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Gateway Reference: 6052

18th July 2006

To: Jim Smallwood, Network Director, Central South Coast Cancer Network

cc: SHA Director of Performance
SHA Cancer Lead
Cancer Network Chair

Dear Jim

Improving Outcomes Guidance
Head and Neck Cancers and
Urological Cancers

I am sorry not to have provided the follow through before now on the outstanding issues and queries relating to these IOGs.

Head and Neck Cancers

You have asked me to expand on the correspondence of 3rd February 2006, Gateway Reference 6052. As you know we explored the siting of the maxillo-facial laboratory at Salisbury and external clinical advice is that, whilst it is highly desirable to have the laboratory on the same site as the future designated inpatient service, it is not seen as essential. However, there do need to be sound arrangements for a technician to visit theatres to take impressions and this link would need to be put in place between Salisbury and Southampton.

With regard to timescales for implementation, the DH has established the principle that unless there are exceptional circumstances such as a new DGH build, services are expected to be in place within 3 years of the publication of NICE Guidance.

All head and neck surgery, other than for minor, localised cancers, should therefore be transferred to Southampton as soon as theatre, intensive care services and in-patient capacity is available. My most recent understanding from you is that this is earlier than set out in Gateway letter 5676 and that capacity is available for services to transfer from Salisbury to Southampton in December 2007.

In summary, I can confirm CAT support for the Network's proposed LDP milestones for head and neck cancer services to be in line with NICE Guidance; with relevant in patient services transferred to Portsmouth by December 2006 and to Southampton by June 2007.

Urological Cancers

Whilst there are clearly differences of opinion over the issues raised in the report by the external review team, all parties have confirmed that rather than dwell on these, the priority is to move forward on the key recommendations for the future configuration of services. Thank you for setting out helpful proposals in your letter of 23rd January 2006.

East Side – Chichester, Portsmouth and the Isle of Wight

Both the external review team and the network have confirmed that the long term vision is for all radical urological surgery to transfer from Chichester and be centralised at Portsmouth. The external review raised concerns about the lack of ITU on the site with urology and suggested deferring the transfer until the new hospital is available. However, I now understand from you that there is clinical agreement to transfer work from Chichester to Portsmouth by January 2007. You have confirmed that when necessary there is the appropriate infrastructure to 'special' patients care and an audit has demonstrated that no patients have needed to transfer to ITU. On the basis that the Trust and Network are confident about the safe care of patients, the earlier date for transfer is supported. .Can I, therefore, confirm with you that services will reach their final configuration by January 2007.

It will be important, for the two teams to form a single SMDT before this date. My understanding from you is that video conferencing will make it possible for a single SMDT to meet weekly from September 2006.

With regard to arrangements for treating patients from the Isle of Wight, can you also confirm that by December 2006 these patients will receive both surgical and oncological treatment from the same multidisciplinary team. My understanding from you is that this will be from the East SMDT, hosted at Portsmouth.

West Side – Salisbury, Southampton and Winchester

Thank you for setting out such a constructive approach for movingmoving forward on consolidating the radical treatment of urological cancers in line with the NICE Guidance.

The proposal for Southampton University Hospital NHS and Winchester and Eastleigh Healthcare Trusts to develop a single urological cancer service, with all radical treatment undertaken at Southampton by December 2006 is supported. Please can you confirm this as an interim milestone for central reporting.

The reassurance given by the Chief Executive of SUTH to improving the cancer centre service infrastructure, particularly expanding workforce and theatre capacity, was very helpful.

Thank you also for the key points that you set out in your letter regarding Salisbury Healthcare NHS Trust, which included:-

"1. All cases of early prostate cancer to be discussed at the centre Multi-disciplinary Team as Improving Outcomes Guidance recommended.

2. Before decision to treat, the early prostate cancers are counselled by a specialised nurse, have access to non-surgical oncology option and all options for treatment discussed including active surveillance and brachytherapy. This may require expansion of the current non-surgical oncology input into the service.
3. An audit of all early prostate cancer cases and decisions to treat for all the hospitals in the Western part of the network undertaken by the Network Team and presented to the Network Board and Cancer Action Team after one year.
4. Dependent on the surgical activity at one year, a decision will be made as to the necessity of further surgical centralisation according to Improving Outcomes Guidance."

Clearly, whilst point 4 is specific to Salisbury, points 1-3 relate to the whole network.

In our discussion you have confirmed that the single SMDT for the west of the network will be established by September 2006 with members drawn from Southampton, Salisbury and Winchester.

The proposal for a network wide audit is very helpful. I recognise how much work is involved in this, but given the higher levels of surgical treatment for prostate cancers in this network than elsewhere in the country, there is genuine learning to be gained.

We agreed that the audit should run from the beginning of October 2006 and finish at the end of September 2007. This will enable a further visit of the external review team and CAT in November/December to reflect on the outcomes and reach final agreement on the need for further surgical centralisation. This date is important as it fits our reporting requirement timescales on the Improving Outcomes Guidance for urological cancers to the HCC.

I fully understand that the audit will take time to establish and will be made easier once SMDTs are in place.

LDP Milestones

As you know reporting on the agreed milestones is undertaken by SHAs to the Performance and Planning Review Team DH on the central electronic monitoring tool, known as 'Steis'. Attached is my understanding of how the LDP line needs to be completed for both head and neck and urological cancer services.

For Urology it is difficult to set a final milestone for the Network, in view of the audit, but as an interim position, in order to show there is an agreed plan can you put this at December 2007; in the interim please can you report through STEIS progress on the other milestones covered in this document, i.e. East - December 2006, West - December 2006 and completed audit processprocess and analysis - October – Mid November 2007.

I hope the above accurately reflects both our correspondence and discussions.

Yours sincerely

Teresa Moss
Director of Cancer Modernisation

Tumour type	June 2006	Dec 2006	June 2007	Dec 2007	June 2008	Dec 2008	June 2009	Dec 2009
Head & Neck	0	1	2	2	2	2	2	2
Urology	0	0	1	2	2	2	2	2