

HEALTH & WELLBEING BOARD

Subject Heading:

Improving specialist cancer and cardiovascular services in north and east London and west Essex: a case for change

Board Lead:

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The subject matter of this report deals with the following priorities of the Health and Wellbeing Strategy

- Priority 1: Early help for vulnerable people
- Priority 2: Improved identification and support for people with dementia
- Priority 3: Earlier detection of cancer
- Priority 4: Tackling obesity
- Priority 5: Better integrated care for the 'frail elderly' population
- Priority 6: Better integrated care for vulnerable children
- Priority 7: Reducing avoidable hospital admissions
- Priority 8: Improve the quality of services to ensure that patient experience and long-term health outcomes are the best they can be

SUMMARY

Clinicians in north and east London and west Essex (working through UCLPartners) have recommended that specialist cancer and cardiovascular services should be reorganised to provide better care and better patient experience.

NHS England, as the main commissioner for specialised services, is leading an engagement on the clinical recommendations.

Engagement started on 28 October and is due to conclude on 4 December.

RECOMMENDATIONS

- Note the proposals and accompanying documentation
- Formal feedback on the case for change or agreement on how this will be provided by 4 December.
- While specialised services are principally commissioned by NHS England, some cardiac services are commissioned by CCGs.

REPORT DETAIL

NHS England, together with CCG partners, is considering the case for changing specialist cancer and cardiovascular services in north and east London and west Essex. This follows the engagement exercise undertaken on proposals for changing specialised urological cancer services in early 2013, after which NHS England took the decision to consider five cancer pathways and cardiovascular services together.

Clinicians (working through UCLPartners) have developed the following recommendations for how these services could be improved.

For **five complex and rare cancers**, specialist treatment would be provided in centres of excellence across the area with a key hub at University College Hospital. The vast majority of services cancer services, such as diagnostics and chemotherapy, would continue to be provided locally.

For **cardiovascular care**, services currently provided at The Heart Hospital, The London Chest Hospital and St Bartholomew's Hospital would be combined to create a single integrated cardiovascular centre. Clinicians have recommended the centre be located in the new building at St Bartholomew's Hospital. The Royal Free Hospital and the integrated cardiovascular centre at St Bartholomew's would act as heart attack centres for the area.

Engagement on the clinical recommendations and an option appraisal process commenced on 28 October. Commissioners will then develop their recommendations for change and a business case before deciding to proceed to formal engagement in early 2014.

IMPLICATIONS AND RISKS

Financial implications and risks: NHS England are developing a business case. Initial analysis shows a positive impact to commissioners of both specialised (NHS England) and non-specialised (CCG) services.

Legal implications and risks: NHS England is following national guidance in engagement and involvement.

Human Resources implications and risks: N/A

Equalities implications and risks:

An initial equality impact assessment will be completed to inform the pre-consultation business case. A full equality impact assessment will be completed during formal engagement or consultation to inform the decision-making business case.

BACKGROUND PAPERS

Briefing
Case for Change – full version