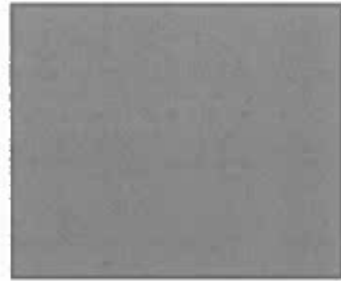
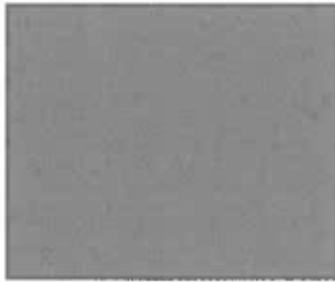
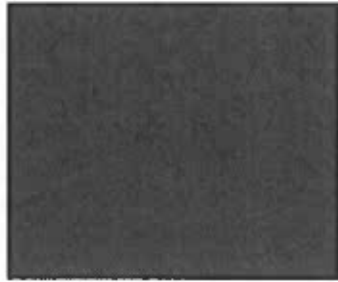


**Cancer and cardiovascular services**



## Why we need change

- Local services are not organised in a way that gives patients the best care
- Specialists, technology and research spread across too many hospitals
- Evidence suggests that focused specialist centres lead to better outcomes

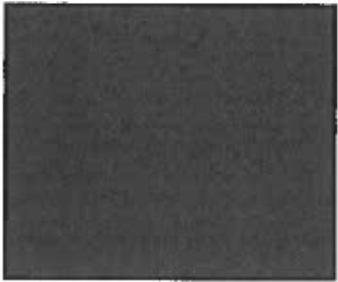


## What it would mean for patients

- Improved experience and outcomes
- Prompt access to the right treatment and state-of-the-art equipment
- Specialist care available 24/7 and shorter waiting times
- Better access to the latest treatments and technology through more access to clinical trials



# Cancer



## Scope of the engagement

- Clinicians reviewed specialist services for five rare or complex types of cancer:
  - Brain cancer surgery
  - Head and neck cancer surgery
  - Bladder, prostate and kidney surgery
  - Treatment for acute myeloid leukaemia and stem cell transplants
  - Oesophago-gastric (OG) cancer surgery

Clinicians believe that these changes would affect less than 10% of all cancer services

# Cancer activity at Barts Health

Estimated change in cancer activities = - 1% of cancer spells

✓ - No change      ↑ - Increase in activity      ↓ - Decrease in activity      ↓ X - All activities moving to another site  
 No change to other rare tumour services currently provided at Barts Health e.g. Testicular, penile, ocular cancer and teenage and young adult cancer services.

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

## Vision for cancer care

- Create an integrated system of care providing:
  - Local care where possible, specialist care where necessary
  - High performing multi-disciplinary teams of surgeons, specialist nurses, anaesthetists and therapists
  - High capacity specialist teams that strengthen local services
  - Training and research opportunities for staff
  - Open and transparent data collection

Specialist centres would work with local hospitals and GPs to improve the patient journey from diagnosis to follow-up care

# Brain cancer surgery

- Currently three neuro-oncology centres serve a population of over 3.9 million
- Current services do not always meet national standards of:
  - Two million population size
  - At least 50% of the time spent in neuro-oncological surgery
- **Clinical recommendations**
  - Consolidate neuro-oncology surgery at two centres
  - Improvements to the pathway:
    - Immediate referral to neuro-oncology surgery centre
    - CNS support for holistic care
    - Rapid diagnosis and referral to oncology after surgery
    - Follow-up care and rehabilitation



# Head and neck cancer surgery

- Surgery is currently carried out at three centres serving a population of 3.2 million
- Current services do not always meet national standards of:
  - At least one million population
  - Patients should be managed by a specialist MDT that manages at least 100 new cases a year
- **Clinical recommendations**
  - Consolidate head and neck cancer surgery at one centre
  - Improvements to the pathway:
    - Sustaining dedicated facilities, 24/7 specialist medical, nursing and therapy support teams
    - Faster diagnosis and screening
    - Patients offered all suitable treatment options and reconstruction
    - Access to cutting-edge radiotherapy
    - Local follow-up and enhanced recovery packages during and after treatment

# Bladder and prostate cancer surgery

- Around 100 bladder cancer patients and 220 prostate cancer patients require complex surgery a year in north and east London
  - Four centres currently serve over 3.2 million
  - Each centre does between 54-89 complex operations
  - Services do not always meet national standards:
    - Treatment should be managed by MDTs
    - Centres should serve at least one million people
- 
- **Clinical recommendations**
    - Centralising complex bladder and prostate procedures (undertaken robotically) at University College Hospital
    - Stakeholders have also asked commissioners to consider the option of offering some specialist prostate surgery at a second centre at Queen's Hospital in Romford

# Renal cancer surgery

- Most renal cancer patients need complex surgery
  - Nine centres currently serve our 3.2 million population
  - Numbers of procedures done at each centre ranges from 10 – 72
  - Not all hospitals have access to latest technologies (e.g. robotics, focal therapies)
  - Renal cancer surgery should have renal medicine and dialysis facilities
- Consolidate services into one specialist centre at the Royal Free
  - Royal Free has necessary supporting specialities including:
    - Vascular surgery
    - Liver and pancreatic surgery
    - Renal medicine
    - 24-hour interventional radiology
  - Royal Free also has the ability to expand facilities in line with its strategy for renal diseases

# AML treatment and stem cell transplants

- Currently north and east London has:
  - Six level 2b AML centres treating 2-39 new patients intensively
  - Three transplants centres
- Services do not always meet recommended standards of:
  - 100 transplants a year
  - 10 new AML cases a year
- **Clinical recommendations**
  - Level 2b AML treatment should be consolidated into three centres
  - Stem cell transplant services should be consolidated into two centres

## OG cancer surgery

- 25% of OG patients require specialist treatment
  - The local area currently has three specialist OG centres
  - Services do not always meet recommended standards of:
    - Serving a population of one million
    - Performing at least 60 operations a year
- Clinical recommendations**
- Staged consolidation of specialist diagnostics and surgical services
  - Initially two centres:
    - Queen’s Hospital in Romford
    - University College Hospital
  - Medium to long term, further consolidation into a single centre at UCLH

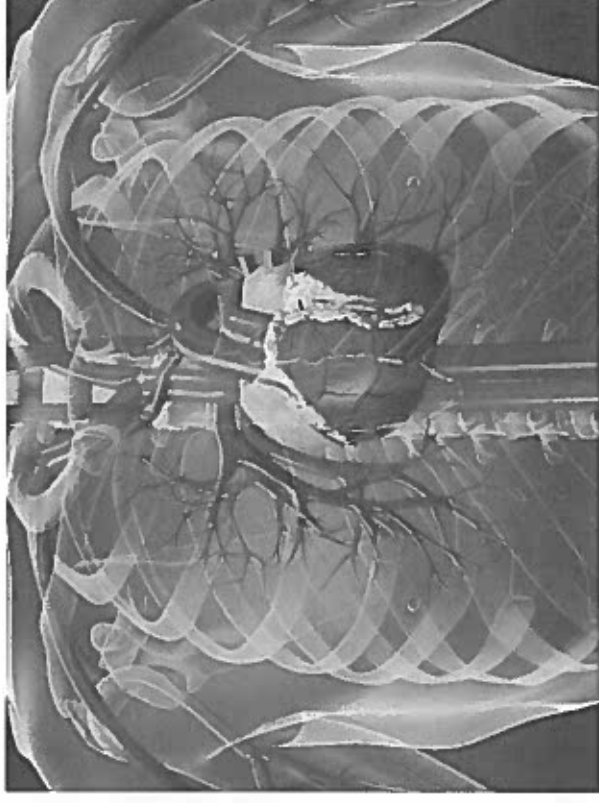
# Cardiovascular

## Introduction



# Cardiovascular

- This review focuses on specialist adult cardiovascular services:
  - Adult congenital heart disease
  - Cardiac anaesthetics and critical care
  - Cardiac imaging
  - Cardiac rhythm management
  - Cardiac surgery
  - General interventional cardiology
  - Management of complex/severe heart failure
  - Inherited cardiovascular disease



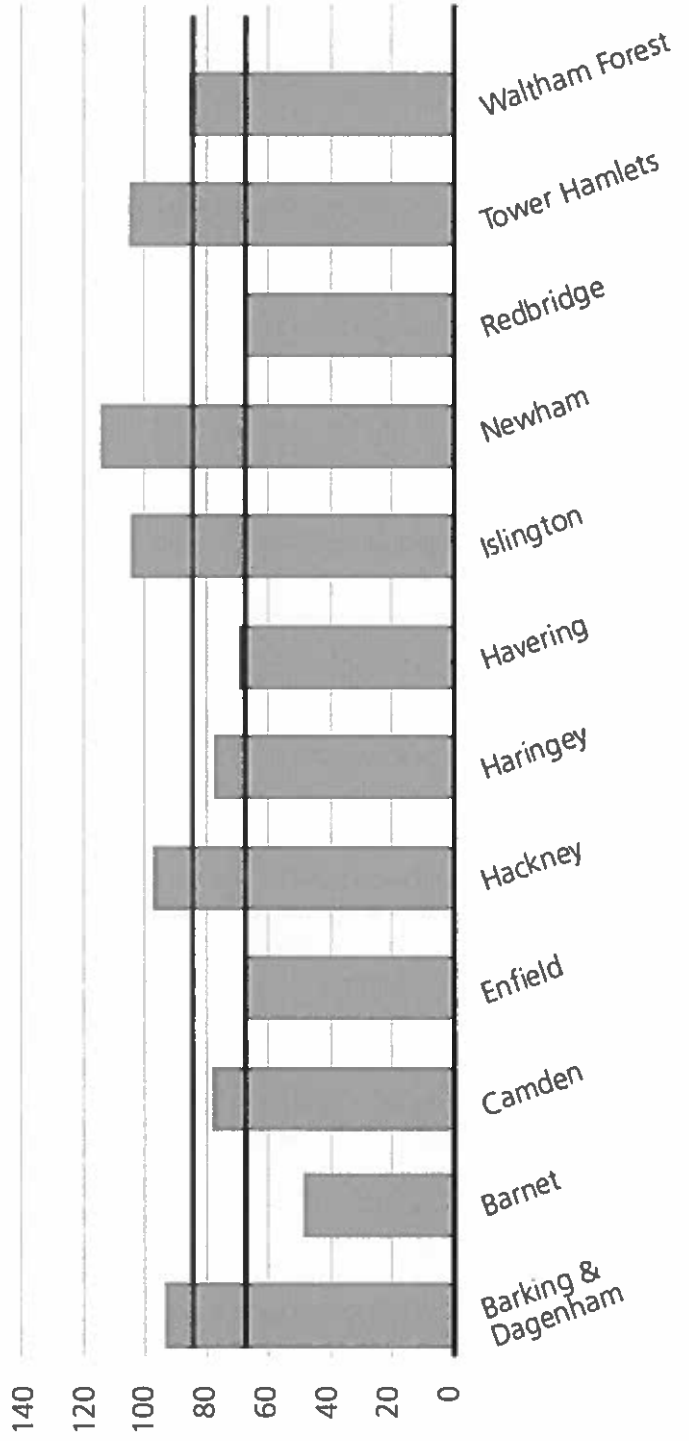
# Local need

Over 1,000 lives could be saved if we equalled the England average.  
Over 2,000 when equalling the European rate

Diverse, ageing and growing population with many facing significant deprivation

Premature death from all circulatory disease (2008-10)

— North and east London average  
— England average





## Why we need to change

- Some of our patients are waiting unacceptably long for treatment
- Too many patients are having their surgery cancelled
- Hospitals cannot deliver 24/7 care by specialist teams without sufficient patient numbers
- Not all our services are delivering the national standards for care and patient outcomes could be improved

These challenges threaten good patient experience

# Clinicians' recommendations

- Create a world-class integrated cardiovascular centre at the new St Bartholomew's Hospital site
- Develop a comprehensive, joined-up network of care spanning from prevention and earlier diagnosis through to treatment of disease
- The majority of care would continue to be provided close to people's homes



# Engagement

[cancerandcardiovascular@nelcsu.nhs.uk](mailto:cancerandcardiovascular@nelcsu.nhs.uk)

[www.england.nhs.uk/london/engmt-consult/](http://www.england.nhs.uk/london/engmt-consult/)



## Feedback to date

- Update to be provided at the meeting

## Staff events

- 31 Oct, 17.30 - 19.30, Conference Room, West Wing, St Bartholomew's Hospital, West Smithfield, London, EC1A 7BE
- 4 Nov, 15.00 - 17.00, Seminar Room 2, James Fawcett Education Centre, First Floor, King George Hospital, Barley Lane, Ilford, IG3 8YB
- 5 Nov, 12.00 - 14.00, Education Centre, 1st Floor West, 250 Euston Road, NW1 2PG
- 15 Nov, 14.00 – 16.00, Peter Samuel Hall, 1<sup>st</sup> floor, Royal Free Hospital, Pond Street, NW3 2QG
- 25 Nov – Queen's Hospital TBC

## Public events

- 12 Nov, 1.30-3.30pm, Harlow Leisurezone  
Conference Room, Second Avenue, Harlow,  
CM20 3DT
- 13 Nov, 5.30-7.30pm, Romford Central Library,  
St. Edwards Way, Town Centre Romford, RM1  
3AR
- 18 Nov, 6-8pm, Main Hall, The Old Town Hall, 29  
Broadway, Stratford, E15 4BQ
- 19 Nov, 3-5pm, Green Towers Community  
Centre, 7 Plevna Road, Edmonton, N9 0BU
- 25 Nov, 6-8pm, Camden Centre, Bidborough  
Street, London, WC1H 9AU