

Stakeholder Update: 23rd September 2016

SPECIALISED UROLOGY CANCER CENTRE

This is to update you on the latest on plans for Specialised Urological Surgery in Essex.

Our last update on 6th July 2016 told you of the Clinical Panel's conclusion that Southend was the preferred option for the future of this service, which relates only to those patients who require specialised surgery and only to the surgery itself. All other aspects of diagnostics, treatment and care for the 150-200 patients a year, would take place at their local hospital.

Since that update, there has been a public meeting of the Joint Health Overview and Scrutiny Committee (JHOSC) for the area, and a meeting of the Specialised Urology Oversight Group which has representation from all acute trusts and clinical commissioning groups in Essex.

Next week, NHS England's Senior Management Team will discuss the recommendation to locate a single specialised urology surgical centre at Southend before the Regional Executive makes a decision the following week.

At the Joint HOSC meeting on 6th September, NHS England commissioners and a board member and clinician from both Southend University Hospital NHS Foundation Trust and Colchester Hospital University NHS Foundation Trust, jointly presented the outcome of the review, the patient and public engagement activity and the clinical panel's report, and outlined implementation plans.

The JHOSC is due to publish a report outlining their conclusions later today. We wish to thank Councillor Naylor and the rest of the Committee for the comprehensive work they have done to assure themselves that we are doing the right thing for Essex patients.

NHS England accepts all eight recommendations made by the Committee. In particular we have already started looking at how we can ensure we make it clearer to local people that this reconfiguration relates solely to the most complex of specialised urological cancer surgery, and only to the period immediately before and after their surgery.

Not all urological cancer patients require surgery and we intend to use patient stories and examples in our communications to better explain the patient pathway and the choices patients have. This will include clear information about the non-surgical options patients have and the circumstances in which surgery would be carried out in the specialist centre and when it could be carried out in the patient's local hospital.

To do this we will work with colleagues in hospital trusts and clinical commissioning groups to improve the information provided to patients.

A full implementation plan and comprehensive response to the JHOSCs recommendations is being developed. A further update will be issued following the Regional Executive Team meeting on **4th October 2016** when a final decision will be made.

For more information, contact Pam Evans via email: pam.evans@nhs.net