

**MINUTES OF A MEETING OF THE JOINT HEALTH OVERVIEW AND
SCRUTINY COMMITTEE TO REVIEW PROPOSALS FOR THE PROVISION
OF UROLOGICAL CANCER SURGERY IN ESSEX HELD ON
WEDNESDAY 9 MARCH 2016 AT 3.05PM AT COUNTY HALL,
CHELMSFORD**

Present:

Essex County Councillor A Naylor (Chairman)
Braintree District Council J Beavis
Southend Borough Councillor L Davies (for part of the meeting)
Thurrock Councillor L Gamester
Southend Borough Councillor C Nevin
Essex County Councillor A Wood

The following Officers were present in support throughout the meeting:

Fiona Abbott	- Lead Health Scrutiny Officer, Southend Borough Council
Graham Hughes	- Scrutiny Officer, Essex County Council
Jenny Shade	- Senior Democratic Services Officer, Thurrock Council

1. Committee Membership, apologies and substitutions

Southend Borough Council had given notice of a change to one of their nominees with Councillor Nevin replacing Councillor Betson. Councillor Nevin was welcomed to her first meeting.

As Councillor Betson had served as Vice Chairman of the Committee, the Chairman then proceeded to invite nominations for Vice-Chairman and the following nomination was received:

Councillor C Nevin (proposed by Councillor Wood and seconded by Councillor Gamester);

No other nominations were received. By general consent it was **agreed** that Councillor Nevin be appointed Vice-Chairman of the Committee.

2. Declarations of Interest

Councillor Nevin declared that she had had previous employment at both Basildon and Southend Hospitals. Councillor Gamester declared that he was employed in the Human Resources Department at ...?

No other declarations were made.

3. Minutes

The draft minutes of the meeting held on 13 July 2015 were approved as a true record.

4. NHS England Project Update

The following joined the meeting:

Ruth Ashmore	-	Assistant Director of Specialised Commissioning
Pam Evans	-	Service Specialist, Specialised Commissioning, NHS England – Midlands and East;

The Committee considered a report (UCJHOSC/01/16) comprising a Project Update, Stakeholder Information Leaflet, Milestone Plan, and Provider Evaluation Criteria Template. All timings were provisional. During subsequent discussion the following was raised/highlighted and/or noted:

Submissions received

- (i) All five Hospital Trusts had been invited to submit proposals to host the service. Whilst joint bids would also have been welcomed, in the end only submissions from Colchester Hospital University Foundation Trust (CHUFT) and Southend University Hospital Foundation Trust (SUHFT) had been received;

Evaluation of submissions:

- (ii) An Independent Evaluation Panel will assess the submissions against the Specialised Urology Service Provider Evaluation Criteria document (included in the agenda papers) with the assessment including the sustainability of the model;
- (iii) The Evaluation Panel will be comprised of two surgical clinicians, a clinical nurse specialist, a commissioning representative from outside the region and two patient representatives. One patient representative has yet to be confirmed. The finalised membership of the panel would be published in due course;
- (iv) The Evaluation Criteria document asked for a robotic surgery facility to be available on site or for bidders to demonstrate access to an alternative robotic care pathway (for example into London) so that endoscopies and keyhole surgery can be undertaken. It was noted that Mid-Essex Hospital Trust had robotic surgery facilities at its Broomfield Hospital site which were unused at present. There

would be no change to the current provision of chemo Brachytherapy;

- (v) The Evaluation Panel would visit both CHUFT and SUHFT in late April 2016 as part of their evaluation and pursue key lines of enquiry developed by the Panel. The Evaluation Panel was scheduled to complete their evaluation during May 2016;
- (vi) The Evaluation Panel will make recommendations to NHS England, an oversight group established for the project (see below) and the seven clinical commissioning groups. The recommendation could be that both, only one or neither bidders fully met the criteria – if the later was the case then Hospital Trusts in Essex could be asked to investigate a third option and find a more collaborative approach.
- (vii) Some JHOSC Members highlighted that there had been some media coverage of a south Essex solution muted by SUHFT – however, as this had excluded north Essex it would not have met the evaluation criteria for a pan-Essex solution;
- (viii) As part of the formal evaluation process there would be more analysis of patient flows and travel analysis – it was stressed that this would include blue light and public transport;
- (ix) Anticipated activity profiles had been validated by both CHUFT and SUHFT and these would be considered against current activity levels;
- (x) Members were keen to see updated actual current activity levels – current activity profiles would be provided by NHS England for distribution to JHOSC members;
Action: Ruth Ashmore, NHS England
- (xi) JHOSC Members highlighted that commissioners had indicated in their Evaluation Criteria document that patients may have to travel more than 60 minutes for the actual specialist surgery. However, bidders had to demonstrate the accessibility of other supporting services such as outpatient care and minimising the need for travel for those;
- (xii) NHS England representatives advised that the proposals affected up to approximately 200 surgical cases per year with the numbers potentially reducing further as different alternative modalities of care developed. There would be clinical and financial pressure to meet at least a minimum 150 cases per year;
- (xiii) Bidders would be asked if they could improve the current waiting times for referral and for commencement of invasive surgery;

Consultation and engagement

- (xiv) As requested by the JHOSC at its first meeting, NHS England had consulted Healthwatch organisations in Essex, Southend and Thurrock regarding the format of the public information events that had been held;
- (xv) There was discussion on further areas that should have public information events (notably in Basildon and Thurrock) and JHOSC members were invited to suggest suitable venues for these;
- (xvi) JHOSC Members were concerned about the low level of public understanding about the project and the potential for confusion with the complex urological cancer surgery proposals that were also receiving significant local media coverage at the same time – a stakeholder briefing had been sent to local clinical commissioning groups for dissemination to local GP surgeries although it was acknowledged that such dissemination had not been done everywhere;
- (xvii) It was stressed that the current public information events were to do with engagement rather than formal consultation (which would come later in the process) to inform the Evaluation Panel's considerations and help them develop their key lines of enquiry with CHUFT and SUHFT;
- (xviii) JHOSC Members stressed that the focus of communication with the public should be to emphasise that the majority of care (pre-operative and post-operative) would continue to be in their local hospital;
- (xix) Pam Evans had visited and consulted a sample of patients and service users across the county who had used the urological cancer services (prostate, kidney and bladder). Pam Evans would provide a report on these for the JHOSC by the end of April;
Action: Pam Evans, NHS England
- (xx) A senior oversight body had been established for the project to ensure commissioner and provider engagement. All seven clinical commissioning groups were represented on the body which had approved the Terms of Reference, evaluation criteria and the governance process for the project;
- (xxi) NHS England would also be engaging with the main commissioners in GP Groups;
- (xxii) Healthwatch and/or patient representatives would be asked to give evidence to the JHOSC. **Action: Scrutiny Officers.**

West Essex

- (xxiii) Princess Alexandra Hospital (Harlow) had indicated that they wished to be part of a pan-Essex solution. However, there would always be cases where West Essex residents chose to travel into London instead. Furthermore, it was acknowledged that less West Essex residents would likely be willing to travel to a specialist surgical centre based at SUHFT as opposed to CHUFT.

Timetable

- (xxiv) NHS England would seek to consult the Committee on public engagement and consultation in June 2016;
Action: Pam Evans, NHS England
- (xxv) Stakeholder engagement (formatted to include feedback from the Joint HOSC) was currently scheduled for September 2016;
- (xxvi) Anticipated service start date was fourth quarter 2016;
- (xxvii) The timetable may now be impacted by the EU Referendum and some items deferred until afterwards and certain timings slip as a result;

Success Regime

- (xxviii) CHUFT are not included in the Success Regime and JHOSC members queried how this might impact on their submission. However, it was confirmed that, at the moment, the project was running separate to the Success Regime process although there would be a link to it to enable a feed-into the overall review;
- (xxix) JHOSC Members emphasised the importance of retaining the specialist consultants, making Essex an attractive place to work, and the potential to repatriate from London providers.

Conclusion:

NHS England probably would not be able to further update on the evaluation of bids until June 2016. In the meantime, the JHOSC would seek Healthwatch and patient/service user input to their deliberations.

6. Date of next meeting

To be confirmed.- The meeting closed at 4.40pm.