

## Health Overview and Scrutiny Committee Briefing Note: Specialist bladder cancer surgery in Berkshire, March 2014

### 1. Introduction

This paper covers two related areas:

- A briefing on planned changes to specialist bladder cancer surgery in Berkshire over the next few weeks.
- An introduction to a longer term piece of work to review the provision of specialist surgery for patients with bladder, prostate or kidney cancer across the Thames Valley. This review is expected to proceed to informal consultation and discussion with HOSCs in the second half of 2014.

### 2. What is going to change immediately?

From April 2014 patients from East Berkshire who seek specialist surgery to treat bladder cancer at Wexham Park Hospital, Slough will be offered this procedure at the Royal Berkshire Hospital, Reading.

The surgery that will be provided at the Royal Berkshire Hospital is called Cystectomy. Cystectomy is an operation to remove all or part of the bladder. It is used to treat bladder cancer that has spread into the bladder wall or to treat cancer that has come back following initial treatment. Further details about Cystectomy and other clinical treatments for bladder cancer are included in section 9 of this briefing, below.

This is very major surgery which can be considered to be a 'once in a lifetime' event, for a relatively small number of people.

### 3. How many people will this affect?

The return of Cystectomy procedures to the Royal Berkshire Hospital will affect around 15 - 25 East Berkshire patients each year. A breakdown of 2012/13 and 2011/12 Cystectomy activity completed at Heatherwood and Wexham Park Hospitals NHS Foundation Trust by HOSC area is set out below.

**Table 1, Location of Cystectomy surgery for East Berkshire residents by HOSC**

	2012/13		2011/12	
	HWPH	RBH	HWPH	RBH
Bracknell Forest	2	0	3	4
Royal Borough of Windsor & Maidenhead	12	0	5	2
Slough	3	0	7	1
<b>Total Activity for East Berkshire residents</b>	<b>16</b>	<b>0</b>	<b>15</b>	<b>7</b>

Further details of how this change will affect patients are set out in sections 7 and 8 below.

### 4. Why is this changing?

There is strong evidence that cancer patients have better outcomes in centres that see larger numbers of patients with the same condition (known as high volume centres). Patients who are treated in these centres are more likely to live longer, fuller lives. Numerous studies over the past ten years have found this is very important for specialist cancer services.

When people are critically ill, they want to see the best specialist with significant experience in treating their condition, to give them the greatest chance of recovery. This change will ensure that patients who require Cystectomy, receive the best possible care in a hospital which completes a higher volume of these procedures than either Berkshire hospital can do individually.

There are two major guidance documents used throughout the NHS to support the planning and commissioning of cancer services:

- **Improving Outcomes Guidance for Urological Cancer:** This document was developed by the National Institute for Clinical Excellence, working with a group of specialist hospital doctors from across England. The Guidance sets out evidence based good practice for all hospitals that care for patients with urological cancers. Compliance with this guidance is assessed via the National Cancer Peer Review process on an annual basis.
- **Service specification B14/S/a for Cancer: Specialised kidney, bladder and prostate cancer services (adult):** This document provides an update on the Improving Outcomes Guidance and includes clear guidance on the location of specialist cancer surgery. This guidance came into effect in October 2013.

Hospitals and commissioners are expected to adhere to these guidelines, which were developed by expert doctors and other clinicians and which reflect what services are required and how these should best be organised in order to ensure the best possible clinical outcomes for patients.

The current service configuration for specialist bladder, prostate and kidney cancer surgery across the Thames Valley (Berkshire, Buckinghamshire and Oxfordshire) is not compliant with the guidance described above. The repatriation of Cystectomy surgery to the Royal Berkshire Hospital is the first step towards achieving compliance. A project has been established to consider the longer term configuration of specialist urological cancer services across the Thames Valley and this is described in greater detail in section 9, below.

## 5. Why is this change happening now?

This change is not new.

Cystectomy procedures for Berkshire patients were first centralised at the Royal Berkshire Hospital in 2007, following a review of the service across Berkshire in line with National Improving Outcomes Guidance for Urological Cancer including bladder cancer. The Royal Berkshire Hospital was chosen as the specialist centre at this time because it also had a range of other facilities to care for patients with cancer, including Radiotherapy.

Between 2007 and 2012 Cystectomy surgery for all Berkshire residents took place at the Royal Berkshire Hospital in Reading. In 2012 the Heatherwood and Wexham Park Hospital Foundation Trust chose to repatriate this surgery to the Wexham Park Hospital, without the explicit agreement of the PCT which was responsible for planning and commissioning local health care at this time.

The 2013 Cancer Peer Review process picked up on this change, along with other areas of non-compliance with the Improving Outcomes Guidance, and identified this as an 'immediate risk' to compliance with Peer Review standards. Since then the commissioners responsible for commissioning this care, the Thames

Valley Cancer Strategic Clinical Network and the two Berkshire Hospital Trusts have been working together to organise the consolidation of Cystectomy Surgery at the Royal Berkshire Hospital.

We have chosen to make this change ahead of the longer-term project to review the configuration of specialist urological cancer surgery across the Thames Valley because we believe that it is important to reinstate the previous service configuration now rather than to wait a further 12 – 18 months whilst we complete our longer term project. We previously had a service in Berkshire which was compliant with the guidance intended to secure the best clinical outcomes with patients, and having unfortunately regressed away from this we now wish to return to compliance as soon as possible.

## 6. Why is this change not going through formal consultation?

There are two reasons why this change has not been put forward for formal consultation:

- This change is actually a return to a recent, well-established and effective model of service configuration, it is not a brand new service change.
- This change is required in order to ensure compliance with national guidance, and there **are no alternative options** that can currently be put in place to ensure compliance other than to return to the previous service configuration.

A longer term project began at the end of 2013 to review the pattern of services for specialist bladder cancer surgery, specialist prostate cancer surgery and specialist kidney cancer surgery across the whole of the Thames Valley, to ensure compliance across the whole area for these types of surgery. This project will require widespread discussion and consultation with stakeholders, and our plans for this are briefly described in section 10, below.

## 7. Why haven't Health Overview and Scrutiny Committee's heard about this change sooner?

We apologise for the short notice for this notification of change. This is an oversight on our part, as we have been focussing on planning the consultation process for the longer term project at the expense of the smaller scale change described in this paper.

## 8. What impact will this have on patients?

Patients who are treated for bladder cancer at Heatherwood and Wexham Park Hospitals NHS Foundation Trust and who require a cystectomy operation will receive their surgery at the Royal Berkshire Hospital instead of at Wexham Park Hospital.

For the majority of East Berkshire patients a specialist urology consultant surgeon from Heatherwood and Wexham Park Hospitals will perform the cystectomy surgery at the Royal Berkshire Hospital in Reading, working alongside consultant surgeons from the Royal Berkshire Hospital. This will ensure that East Berkshire patients have continuity of care. This team working approach will enable clinical staff to learn from each other and will bring other clinical benefits, including the possibility that the RBH and Wexham Park surgeons can operate together for some of the more complex cystectomy operations, where it is beneficial to have two surgeons operating on the same patient.

The typical patient journey will not change, other than the location of inpatient surgery. The great majority of care will continue to be provided locally for patients. This includes:

**Outpatient appointments**, including the initial outpatient appointment; the appointment to discuss test results and agree a treatment option and follow up appointments once the surgery has taken place.

**Diagnostic tests**, which may include Cystoscopy, CT scans and blood tests

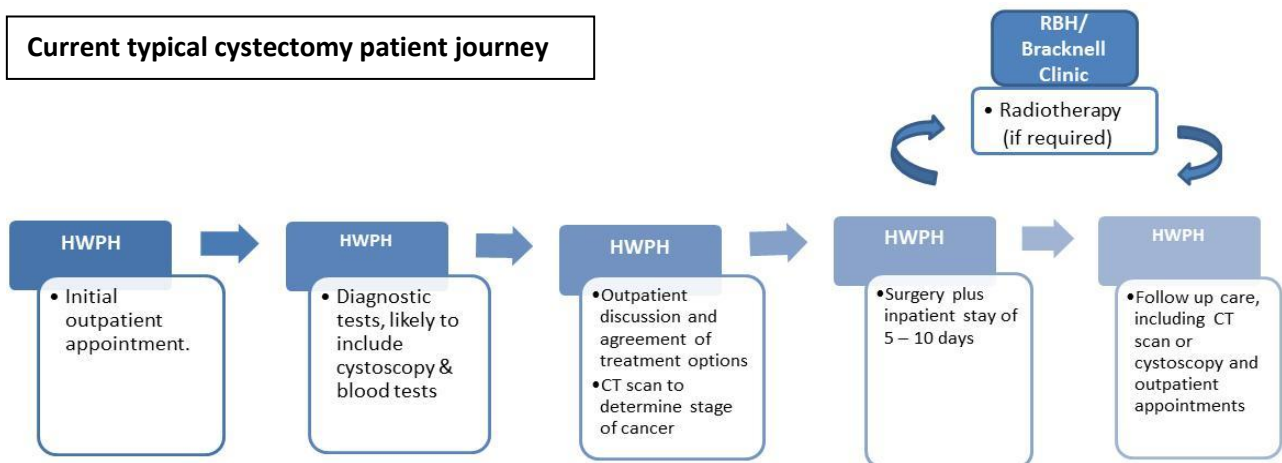
**Chemotherapy**, where this is necessary.

**Surgery for non muscle-invasive bladder cancer**, There are two types of bladder cancer, muscle-invasive bladder cancer and non-muscle invasive bladder cancer. The majority (70%) of bladder cancer patients have non-muscle invasive bladder cancer. This type of cancer does not require cystectomy surgery and patients with this type of cancer will continue to receive their surgery at Heatherwood and Wexham Park Hospitals NHS Foundation Trust.

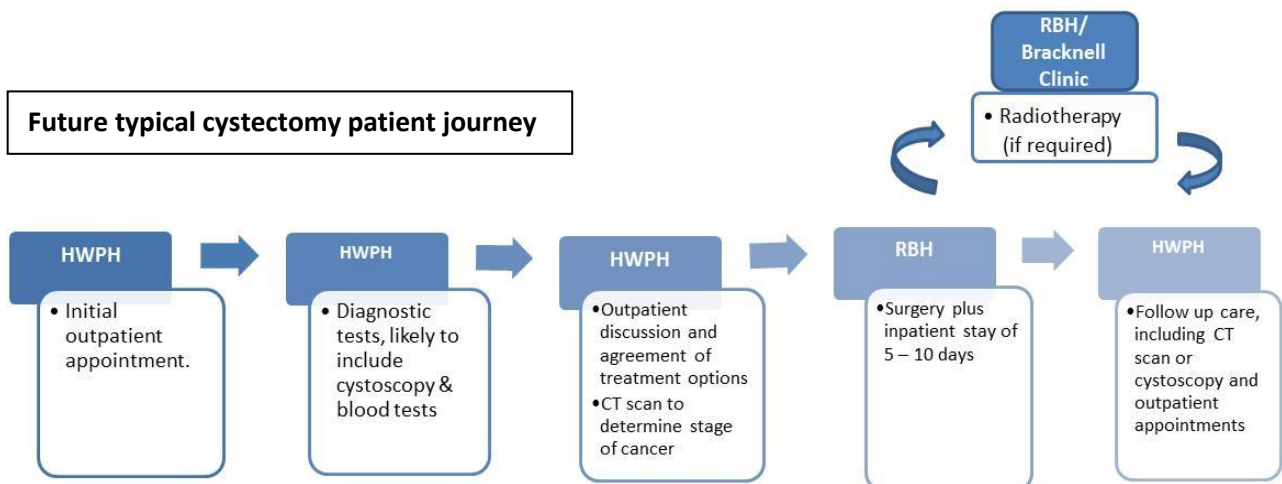
Radiotherapy, where this is necessary, is already provided by the Royal Berkshire Hospital in Reading or at the Bracknell Clinic.

Two diagrams showing the current typical patient journey and the new typical patient journey for patients requiring cystectomy surgery are set out below:

**Current typical cystectomy patient journey**



**Future typical cystectomy patient journey**



**9. Will patients be adversely affected?**

The main adverse impact on patients will be a need for patients (and their families and other visitors) to travel to Reading for their inpatient Cystectomy Surgery. We recognise that this is not as convenient as Wexham Park Hospital for patients in the most easterly part of Berkshire. However, we believe that for this kind of 'once in a lifetime' surgery it is a priority to ensure that the surgery is carried out at a specialist centre, in accordance with the best practice guidance developed by experienced doctors. Patients in receipt of certain benefits payments are eligible for help with the cost of travelling to hospital under the Healthcare Travel Costs Scheme and will be given information about this by the cancer nurse specialist who supports them during cancer treatment.

In terms of the impact on patient choice, the choice of hospital for this group of patients (and for any patient who requires surgery) usually takes place when the patient and their GP discuss and agree that an outpatient referral is required, at which stage the patient is offered a choice of hospitals to attend. This will not change, although patients will lose the choice to have their Cystectomy surgery at Wexham Park Hospital, should this be required following their outpatient appointment and diagnostic tests.

We have developed a set of clinical measures, and will use these to closely monitor the clinical quality of the Royal Berkshire Hospital Cystectomy service. We believe that the combined Berkshire service will be able to offer high quality patient care. There are a number of potential benefits to patients as a result of this change, including the sharing of expertise and skills between the Royal Berkshire Hospital and Wexham Park Hospital surgeons, in a hospital which completes a higher volume of cystectomy procedures than the two Berkshire Hospitals do separately. The move also provides opportunities for the surgeons to operate jointly on patients who require very complex surgery.

The Royal Berkshire Hospital Urology Cancer Service (which includes those patients admitted for Cystectomy) was rated as 'excellent' or 'very good' by 83.7% of patients in the 2013 National Cancer Patient Survey. The Heatherwood and Wexham Park Hospitals Urology service was rated as 'excellent' or 'very good' by 79.4% of patients in the same survey.

We have worked with our patient representatives to develop a patient questionnaire which will be given to all patients attending the Royal Berkshire Hospital for Cystectomy surgery. We are going to use this questionnaire to help us to check that patient's experience of this service is positive.

We would be very happy to return to a future Health Overview and Scrutiny Committee Meeting to share the results from our clinical measures and the patient questionnaire. It would be sensible to do this once the Berkshire wide service has been running for at least 6 months, to ensure that we have sufficient data to enable us to have a meaningful discussion.

**10. What have you done to make sure that the Berkshire wide service works well this time around?**

We want the service to be successful, and to be built around the needs of patients. We have been mindful of previous operational issues that made the running of a Berkshire wide service difficult in the past. A mediator has been engaged to help the two Trust surgical teams to identify and potential issues or problems that they might have working together, and the two teams of Consultants have also met to discuss how they can best work together. This was felt to be positive and helpful meeting.

The Heatherwood and Wexham Park Urology Consultants have specified in writing what support they need to have in place at the Royal Berkshire Hospital, to ensure that the service works smoothly. The Royal Berkshire Hospital has confirmed that these requirements can be met, and the two teams are continuing to fine tune arrangements to ensure that the new service is safe and robust.

## 11. What is happening longer term?

The current service configuration for specialist bladder, prostate and kidney cancer surgery across the Thames Valley (Berkshire, Buckinghamshire and Oxfordshire) is not compliant with the guidance described in section 3, above.

The Cancer Strategic Clinical Network is working with hospitals across the Thames Valley, patient representatives, specialist commissioners and local Clinical Commissioning Groups on a project to determine the best longer-term configuration of specialist urological cancer surgery across the Thames Valley.

This project will cover the longer term configuration of specialist bladder cancer surgery across the whole Thames Valley and will also cover the provision of specialist prostate cancer and kidney cancer surgery.

## 12. Clinical information about Specialist Urological Cancer Surgery

The types of surgery which may be affected by this review are as follows:

**Bladder cancer** – Specialist surgery covered by the review = Partial or Radical Cystectomy

- Bladder cancer is the seventh most common cancer in the UK, with over 10,000 new cases diagnosed each year.
- Once diagnosed, bladder cancer can be classified by how far it has spread.
  - If the cancerous cells are contained inside the lining of the bladder, doctors describe it as superficial or non-muscle-invasive bladder cancer. This is the most common type of bladder cancer, accounting for 7 out of 10 cases. Most people do not die as a result of this type of bladder cancer. This type of bladder cancer is not commonly treated by cystectomy surgery.
  - When the cancerous cells spread beyond the lining into the surrounding muscles of the bladder, it is referred to as muscle-invasive bladder cancer. This is less common, but has a higher chance of spreading to other parts of the body and can be fatal. This type of bladder cancer may require cystectomy, although other treatments are also used, including Radiotherapy.
- There are two types of cystectomy:
  - Partial cystectomy is the removal of part of the bladder. It is used to treat cancer that has invaded the bladder wall in just one area. Partial cystectomy is only a good choice if the cancer is not near the openings where urine enters or leaves the bladder.
  - Radical cystectomy is the removal of the entire bladder, nearby lymph nodes (lymphadenectomy), part of the urethra, and nearby organs that may contain cancer cells.
- Both types of operation are carried out under general anaesthetic (you are asleep). In men the prostate, the seminal vesicles, and part of the vas deferens are also removed. In women the cervix, the uterus, the ovaries, the fallopian tubes, and part of the vagina are also removed.

**Prostate cancer** – Specialist surgery covered by the review = Radical Prostatectomy

- Prostate cancer is the most common cancer in men in the UK, with over 40,000 new cases diagnosed every year.
- The prostate is a small, walnut-sized gland that is situated at the base of the bladder. Most men with early prostate cancer will remain alive and healthy for many years to come. Some men with more advanced prostate cancer will require surgery.
- Surgery may involve a procedure called Radical Prostatectomy. This is an operation procedure which aims to remove the cancer and the prostate completely. The prostate and surrounding tissues are removed to provide the best possible chance of removing all the cancer through an open incision across the abdomen. For some patients it is possible to perform this operation as laparoscopic ‘key hole’ surgery. This surgery may also be performed using a surgical robot (driven by a real surgeon!)
- The likely length of stay in hospital after this procedure is 2-3 days.

**Kidney cancer** - Specialist surgery covered by the review = Partial or total kidney removal

- Kidney cancer is the eighth most common cancer in adults in the UK. About 9,300 people are diagnosed with kidney cancer each year.
- Treatment options which may be considered for patients with kidney cancer include surgery, radiotherapy, and targeted drug therapy. (In general, chemotherapy does not work as well for renal cell cancer as for some other types of cancer. Therefore, it is not often used as a treatment.) An operation to remove some (or sometimes all) of the affected kidney is the most common treatment for kidney cancer. This is usually done as an open operation but it can also be done as a keyhole operation for some patients. If the cancer is at an early stage and not spread then surgery alone may be curative.
- If the cancer has spread to other parts of the body, surgery to remove the affected kidney may still be advised, often in addition to other treatments.

This project is due to run over the next 12 – 18 months, and we will consult widely with stakeholders across the Thames Valley as part of this, including Health and Wellbeing Committees and Overview and Scrutiny Committees. Information consultation is expected to take place over Summer - Autumn 2014. Should the scale of proposed change merit it, a more formal consultation process will take place.

**13. Who do I contact if I have any comments or questions?**

If you have any comments about the return of Cystectomy surgery to the Royal Berkshire Hospital you are welcome to contact:

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