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

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Executive summary

NHS England, together with CCG partners, is leading a review of specialist cancer and cardiovascular services in north and east London and west Essex. Clinicians' have developed recommendations for how these services could be improved.

Engagement on these clinical recommendations started on 28 October 2013. Following this, commissioners will develop their recommendations for change and a business case before deciding whether to proceed to formal engagement in early 2014.

Case for change

Specialist services for cancer and cardiovascular disease in north and east London are not organised in a way that gives patients the best chance of survival and the best experience of care.

Clinicians want to bring together specialists, technology and research together to provide better care and save more lives. To do that they have recommended the following changes.

For **five complex or 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 cancer services, such as diagnostics and chemotherapy, would continue to be provided locally.

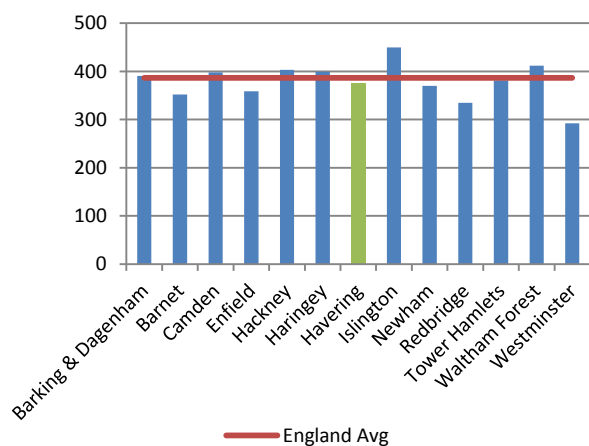
For **cardiovascular care**, services currently provided at The Heart Hospital, The London Chest Hospital and St Bartholomew's Hospital would be combined to create a single integrated cardiovascular centre located in the new building at St Bartholomew's Hospital. The Royal Free Hospital and St Bartholomew's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

The full case for change and technical clinical recommendations will be available online at: www.england.nhs.uk/london/engmt-consult.

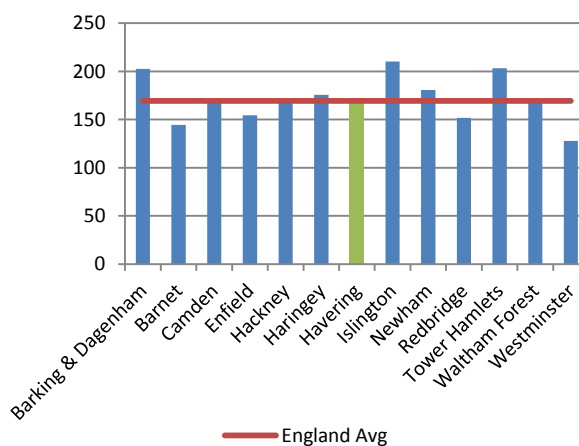
Cancer prevalence and mortality rates by borough

The charts below provide the incidence and mortality rates for all cancer types for Havering and surrounding boroughs.

Incidence rates of all cancers (2008-10)
(Per 100,000 standard population)



Mortality rates of all cancers (2008-10)
(Per 100,000 standard population)

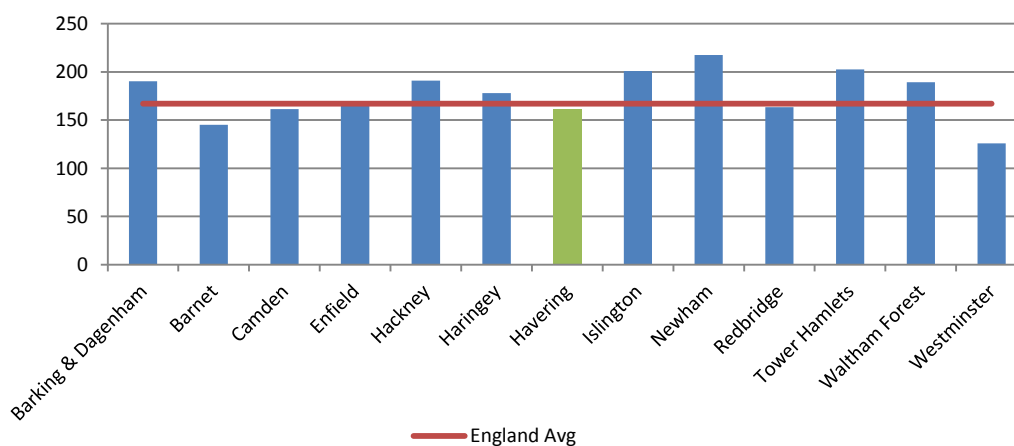


(Source: National Statistics)

Circulatory disease prevalence rates by borough

The chart below provides the mortality rates for all circulatory diseases for Havering and surrounding boroughs.

Mortality rates of all circulatory diseases (2008-10) (Per 100,000 standard population)



(Source: National Statistics)

Haivering cardiac activity

The table below is intended to give a sense of the volume of patients from the area that are likely to be affected by the changes proposed to cardiovascular services.

- The table shows spells for the services affected. HRG data has been sorted into five groups representing five levels of cardiovascular activity
- The data has taken PCT data and mapped it to CCGs. There is a risk that some PCT data cannot be mapped which can lead to a slight undercounting
- Activity is shown for the three heart attack centres/cardiovascular centres in north and east London; the Heart Hospital (UCLH), the London Chest Hospital (Barts Health) and the Royal Free Hospital
- The data combines activity charged to NHS England (specialist commissioning) and CCGs

There is no data shown for the Royal Free in 2011-12. It was felt that the data on the HES system was unreliable to the extent of being misleading.

Having cancer activity

The table below is intended to give a sense of the volume of patients from an area that are likely to be affected by the changes proposed to cancer services.

- The table shows the number of patients and not spells, so multiple spells by the same person, which is fairly common in cancer services, only show one
- The table is by borough of residence (or district for outside London) and shows activity for each of the cancer pathways that are being considered
- Activity for the last three years is shown on separate rows
- During this period the pattern of activity for some specialties has shifted. The two most significant shifts are that surgery on complex urological cancers has shifted from Chase Farm to UCLH during 2012, and neurosurgery at the Royal Free Hospital has shifted to UCLH
- The data combines activity charged to NHS England (specialist commissioning) and CCGs.

The data is not perfect; the HRG codes used for PbR do not always differentiate between the complex operations that this programme is concerned with and more routine operations that take place in most surgical departments and consequently this data is reliant on accurate procedure and diagnosis coding.

| Row Labels | BARKING, HAVERING & REDBRIDGE HOSPITALS | BARTS HEALTH | HOMERTON HOSPITAL | ROYAL FREE LONDON | UNIVERSITY COLLEGE LONDON HOSPITALS | Grand Total |
|---------------------------------|-----------------------------------------------------|-----------------|----------------------|----------------------|----------------------------------------------|-------------|
| Brain Cancer | 82 | 10 | | | 5 | 97 |
| 2010-11 | 26 | 1 | | | | 27 |
| 2011-12 | 20 | 5 | | | 3 | 28 |
| 2012-13 | 36 | 4 | | | 2 | 42 |
| Head & Neck Cancer | 21 | 51 | | 2 | 2 | 77 |
| 2010-11 | 7 | 9 | | 1 | | 17 |
| 2011-12 | 6 | 20 | | 1 | | 27 |
| 2012-13 | 8 | 23 | | | 2 | 34 |
| Bladder Cancer | 13 | | | | 1 | 14 |
| 2010-11 | 4 | | | | 1 | 5 |
| 2011-12 | 4 | | | | | 4 |
| 2012-13 | 5 | | | | | 5 |
| Prostate cancer | 99 | 1 | | | 1 | 101 |
| 2010-11 | 30 | | | | | 30 |
| 2011-12 | 38 | 1 | | | | 39 |
| 2012-13 | 31 | | | | 1 | 32 |
| Renal Cancer | 48 | 6 | | | | 54 |
| 2010-11 | 15 | 4 | | | | 19 |
| 2011-12 | 15 | 1 | | | | 16 |
| 2012-13 | 18 | 1 | | | | 19 |
| Acute Myeloid Leukaemia | 19 | 6 | | | 4 | 29 |
| 2010-11 | 5 | 1 | | | 1 | 7 |
| 2011-12 | 6 | 1 | | | 1 | 8 |
| 2012-13 | 8 | 4 | | | 2 | 14 |
| Bone Marrow Transplants | | 20 | | | 5 | 25 |
| 2010-11 | | 10 | | | 2 | 12 |
| 2011-12 | | 6 | | | | 6 |
| 2012-13 | | 4 | | | 3 | 7 |
| Oesophago-gastric cancer | 137 | 2 | 2 | | 21 | 162 |
| 2010-11 | 51 | | | | 3 | 54 |
| 2011-12 | 45 | | 2 | | 7 | 54 |
| 2012-13 | 42 | 2 | | | 11 | 55 |
| Grand Total | 420 | 96 | 2 | 2 | 40 | 559 |

Cancer activity at BHRUT

Estimated overall change in cancer activities = -3% of cancer spells

✓ - No change ↑ - Increase in activity ↓ - Decrease in activity ↓X - All activities moving to another site

| Tumour | Referral & Diagnosis | Complex Diagnosis | Surgery & Interventional Treatment | Systemic Anti-cancer Therapy | Radiotherapy | Follow-up & Monitoring |
|--------------------------------|----------------------|-------------------|------------------------------------|------------------------------|--------------|------------------------|
| Brain | ✓ | ✓ | ↑ | ✓ | ✓ | ✓ |
| Breast | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Colorectal | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Gynaecology | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Haematology Other (I & IIa) | ✓ | ✓ | | ✓ | ✓ | ✓ |
| AML (IIb) | ✓ | ✓ | | ↑ | ✓ | ✓ |
| HSCT | ✓ | ✓ | | | | ✓ |
| Head & neck | ✓ | ✓ | | ✓ | ✓ | ✓ |
| Lung | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Skin | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| UGI (HPB) | ✓ | | | ✓ | ✓ | ✓ |
| UGI (OG) | ✓ | ✓ | ↑ then ↓X? | ✓ | ✓ | ✓ |
| Urology Bladder & Prostate | ✓ | ✓ | ↓ | ✓ | ✓ | ✓ |
| Renal | ✓ | ✓ | ↓X | ✓ | ✓ | ✓ |

No change to paediatric and teenage and young adult cancer services currently provided at BHRUT.

Engagement and scrutiny

To ensure we understand a wide range of views before developing commissioner recommendations for change, we are discussing clinicians' ideas with patient and public representatives, clinicians and staff, local councils and other groups.

We have been discussing the proposals with health overview and scrutiny committees (OSC). It is anticipated that we will engage separately with NEL, INEL and ONEL JHOSCs throughout the engagement and any formal engagement or consultation. They would then meet as a super-JHOSC at the end of the scrutiny process to consider the proposals.

We are holding public events and are welcoming the opportunity to attend local meetings.

Proposed timeline

- 28 October-4 December 2013: Engagement with stakeholders and local people on the recommendations.
- Late 2013-early 2014: Commissioners take on board local views and finalise the pre-consultation business case
- Early 2014: If appropriate, formal engagement or consultation would take place on commissioners preferred recommendations
- Mid 2014: Expected decision by commissioners on whether to proceed with changes.

- Late 2014-2018: Implementation, if approved.