



Health Select Committee

Tuesday, 20 October 2009 at 7.00 pm

Committee Rooms 1 and 2, Brent Town Hall, Forty Lane, Wembley, HA9 9HD

Membership:

Members

Councillors:

Leaman (Chair)
Baker
Clues
Crane (Vice-Chair)
Mrs Fernandes
Jackson
R Moher
Moloney

first alternates

Councillors:

Castle
Mendoza
Tancred
Jones
Mistry
Ms Shaw
Mrs Bacchus
Farrell

Second alternates

Councillors:

Hashmi
HB Patel
CJ Patel
J Moher
HM Patel
Dunn
Ahmed
Eniola

For further information contact: Elly Marks, Democratic Services Officer,
0208 937 1358, Elly.Marks@brent.gov.uk

For electronic copies of minutes, reports and agendas, and to be alerted when the minutes of this meeting have been published visit:

www.brent.gov.uk/committees

The press and public are welcome to attend this meeting

Agenda

Introductions, if appropriate.

Apologies for absence and clarification of alternate members


Item	Page
12 Any Other Urgent Business	1 - 6

Notice of items to be raised under this heading must be given in writing to the Democratic Services Manager or his representative before the meeting in accordance with Standing Order 64.



- Please remember to **SWITCH OFF** your mobile phone during the meeting.
- The meeting room is accessible by lift and seats will be provided for members of the public.
 - Toilets are available on the second floor.
 - Catering facilities can be found on the first floor near the Grand Hall.
 - A public telephone is located in the foyer on the ground floor, opposite the Porters' Lodge

ITEM NO:

	<p style="text-align: center;">Health Select Committee 20th October 2009</p> <p style="text-align: center;">Report from the Director of Policy & Regeneration</p>
For Action	Wards Affected: ALL
<p style="text-align: center;">The provision of shared care services for children with cancer – proposed changes to service</p>	

1.0 Summary

- 1.1 Health Select Committee has been asked to consider the attached briefing on the provision of shared care services for children with cancer in North West London. London Specialised Commissioners, who lead on commissioning cancer services for children and young people, have confirmed that two cancer centres, Great Ormond Street Hospital and University College Hospital, will continue to care for all North West London children and teenagers with cancer.
- 1.2 The proposals for service change affect other hospitals that provide “shared care services” with these cancer centres. These hospitals which offer paediatric oncology shared care are called “POSCUs”. Shared care covers certain drug treatments for cancer and care for the side effects of treatment which can be given in the children’s department of some District General Hospitals or by community nurses at home. In North West London there are about 56 new children a year diagnosed with cancer and 6 hospitals currently offer shared care across the 8 Boroughs. This includes Northwick Park Hospital. Each Borough also has community teams who can support patients with cancer.
- 1.3 Changes in service are being proposed as national guidance on children’s cancer requires cancer centres, like Great Ormond Street Hospital, to provide more intensive support to shared care hospitals than is currently the case. Shared care hospitals need to have a team of staff with special training in cancer care and trained staff within Accident & Emergency Departments.

Children's wards need to have trained staff available during the day and at night.

- 1.4 The overall model for the North West London Cancer Network has been discussed by professionals working within the service, both at PTC and POSCU levels as well as with the Cancer Network and with the commissioners of the service. This produced a majority agreement that shared care should be provided at 3 rather than 6 hospitals. Following this agreement each hospital already providing POSCU services was asked to submit an expression of interest to contribute to the provision of a shared care service for North West London. A decision was based on reviewing the shared care service and its linked children's and cancer services. This included looking at the critical mass of patients, proposed patient flows, organisation of the service, clinical staffing and the facilities for patients against the national standards and patient access for each site.
- 1.5 The proposed changes affect the North West London Hospitals Trust, which is currently a shared care provider, but under the proposals, will no longer carry out this role. Appendix 1 has more detail on the proposals.

2.0 Recommendations

- 2.1 Health Select Committee is recommended to consider the briefing paper attached at appendix 1 and decide whether the proposed changes to the provision of shared care services for children with cancer amount to a substantial variation in service that should be subject to formal consultation.

3.0 Financial Implications

- 3.1 None

4.0 Legal Implications

- 4.1 None

5.0 Diversity Implications

- 5.1 None

6.0 Staffing/Accommodation Implications (if appropriate)

- 6.1 None

Contact Officers

Andrew Davies
Policy and Performance Officer
Tel – 020 8937 1609
Email – andrew.davies@brent.go.uk

Briefing for West London Primary Care Trusts on the provision of shared care services for children with cancer

1. Background

In order to comply with national cancer services guidance, some parts of the children's cancer services will need to change for people who live in North West London. Responding to the guidance, London Specialised Commissioners, who lead on commissioning cancer services for children and young people, have confirmed that two cancer centres; Great Ormond Street Hospital as the lead Primary Treatment Centre (PTC) and University College Hospital, will continue to care for all North west London children and teenagers with cancer.

The guidance however also affects the other hospitals that provide "shared care services" with these cancer centres. These hospitals which offer paediatric oncology shared care are called "POSCUs". Shared care covers certain drug treatments for cancer and care for the side effects of treatment which can be given in the children's department of some District General Hospitals or by community nurses at home. In North West London there are about 56 new children a year diagnosed with cancer and 6 hospitals currently offer shared care across the 8 Boroughs. Each Borough also has community teams who can support patients with cancer.

2. Case for Change

There are a number of reasons why a change in the number of shared care hospitals is proposed. The national guidance on children's cancer requires cancer centres, like Great Ormond Street Hospital, to provide more intensive support to shared care hospitals than is currently the case. Shared care hospitals need to have a team of staff with special training in cancer care and trained staff within Accident & Emergency Departments. Children's wards need to have trained staff available during the day and at night.

In addition the national guidance provides scope for larger shared care services to offer a wider range of care outside the cancer centres and commissioners wanted to explore this opportunity as part of the review.

A London wide group of children's cancer doctors and nurses and the doctors and nurses in shared care hospitals in North West London met with the cancer network and commissioning managers to discuss the best way to meet these new standards.

Process

The shared care model for children is different to that found in adult cancer services because for children the cancer centre decides the treatment plan for each patient and which treatments can be given safely as part of the local shared care service. Therefore nationally it is agreed the cancer centres, in this case Great Ormond Street Hospital / University College hospital have a formal role in agreeing the way shared care is organised within a Cancer Network.

The overall model for the North West London Cancer Network was discussed by professionals working within the service, both at PTC and POSCU levels as well as with the Cancer Network and with the commissioners of the service. This produced a majority agreement that shared care should be provided at 3 rather than 6 hospitals.

Following this agreement each hospital already providing POSCU services was asked to submit an expression of interest to contribute to the provision of a shared care service for North West London.. A decision was based on reviewing the shared care service and its linked children’s and cancer services. This included looking at the critical mass of patients, proposed patient flows, organisation of the service, clinical staffing and the facilities for patients against the national standards and patient access for each site.

The Proposed Changes

The change proposed is that new patients referred to Great Ormond St Hospital/TPOC or University College Hospital will have shared care arranged only with the proposed 3 designated shared care services. These changes will affect about 33 new patients a year in terms of their designated hospital for shared but not the community services they can access.

Current POSCUs	Proposed POSCUs
Imperial Hospitals at St Mary’s Hospital site	Yes Level 2
Chelsea & Westminster Hospital	Yes Level 1
Hillingdon Hospital	Yes Level 1
Ealing Hospitals	No
Northwest London Hospitals Trust	No
West Middlesex Hospital	No

During the review it became apparent that because of the level of need within the population that a more intensive and complex level of treatment and support (Level 2) would be sustainable at one of the POSCUs in North West London. This level of treatment is not currently available and should reduce the need for some patients to attend the cancer centres as often. Following consideration of the submissions received from the hospitals it is proposed that St Mary’s Hospital will provide a “Level 2” service within West London. Chelsea and Westminster Hospital and Hillingdon Hospitals will offer a “Level 1” service.

Children’s Shared Care Hospitals	New Patients from West London PCTs (2006)	Projected New Patients West London PCTs (2010)
Imperial Hospitals at St Mary’s Hospital site	7	27
Chelsea & Westminster Hospital	9	14
Hillingdon Hospital	7	20
Ealing Hospitals	9	0
Northwest London Hospitals Trust	16	0
West Middlesex Hospital	8	0
Total	56*	61

* there are 8 patients from outside West London flows excluded from this Table

The main changes proposed are that new patients referred from Hounslow, Ealing, Brent and Harrow will have shared care arranged with Chelsea and Westminster

Hospital, Imperial Hospitals or Hillingdon Hospital, rather than with their current POSCU. Children from Westminster, Hillingdon, Hammersmith and Fulham will have shared care at their current POSCUs.

The Borough based community teams which support children with cancer are not affected by this change.

Primary Care Trust	Current Hospital with Children's Shared Care	Proposed Hospital with Children's Shared Care	Borough Based Community Team
Westminster	St Mary's Hospital	No Change	Yes
Hammersmith & Fulham	Chelsea & Westminster	No Change	Yes
Kensington & Chelsea	Chelsea & Westminster	No Change	Yes
Hillingdon	Hillingdon Hospitals	No Change	Yes
Hounslow	West Middlesex	Change:	Yes
Ealing	Ealing	Change:	Yes
Brent & Harrow	Northwest London Hospitals Trust	Change:	Yes

Families with children currently being looked after as shared care patients at Ealing Hospital, Northwest London Hospitals Trust and West Middlesex Hospitals will have their care plan reviewed individually and where possible they can remain as shared care patients until the end of their treatment, if they wish. However some patients may need to have their care transferred sooner than this depending on the patient's treatment needs or local staffing issues that may arise. Some patients may be at the stage where they cannot be cured and need "palliative care" and these patients will continue to be supported by the current teams. In future the care for patients needing palliative care will be co-ordinated between the Great Ormond Street Hospital, the designated shared care hospital (POSCU) and the current community palliative care services for that Borough.

Impact of Travel Times

It is recognised that when there are 3 rather than 6 services this will increase the travel time for some patients. However we believe that this is justified by the improved clinical safety and effectiveness which is assured when all the proposed services and teams are compliant with national guidance, and the most effective use is made of community services which will continue to be available locally.

Conclusion

The changes to the shared care arrangements are proposed to ensure shared care services will be safe and sustainable into the future and will be able to achieve the national standards by December 2010.

Diana Middleditch, Chair, West London Cancer Network.

This page is intentionally left blank