NHS

North and East London
Commissioning Support Unit

Urological cancers – why we need to change

INEL Joint Health Overview and Scrutiny Committee – 30 April 2013

Drivers for change

- **Pan-London case for change and model of care in 2010** found that more needed to be done to improve patient outcomes and patient experience of cancer services. Wide public engagement on the pan-London case for change and model of care was undertaken in 2010.
- The case for change stated it would be **necessary to consolidate some cancer care** in fewer specialist centres
- International evidence shows that for complex procedures, **a higher volume of patients results in fewer complications and better outcomes for patients**
- **Patient satisfaction surveys** tell us London's cancer care providers need to improve
- There is poor recruitment to **clinical trials** in many tumour types
- Institutionally focused **research** at insufficient scale
- Need to reflect **modern practices**
- Can achieve **'better value'** for the resources available

London Cancer's proposals

- Improve services at all hospitals providing urological cancer care
- Continue to provide less complex surgery for urological cancers at local centres
- Consolidate complex surgery for bladder and prostate cancer in one specialist centre
- Consolidate complex surgery for kidney cancer in one specialist centre
- Improve earlier diagnosis of urological cancers
- Improve support for people who are living with or beyond cancer

Scope:

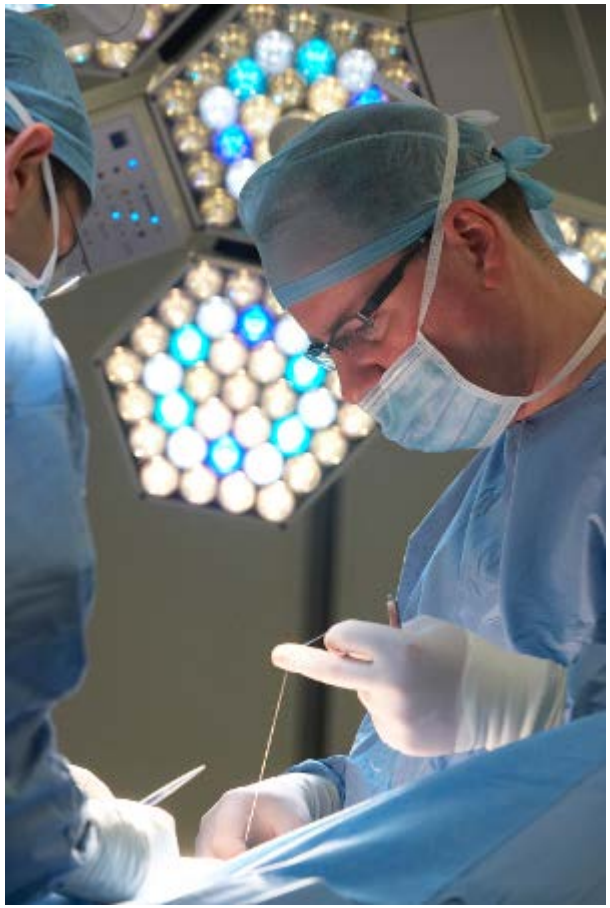
- Around two people a day in North East, North Central London and West Essex require complex urological cancer surgery
- Specialist treatment is only a small part of a urological cancer patient's care. The vast majority of patient care would always take place at local urological units and GP surgeries.

Role of local diagnostic and treatment units

- A significant role in caring for patients with urological cancers. **98% of care would continue to be delivered locally.**
- Provide all diagnostic tests, most elements of treatment including some types of surgery, the majority of post-treatment follow-up, and ongoing care and rehabilitation.
- The first point of contact for early specialist advice required by GPs.
- High quality medical and nursing care.
- Doctors and clinical nurse specialists would work jointly in both the specialist and local units to make sure that patients experience continuous excellent care.
- All existing urology units which meet standards of care would continue to provide local services.

Options considered

- **Two specialist centres** – three surgeons, on call 1:2.5, 200 operations per annum
- **One specialist centre** – six surgeons, on call 1:5, 400 operations per annum
- **More surgeons** – two centre model with four, five or six surgeons



Supporting the model of single centres

- London-wide recommendation – for bladder and prostate cancer each surgical centre should serve a population of at least two million (the London Cancer region covers 3.4 million)
- Improved outcomes – clinical evidence shows that for complex procedures, such as major cancer surgery, a higher volume of patients results in fewer complications, shorter lengths of stay and better outcomes for patients
- Expertise – a larger team of specialists who each perform large numbers of complex urological operations will ensure every patient receives care from a professional with specialist expertise. Specialists will have joint appointments and responsibilities at specified local hospitals so they can care for patients from diagnosis through surgery and provide follow up close to home
- Staff – a single centre provides improved training opportunities, development of expertise, increased team experience and enhanced on call facility (on call 1 in 5, compared to 1 in 2.5 in a two centre model), therefore attracting and retaining the most talented staff and be more visible to industry partners and international expert peers.
- Research – single centres provide the capacity for more research opportunities, and the chance for more patients to access clinical trials
- Facilities and equipment – a single specialist centre could provide the latest technology and facilities for specialist surgery. Dedicated theatre capacity would reduce cancellations as a result of priority for emergency cases

What this means for patients

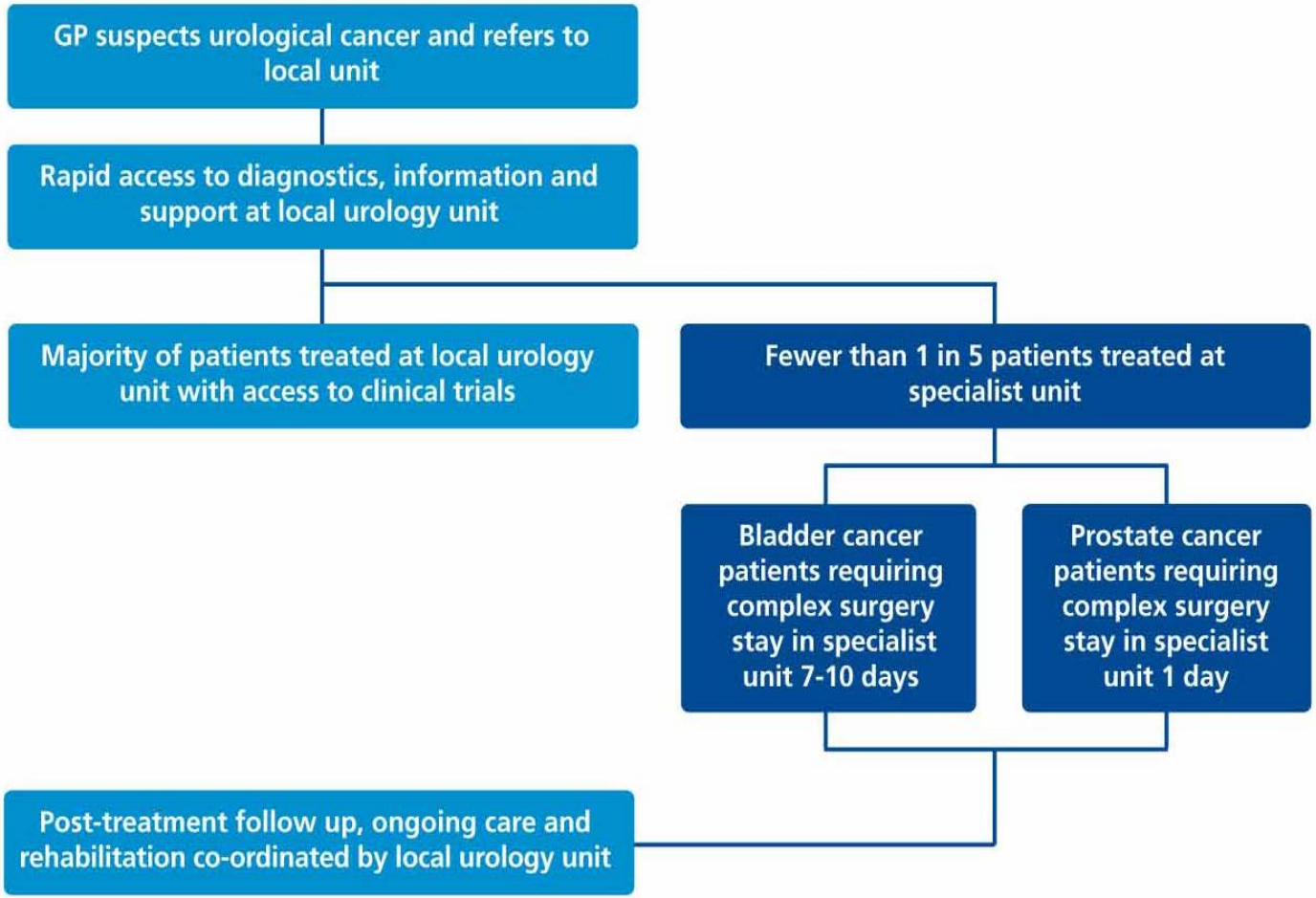
What this means for patients

- **Local care** – The vast majority of patient care would always take place at local urological units and GP surgeries.
- **Specialist surgery** – Prostate cancer is the most common cancer in men, but specialist surgery is not necessary for all patients. Fewer than 1 in 5 bladder and prostate patients require specialist surgery.
- **Outcomes** - patients would have the best chance of surviving their cancer and have reduced risk of long-term side effects (incontinence, impotency) and post-operative complications.
- **Travel** - we estimate that around 225 bladder and prostate cancer patients and 270 kidney cancer patients would travel to a different hospital for complex surgery.
- **Patient choice** – patients would continue to have choice about where they receive the majority of their care. For those patients who require complex surgery, choice of where specialist surgery happens would be reduced, but clinicians strongly believe that patient outcomes and quality of life would improve.
- Increased opportunity to participate in **trials and research**
- Enhanced **patient and carer experience**

Patients requiring complex surgery per year by borough

Borough / Area	Estimated number of **bladder and prostate cancer** patients who needed complex surgery in 2009	Estimated number of **kidney cancer patients** who needed complex surgery in 2009
City and Hackney	24	13
Newham	18	18
Tower Hamlets	12	13

Patient pathway – bladder and prostate cancer



1. Patient case study

Tom is 70 and lives in Whitechapel

Tom visits his GP after noticing blood in his urine and experiencing constant pain below his ribs. After an examination, blood and urine test, Tom's GP refers him to a specialist at the local urological centre (The Royal London) for a full assessment within two weeks.

The team at the local urological centre runs further tests and confirms a diagnosis of kidney cancer. The team explains the diagnosis to Tom and his family and discuss the recommended treatments and options to participate in research and trials.

Because of the grade and stage of cancer, Tom decides that surgery, keyhole nephrectomy to remove a kidney, would be the best course of treatment. Tom opts for keyhole surgery which has much faster recovery time than open surgery.

Before the surgery, Tom has further tests at his local urological centre and meets a member of the specialist surgical team who will be performing the operation. Tom also has two pre-operative appointments at his local centre with a clinical nurse specialist (CNS) who explains the surgery and what to expect, giving him a chance to ask asking questions. Tom's CNS also provides detailed information on transport to and from the surgical centre at the Royal Free.

On the day of the operation, Tom travels to the specialist urological unit at the Royal Free Hospital where a team performs the surgery using the latest technology and medical advances. After a few days in hospital, Tom is ready to go home. The hospital arranges transport for Tom to travel home comfortably.

After the surgery, Tom has regular check-ups to assess how he is getting over the surgery at his local urological centre (Royal London) or GP surgery.

2. Patient case study

George is 65 and lives in Newham

George visits his GP after noticing blood in his urine. A urine test finds abnormal cells, so George's GP refers him to a specialist at the local urological centre (Whipps Cross).

The team at the local urological centre runs further tests and confirms a diagnosis of bladder cancer. The team explains the diagnosis to George and his family and discuss the different treatment options. The team give George clear information about the benefits and side effects of each treatment option, options to participate in research and trials, and support George to make the difficult decision on what course to follow.

Based on the team's recommendations for his type of bladder cancer, George decides that surgery, transurethral resection, would be the best course of treatment. This type of surgery can be undertaken at the local urological centre by a nominated surgeon. Before the surgery, further tests and pre-operative appointments take place take place at the local urological centre.

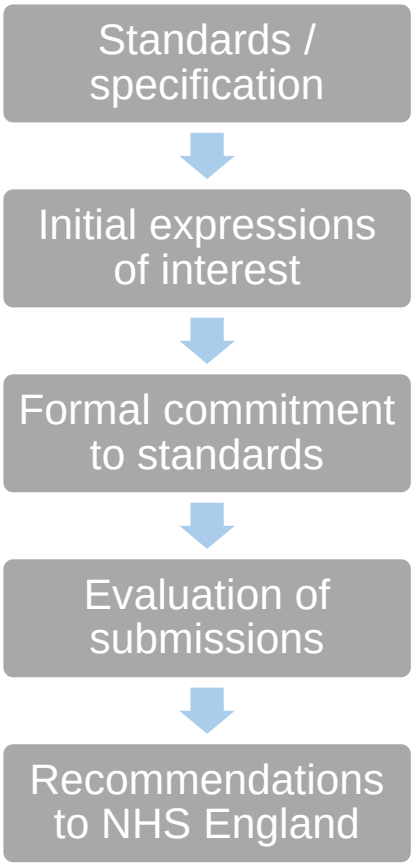
On the day of the operation, George goes to his local urological centre for the surgery. George stays in hospital for around two days, during which time he has a course of chemotherapy.

After returning home, George has regular check-ups to assess how he is getting over the surgery at his local urological centre or GP surgery. If he needs further courses of chemotherapy, this will take place locally.

Recommendations

Process for making recommendations for specialist sites

- Clinical specification / standards developed - local and specialist units
- Trusts submitted expressions of interest (EOI), outlining how they would meet specifications
- University College London Hospitals (UCLH) made a formal EOI to host the bladder and prostate cancer specialist surgical centre
- Barts Health and Royal Free made formal EOIs to host the kidney cancer specialist surgical centre
- Following further discussion among clinicians and patient representatives, *London Cancer* has made recommendations for the sites of specialist services.
- For more information about London Cancer's process to make recommendation on sites, visit: www.londoncancer.org/cancer-professionals/urological/urology-proposals-our-process/



Recommendations for specialist centres

London Cancer is recommending:

- **UCLH** to host the specialist centre for bladder and prostate cancer surgery.
- **The Royal Free London** to host the specialist centre for renal cancer surgery

Recommendations are independent of other service reviews currently taking place in London. The requirements for each service were considered on their own merits, based on improving the outcome and experience of patients.

Assessment of renal cancer submissions

- Assessed against seven domains by *London Cancer* board and an independent expert in renal cancer (Mr Michael Aitchison, consultant urologist, Glasgow)
- Impressed by both Barts Health and Royal Free submissions, however *London Cancer's* board concluded that Royal Free's submission was stronger:
  - clearer evidence of support of the trust board and an approved business case for investment in infrastructure and staffing.
  - confirmed investment in relevant NHS service posts and clearly articulated governance and delivery structure
  - a clearer and more detailed description of the patient pathway and confidence about how it would work at local units in practice
  - Functioning audit programme to systematically publish service line outcomes already in place at the trust, with concrete plans to expand this within a short time scale.

Engagement on clinical recommendations

Summary of engagement activities

Engagement in developing clinical recommendations

The Urological Cancer Pathway Board which developed recommendations includes patient, GP and clinical representatives.

Engagement on case for change and recommendations for change January – April 2013

- Letters to all stakeholders on 31 January with a copy of the case for change, an invitation to attend a stakeholder event and an offer to attend other planned meetings
- Follow-up letters to all stakeholders in mid February outlining the recommended providers, and sharing the clinical evidence and recommendation-making process
- Emails to remind stakeholders of events and opportunity to have their say
- Two stakeholder events in Newbury Park and Mile End
- A clinical engagement event in Mile End
- Attendance and updates provided at patient group meetings e.g. APPLE (Association of Prostate Patients in London and Essex) and Proactive and cancer partnership groups
- Presentation and updates at CCG meetings, HOSC meetings
- The London Cancer website has a section dedicated to the urology proposals, and news items have been posted to draw attention to this
- Video explaining the clinical case for change

Ongoing engagement April 2013

Continued meetings with patient groups, CCGs and HOSCs.

The impact of travel – background

- We are committed to only asking patients to travel further when it is absolutely necessary for them to receive specialist care as we recognise that travel is an issue for patients and their families
- Around 230 bladder and prostate cancer patients requiring complex surgery (12%) of all bladder and prostate cancer patients) per year would need to travel to a different hospital for their surgery
- For patients with kidney cancer, the majority (around 270 patients) would need to travel to a different hospital for their surgery under these proposals
- Our clinicians believe that the benefits of improved outcomes and reduced risk of post-operative complications such as long-term incontinence far outweighs any inconvenience in further travel to receive the very best specialist care
- Many patients are already going to a hospital other than their local hospital to have their complex urological cancer surgery

The impact of travel – listening to feedback

- Travel implications have been highlighted as an important issue during the engagement process, particularly among patients and their families in outer north east London and West Essex
- London Cancer and the recommended providers of specialist surgery are taking these issues seriously and are committed to working on solutions to support patients and their families who are in need of assistance
- The impact on patients and their families relating to travel is being considered as part of the proposals and plans for implementation by the recommended providers. Feedback from the engagement to date is informing these discussions.
- Among the options being considered are:
  - Improving access to car parking and taxi services for those in need
  - Considering opportunities for reduced fares on public transports (discussions with TfL)
  - Assessing the suitability and quality of current hospital transport arrangements
  - Providing clear information to patients and their families on travel options
  - Providing hotel accommodation for patients and their partners who need to travel further for treatment
  - Using technology to help patients and carers to stay in touch during a hospital stay

Listening to feedback – other issues

- **Patient choice** – while patient choice for specialist surgery would reduce, clinicians believe this would be outweighed by improved patient outcomes. However, specialist surgery is not always necessary. The majority of care, including less complex surgery, would continue to be provided at local urological units and GP surgeries, so patient choice would not be affected.
- **Support for concentrating specialist surgery, but debate on whether there should be one or two specialist centres** – *London Cancer* has published further information on the clinical evidence and produced a video to present the clinical perspective
- **Communication between local and specialist units / keeping local skills/training** – *London Cancer* has confirmed that clinicians would work across both specialist and local urological units in a networked model. Ambition is for clinicians to work as one team across the system.
- **Impact on other services** – whilst there are some co-dependencies (e.g. interventional radiology and emergency surgery), the recommendations made about urological cancer services are independent of other service reviews currently taking place. The requirements for each service will be considered on their own merits, based on improving the outcome and experience of patients.

Next steps

- Considering all feedback received and how we can address concerns raised
- Workshops with trusts to further understand how the proposals, if agreed, should be implemented
- Continuing to engage with local groups and to receive feedback on the proposals and discuss any concerns
- All feedback and final recommendations will be presented to NHS England for decisions on way forward.