Scrutiny

Improving public services

NHS England proposals for a single complex urological cancer surgery centre in Essex

The Final Report of a review conducted by a Joint Committee established by health scrutiny committees at Essex County Council, Southend Borough Council and Thurrock Council.

September 2016

thurrock.gov.uk | southend on sea BOROUGH COUNCIL | Essex County Council

Contents

Conclusions

Significant clinical evidence shows that fewer and larger centres for complex urological cancer surgery, which can treat more patients, can have better patient outcomes as both clinicians and care staff are able to further build and maintain their expertise and skills. This report by the Joint Health Overview and Scrutiny Committee (JHOSC) discusses the proposal from NHS England in the East of England to establish a single centre for adult complex urological cancer surgery in Essex, with the recommended site for the centre being at Southend Hospital.

The JHOSC broadly supports the need to embrace change so that patient outcomes can further improve although it has had concerns throughout the process so far around the adequacy and clarity of stakeholder engagement. The JHOSC has noted and is encouraged by the admission by NHS England that they are not in denial about this and that such engagement needs to improve in future.

Patients speak highly of the current service provided by Colchester and Southend. However, the JHOSC has heard that the NHS England project to undertake future complex urological cancer surgery in one centre in Essex has 'injured' the informal network of user groups and clinicians and created animosity by pitching the two hospitals into a contest where some stakeholders cannot see the need for change. This has been exacerbated by inconsistent (and sometimes inadequate) communication with some patient groups at key times to clarify the proposal which has allowed the spread of rumour and misinformation which has worried local people. In particular, the proposed reconfiguration relates solely to the most complex of urological cancer surgery, and only immediate pre and post-operative care for that surgery, which potentially impacts approximately 200 people annually in Essex.

Such reconfigurations can be emotive locally and it is important that a comprehensive exercise is undertaken to clearly communicate the assessment and mitigation taken to address the impacts of the change versus the benefits.

The JHOSC would like to see NHS England engaged in more partnership working with its external stakeholders, including patients, on this and similar reconfiguration issues in future. It has been encouraging that there is now talk about greater collaborative working between hospitals arising from, and a necessity of, the new single centre model in Essex. The on-going holistic support role of the clinical nurse specialists is also critically important in making the new model work.

The JHOSC submits this report ahead of NHS England formally considering the recommendation of the External Review Panel and commencing further public engagement and communication. The JHOSC has made eight recommendations to NHS England primarily around communications and engagement. In accordance with health scrutiny legislation the JHOSC requests that NHS England responds to the recommendations made in this report within 28 days to provide it with further reassurance. Furthermore, the JHOSC requests an update from NHS England on project status and the public engagement undertaken at year-end.

[A Glossary of terms used in this report is in Appendix 1]

Recommendations

Recommendation 1: That NHS England is asked to give a commitment to review the single complex surgical centre model for urological cancer in Essex if there are significant future changes to population demographics.

Recommendation 2: That NHS England provides greater clarity and detail in its future public communications on the anticipated numbers of patients it thinks will be impacted by the change.

Recommendation 3: That NHS England must be clear in their future public engagement on this issue that:

(i) The specialised arrangements are only for complex surgery and immediate pre and post-operative care and that all other care will be conducted at a patient's local hospital;

(ii) Current arrangements for chemotherapy and radiotherapy will remain unchanged.

Recommendation 4: That NHS England should detail to the JHOSC, and in its stakeholder communications, the mitigating actions to be undertaken to improve outreach to hard-to-reach groups in future so that patients are not disproportionately excluded or disadvantaged from the reconfigured service on cultural, financial and transport grounds.

Recommendation 5: That NHS England should seek the guidance of Healthwatch Essex, Southend and Thurrock, on the format and reach of future stakeholder engagement.

Recommendation 6: That closer monitoring through the Clinical Nurse Specialists is provided for the first cohort of patients using the newly launched service.

Recommendation 7:

(i) That NHS England provides further information on the future anticipated investment into the reconfigured service and the focus of such investment; and

(ii) That NHS England provides further information on any anticipated displacement of other services as a result of the launch of the reconfigured service.

Recommendation 8: That consideration should be given to re-instating the formal cancer alliance network groups that have been discontinued or establish an alternative formal network structure building on the existing informal network.

Background

Purpose

A Joint Committee was established by the health scrutiny committees at each of Essex County Council, Southend-on-Sea Borough Council (Unitary) and Thurrock Council (Unitary) to consider NHS England's proposal for the reconfiguration of complex urological cancer surgery in the county of Essex (hereinafter referred to as the 'JHOSC' - being short for a Joint Health Overview and Scrutiny Committee). The JHOSC was tasked with considering:

- the extent to which the proposals are in the interests of the health service in Essex, Southend and Thurrock;
- the impact of the proposals on patient and carer experience and outcomes and on their health and well-being;
- the quality of the clinical evidence underlying the proposals;
- the extent to which the proposals are financially sustainable.

Membership

Braintree District Councillor Joanne Beavis

Essex County Councillor Dave Harris (substitute member)

Essex County Councillor Ann Naylor – Chairman of JHOSC

Essex County Councillor Andy Wood

Southend Borough Councillor Mary Betson (until March 2016)

Southend Borough Councillor Lawrence Davies (until May 2016)

Southend Borough Councillor Cheryl Nevin (from March 2016 - a substitute member prior to that) – Vice Chairman of JHOSC

Southend Borough Councillor Helen Boyd (from May 2016)

Thurrock Councillor Leslie Gamester (until May 2016)

Thurrock Councillor Tony Fish (from August 2016)

Approach and evidence base

The Terms of Reference used by the Group for the review is attached (Appendix 2).

A number of reports were considered by the JHOSC, all of which have been discussed at meetings held in public and are published on the Essex County Council website at JHOSC agenda papers and minutes.

To date four evidence sessions have been held with three of them held in public. The one session held in private was to facilitate an informal discussion with representatives from local cancer user groups and clinical nurse specialists.

The JHOSC wish to thank all those contributors listed in Appendix 3 for providing oral and written evidence.

A sub-Group of the JHOSC conducted two site visits, one to Colchester Hospital and one to Southend Hospital in September 2015.

Findings and evidence

Current Essex position

Specialist adult urological cancer surgery for bladder, kidney and prostate cancer in Essex is currently undertaken at Colchester and Southend Hospitals. In 2015 NHS England announced that they were proposing to establish one centre for this complex urological cancer surgery in Essex. Colchester and Southend Hospitals both submitted bids to host the specialist Essex centre. In July 2016, after a long procurement process, an independent panel established by NHS England to evaluate the submission from both those hospitals recommended that Southend should be the future single specialist centre for Essex. This recommendation is to be considered by NHS England and a final decision will then be made. A public engagement process will then follow.

The project timetable has subsequently been amended and implementation dates pushed back. NHS England's initial timetable intended to start the new reconfigured service in October 2016. This is now scheduled for 2017.

Regional position

The rest of the Eastern region has already established specialist centres for complex urological cancer surgery for adults at Addenbrooks, Norfolk and Norwich and The Lister hospital at Stevenage. By excluding the rest of the region and only now considering a solution for Essex, NHS England has been forced to find a single centre solution for adult cancers within the geographical Essex County borders. It has meant that full consideration of alternative cross border patient flows that might have facilitated a different 'less restrictive' solution has not been pursued and prevented finding different footprints across the region to those now already established. Certainly, it has been mooted by other clinicians during the review of the proposal for Essex that, had the specialist complex cancer surgical centres for the rest of the region not already been established, that Essex could have continued to host two surgical centres using two different footprints with Southend serving south and Mid Essex and Colchester serving north Essex and Suffolk. NHS England have countered that, even if they had had a 'freer hand', there may still not have been the critical population mass for this. NHS England has stressed that the one million population threshold stipulated by the National Institute for Clinical Excellence (NICE) to support each specialist urological cancer surgery centre (see below 'Case for Change') was a bare minimum and ideally should be considerably more.

It is regrettable that it was not possible for NHS England to look at the issue in a more regional way which may have facilitated a model that may have been better able to anticipate and adapt to significant future population growth. In particular, some members remain concerned that the geography of Essex, and the remoteness of some communities, also makes the robustness of a single centre model for the county all the more challenging.

Recommendation 1: *That NHS England is asked to give a commitment to review the single complex surgical centre model for urological cancer in Essex if there are significant future changes to population demographics.*

The Clinical Case for Change

Significant clinical evidence shows that fewer and larger centres for complex urological cancer surgery that can treat more patients can have better outcomes as clinicians and care staff are able to further build and maintain their expertise and skills.

The NICE Improving Outcomes Guidance for urological cancers recommends that patients with cancers that are less common or need complex treatment should be managed by specialist multidisciplinary teams in large hospitals or cancer centres. Furthermore, it stipulates that the minimum catchment population for teams delivering specialist urology care for bladder, kidney and prostate cancers should be *at least* one million people. This recommended minimal catchment population is estimated to provide at least the minimum viable case numbers for the respective teams involved to maintain a clinical specialism and expertise. In addition, there is also a specific NICE requirement for a specialist team to carry out a combined total of *at least* 50 radical prostatectomies and/or total cystectomies per year to maintain their expertise.

Reflecting on the above guidance, NHS England considers there are insufficient current and projected adult patient numbers for two complex surgical centres in Essex to continue and for clinicians and care staff to maintain the expertise required under the NICE guidelines. In addition, the projected numbers do not support having separate kidney, bladder and prostate centres (as in London).

Arrangements for other cancers

The minimal catchment population for clinicians and care staff to maintain the expertise required under the NICE guidelines is even bigger for other urological cancers such as penile and testicular cancer and there is no specialist surgical centre for those cancers in Essex (patients in Essex needing surgery for those cancers will generally seek treatment in London).

Specialist surgical centres for children's urological cancers are already based in London.

Demand and access to services

Whilst NHS England acknowledged that it is anticipated that the number of surgical operations will rise over time (due to population growth and demographic changes) they view that it will still only support the rationale for one centre in Essex. The JHOSC has been keen to challenge this assertion to ensure that the decision being made by NHS England is robust, sustainable and justifiable and will not require further change in the short to medium term. Consequently, the JHOSC has sought clarification on the allowance made by NHS England for population growth and changes in demographics. In addition there are certain demographic changes and cancer diagnosis which are now trending upwards (e.g. prostate cancer now the most common cancer in men.

Public communications from NHS England have indicated around 150 patients per year receive this complex urological cancer surgery across the two hospitals. The JHOSC has sought to verify these numbers by also hearing evidence directly from clinical nurse specialists which suggested slightly, but not necessarily significantly, different numbers and have concluded that this number may need further clarification in future NHS England stakeholder communications.

Recommendation 2: *That NHS England provides greater clarity and detail in its future public communications on the anticipated numbers of patients it thinks will be impacted by the change.*

As previously stated, the NHS England review should have been undertaken at the same time as the rest of the East of England region (see Regional Position). Such an approach would have been consistent with the NHS aspiration for greater integrated working and 'system' solutions. In any case, the JHOSC accepts that there is clinical case for the reconfiguration as, ultimately, patient outcomes have to be paramount. Further building clinical specialisms in one surgical centre should lead to improved survival rates for those having to undergo this complex surgery. However, it can be an emotive issue to reconfigure local services and there will be an element of it being seen by Colchester and Tendring residents as an existing service at their local hospital being taken away from them. Therefore, comprehensive and honest communication has to be done to address these concerns (see 'Communication')

What the change will mean

Whilst there will be a single specialist centre for complex urological cancer surgery in Essex, the diagnosis, referral, and the majority of care (pre and post-operative) will continue to be done locally. Therefore, patients with suspected urological cancer will still be referred to a local hospital by their GP where they will access a comprehensive diagnostic service led by a consultant urological surgeon linked to the specialist centre. Arrangements for chemotherapy and radiotherapy will remain unchanged. Patients will still need to travel to the radiotherapy units at either Colchester or Southend Hospitals as they do now.

It is critically important that NHS England communicates very clearly that the majority of care will remain available from a patients' local hospital to alleviate at least some of the concern from patients and public about increasing travel time for those in the north of the county (see Communication below).

Communication

Timely communication

The proposal for a specialist single centre for complex urological cancer surgery in Essex has attracted significant local media coverage regularly throughout the period of the scrutiny review.

The JHOSC has considered the proposals, particularly the communications and engagement and governance processes around NHS England's decision-making process. During the review the JHOSC has tried to make suggestions to improve engagement and communications but has been frustrated at times with how long this has taken to implement.

The JHOSC was concerned by the delay in NHS England releasing external public communications on the proposals for a single specialist surgical centre until the establishment of the Oversight Board and the approval of the service criteria. This allowed speculation and misleading local media coverage to 'fill the gap'. At the time the JHOSC felt there was a pressing need for clear communication to the public and local politicians that urological cancer centres at the acute trusts would <u>not</u> be closing and that the project proposal solely related to complex surgery being centred at one location. When external communications did eventually start, the JHOSC stressed to NHS England to be more specific on the fact that the majority of non-surgical care and less complex clinical procedures would still be undertaken locally and to list examples.

The establishment by NHS England of an Oversight Board, comprising representation from the seven clinical commissioning groups and the five acute trusts in the county of Essex, was to seek clinical consensus in advance so that there would be no clinical challenge to the principle of a single specialist surgical centre and agree the method used to reach a final decision on the

location of the centre. It seemed that this had not been included in the original project timetable as significant time seemed to pass before the procurement process started and so further extending the period of the above 'void' in public communication. The JHOSC supported NHS England in obtaining early clinical 'buy-in' to the project but felt that there was a significant delay in getting that governance process completed.

Public understanding

In addition, JHOSC Members have been concerned about the overall low level of public understanding in some areas of the county about the project and the potential for confusion with another issue in the county at the same time – namely the proposed location of a PET CT scanner for the south of Essex - that was also receiving significant local media coverage. As a result, the JHOSC has included in its recommendations that further comprehensive stakeholder engagement should be undertaken to make the distinction clearer.

NHS England stressed from the start that the project would have an agreed set of evaluation criteria which would be used by an external independent expert clinical review panel to assess the submissions received. The JHOSC was assured that clinicians and urology patient groups had been involved in the development of the service criteria documentation. However, in talking with user group Chairmen the JHOSC heard that not all of them felt that they had indeed been consulted at an earlier enough stage.

Primary Care

A stakeholder briefing was sent by NHS England to local clinical commissioning groups for dissemination to local GP surgeries although it was acknowledged that such dissemination had not been completed everywhere. There was no clear evidence given of involvement or engagement with Patient Participation Groups in the primary care sector and any such engagement would seem to have been inconsistent at best. The JHOSC would have liked to have seen more elaboration and detail of any such engagement.

Public Information Events

NHS England held five Public Information Events during January and February 2016 (Brentwood, Chelmsford, Colchester, Laindon and Southend on Sea Libraries) after the JHOSC asked for extra ones to be added to those originally planned. The JHOSC had encouraged the holding of these events and encouraged NHS England to seek guidance from local Healthwatch on their format but also noted the limitations in the reach of such a format relying on people passing by at specific times of the day. This resulted in relatively low attendance at the events.

In addition, these events were solely to engage and communicate information rather than conduct any formal consultation. At the time, the JHOSC was advised that formal consultation could come later in the process. However, with the external review panel now only recommending one of the bidding hospitals (Southend) it means that, when NHS England communicates again to the public in the autumn of 2016, it will not be formal consultation as there is only one option now being considered. It will, therefore, again be solely an information giving exercise.

However, the JHOSC remains concerned that the message that patients will only need to travel to the specialist centre for complex surgery and immediate pre and post-operative care has still not been clearly communicated to the public. There still seems to be significant public misunderstanding as to what is changing and, just as importantly, what is not changing.

Recommendation 3: *That NHS England must be clear in their future public engagement on this issue that:*

(i) The specialised arrangements are only for complex urological surgery and immediate pre and post-operative care and that all other care will be conducted at a patient's local hospital;

(ii) Current arrangements for chemotherapy and radiotherapy will remain unchanged.

The role of the Independent Review Panel

The role of the external Independent Review Panel was to assess the submissions and score them on a range of criteria against the Specialised Urology Service Provider Evaluation Criteria document (which had already been approved by the Oversight Board) with the assessment including the sustainability of the model. The JHOSCs role has been to ensure that there was a robust and transparent governance process around agreeing the evaluation criteria, the tender process and the deliberations and recommendation of the Panel.

The Evaluation Panel comprised two surgical clinicians, a clinical nurse specialist, a commissioning representative from outside the region and two patient representatives and the JHOSC are content that the Panel had sufficient independence to conduct the review in an objective manner in line with the service criteria that had been agreed by the Oversight Board.

The assessment process considered both the submissions received and looked at aspects of the service including clinical service, quality, travel, access and patient experience and weighted them as follows: clinical service and quality (35%), workforce (15%), Patient Access and Experience (20%), deliverability and Implementation (15%), Service development (10%) and finance (5%).

The final report of the Review Panel was published on 26 August 2016 at the same time as when it was provided to the JHOSC. The Panel visited the facilities at both Colchester and Southend Hospitals in June 2016. Using a provider evaluation document the Panel then scored each provider against a number of criteria.

The Independent Review Panel recommendation for Southend is strong and highlights Southend's intention to launch a new service using an inclusive Outreach model to provide a service for the entire county population whereas Colchester "failed to show wider understanding of the need to provide a service for the wider population of Essex" (Section 3.6 - page 7, Specialised Urological Cancer Surgery Services in Essex: Report of the External Review Panel Visit 14 June 2016). The Panel concluded that "the populations [that Southend Hospital] was able to serve would be significantly higher than that for Colchester; hence this model was more likely to provide an equitable and sustainable provision for Essex" (Section 3.5 - page 7, Specialised Urological Cancer Surgery Services in Essex: Report of the External Review Panel Visit 14 June 2016).

Sustainability and accessibility

With Essex to have only one specialist surgical centre, the JHOSC concludes that it is essential that the new service can reach as much of the population as possible so that the model is sustainable in the medium to long-term. Commissioners have acknowledged in their Evaluation Criteria document that patients may have to travel more than 60 minutes for the actual specialist surgery. Having said all of that, there is some indication that patients are actually prepared to travel for specialist complex surgery if they believe that patient outcomes will be better. However, as partial mitigation for this, bidders for the service had to demonstrate the accessibility of other supporting services such as outpatient care and minimising the need for travel. There is some suggestion that the current Joint Oncology Care Clinic at Broomfield Hospital can be expanded for this purpose and could be mirrored at other hospitals.

Therefore, despite earlier reservations expressed in this report about 'forcing' an Essex only solution, the JHOSC feels that the recommendation of the External Review Panel should be supported subject to comprehensive stakeholder engagement and communication being established (as mentioned elsewhere in this report). In particular, there should also be an emphasis on the mitigating actions to be taken by NHS England to improve outreach to hard-to-reach groups in future so that patients are not disproportionately excluded or disadvantaged from the reconfigured service on cultural, financial and transport grounds and that there remains patient choice.

Recommendation 4: *That NHS England should detail to the JHOSC, and in its stakeholder communications, the mitigating actions to be undertaken to improve outreach to hard-to-reach groups in future so that patients are not disproportionately excluded or disadvantaged from the reconfigured service on cultural, financial and transport grounds.*

The JHOSC has previously requested that NHS England should consult local Healthwatch on the format of the public engagement events already held. In view of the importance of clear information and messages needing to be given by NHS England in the near future on the launch of the new reconfigured service, the JHOSC feels that similar input and guidance should be sought by NHS England on this.

Recommendation 5: *That NHS England should seek the guidance of local Healthwatch on the format and reach of future stakeholder engagement.*

It is also important to ensure that those first patients using the new service at Southend are not disadvantaged by any 'teething' problems and the JHOSC would like to see some mitigating actions put in place for this.

Recommendation 6: *That closer monitoring through the Clinical Nurse Specialists is provided for the first cohort of patients using the newly launched service.*

Local clinicians have suggested that the new model will need investment. This could be to support the expansion of local joint care clinics at all five of the acute trusts in Essex. In addition, robotic surgery will need to be part of the future service – at the moment it is only available at Broomfield Hospital. At the same time there has been some indication that there could also be displacement of services as a result of the launch of the reconfigured service. Some clarity and transparency is needed on this.

Recommendation 7: (i) That NHS England provides further information on the future anticipated investment into the reconfigured service and the focus of such investment; and

(ii) That NHS England provides further information on any anticipated displacement of other services as a result of the launch of the reconfigured service.

Collaboration

The JHOSC were encouraged by the informal collaboration already in place between patient support groups in the county and also between the clinical nurse specialists from the different hospitals. Whilst the JHOSC were reassured that the clinical staff from all the hospitals will collaborate to make any new model of care work effectively, it feels that both informal and formal collaboration is essential now that a single surgical centre will need to be administered robustly across the whole of Essex.

Recommendation 8: That consideration should be given to re-instating the formal cancer alliance network groups that have been discontinued or establish an alternative formal network structure building on the existing informal network.

Success Regime and Sustainability and Transformation Plans

During the review it was confirmed to the JHOSC that the project was independent of the larger Success Regime and Sustainability and Transformation Plans (STPs) currently being undertaken. Whilst Colchester Hospital is part of the 'footprint' of the North Essex and Suffolk STP, the JHOSC was assured that, for the urological cancer modality of care, it remained as part of the wider Essex health system.

Limitations of the review

The JHOSC acknowledge that there were further investigations that could have been made and other witnesses with whom the Committee could have consulted but for expediency, and the timing needs of NHS England, limited their review to matters as outlined in this report and in its Terms of Reference.

Appendix 1 - Glossary

Brachytherapy	A form of radiotherapy commonly used as an effective treatment for cervical, prostate, breast, and skin cancer and can also be used to treat tumours in many other body sites.
Cystectomies	A surgical procedure to remove the bladder. Radiation and chemotherapy can also be used to treat bladder cancer.
Clinical Commissioning Group	Clinically-led groups of GP Practices responsible for commissioning most health and care services in an area for patients. They work with local councils on health and adult social care issues.
Health Overview and Scrutiny Committee or health scrutiny committee	Legislation requires upper tier councils to have a committee that reviews and scrutinises the planning and provision and operation of local health services. Through health scrutiny elected local councillors are able to voice the views of their constituents and hold relevant NHS Bodies and providers to account and influence change.
MDT	Multi-disciplinary teams. Every cancer patient is discussed by a team of relevant specialists, to make sure that all available treatment options are considered for each patient. The team is likely to include clinical nurse specialists, surgeon, oncologist, pathologist, radiologist and possibly dieticians, physiotherapists, occupational therapists, psychologists and counsellors.
Nephrectomy	Also known as keyhole removal of the kidney. In partial nephrectomy, only the diseased or infected portion of the kidney is removed. Radical nephrectomy involves removing the entire kidney.
NICE/ National Institute for Health and Clinical Excellence,	Provides guidance, advice, quality standards and information services for health, public health and social care. It also provides resources to help maximise use of evidence and guidance.
Radical prostatectomy	Removal of the prostate gland. This could be by open surgery or keyhole (laparoscopic) surgery where a video camera is inserted to assist the surgeon. In some cases, laparoscopic prostatectomy may be assisted by a machine and this is called robotic-assisted laparoscopic radical prostatectomy.
Urological cancer	For the purposes of this report it means adult bladder, kidney, and prostate cancer. Complex child urological cancer surgery and complex adult penile and testicular cancer surgery were not part of the current NHS proposals with specialist surgical centres for these already established in London.

Appendix 2 - Terms of Reference

ESSEX, SOUTHEND AND THURROCK JOINT HEALTH SCRUTINY COMMITTEE TO REVIEW UROLOGICAL CANCER SURGERY PROPOSALS TERMS OF REFERENCE (EXTRACT CLAUSES 1 AND 6)

1.	**Legislative basis**
1.1	The National Health Service Act 2006, as amended by the Health and Social Care Act 2012 and the Localism Act 2011 sets out the regulation-making powers of the Secretary of State in relation to health scrutiny. The relevant regulations are the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 which came into force on 1st April 2013.
1.2	Where an NHS body consults more than one local authority on a proposal for a substantial development of the health service or a substantial variation in the provision of such a service, those authorities are required to appoint a joint committee for the purposes of the consultation. Only that Joint Committee may: • make comments on the proposal to the NHS body; • require the provision of information about the proposal; • require an officer of the NHS body to attend before it to answer questions in connection with the proposal.
6.	**Powers**

6.1	In carrying out its function the Joint Committee may:
	• require officers of appropriate local NHS bodies to attend and answer questions;
	• require appropriate local NHS bodies to provide information about the proposals;
	• obtain and consider information and evidence from other sources, such as local Healthwatch organisations, patient groups, members of the public, expert advisers, local authorities and other agencies. This could include, for example, inviting witnesses to attend a Joint Committee meeting; inviting written evidence; site visits; delegating committee members to attend meetings, or meet with interested parties and report back.
	• make a report and recommendations to the appropriate NHS bodies and other bodies that it determines, including the local authorities which have appointed the joint committee.
	• consider the NHS bodies' response to its recommendations;
	• if the joint committee considers:
	  ◦ it is not satisfied that consultation with the joint committee has been adequate in relation to content, method or time allowed;
	  ◦ that the proposal would not be in the interests of the health service in its area
	to consider further negotiation and discussions with the NHS Bodies and any appropriate arbitration. If the joint committee remains dissatisfied on either or both of the above it may make recommendations to Essex, Southend and Thurrock. Each council will then consider whether or not they wish to refer this matter to the Secretary of State or take any further action.

Appendix 3 - Evidence base

ORAL EVIDENCE

NHS England East of England (three oral evidence sessions so far)
Pam Evans, Service Specialist, Specialised Commissioning (all 3 sessions);
Karen Hindle, Communications Lead, (once)
Jessamy Kinghorn, Head of Communications and Engagement,Specialised Services (once)
Sarah Steele, Senior Quality Improvement Lead (Cancer) (once);
Ruth Ashmore, Assistant Director of Specialised Commissioning (two sessions).

Providers
Rachel Webb, Director of Operations, Colchester Hospital
John Corr, Consultant Urologist FRCS, Cancer Lead, Colchester Hospital
Sue Hardy Chief Executive, Southend Hospital
Sampi Mehta, Lead Clinician, Southend Hospital.

Other contributors (one oral evidence session)
Roger Bassett – Cadgers Urological Support Group, Southend Area
Terry Catt – Cadgers Urological Support Group, Southend Area
Tom Grady – Colchester Urological Support Group
John Lancaster – Mid Essex Cancer Services User Group, Mid Essex area
David Learmouth – Walnut Group, Broomfield Hospital
Maurice Newbolt – North East Essex Urology Cancer Support Group
Maggie Braithwaite – Clinical Nurse Specialist (Colchester)
Ann French – Clinical Nurse Specialist (Southend)
Amy Sibbins – Clinical Nurse Specialist (Colchester)

Written evidence:
NHS England – Project timetable as at July 2015
NHS England – Urology Service Criteria (Prostate, Bladder, Renal) - 01 July 2015
B14/S/a: 2013/14 NHS Standard Contract for Cancer: Specialised Kidney, Bladder and Prostate cancer services (Adult): Section B Part 1 – Service Specifications
NHS England – Public Information Leaflet (December 2015)
NHS England Specialised Urology Cancer Centre – Stakeholder Update (3 March 2016)
NHS England – Specialised Urology Service – finalised Provider Evaluation Criteria (presented to March 2016 JHOSC meeting)
NHS England – Specialised Urology Cancer Service in Essex – Project Update March 2016
Essex Urology Pathway Milestone Plan – March 2016
NHS England – Specialised Urological Cancer Surgery Services in Essex - Report of the External Review Panel Visit 14th June 2016 (22 August 2016) and appendices
NHS England – Specialised Urology Cancer Service in Essex – Project Update August/September 2016

Site visits:
Councillors Betson, Naylor, and Wood visited Colchester Hospital on 10 September 2016
Councillors Naylor, Nevin and Wood visited Southend Hospital on 17 September 2016

Appendix 4 - Chronology

8 June 2015 – Briefing for Essex, Southend and Thurrock councillors from NHS England on proposals

13 July 2015 – First meeting of the JHOSC to discuss project timetable and draft service criteria

September 2015 – a sub-group of the JHOSC visits both Colchester and Southend Hospitals

October 2015 - NHS England establishes Oversight Board with representation from all five acute trusts and all seven CCGs

December 2016 – all acute trusts in Essex invited to submit a bid

January/February 2016 – Public Information Events held

12 February 2016 – Closing date for receipt of bids

3 March 2016 – NHS England announce that only Colchester and Southend Hospitals submitted bids

9 March 2016 – JHOSC meets to discuss feedback from Public Information Events, confirmation of bids received, noting the finalised Provider Evaluation Criteria and revised Milestone Plan

13 and 14 June 2016 – External independent evaluation panel visits Colchester and Southend Hospitals

6 July 2016 – NHS England announce the recommendation made by the evaluation panel

9 August 2016 – JHOSC holds private session with cancer patient user group Chairmen and clinical nurse specialists

6 September 2016 – JHOSC meets to discuss with NHS England and current providers (Colchester and Southend Hospitals)

Late September 2016 – NHS England to consider recommendation from evaluation panel and make a decision

Autumn 2016 – further public engagement to commence

Early 2017 – new service to launch

CDS 162178

This information is issued by
Essex County Council, Corporate Law and Assurance

You can contact us in the following ways

@ scrutiny@essex.gov.uk
cmis.essex.gov.uk
03330 139 825

D101
County Hall
Chelmsford
Essex
CM1 1LX

Sign up to Keep Me Posted email updates
on topics you want to hear about at:
essex.gov.uk/keepmeposted

ECC_DemSer or **Essex_CC** **facebook.com/essexcountycouncil**

The information contained in this leaflet can be translated,
and/or made available in alternative formats, on request.

Published September 2016