

PRESS RELEASE

09 March 2009

Public consultation on services for pancreatic cancer

Local people across the East of England region are being encouraged to have their say on a proposal for improving pancreatic cancer services.

The NHS is proposing a change in the way specialised services are organised to treat this rare but high risk cancer. The proposed change is in line with a national policy called *Improving Outcomes Guidance in upper gastro-intestinal cancers*, referred to as the *IOG*. The *IOG* is being implemented throughout the NHS as part of a national cancer reform strategy.

The proposed developments involve designating a single specialised team based in a specialised centre that serves a population of around 3.2 million people. A detailed review carried out in 2005 and again in 2007, informed the proposal to recommend that the specialised team and centre should be a development of those currently existing at Cambridge University Hospitals NHS Foundation Trust.

The proposal to develop a single specialised centre is a change from the current arrangements where there are 3 specialist units operating in Cambridge, Ipswich and Norwich, which are not *IOG* compliant. However, most patients would continue to receive their diagnosis and treatment from their local hospital. Only those patients who are eligible for surgery (around 60-120 a year in the East of England region) would need to travel to the specialised centre.

Said Dr Rory Harvey, Consultant Gastro-enterologist at Bedford Hospital;

"Most importantly a specialised centre would improve survival chances, give patients a better chance of having longer with their families and provide a better quality of life."

"The Project Steering Group, which I chair, and the East of England Specialised Commissioning Group will be listening carefully to what local people say and will take account of those views to ensure a smooth transition to a future service that is designed around the needs of patients and their families."

Said Mr Paul Morris, former pancreatic cancer patient;

"During my treatment for pancreatic cancer I had to travel to three different hospitals which was stressful for me and my family. However, the overwhelming principle for me was to get the best possible care and the best possible outcome. I am keen to see national progress on implementing the Improving Outcomes Guidance to achieve the best for cancer patients."

A series of drop-ins and open discussions are being held across the region during April and May. Events are being held in Bedford, Bury St Edmunds, Cambridge, Colchester, Cromer, Great Yarmouth, Ipswich, King's Lynn, Norwich, and Peterborough.

For more information, including a full consultation document, summary leaflet, feedback forms, and fliers advertising discovery events, visit the pancreatic cancer pages at www.escg.nhs.uk where there is also a full list of event locations, dates and times. The deadline for feedback is Monday 1 June 2009.

Ends

Notes for Editors

1. For further information contact Ros Stevenson at the East of England Specialised Commissioning Group at pancreatic@eoescg.nhs.uk or 01371 877263 or visit the website www.escg.nhs.uk.
2. Other websites for information:

Improving Outcomes Guidance, from the Department of Health website:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4010025

Pancreatic Cancer UK - national charity website
<http://www.pancreaticcancer.org.uk/>
3. Pancreatic cancer is a rare cancer with around 7,600 new cases a year diagnosed in the UK. Pancreatic cancer mainly appears in older people. Younger people do get pancreatic cancer but 75% of patients are aged 65 and over. The chances of having pancreatic cancer are fairly low – around 1 in 96 for men and 1 in 95 for women, but it has the lowest survival chances of any cancer and is the sixth most common cause of all cancer deaths. The latest figures published in 2005 for England and Wales suggest that only around 13% patients survive beyond 12 months after diagnosis and only 2-3% of patients survive beyond five years. Surgery to remove a pancreatic tumour is the best chance for a cure, but the pancreas tends to develop a type of tumour that shows no symptoms until it is well advanced and in most cases too late for surgery.
4. The East of England Specialised Commissioning Group has considered a number of options for implementing the IOG in the East of England. This involved a detailed review led by an independent clinical expert and included a local patient representative. The first review in 2005 established three interim designated surgical centres for pancreatic cancer. The independent clinical expert then led a further review in 2007 and recommended that only one centre, the centre at Cambridge, was close to compliance with the IOG.
5. In practice the proposal would mean the following:
 - The specialised team at Cambridge University Hospital would lead a network of local specialist teams based in the hospitals of Bedfordshire, Cambridgeshire, north east Essex, Norfolk, and Suffolk.
 - The Cambridge team would have overall responsibility for all pancreatic cancer cases, however most patients would receive their care at their local hospital.
 - GPs would continue to refer patients to their local hospital where the local specialist team would provide tests and treatment, supported by the leading expertise and guidance of the specialised team at the pancreatic cancer centre.
 - Of 200-300 possible pancreatic cancer patients a year, around 60-120 could benefit from surgery to remove the tumour. These patients would need to have their surgery at the specialised centre in Cambridge, giving them access to the best possible clinical expertise and facilities. Pancreatic cancer requires a major complex operation with considerable risks.
6. Mr Paul Morris is a member of the Project Steering Group to implement the IOG in the East of England. He lives outside the region and provides an independent service user perspective.
7. Between now and the beginning of June 2009, we are inviting people to give us their views:

- in writing - using the feedback form or by letter/email
- in person - by joining us at a 'Discovery Event' (details below) or by contacting us to arrange a meeting

People can also feedback their views via an online form available on our website at www.escg.nhs.uk . Deadline for written feedback is Monday 1 June 2009.

8. The Discovery Event programme is as follows:

There are two ways people can get involved at one of the Discovery Events:

- **Just drop-in** to one of the events between 10am – 12noon. People will have a chance to talk informally with professionals and to give their views
- **Join a discussion workshop** at one of the events between 2pm – 4pm. People are asked to contact Ros Stevenson on 01371 877263 or at pancreatic@eoescg.nhs.uk to book their place.

Drop-in sessions are open from 10am to 12pm
Discussion sessions run from 2pm to 4pm

Date	Area	Venue	Address
16 th April 2009	Bedford	St John's Hospice	Moggerhanger, Bedford, Bedfordshire MK44 3RJ
21 st April 2009	Great Yarmouth	Cobholm & Lichfield Resource Centre	Pasteur Road, Great Yarmouth, Norfolk NR31 0DW
22 nd April 2009	Norwich	Hellesdon	20 Hellesdon Park Road (Unit 20), Norwich, Norfolk NR6 5DR
28 th April 2009	Cromer	Cromer Parish Hall	65 Church Street, Cromer NR27 9HH
29 th April 2009	Bury St Edmunds	St Nicholas' Hospice	Hardwick Lane, Bury St Edmunds, Suffolk IP33 2QY
8 th May 2009	Cambridge	Davison House	351 Mill Road, Cambridge CB1 3DF
11 th May 2009	Colchester	St Helena Hospice Education Centre	Barncroft Close, Highwoods, Colchester CO4 9JU
20 th May 2009	King's Lynn	The Norfolk Hospice, Tapping House	38a Common Road West, Snettisham, King's Lynn, Norfolk PE31 7PF
22 nd May 2009	Ipswich	St Elizabeth Hospice Education Centre	565 Foxhall Road, Ipswich, Suffolk IP3 8LX
28 th May 2009	Peterborough	Longthorpe Memorial Hall	295 Thorpe Road, Peterborough, Cambridgeshire PE3 6LU

9. Deadline for feedback is Monday 1 June 2009