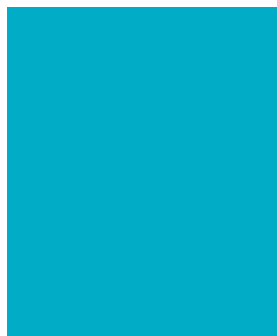
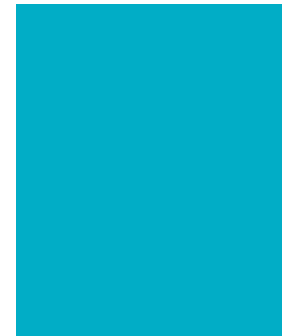


Cancer and cardiovascular services

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

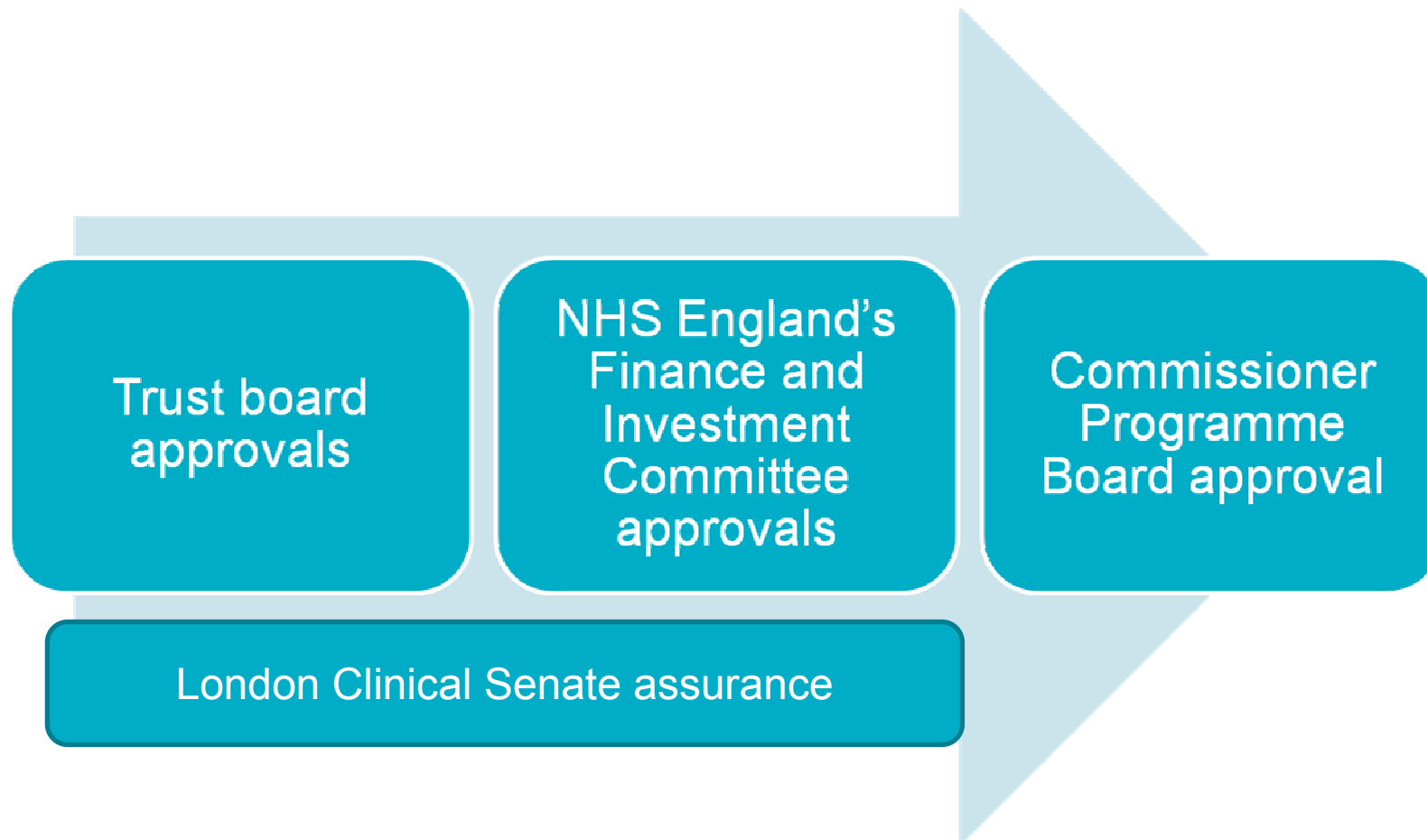
Programme update

- 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