

Outer North East London Joint Health Overview and Scrutiny Committee

25 July 2014

Dear Cllr Nic Dodin, Cllr Eileen Keller, Cllr Mark Santos and Cllr Stuart Emerson

Specialist cancer and cardiovascular services in north and east London and west Essex:

With cancer and cardiovascular disease accounting for approximately two thirds of early deaths in England and Wales¹, a pioneering approach will link local hospitals and GPs with specialist 'centres of excellence'

We recently conducted a second phase of engagement on plans to improve specialist cancer and cardiovascular services in north and east London and west Essex. The aim was to seek views on preferred options and to provide people with the opportunity to contribute to the implementation work, particularly around some of the themes raised in the first phase of engagement, such as travel and transport.

Following the engagement period, a commissioner 'meeting in common' was held in public between NHS England and Camden, City and Hackney, Enfield, Haringey and Islington CCGs on 25 July 2014. The purpose of this meeting was for commissioners to receive the feedback from this phase of engagement² and formally determine their chosen options for implementation. The meeting was held with those organisations who are the direct commissioners of the services under this review, and as such were required to make a decision on the proposals. These are the same as those who took part in the last commissioner decision meeting in May 2014.

We are writing to inform you that following the meeting, the proposals to improve specialist cancer and cardiovascular services in north and east London and west Essex have now been approved. This is a momentous change for patients across the capital as studies have shown that high volume hospitals have better outcomes for major cancer surgery and other high-risk procedures.³ It is hoped that the decision made today to reconfigure services will improve patient care and boost

¹ Office for National Statistics, 2012, data on avoidable mortality in England and Wales.

http://www.ons.gov.uk/ons/dcp171778_362295.pdf

² NHS England has published the report on the second phase of engagement on its website <http://www.england.nhs.uk/london/london-2/engmt-consult/>. The report outlines our response to all the comments received during the engagement period, which ran from 23 May to 27 June 2014 and an overview of the engagement process that was undertaken. You will also find supporting appendices such as the detailed feedback report and the communications activity log.

³ Citation needed

survival, in the same way that the creation of specialist stroke centres in London has saved more than 400 lives and driven improvements and value since being introduced in 2010. Commissioners also approved the assurance and proposed governance framework, which includes recommendations for implementation. We would like to take this opportunity to offer our sincere thanks for your helpful feedback on the proposals and involvement in the programme. Where we received specific feedback, commissioners will build this into the planning for the next stage, to ensure any issues are resolved ahead of implementation.

Under the new system, St Bartholomew's Hospital will become the centre for specialist treatment of heart disease including the largest cardiac surgery centre in England. Bringing together cardiac services onto one site would make it the world's biggest unit for adults with congenital heart disease⁴ and it would perform more heart MRI and CT scans than any other centre in the world.

University College Hospital, working within a system of hospitals including The Royal London, St Bartholomew's, The Royal Free and Queen's in Romford, will become a centre for the specialist treatment of five types of rare cancer – brain, prostate and bladder, head and neck, haematology and oesophago-gastric. The Royal Free will become a centre for the specialist treatment of kidney cancer.

The next steps in the programme will now involve providers implementing the plans as per the proposed assurance and governance framework. It is expected that this will take place over a number of years, starting with the opening of Barts Health new cardiovascular unit in mid-2015, in order to ensure that services can be transferred safely.

As we have stated from the onset of the proposals, our focus is on improving outcomes and services for patients, saving an estimated 1,200 lives each year through earlier diagnosis and prevention of disease, improved treatment in hospital and in the community and better access to clinical trials⁵. This is truly a major step in that direction, enabling us to create world class care for cancer and heart patients. If you would like to discuss the next steps of implementation, or if you require further information at any point, please do get in touch.

Yours sincerely,

Dr Anne Rainsberry, Regional Director, NHS England (London)
Professor Sir David Fish, Managing Director, UCLPartners

⁴ UCLPartners' clinical case for change for cardiovascular <http://www.england.nhs.uk/wp-content/uploads/2014/03/ucl-parts-clin-props.pdf>

⁵ If the NHS in London were to reduce early deaths from cardiovascular disease in people aged 75 and under in north central and north east London to the rate for England, we would save an estimated 1,117 lives per year (statistics from Public Health England). Similarly, if the NHS in London we were to improve five year survival rates for all cancers in people aged 75 and under in line with at least the rate for England, we would save an estimated 190 lives per year (statistics from Public Health England/NCIN/UKACR).