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Date: 19 December 2013

Your Reference: AC

Dear Neil

Views of Outer North East London Joint Health Overview and Scrutiny Committee (JHOSC) on Proposals to Change Specialist Cancer and Cardiovascular Services

As the current Chairman of the Outer North East London JHOSC, I am writing to confirm the overall views of the Committee on the above proposals. Having undertaken scrutiny of the proposals during the recent engagement process, the Committee is of the view that these proposals do not require formal consultation under section 242 of the National Health Service Act 2006. The Committee therefore feels that the changes should proceed, subject to the comments shown below.

As you are aware, The NHS has a duty under section 242 of the above Act to promote involvement and consultation in any service change. This involvement has to be proportionate to the extent of the proposed service changes. The NHS also has a duty under section 244 of the Act and the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 to consult with local authorities on any proposal it considers is a substantial development or variation in the provision of health services.

The Joint Health Overview and Scrutiny Committee is exercising its powers as conferred under the NHS Act 2006, section 245 (as amended by the Health and Social Care Act 2012). This is distinct from and separate to those powers exercised by the Executive of the constituent Councils.

The JHOSC has considered the engagement exercise that NHS England and UCL Partners have conducted regarding the proposed changes to cancer and cardiac services in North Central and North East London. The Committee wishes to place on record its view that, while it does not consider the proposed changes to constitute a substantial variation in service, it considers it essential that engagement on the service alterations continues with the JHOSC and all other relevant stakeholders as the proposals are developed and implemented.

The Committee has considered the outputs from the engagement process and notes in particular that:

- Many patients and members of the public expressed their strong support for the majority of services to be kept local where possible.
- Travel implications were highlighted by nearly all respondents, particularly among cancer
 patients and their families in Outer North East London and West Essex. Strong concerns
 were expressed about the inconvenience and difficulty for patients and their families
 travelling to central London, lack and cost of car parking, and the difficulty and discomfort
 of travelling when undergoing treatment.
- The urology proposals, affecting Outer North East London and West Essex in particular
 will have an external review, by NHS England (London) clinical senate, to provide further
 evidence before commissioners finalise their decision making on the model. The Joint
 Committee would support any proposed retention of urological cancer services at either
 Queen's or King George Hospitals (in conjunction with the centre to be developed at
 UCLH).
- Many respondents felt that more information was needed as to how proposed specialist centres would work to increase early diagnosis and prevention.
- There is a need for outcome data from the proposed specialist centres to be frequently and publicly available to help inform patient choice and ensure standards are being met.
- Integration with the rest of the pathway and continuity of care is essential. There needs to be mechanisms in place to ensure patients, their records and their treatment plans are managed appropriately as they leave and re-enter a non-specialist part of the pathway.

The Committee is pleased that the NHS has agreed to send stakeholders a final report on the proposed changes in February/March in order to provide a final opportunity for comments. The JHOSC would also like the NHS to address the issues raised in the engagement and provide responses. This would however be in order to ensure any unforeseen challenges are mitigated against (and benefits realised) rather than to reconsider the key decisions to move services.

In conclusion, the Committee wishes to reiterate its view that it is essential that robust engagement continue not just with itself but with all relevant parties and stakeholders. The JHOSC would also like to be able to scrutinise the project business case when it becomes available, the independent prostate report, the full engagement report and the equalities impact assessment.

The Joint Health Overview and Scrutiny Committee is exercising its powers as conferred under the NHS Act 20062 section 245 (as amended by the Health and Social Care Act 2012). This is distinct from and separate to those powers exercised by the Executive of the constituent Councils.

Yours sincerely

Councillor Joyce Ryan Chairman, Outer North East London Joint Health Overview and Scrutiny

This letter has been copied to:

All Members and Supporting Officers, Outer North East London Joint Health Overview and Scrutiny Committee

Luke Byron-Davies, Clerk, Inner North East London Joint Health Overview and Scrutiny Committee

Rob Mack, Clerk, North Central London Joint Health Overview and Scrutiny Committee



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