

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

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 a single complex urological cancer surgery centre in the county of Essex and for it to be sited at Southend Hospital (hereinafter referred to as the 'JHOSC' - being short for a Joint Health Overview and Scrutiny Committee).

Case for change

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.

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.

Communication

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.

Essex County Councillor Ann Naylor, Chairman of the Joint Committee, said:

"There is clear evidence that patient outcomes are better after complex surgery for the rarer types of cancer if surgeons and clinicians are able to carry out these operations in fewer and larger specialist surgical centres as it helps them build and maintain their expertise. We support the reasons for the centralising of complex urological surgery at one centre in Essex. However, we have had concerns around the adequacy and clarity of stakeholder engagement up to now. Future communications with patients and the public needs to make it very clear that the proposed reconfiguration relates solely to the most complex of urological cancer surgery, and only immediate pre and post-operative care for that surgery. We are pleased to hear that NHS England have acknowledged that such engagement needs to improve in future."

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.

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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.

Partnership working

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.

Southend Borough Councillor Cheryl Nevin, Vice Chairman of the Joint Committee, said:

“Working in partnership with our colleagues in Thurrock and Essex we were tasked with scrutinising proposals to create a single site for an “Essex wide solution” for Specialist urological cancer surgery. Following a review of both the Colchester and Southend hospital sites and tender submissions, I am satisfied that NHS England and the Independent Evaluation panel recommendation has clearly demonstrated that the proposed location at Southend Hospital is in the best interests of improving patient outcomes for Essex residents”.

Next steps

The JHOSC submits this report ahead of NHS England formally considering the recommendation of the Independent Review Panel and commencing further public engagement and communication. The JHOSC requests an update from NHS England on project status and the public engagement undertaken at year-end.

Evidence base

The JHOSC met four times between July 2015 and December 2016 and during that time spoke to representatives from NHS England, Colchester and Southend hospitals, patient groups and clinical nurse specialists.

The full report is available online, please [click here](#)

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