

**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 MONDAY 13
JULY 2015 AT 3PM AT COUNTY HALL, CHELMSFORD**

Present:

Essex County Councillor A Naylor (Chairman)
Southend Borough Councillor M Betson
Thurrock Councillor L Gamester
Southend Borough Councillor L Davies
Essex County Councillor A Wood

The following Officers were present in support throughout the meeting:

Graham Hughes	- Scrutiny Officer, Essex County Council
Fiona Abbott	- Lead Health Scrutiny Officer, Southend Borough Council

1. Appointment of Chairman and Vice Chairman

The Scrutiny Officer opened the meeting and invited nominations for Chairman of the Joint Committee and the following nomination was received:

Councillor A Naylor (proposed by Councillor Wood and seconded by Councillor Betson).

No other nominations were received. By general consent it was **agreed** that Councillor Naylor be appointed Chairman of the Committee and she took the Chair.

The Chairman then proceeded to invite nominations for Vice-Chairman and the following nomination was received:

Councillor M Betson (proposed by Councillor Wood and seconded by Councillor Davies);

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

2. Committee Membership, apologies and substitutions

The nominations received from each of Essex County Council, Southend Borough Council and Thurrock Council were accepted and the membership of the Joint Committee was **agreed** as follows:

Braintree District Councillor Jo Beavis (Essex HOSC representative)
Essex County Councillor Ann Naylor (Essex HOSC representative)
Essex County Councillor Andy Wood (Essex HOSC representative)
Southend Councillor Lawrence Davies (Southend HOSC Representative)

Southend Councillor Mary Betson (Southend HOSC Representative)
Thurrock Councillor Leslie Gamester (Thurrock HOSC representative)
One further nomination from Thurrock Council – TBC

Substitute members:

Essex County Councillor Stephen Canning (Essex HOSC representative)
Essex County Councillor Dave Harris (Essex HOSC representative)
Southend Councillor Cheryl Nevin (Southend HOSC representative)
Thurrock Council substitute - TBC

Apologies for absence for the meeting had been received from Councillor Beavis.

3. Declarations of Interest

No declarations were made

4. Constitution and Terms of Reference

The Committee considered a report (UCJHOSC/01/15) from the Scrutiny Officer, Essex County Council, comprising a draft Constitution and Terms of Reference for the Committee.

After discussion the Committee **agreed** the draft as submitted with the following amendments:

- (i) Clause 3.5 [Chairman and Vice Chairman]: Add 'Subsequently agreed to be Councillors Naylor and Betson respectively' at the end.
- (ii) Clause 4 – Co-option: local Healthwatch in Essex, Southend and Thurrock to be invited to join the Committee as non-voting co-opted members of the Committee; **Action: G Hughes/F Abbott/J Slade**
- (iii) Clause 5.1 – [Lead Authority]: Add 'Subsequently agreed to be Essex' at the end. However, it was also acknowledged that both Southend and Thurrock officers would seek to provide assistance to support this.
- (iv) Clause 5.6 – 'Essex' to be deleted.

It was further **agreed** that County Hall, Chelmsford, would be the default location for meetings although members discussed opportunities to hold some future meetings at other locations.

5. Project timetable and service criteria

[Agenda items 5 - Project timetable and agenda item 6 – Draft Service Criteria – were considered and discussed jointly and, accordingly, have been minuted together below]

The following joined the meeting and introduced each part of this item and answered subsequent questions:

Pam Evans - Service Specialist, Specialised

		Commissioning, NHS England – Midlands and East;
Karen Hindle	-	Communications Lead, NHS England, East of England
Sarah Steele	-	Senior Quality Improvement Lead (Cancer), Strategic Clinical Network;

(a) Project timetable

The Committee considered a report (UCJHOSC/02/15) comprising a Project Timetable as at July 2015. All timings were provisional. During subsequent discussion the following was raised/highlighted and/or noted:

- (i) The anticipated service start date was October 2016;
- (ii) The project was particularly underpinned by clinical agreement on a consensus model reflecting national guidance for a single surgical centre in Essex combined with the majority of pre and post-operative care provided locally;
- (iii) The project would have an agreed set of evaluation criteria which would be used by an external expert clinical review panel to assess expressions of interest. The membership of the Panel had yet to be finalised but usually for such Panels members would be sought from the Royal Colleges and Clinical Reference Groups. The Panel will include patient representation.
Agreed: Joint Committee to be advised of finalised membership of the external expert clinical review panel;
- (iv) The agreed set of evaluation criteria would be finalised during July and August;
- (v) An invitation to each of the five Acute Trusts in Essex to express an interest in providing the service was currently planned to be issued during August. Trusts would have two months to submit their expression of interest;
- (vi) More information on patient flows and travel analysis would be available after expressions of interest had been received;
- (vii) Clinicians and network urology patient groups had been involved in the development of the current draft service criteria documentation;
- (viii) Wider public engagement to publicise the model and receive comments on the impact of the model was scheduled for August and/or September. Members stressed the importance of this communication exercise.
Agreed: Joint Committee members to be invited to participate/observe in the public engagement exercise – the exact format of this involvement to be determined in consultation with NHS England Team Area Team representatives;
- (ix) Evaluation of project progress was currently scheduled for October 2015.
Agreed: The Joint Committee to be updated on project progress to coincide with the planned NHS England evaluation of project progress currently scheduled for October 2015 – it was noted that no analysis of bids would have been undertaken at that time;

- (x) **Agreed:** The Joint Committee would be consulted on the need for public engagement or consultation after analysis of the expressions of interest – this was currently scheduled for late November or December 2015. Public/stakeholder consultation was scheduled to be completed by end of March 2016. A further meeting with the Joint Committee to update it on the consultation was likely to be held sometime after March 2016;
- (xi) Member concern on current misleading local media coverage and the pressing need for clear communication to the public and politicians that urological cancer centres at Trusts would not be closing. Members felt it would be useful for NHS England to be more specific on the majority of non-surgical care still being undertaken locally in their future public communications and to list examples;

(b) Service Criteria

The Committee considered a report (UCJHOSC/03/15) comprising a draft Service Criteria.

During subsequent discussion the following was raised/highlighted and/or noted:

- (i) Complex surgery was to be undertaken at the specialist centre. Less complex clinical procedures would still be undertaken locally;
- (ii) The specialist centre model and pathways were already in place elsewhere in the region. The proposed model applied to adults with a different clinical pathway already in place for complex urological surgery for children. In addition, specialist penile and testicular cancer surgery was already undertaken in London;
- (iii) The draft service criteria solely addressed complex surgery: It did not include arrangements for chemotherapy and radiotherapy which remained unchanged. Patients would still need to travel to the radiotherapy units at either Colchester or Southend Hospitals;
- (iv) The importance of continuity of care and the availability of surgeons for follow-up care;
- (v) Current actual numbers for complex surgery in Essex was approximately six people per week equating to 3-400 per year. Those urological cancer patients not requiring complex surgery (i.e. on active surveillance) will continue to receive treatment locally.
Agreed: Further information on actual and forecast activity levels for specialist surgery would be circulated to members later in the week;
- (vi) An annual rate of increase of incidence of 10% would be used - This was significantly higher than recent actual annual incidence rates so as to also absorb future age and population growth impacts;
- (vii) Incidence numbers would be split prostate (66%), bladder (17%) and renal (14%), based on past local data;

- (viii) The numbers of patients estimated to have radical treatment plans agreed will be calculated as 30% of prostate incidence, 20% bladder incidence, and 75% renal patients;
- (ix) For prostate cancer radical treatments to be managed by the Specialist MDT with surgery at the specialist surgical centre, the expected split between surgery, brachytherapy and radiotherapy is calculated as one third to each;
- (x) For bladder cancer radical treatments to be managed by the Specialist MDT with surgery at the specialist surgical centre, the expected split between surgery and radiotherapy is 75:25;
- (xi) For renal cancer, the proportion of patients expected to have surgical treatment carried out at the specialist surgical centre is approximately 20% of all renal cancer patients, rising to 30% at the end of the next 5 years;
- (xii) Further member questions on patient flows and activity levels would be forwarded to NHS England representatives for a response.
Action: All members;
- (xiii) The Health and Wellbeing Boards for Essex, Southend and Thurrock should be appraised of the project, the timelines and relevant issues. **Action: Cllrs Betson, Gamester and Naylor;**

6. Date of next meeting

To be confirmed.

The meeting closed at 4.30pm.