Your Ref:
Our Ref: TG/TH
Date: 30 January 2014
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Suffolk County Council

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Dear Andrew

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

Thank you for your letter of 14 January 2014, setting out the Area Team's response to the final report of the Joint Committee. A copy of your correspondence has been shared with the members from the three authorities who sat on the Joint Committee and I am responding to you on their behalf.

The members of the JHOSC have noted your comments, and are pleased that the Area Team has endorsed the majority of the recommendations.

Members have expressed disappointment that the recommendation to retain two surgical sites under the management of a single centralised MDT team has not been accepted by NHS England as, for us, this was an important recommendation.

Members of the JHOSC were not convinced that the model of a single MDT and two surgical sites has been given due consideration by the commissioners, who have been in pursuit of a single centre option to meet the IOG population requirement of 2 million. It was the view of the members that the benefits of implementing a single MDT based on a single site could be achieved by implementing a single MDT operating over two surgical sites. In the opinion of the JHOSC, a single MDT operating over two surgical sites could provide the consistency of access for patients across the network, maintain compliance with accepted standards in relation to surgeon and centre volumes and would also be sensitive to the geography and demographics of the region.

From the point of view of the members, it is of the utmost importance that we seek a clear explanation on behalf of the populations we represent, as to reasons why, therefore, that a single MDT, assessment and referral process cannot deliver an acceptable service model from a clinical outcomes perspective.

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We heard during the scrutiny that it is not a statutory requirement for NHS England to commission an Improving Outcomes Guidance (IOG) compliant service. We also heard a challenge to the evidence base for the IOG in this particular speciality. In our opinion, that challenge has not been satisfactorily answered. The JHOSC has no doubt that the review conducted by NCAT was rigorous, or based on expert opinion. However the Committee feels that the resulting report does not fully address the question of the acceptability of a two surgical site model, or provide any reasons as to why such model would not be workable. We understand that there are some examples of two surgical sites operating under one MDT and therefore do not see why recommendation 3, a single MDT, is incompatible with recommendation 4, two surgical sites.

We acknowledge that a single centralised MDT which performs surgery at two surgical sites may not be the easiest working model but, given the reality of our rural and increasingly elderly population, our poor transport infrastructure and the excellent service that currently exists at both hospitals, we think this model should, at least, be trialled. The Norfolk and Norwich Hospital seem very willing to make this model work and the central Norfolk commissioners also support it.

The members acknowledge that concentration of surgery in the hands of fewer, more specialised surgeons, working in the context of MDTs, can be expected to produce better outcomes. However, members do not see why a surgical service provided across two sites would necessarily need to dilute the numbers of operated cases per surgeon. We realise that the number of patients who receive this surgery needs to increase significantly, which further draws us towards a two surgical site model under a single MDT for the longer term. We wish to support the commissioner in the stated view that outcomes for patients must be seen as the most important factor.

We would therefore be content to revise Recommendation 4, as follows:

"that a single centralised MDT is established, which includes members of the Norfolk and Norwich surgical team, and that surgery at both sites is continued for a trial period whilst monitoring the referral rates and outcomes for patients takes place, over the necessary period of time to ascertain whether this model can deliver the required improvements".

As evidenced by the External Review Panel report, the need for communication to demonstrably improve between the hospitals must be a pre-requisite to any change.

Finally, I have also been asked to highlight, with regard to Recommendations 5 and 6, that members remain concerned that minimal evidence has been presented to demonstrate the views on the proposals from either the clinical commissioning groups, or the hospitals which will refer their patients into the new service, despite requests having being made for this information.

We are conscious that the outcomes for people with liver metastases are not good enough at present and that the commissioners, and the hospitals, want to get on with the necessary change in whatever form it takes. We are therefore keen to work towards local resolution if at all possible, not least because of the lengthy process associated with any referral to the Secretary of State.

In view of the need to agree a way forward, should NHS England be unable to support the revised wording of Recommendation 4, we would suggest a meeting at the earliest opportunity involving the members of the JHOSC and representatives from the Area Team would be the best way forward, in order to see whether agreement can be reached in relation to the above mentioned points. As you will be aware, under the Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013, the

NHS body and the JHOSC *"must take such steps as are reasonably practicable to try to reach agreement in relation to the subject of the recommendation;"*. With this in mind, we would wish to suggest that it may also be helpful to involve the East of England Mediation Service, or similar organisation, in such a meeting should you be agreeable to this.

I look forward to receiving your response.

Yours sincerely

County Councillor Tony Goldson
Chairman of Suffolk Health Scrutiny Committee

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

cc: All Members of the Cambridgeshire, Norfolk and Suffolk JHOSC