about the proposals) was that, as presented, the proposals were unacceptable and needed to be re-examined with the help of all staff grades and types; there was also a need for a wider public discussion.

Barts Health Trust, comprising Whipps Cross, Newham General, The London Chest, The Royal London, Barts and Mile End hospitals and Tower Hamlets Community Health Services, serves one of the most deprived and multi-ethnic populations in the UK. Services to meet the special needs of this population have been built up over many years by staff teams in these hospitals.

The concerns expressed at the meeting can be summarized under six main headings:

ACUTE SERVICES AT BARTS HEALTH

There was particular concern that the move could destabilize The Royal London as the major trauma and acute centre for East London and beyond.

For example, the victim of a road traffic accident who has incurred a brain injury or ruptured internal organ may need the specialist skills of the cancer neurosurgeon or

upper GI cancer surgeon: such staff are of course trained in acute surgical care and serve on emergency cover rotas. Emergency rotas in neurosurgery and general surgery at Barts Health rely heavily on cancer as well as non-cancer surgeons, and it is unclear who would perform these emergency procedures at Barts Health if these surgeons were no longer there.

RETENTION AND RECRUITMENT OF KEY STAFF AT BARTS HEALTH

Nursing and other key operating theatre, anaesthetic and ITU staff would lose skill if they were not regularly involved in the care of patients with the complexity of surgery which cancer sufferers often require and currently undergo at Barts Health; it was feared that many would leave Barts Health to obtain such experience elsewhere in London, jeopardizing the care of all patients throughout the Trust and threatening the training of students and staff. Furthermore, losing these cancer services would be likely to impact negatively on the recruitment of doctors, nurses and theatre staff throughout Barts Health.

CURRENT CANCER OUTCOMES AT BARTS HEALTH

It was a concern that the information on which NHSE had made these decisions might not accurately reflect the excellent outcomes, on an international scale, of the relevant cancer services at Barts Health, or their large patient throughputs; nor was it felt that the decisions made by NHSE took adequate account of the contributions of the surgical cancer specialists to more comfortable palliative care for those for whom curative treatment is not possible.

MULTIPLE MORBIDITIES OF BARTS HEALTH PATIENTS

The East End of London has a greater concentration of deprivation than most of the rest of London, is multi ethnic and its population has higher rates of multiple health problems including diabetes, TB and heart disease. Cancer patients often suffer from other conditions such as heart and lung disease (and cardiac patients from cancer), so centralisation may disadvantage patients who have more than one medical condition. Patients from East London and West Essex would be adversely affected if Barts Health no longer house, mainly under one roof, all relevant specialists; conversely UCLH cancer patients with cardiac problems would not have access to the full range of cardiac services, including surgery, should they need them.

INTERHOSPITAL TRAVEL AND TRANSFERS FOR BARTS HEALTH PATIENTS

Many patients, particularly those for whom English is not a first language, have difficulty travelling within the Barts Health area, let alone into central London. Sharing patients in two different mega-trusts invites confusion and problems in communication, risking patients becoming lost in the system and further compromising patient care. Consultants working across trusts reported that they had already had this experience with between-hospital referrals. Clearly, continuity of care for cancer patients diagnosed in Barts Health and sent to UCLH for surgery would be undermined. Hospital records would easily be lost, and multidisciplinary team meetings (MDTs) between carers at the different hospitals would be impracticable and/or expensive. There would also be a risk of pre-operative investigations being expensively reduplicated after inter-hospital transfers.

FEARS THAT OTHER SERVICES WILL BE TRANSFERRED IN THE FUTURE

Finally, there were concerns that this proposal heralds further centralization of other services in the future, threatening care closer to home for the people of North East London and West Essex, and therefore patient choice, quality and cost of care.

CONCLUSIONS OF MEETING

In summary, the meeting was clear that the proposals had unintended consequences and would introduce problems that had not been adequately thought through; it was concluded that the plans were unacceptable as drafted. The meeting called on you as Chief Executive of NHS England to reconsider the re-organisation of specialist cancer and cardiac services in central and east London and Essex.

Yours sincerely:

Dr Jackie Applebee GP Tower Hamlets.
Dr Lynne Barrass, Consultant, Barts Health.
Dr Kambiz Boomla, GP Tower Hamlets.
Dr Joanne ChinAleong, Consultant Histopathologist, Barts Health
Dr Simon Coppack, Consultant Physician, Barts Health.
Mr Michael Dilkes, Consultant ENT Surgeon, Barts Health.
Dr Helen Drewery, Consultant, Barts Health
Mr Khalid Ghufor, Consultant ENT Surgeon, Barts Health.
Dr Julia Hadley, Consultant in ICU and Anaesthesia, Barts Health.
Dr Ben Hart GP Tower Hamlets
Ms Frances Hughes, Consultant Upper GI Surgeon, Barts Health
Dr Daniel Kennedy, Consultant in ICU and Anaesthetics, Barts Health.
Dr Louise Langmead, Consultant Gastroenterologist, Barts Health.
Dr Anna Livingstone, GP Tower Hamlets
Dr Sathesh Matthew, Chair Medical Staff Committee, Newham General Hospital.
Dr Lisa Mears, Consultant Histopathologist, Barts Health.
Dr Edward McKintosh, Consultant Neurosurgeon, Barts Health
Dr Louise McWhirter, ITU Consultant, Barts Health
Dr David Rampton, Consultant Gastroenterologist, Barts Health.
Ms Kay Seymour, Consultant ENT Surgeon, Barts Health.
Dr Ron Singer, GP.
Dr Jeremy Steel, Consultant Barts Health
Dr Hafiz Syed, Consultant, Barts Health
Mr Michael Waring, Consultant ENT Surgeon, Barts Health.
Ms Semma Yalamanchili, ENT Surgeon, Barts Health.