



Meeting of the

INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

Monday, 17 February 2014 at 7.00 p.m.

S U P P L E M E N T A R Y A G E N D A

VENUE

**ROOM MP702, 7TH FLOOR, TOWN HALL, MULBERRY PLACE, 5
CLOVE CRESCENT, LONDON E14 2BG**

If you require any further information relating to this meeting, would like to request a large print, Braille or audio version of this document, or would like to discuss access arrangements or any other special requirements, please contact:

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LONDON BOROUGH OF TOWER HAMLETS
**INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW &
SCRUTINY COMMITTEE**

Monday, 17 February 2014

7.00 p.m.

- 6. MOORFIELDS EYE HOSPITAL (Pages 1 - 2)**
- 7. CARE QUALITY COMMISSION REPORT INTO BARTS HEALTH NHS TRUST (Pages 3 - 4)**
- 8. LONDON CANCER PROJECT UPDATE (Pages 5 - 18)**

Inner North East London Joint Health Overview and Scrutiny Committee

17 February 2014

Proposed move of Moorfields' Eye Hospital

Item No

6

Outline

Moorfields' Eye Hospital NHS Foundation Trust proposes to move its main hospital from its existing site in City Road in Islington to a new site in the King's Cross/Euston area.

The Trust is required to consult the relevant local health overview and scrutiny committees as this would constitute a substantial variation. Although the hospital is based in the NCL JHOSC area it takes patients from across London.

The Trust has provided the following data on the referrals relevant to INEL boroughs.

The total referrals by CCG and those who are seen at City Road:

	Total Referrals 2012-13	City Road Referrals 2012-13
City And Hackney	5,375	4,225
Tower Hamlets	3,811	2,450
Newham	3,129	2,134

Attached is their consultation document on the proposed move and attending the meeting to answer Members' questions will be Rob Elek, Director of Strategy and Business Development

Action

The Committee is requested to give consideration to proposal.

(this cover report is to accompany the corresponding item circulated last week in the main agenda)

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Inner North East London Joint Health Overview and Scrutiny Committee 17 February 2014 CQC Report on Barts Health NHS Trust	Item No 7
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Outline

At the previous meeting of INEL JHOSC on 20 November the Committee considered a report on the financial turnaround at Barts Health NHS Trust.

Since then the Trust has undergone a major inspection by the CQC's Chief Inspector of Hospitals.

Attached are the reports of that inspection including a slide presentation from Barts Health giving a summary response.

The CQC inspection report comprises an overall report on the Trust and individual reports on each of the constituent hospitals which form part of the Trust.

Attending the meeting to answer Members' questions will be:

- Rep TBC from Care Quality Commission
- Kay Riley, Chief Nurse, Barts Health
- Mark Graver, Head of Stakeholder Relations and Engagement, Barts Health

Action

The Committee is requested to give consideration to the CQC report and Barts Trust's response.

(this cover report is to accompany the corresponding item circulated last week in the main agenda)

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Inner North East London Joint Health Overview and Scrutiny Committee 17 February 2014 Cancer and Cardiovascular Services Update Presentation	Item No 8
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Outline

- Currently our cancer and cardiovascular specialists, technology and research are spread across too many hospitals
- Evidence suggests that focused specialist centres lead to better outcomes
- Our vision is to create integrated cancer and cardiovascular systems providing care locally where possible and specialist care where necessary

Action

The Committee is requested to give consideration to the presentation

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Cancer and cardiovascular services

INEL JHOSC – 17 February 2014



The case for change

- Currently our specialists, technology and research spread across too many hospitals
- Evidence suggests that focused specialist centres lead to better outcomes
- Our vision is to create integrated cancer and cardiovascular systems providing care locally where possible, specialist care where necessary



- Specialist centres would work with local hospitals and GPs to improve the whole patient journey

Engagement to-date

- 540 stakeholders sent a copy of the case for change and a link to engagement details on NHS England's website. An offer to attend meetings of local groups was extended to all stakeholders
- The summary leaflet was translated on request
- Five public drop-in sessions staffed by clinicians and commissioners. Events were publicised in 14 local newspapers
- Information on the engagement published on NHS England, UCLPartners, *London Cancer* and participating trust websites
- Media release and subsequent article in the *Evening Standard* about the proposals and engagement
- 28 meetings held with patient groups, CCGs and councils
- Patient involvement in the options appraisal workshops

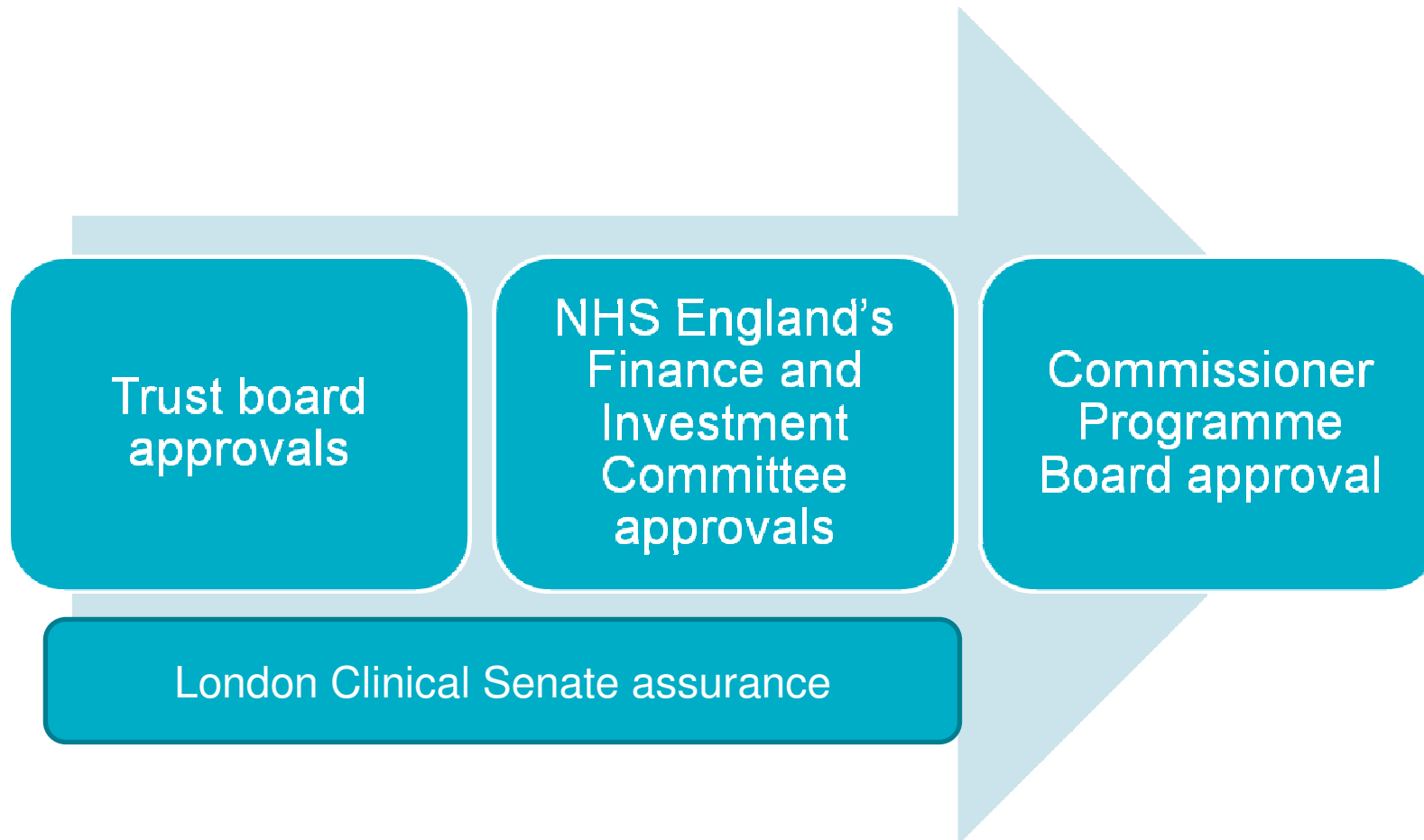
Programme update

- A report on phase one engagement and options appraisal report will be available Feb
- London Clinical Senate assurance and equalities impact assessment underway
- Initial business case currently being developed and is expected to be published in late March / early April
- The initial business case will outline commissioners' preferred recommendations and financial implications

London Clinical Senate

- London Clinical Senate undertaking an independent clinical assurance of the proposals
- For prostate cancer (radical prostatectomies), the Senate will review the proposals and the latest outcome data, in context of recent NICE guidance
- The outcome of this review will inform commissioners' preferred recommendations

Initial business case approvals process



Major trauma update

- Meeting held with clinicians on 16 December 2013 to help shape workshop to identify and address issues
- Full day clinically-led workshop held 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

Major trauma: 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 to be arranged between trusts, UCLPartners and commissioners to mitigate risks
- Pathway leads and clinical leads will work together to get relevant data where necessary and establish a timeframe in line with the overall programme
- 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

- Six-week engagement period following approval of initial business case (time will be added for days lost to Easter holidays)
- Plain English summary leaflet of proposals will be produced and 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
- Outputs of equalities impact assessment will feed into the engagement plan

Phase two: programme-wide

- Following approval of the initial business case, phase two of the programme will commence
 - 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 summer 2014

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