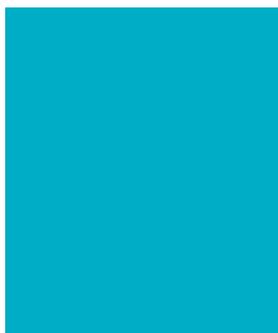


# Cancer and cardiovascular services



# About the programme

- Local services are not organised in a way that gives patients the best care
- Currently our specialists, technology and research are spread across too many hospitals
- To address this, clinicians have recommended:
  - Specialist cardiovascular services at The London Chest, The Heart Hospital and St Bartholomew's Hospital are consolidated to create an integrated cardiovascular centre at St Bartholomew's
  - For specialist cancer care, the proposal is to consolidate only some of the specialist elements of five cancers
- The majority of care would continue to be provided locally.

# Specialist cancer services: scope

Clinical scope	Approx impact of the proposed changes
Brain cancer surgery	97 of 831 procedures
Head and neck cancer surgery	241 of 394 procedures
Complex prostate cancer surgery (radical prostatectomies)	93 of 275 procedures
Complex kidney cancer surgery (partial and full nephrectomies)	145 of 239 procedures
Complex bladder cancer surgery	32 of 71 procedures
Acute myeloid leukaemia (level 2b) treatment	18 of 118 patients
Haematopoietic stem cell transplantation (level 3b) treatment	53 of 274 procedures
OG (stomach or throat) cancer surgery	53 of 131 procedures

# Programme update

- The majority of CCGs have submitted formal support for the proposals
- London Clinical Senate independent clinical assurance underway
- Initial business case expected to be published in April 2014

Phase 1 Sep 13 – Apr 14

Phase 2 Apr 14 – Jun 14

Phase 3 2014 - 2018

Engagement

Options appraisal

Clinical assurance

Decision on  
recommendations  
(initial business  
case)

Planning for  
implementation  
and further  
engagement

Decision on  
final  
business  
case

Implementation

# London Clinical Senate review: scope

- Advise on robustness of clinical process to arrive at recommended options, and depth of clinical involvement and support
- Advise on the future model and location(s) of radical prostatectomies, specifically:
  - A comparative analysis of current outcomes data
  - Which outcome measures should be used to compare radical prostatectomy performance
  - Implications of recently published NICE prostate guidance
- Professor Chris Harrison, Clinical Senate Council Vice-Chair, leading the process

# Expert reference groups

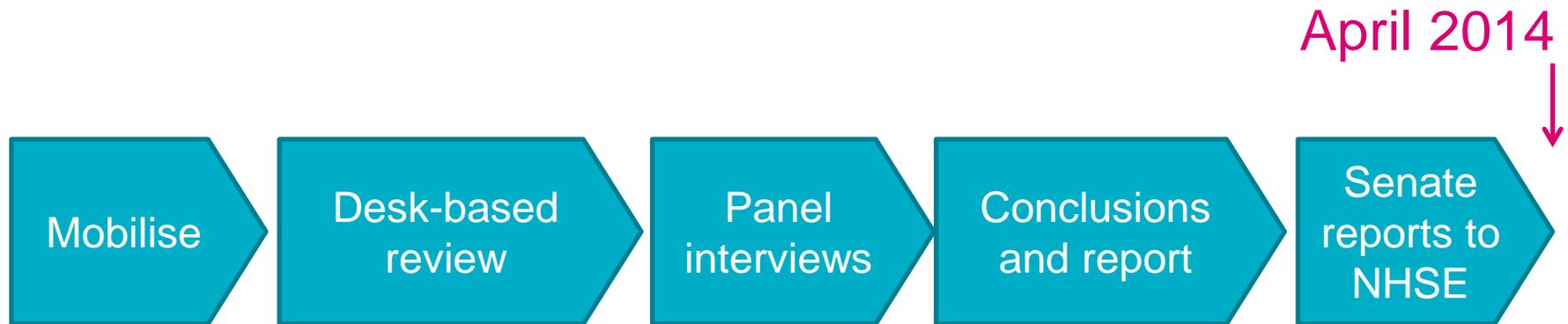
## Expert reference group (programme-wide)

- One clinician with expertise in cancer services and one with expertise in cardiac services
- Two London Clinical Senate Lay Members
- A GP
- Director of Nursing and Medical Director (both drawn from the London Clinical Senate Council or Forum)
- A member of another Clinical Senate

## Expert reference group (prostate)

- Consultant Urologist/Andrologist, London Clinical Senate Council Member
- Director, Centre for Clinical Practice, NICE or nominee
- Chair of the Specialised Urology Clinical Reference Group or nominee
- Clinical Audit Lead, British Association of Urological Surgeons (BAUS)

# Clinical Senate assurance review: plan



*Programme-wide clinical review*

*Prostate review*

# Initial business case approval

- A Commissioner Programme Board will have final approval of the initial business case
- The board will comprise NHS England and six CCGs who are majority commissioners for the proposed changes:
  - For **specialist cardiovascular** 59% of activity is CCG commissioned. Of this, 70% is commissioned by Haringey, City and Hackney, Enfield, Islington, Camden and Barnet CCGs
  - For **specialised cancer care** all the services are commissioned by NHS England, except acute myeloid leukaemia. This would particularly impact Enfield, Barnet, Haringey and Camden CCGs due to the proposed transfer of services to ULCH from other locations

# Planning for implementation

## **ROLE**

## **MECHANISMS**

### **Commissioners**

- Ensuring plans meet the standards and requirements identified in engagement (eg management of co-dependencies, meeting volumes, deliverable in a safe and timely manner)
- Ensuring system-wide benefits are identified and the overall change programme will deliver these benefits
- Ensuring a framework is in place to assure the ongoing implementation
- Deciding whether to proceed to implementation

- NHS England:
- Specialised Commissioning
  - Ops and Delivery

CCGs

Common  
Commissioner Board

### **Clinicians**

- Signing-off clinical service models from a pathway perspective
- Developing proposals for a individual pathways

- Pathway Boards
- UCL Partners
- Provider Clinical Directors

### **Providers**

- Developing robust implementation plans and service models
- Providing confidence to clinicians and commissioners that the plans and models are deliverable
- Mobilising their own delivery programmes

- Provider programmes

### **TDA / DH/HMT**

- Approving Barts Health OBC and FBC

TDA Board  
DH/HMT process

# Planning for implementation: major trauma

- Meeting held with clinicians on 16 December to help shape workshop to identify and address issues
- Full day clinically-led workshop on 16 January with over 45 representatives from across the system
- Presentations from national clinical director for trauma care, Barts Health's trauma lead and a Barts Health trauma and vascular surgery consultant
- Recognition of the excellence of the current trauma service, and its significant improvements that it has made
- Clear commitment to maintain services and work collaboratively between trusts

# Workshop outcomes

- Opportunity to breakdown walls between institutions and move away from silo working, with a collaborative focus on improving outcomes for all patient groups
- Key issues highlighted:
  - Importance of culture and interpersonal relationships to deliver excellent trauma services
  - Training, working across organisational boundaries, recognition that significant changes underway
  - Trauma services require many different specialties, skills and support services, which must continue to be available through effective collaborative working
  - All four pathways (upper GI, head and neck, urology and neuro-oncology) need to work through the specific issues raised, with potential solutions

# Major trauma: next steps

- Programme of work underway between trusts, UCLPartners and commissioners to mitigate risks
- This element of work will form part of the wider planning for implementation phase of the programme
- Commissioner and provider assurance and oversight frameworks to be established and completed prior to implementation, if approved

# Phase two engagement approach

- Approach discussed with patient advisory groups and meeting scheduled to discuss approach with local Healthwatch groups
- Engagement period commence following approval of initial business case
- Plain English summary leaflet of proposals distributed to all stakeholders
- Information available online and cascaded via trusts, CCGs and stakeholders
- Engagement events:
  - 1x prostate discussion event in outer north east London
  - 3x stakeholder advisory group meetings covering travel, whole pathway integration, and service impacts
  - Open offer to attend meetings

# Next steps

- Following endorsement of the recommendations in the initial business case, phase two of the programme will commence including:
  - Phase two engagement
  - Planning for implementation
  - Development of commissioner assurance and oversight frameworks
  - Development of decision-making business case
- The above will support final decision-making expected in June 2014