Your Ref:
Our Ref: TG/TH
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Enquiries to: Theresa Harden
Tel: 01473 260855
Email: theresa.harden@suffolk.gov.uk

Professor John Newton
Chief Knowledge Officer
Public Health England
Wellington House
133-155 Waterloo Road
LONDON
SE1 8UG

Dear Sir

National Cancer Intelligence Network (NCIN) Outcomes Data for Liver Resection Services

NHS England (East Anglia) has been working on a project to implement a single specialist surgical centre for patients with liver metastases within the boundaries of the Anglia Cancer Network region covering the populations of Suffolk, Norfolk, Cambridgeshire, and north Bedfordshire.

A Joint Health Scrutiny Committee (JHSC) was established, including Cambridgeshire, Norfolk and Suffolk local authority representation, to receive formal consultation on the proposal to establish a single centre service at Cambridge University Hospitals Trust (CUHFT).   The proposal would result in the existing service at the Norfolk and Norwich University Hospitals Foundation Trust (NNUHFT) being discontinued.

The JHSC has concluded its review, and a copy of the final report is published today at: http://tinyurl.com/p8kxk65.

I have been asked to write to you, in my role as Chairman of the JHSC, regarding the National Cancer Intelligence (NCIN) 2012 outcomes data for liver resection services.

The NCIN data presented to the JHSC suggested that the rate of resections for liver metastases in patients whose colorectal cancers were operated on at CUHFT was well below the 4% national average, at 1.7%, and significantly lower than the rate at NNUHFT.

The JHSC heard evidence from CUHFT that CUHFT had contested the figure of 1.7% as this did not reflect the hospital's own records that the rate was over 5%.   CUHFT contacted Dr Eva Morris at NCIN to understand the discrepancy.   Dr Morris informed that, from the period April 2004 to March 2008, 870 patients underwent resection of colorectal cancers at CUHFT.   According to the HES data analysed by the NCIN, only 17 of those patients subsequently went on to have liver resection within the three year follow up period.   This is the basis of the resection rate of 1.7%

CUHFT also sought a view from Dr David Greenberg at the National Cancer Registry Service.   Dr Greenberg has liaised with Dr Morris and reported that, of the 870 patients which comprised the NCIN study population, 47 patients had subsequently undergone liver resection in the requisite time of follow up of 3 years, making the CUHFT resection rate 5.4%, which is consistent with their own internal data.

It was unclear from the evidence available to the JHSC as to why this data discrepancy had occurred. CUHFT initially thought the problem may have arisen due to a coding error, but this has since been explored and has been ruled out by the hospital.

As I am sure you will appreciate, as elected councillors on a JHSC, our role is to represent the interests of local people in a clinical decision, the impact of which will leave a lasting legacy. It is particularly important, therefore, that we are able to draw conclusions based upon sound clinical advice and information presented as part of the scrutiny process.

The JHSC has asked to me to write you regarding this matter to seek a response to the following points:-

a) the reason for the discrepancy in the published NCIN data on liver resection numbers and rates, and what actions will be taken to rectify this;

b) clarification of the correct resection numbers and rates and any consequent adjustment of statistical data for each of the hospitals in the Anglia Cancer Network region.

The JHSC feels this matter is of particular importance given that NCIN data will be one of the mechanisms by which the quality and safety of the reconfigured service will be reported in the future.

Please do not hesitate to contact me if you require any further information.

I look forward to receiving your comments.

Yours faithfully

Councillor Tony Goldson

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