

**Proposals for Liver Metastases Surgery: Outcome of Joint Health Overview and Scrutiny Committee/NHS England Resolution Process**

**To: HEALTH COMMITTEE**

**Meeting Date:**

**From: Liz Robin, Director of Public Health**

**Electoral division(s): All**

**Forward Plan ref: Not applicable**

**Purpose: To inform members of the outcome of the resolution process undertaken between the Norfolk, Suffolk and Cambridgeshire Joint Health Overview and Scrutiny Committee and NHS England in relation to NHS England's proposals for changes to the provision of surgery for liver metastases.**

**Recommendation: The Committee note the report**

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## **1. BACKGROUND**

1.1 A Joint Health Overview and Scrutiny Committee (JHOSC) was established in autumn 2013 by the three local authorities concerned to receive formal consultation from NHS England on its proposal to create a single centralised service for liver metastases surgery ( i.e. surgery for bowel cancer which had spread to the liver) serving the populations of Cambridgeshire, Norfolk and Suffolk, with operations being conducted on a single surgical site at CUHFT (Addenbrookes Hospital).

1.2 Its purpose was:

1. to consider NHS England's proposal for the reconfiguration of liver resection services affecting patient pathways for the populations of Cambridgeshire, Norfolk and Suffolk, in relation to:
  - a) the extent to which the proposals are in the interests of the health service in Cambridgeshire, Norfolk and Suffolk;
  - b) the impact of the proposals on patient and carer experience and outcomes and on their health and well-being;
  - c) the quality of the clinical evidence underlying the proposals;
  - d) the extent to which the proposals are financially sustainable.
2. to make a response to NHS England and other appropriate agencies on the proposals, taking into account NHS England's intention to ratify the proposals in January 2014.
3. to consider and comment on the extent to which patients and the public have been involved in the development of the proposals and the extent to which their views have been taken into account.

1.3 The Adults Wellbeing and Health OSC nominated Cllrs Peter Ashcroft, Adrian Dent and David Jenkins to the JHOSC.

The JHOSC, which was convened by Suffolk County Council, met twice to consider the proposals on 25<sup>th</sup> September and 29<sup>th</sup> November 2013. It considered a wide range of evidence, including clinical data, evidence from NHS England, CUHFT, Norfolk and Norwich Hospitals, an independent clinician invited by the JHOSC, Healthwatch and a patient representative. It submitted its recommendations to NHS England in December 2013, and received a response to these on 14<sup>th</sup> January 2014. It also considered information on access by public transport to CUHFT and to Norfolk and Norwich Hospitals, from a range of locations in Norfolk, Suffolk and Cambridgeshire.

## **2. MAIN ISSUES**

2.1 While supporting NHS England's proposal to have a single centralised model for liver metastases surgery, with a single MDT (multi-disciplinary team), the JHOSC considered that there were some clear advantages in retaining two surgical sites, particularly in terms of geographical access for patients and their families and carers in what is a rural, dispersed population served by poor

transport infrastructure. Members considered that a two surgical centre model would support greater patient choice. Retaining some level of surgical service at the Norfolk and Norwich Hospital would also protect the specialisms necessary to maintain the high standards of care at that hospital in the management of other conditions requiring liver expertise.

2.2 The JHOSC's recommendations therefore included the following :

“To recommend to NHS England that two surgical sites be retained, under the management of the single centralised MDT, and kept under review, in order to assess the viability of the single team working across two surgical sites for the long term.”

NHS England did not agree with this recommendation on clinical grounds.

2.3 The following issues were also unresolved.

- The inaccuracy in the National Cancer Intelligence Network (NCIN) data provided to the Committee about the number of liver resection operations undertaken
- Whether or not the CCGs and the referring hospitals and the CCGs in the three counties were supportive of the proposals.

2.4 Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations which came into effect in April 2013, in the event that an NHS body disagrees with a recommendation made by health scrutiny, the NHS and health scrutiny must take “such steps as are reasonably practicable to try to reach agreement in relation to the subject of the recommendation” before a referral may be made to the Secretary of State for Health.

2.5 The JHOSC and NHS England therefore held a resolution meeting, using an independent facilitator. This resulted in consensus being achieved on the issues that the JHOSC had raised. In particular, the JHOSC agreed to support NHS England's proposal for a single surgical centre on the basis that it would lead to the best clinical outcomes for patients. This was subject to there being further discussion between the JHOSC and NHS England on a range of issues, including access and transport, patient and public engagement, patient pathways and transition plans before the changes were implemented.

A report of the meeting and its outcomes is attached as Appendix 1.

### **3. SIGNIFICANT IMPLICATIONS**

#### **3.1 Resource Implications**

There are no significant implications

#### **3.2 Statutory, Risk and Legal Implications**

The local resolution process that was undertaken complied with the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations, and was successful in preventing a referral to the Secretary of State for Health.

### **3.3 Equality and Diversity Implications**

There are no significant implications

### **3.4 Engagement and Consultation Implications**

All the JHOSC members took part in and agreed the outcome of the resolution process

### **3.5 Localism and local member involvement Implications**

There are no significant implications

### **3.6 Public Health Implications**

The proposals should result in improved clinical outcomes for patients requiring surgery for liver metastases, if they are implemented in a way which addressed the concerns raised by the JHOSC

<b>Source Documents</b>	<b>Location</b>
Reports and minutes of the JHOSC on the proposals for Liver Resection Services	<a href="http://committeeminutes.suffolkcc.gov.uk/searchResult.aspx?qry=c_committee~~Cambridgeshire,Norfolk%20and%20Suffolk%20Joint%20Health%20Scrutiny%20Committee%20on%20the%20Proposals%20for%20Liver%20Resection%20Services">http://committeeminutes.suffolkcc.gov.uk/searchResult.aspx?qry=c_committee~~Cambridgeshire, Norfolk and Suffolk Joint Health Scrutiny Committee on the Proposals for Liver Resection Services</a>