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Cllr Tony Goldson
Chair, Joint Health Scrutiny Committee on Liver
Resection Services

14 January 2014

Dear Cllr Goldson

Report of the Cambridgeshire, Norfolk and Suffolk Joint Health Scrutiny Committee on Proposals for Liver Resection Services.

I am writing in response to the report of the Joint Health Scrutiny Committee regarding the above.

We are extremely grateful for the clear and comprehensive nature of the report which reflects the shared commitment to improve survival rates and achieve better outcomes for our population. The report recognises the complex history of the review of this important service and we acknowledge that this has been further impacted by the major restructuring within the National Health Service, which has resulted in changes in roles and responsibilities for this work.

We are happy to endorse most of the recommendations contained within the Committee's report. We have reserved our comments therefore to Recommendations 3 and 4.

We welcome Recommendation 3 which confirms the Committee's support for NHS England's intention to improve outcomes for patients requiring liver resection surgery in the former Anglia Cancer Network area, by implementing a single centralised model for liver metastases, encompassing a single Multi-Disciplinary Team, assessment and referral process, with a view to maximising referrals and improving outcomes.

We are concerned however, that Recommendation 3 is subject to Recommendation 4, which proposes that two surgical sites be retained under the management of a single, centralised MDT.

Following receipt of your report, we have considered and discussed Recommendations 3 & 4 with our colleagues in the Strategic Clinical Network for the east of England and with the National Clinical Lead for Cancer Services. These discussions have assured us of the rigour of the original advice provided by the independent experts appointed by the National Cancer Action Team on this issue. They have also confirmed that there is no new information to suggest that a two site option could now deliver an acceptable service model from a clinical outcome perspective.

We should also re-emphasise that the Improving Outcomes Guidance (IOG), which is the nationally accepted standards against which NHS England commissions cancer care, explicitly requires a single surgical site for this size of population. It is therefore our view that Recommendation 3 and 4 are not compatible.

It is clear that there is a shared appreciation of the need to improve outcomes and survival rates for patients, but that this requires the establishment of a single centralised model. We understand that we will need to come to an agreement with you as to how we take this forward, recognising that doing nothing is not an option and NHS England, as the commissioner of this service, is not able to support a two site (non IOG compliant) option as proposed by the Joint Health Overview and Scrutiny Committee.

We remain anxious to resolve this matter as soon as possible so that we can begin to commission services that will give the population of East Anglia the best possible survival rates for liver cancer. On the basis of the comments set out in this letter, and specifically that Recommendation 3 cannot be implemented with Recommendation 4, we would be grateful for your advice in how we may do this, including whether the committee could reconsider its position. We would of course be happy to discuss this further with you. In view of the need to agree a way forward, we would be grateful to receive a response on how you would like to proceed by the end of January 2014, with a meeting to be arranged if required. As you will appreciate we are keen to avoid any further delays in the implementation of the single centralised model.

I look forward to your response and hope that we can achieve a local resolution.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Andrew Reed', written in a cursive style.

Andrew Reed
Area Director

Copy: Theresa Harden, Suffolk County Council