

**INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND  
SCRUTINY COMMITTEE (INEL JHOSC)**

**Meeting held on 30th April 2013  
in Room C1, 1st Floor, Tower Hamlets Town Hall, E14 2BG**

**Present:** Elected Councillors and Common Councilmen  
that are members of the Committee

Winston Vaughan (Chair)

Terry Paul and Ted Sparrowhawk, Newham,  
Emma Jones, Rachel Saunders and Lesley  
Pavitt, Tower Hamlets,  
Ann Munn and Luke Akehurst, Hackney,  
Vivienne Littlechild, City of London

Other Elected Councillors and Common  
Councilmen in attendance

Leonora Cameron, Newham  
Ben Hayhurst, Hackney  
Wendy Mead, City of London

**Officers:** London Cancer:

John Hines, Consultant Urologist and Clinical  
Pathway Director, London Cancer, Neil Kennett-  
Brown, Programme Director, Change  
Programmes, NHS North and East London  
Commissioning Support Unit, Steve Ryan,  
Medical Director, Barts Health NHS Trust, Kathy  
Pritchard-Jones, Chief Medical Officer, London  
Cancer, Gillian Smith, Consultant Urologist,  
Royal Free Hospital Trust

Officer Support:

Sarah Barr, Senior Strategy and Performance  
Officer, Tower Hamlets, Neal Hounsell,  
Assistant Director Commissioning &  
Partnerships, City of London, Luke Byron-  
Davies, Scrutiny Manager, Newham, Gareth  
Wall, Head of Scrutiny, Hackney, Jarlath  
O'Connell, Overview and Scrutiny Officer  
Hackney, Hafsha Ali, Head of Scrutiny,  
Newham and Tahir Alam, Scrutiny Team, Tower  
Hamlets

**Apologies:** Cllr Benzion Papier, Hackney

**The meeting commenced at 5.05 p.m. and closed at 6.00 p.m.**

## **1. WELCOME AND INTRODUCTIONS / APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTES**

Cllr Akehurst welcomed all attendees to the meeting and explained that after chairing the Committee for the last twelve months that he had decided to step down as chair. Cllr Akehurst nominated Cllr Vaughan to take the chair's role.

The Committee agreed with this nomination and Cllr Vaughan took the chair's role from that point onwards in the meeting.

Cllr Vaughan thanked Cllr Akehurst for his dedication and hard work in chairing the Committee and nominated Cllr Akehurst to act as his deputy chair.

The Committee agreed with the nomination of Cllr Akehurst as deputy chair.

## **2. DECLARATIONS OF INTEREST**

There were no declarations of interest.

## **3. MINUTES OF THE PREVIOUS MEETING AND MATTERS ARISING**

The minutes of the previous meeting that took place on 25 May, 2012 were agreed as a correct record subject to the amendment on page 7 paragraph 7 to change the word "to" to "do".

## **4. UROLOGICAL CANCER SERVICES**

Cllr Vaughan asked the officers from London Cancer to offer the Committee a brief presentation before the Committee offers its questions.

The key points of the presentation given by John Hines were:

- Currently, outcomes for patients are poor when compared with other European countries and the centralised model proposed will improve this.
- The new centralised centres will provide care for the most complex surgery.
- It is recommended that UCLH hosts the bladder and prostate centre and the Royal Free London to host the renal centre

Kathy Pritchard-Jones (KPJ) followed on from Mr Hines by explaining that a memorandum of understanding had been in place for two years that outlined the partnership working that the organisations would commit to and it was emphasised that a great deal of work had gone into the planning of the changes.

Two bids had been received for the renal centre, with the unsuccessful bid coming from Barts Health Trust (BHT). Both bids were very strong and careful weighing up of the bids drew the conclusion of the Royal Free offering a marginally better bid.

Neil Kennett-Brown (NKB) added that the main issues to the proposals related to:

1. Travel
2. Patient choice

In regards to travel, it was explained that plans are being made to mitigate the impact of travelling further and there would be support. In regards to patient choice it was stressed that the new centres would only be for short stays and the bulk of the treatment would still take place in local centres.

Cllr Vaughan thanked the officers for their presentations and asked members to offer their questions.

Q What changes will occur in regards to the Homerton site?

A The Homerton will remain a site for local treatment but no specialist treatment is planned there.

Q The statistical information in the reports pack only goes back as far as 2009, is there information on trends of patient numbers that can inform usage going beyond this date?

A (KPJ) This data is available but largely the numbers show only small variations and remain similar.

Q In regards to accessibility, why was the Royal Free site chosen when it is much more inconvenient to reach than Barts?

A (KPJ) Two expressions of interest were submitted (Royal Free and Barts) and these bids were carefully analysed and the Royal Free was slightly stronger. In regards to the pelvic centre there was only one bid and this was from UCLH.

Q Will a significant amount of investment be required at the Royal Free, particularly in light of large investment already being given to BHT to develop cancer services?

A (KPJ) Yes, a significant amount of investment will be needed but this would be the case at any successful centre. Gillian Smith (GS) added that investment at Royal Free will indeed be needed and plans to mitigate travel issues will be put in place. KPJ concluded that the decision was clinically led and although Barts had a strong bid it was the right choice to go with the Royal Free option. Steve Ryan (SR) explained that BHT was disappointed with the decision but explained that BHT is fully supportive of the decision and will work in collaboration to make sure that the issues such as transportation are got right.

Q Can the officers explain what the differences actually were in the bids and why as previously mentioned that Barts Health Trust was not successful?

A (KPJ) It was more a case of being in favour of the Royal Free than rejecting Barts. In each of the seven domains that are outlined in the reports, the Royal Free was stronger and the board all agreed on this. GS added that the Royal Free is already working closely with BHT on the clinical aspects and looking at more bespoke options for the transportation issues. It is important to add that the proposals relate to a small amount of patients (1-2 patients per day) and this means that more creative options can be sought. GS closed by explaining that the Royal Free was in the process of tendering for the renal transport services.

Q I understand that UCLH has funded two new clinical specialists to support their bid. Did this in any way sway the process and can the role of the specialists be explained?

A (KPJ) No, the clinical experts were in complete agreement at the start and remain in agreement that wherever the sites are that they are committed to working at the new centres. Specialists will work half of their time in local sites and the remainder in the new centres. This will mean that the volume of patients will increase and so will success rates. It is important to remember that specialists use their time in a variety of ways and no surgeon would ever operate five days a week.

(JH) Normally surgeons operate for two days per week and do pre-operation work, teach and undertake research. Surgery is very much based around a team of skilled clinicians.

Q The issue of transport to the Royal Free is a major issue because it is very difficult to get to. If this is not resolved how will patients and the public “buy in to” the new centres?

Follow-up

A (GS) Bespoke options are needed for the Royal Free site and this may involve taxi services.

Q Taxis may be viable for the patient going to the Royal Free but if family members are coming from different areas how will it be possible to have taxis for them too? It is much easier to get to the Barts site.

A In regards to the bids, what weighting was given to patient experience?

Q (KPJ) Patient experience is very important in the bid and both bids were strong in this area. Leadership of service and patient transport were the weaker areas in the bids. As stated creative thinking will be needed to solve the transportation issue and this may involve patients in some instances using iPads or Skype technology to contact family and friends.

Follow-up

A The bids seem the same therefore does this mean that BHT is weaker in terms of management?

Q (KPJ) The bids were not the same and BHT is fully committed to the project.

Questions from the public

Q In the view of officers has sufficient public engagement been given to this change as there is a view that this change is being undertaken through the backdoor?

A (KPJ) The process has been led by providers with clinicians being essential to this process. The public have been involved throughout the process and since 2011 over one thousand patients have been consulted.

(NKB) Overview and Scrutiny Committees have been consulted and they will continue to be updated. In both Barking and Dagenham and Redbridge the Committees were supportive of the proposals. However, the transport issue must be got right. The Barts site does not have a large enough population to be a stand alone centre (700,000) as at least a 2m population is required.

With no more questions, Cllr Vaughan summed up by stating that transportation remained the main area of concern for the Committee and that it is a challenge for London Cancer that must be taken seriously. Cllr Vaughan asked the officers to send information about how this proposed change in urological cancers will fit in with other changes to cancer services and asked that to assist the Committee's forward work programme that any other changes are sent to the officers in good time to allow adequate planning.

In conclusion, Cllr Vaughan proposed a motion to the Committee whether it supported the proposal. Cllrs Akehurst, Munn, Jones, Saunders and Pavitt voted in favour. Cllrs Paul and Sparrowhawk and Common Councilman Littlechild voted against and the Chair abstained. The vote to accept the proposal was carried.

Cllr Vaughan closed by thanking members and officers for their attendance and contribution.

**5. ANY OTHER ORAL OR WRITTEN ITEMS WHICH THE CHAIR  
CONSIDERS URGENT**

There was no further business.