

MEETING**JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE****DATE AND TIME****MONDAY 28TH MAY, 2012****AT 10.00 AM****VENUE****COUNCIL CHAMBER, ENFIELD CIVIC CENTRE, SILVER STREET, ENFIELD, EN1 3XA**

Dear Councillors,

Please find enclosed an urgent late item of business for the above mentioned meeting.

Item No	Title of Report	Pages
2.	Urgent Late Item – Neurosurgery Provision in North Central London	1 - 4

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Proposed changes to neurosurgery provision in North Central London

Paper for the JHOSC meeting on 28th May 2012

Submitted by:

**Royal Free London NHS Foundation Trust and University College
London NHS Foundation Trust**

1.0 Executive summary

The Joint Health Overview and Scrutiny Committee (JHOSC) is asked to approve the transfer of non-elective neurosurgical patients, intracranial neurosurgery elective inpatient work, and complex spinal work currently performed at the Royal Free London NHS Foundation Trust (RFH) to the National Hospital for Neurology and Neurosurgery (NHNN) in Queen Square, part of UCLH NHS Foundation Trust (UCLH).

Both Trusts believe that the changes present an opportunity to develop world class neurosurgical services with excellent patient outcomes by merging the RFH neurosurgical services with the NHNN and creating a comprehensive neurosciences centre, and believe that this will be reflected in neurosurgical Standardised Mortality Rates and other quality indicators.

Neurosurgical services across the two Trusts have been working closely together for the last 18 months with joint emergency arrangements and linked or honorary consultant contracts across the Trusts. Brain tumour surgery was centralised at NHNN in 2010 to support the requirements of Cancer Improving Outcomes Guidance. Further integration of services has now become more pressing as the London Deanery School of Surgery has informed the RFH that neurosurgical registrar training placements at the Trust are not sustainable which has led to training posts being removed. The decision to remove training posts will destabilise out of hours rotas and as a result, there is now urgency to consolidate services. In advance of this proposed change, the London trauma system on 19th May brought to an end the temporary arrangement of treating isolated head injury at the RFH. This was an arrangement agreed and subjected to public consultation as part of the 2009 Trauma system creation. The major trauma centres at St Mary's Hospital and Royal London Hospital will now receive those patients who were for an interim period brought to the RFH. This change has been undertaken in advance of the service transfer to ensure the London Ambulance Service (LAS) have robust and well embedded arrangements in place prior to the Jubilee Bank Holiday Weekend, which is anticipated to be busy.

North Central London commissioners are aware of this proposal, have no objections. They are taking a paper requesting the approval of the transfer to their May Board meeting, and have asked the Trusts to bring this matter to your attention.

2.0 Background

Currently Neurosurgery services are provided at NHNN and at the RFH. The hospitals are only three miles apart and are the closest two specialist units in the country providing neurosurgery.

The RFH currently provides neurosurgery services to the population of North Central London (NCL) and beyond (in the same way that UCLH does at Queen Square). The services are provided at the main RFH site at Belsize Park, where the service is led by five consultants, three of whom already undertake surgical sessions at NHNN. The junior medical staff team comprises seven specialty registrars and a senior clinical fellow (who together provide middle-grade out-of-hours cover) which is essential for a service treating high acuity patients and receiving emergencies), and four more junior doctors. Of the seven specialty registrars, three are on training rotations in the London Deanery.

In 2010 the neuro-oncology (brain tumour) service moved to the National Hospital from the Royal Free Hospital. This move has supported the delivery of Improving Outcomes Guidance cancer standards and the London Cancer strategy to ensure adequate critical mass in the treatment of uncommon cancers.

Following discussions with University College London Hospitals Foundation Trust (UCLH), the RFH Trust Board agreed on 29th March 2012 a proposal developed by RFH and UCLH neurosurgeons to transfer intracranial, complex spine and all acute emergency neurosurgery to UCLH's Queen Square campus from June 2012 (about 460 inpatient cases) was approved in principle. Routine spinal surgery would remain at the RFH until April 2013 with 24/7 consultant support from Queen Square during which time capacity will be identified at the Queen Square with the service move planned, subject to necessary consultation, for April 2013 (a further 460 cases).

This decision was ratified by the UCLH Trust Board in May 2012 and is in line with the strategic specialist service rationalisation discussions between the two Trusts that commenced in early 2010. The aim of these discussions is to ensure the highest quality of specialist care through increasing scale and access to specialist resources, and minimising costly duplications. To date, the rationalisations have encompassed brain tumour surgery, hepatobiliary surgery, and complex vascular surgery.

3.0 Reason for the transfer

This transfer of services is recommended to the JHOSC on the basis that the consolidation of neurosurgical services in North Central London offers significant benefits to patients including but not limited to; accelerate advances in neurosurgical practice through research, improve education to medical and nursing teams and more effective use of resources through collocation and consolidation. Specifically, the move will allow:

- ✓ Access for North Central London patients to the largest critical mass of specialist neurosurgery on one site in the UK
- ✓ Huge opportunity to rigorously monitor and improve patient outcomes and move to world leading status
- ✓ Further development of sub specialisation
- ✓ Access to state-of the art facilities – interventional MRI, gamma knife radiosurgical unit, extensive neurorehabilitation, dedicated neurocritical care, dedicated neuroradiology, dedicated theatres, 24 hour MRI availability, 7 day telemetry unit
- ✓ Comprehensive range of co-located clinical support services
- ✓ International Best Practice
- ✓ Safe trainee rotas and the development of excellent training opportunities for junior doctors.
- ✓ A dedicated consultant spinal rota will also be a benefit in an amalgamated service.

The proposal presents a huge opportunity to improve patient outcomes, develop academic developments and move to world leading status.

The academic centre for neurosurgery in UCL is based within the Institute of Neurology at Queen Square, working closely with other research departments across the university. There are strong research programmes in neuro-oncology, functional neurosurgery, epilepsy surgery and spinal repair, with excellent infrastructure for safe and innovative clinical research located close to the operating theatres. These programmes are supported by recently upgraded neuro-imaging facilities including an interventional MRI suite which is particularly valuable for neuro-oncology and epilepsy surgery. Both hospitals believe that this proposal presents a huge opportunity to improve patient outcomes as Queen Square neurosurgical Standardised Mortality Rates (SHMI) and other quality indicators are better than those at RFH.

Current outcome measures for the neurosurgery at the National Hospital are shown below. These indicators show very good outcomes which exceed those of many units in the UK.

Key outcomes measures	UCLH
Readmissions	2.9%
Mortality	1.27%
Complication rate	0.9%
Summary Hospital-level Mortality Indicator (SHMI)* 2012	50
Misadventure Rates [†]	0.06%

* This is the new indicator for standardised hospital mortality. It is a ratio of the observed deaths in a trust over a period of time divided by the expected number given the characteristics of patients treated by that trust. A figure of 100 is the 'average Trust' so a figure of 50 indicates patients are far less likely to die at UCLH than at an 'average Trust'.

[†] The percentage of patients suffering an adverse event as a result of their treatment in hospital. 0.06% is very low.

The integration of services has been made urgent because the London Deanery School of Surgery (who oversee the training of neurosurgeons) has informed the RFH that neurosurgical registrar training placements at the Trust are not sustainable due to the lack of breadth of training experience at RFH. Training posts will be removed during June 2012. This will destabilise out of hours rotas and as a result, there is now urgency as this could result in the closure or an unplanned move of the service.

4.0 Commissioners' view

The North Central London commissioners have no objections to this move, which will be proposed to their May 2012 Board meeting. They are assured that the move will not cause any duplication of clinical pathways. They have asked the two Trusts to bring the proposal to the JHOSC.

5.0 Communications

Staff at the two Trusts have been engaged with this process and those at risk of transferring have been consulted with and have expressed a considerable interest in moving over to Queen Square.

On Thursday 31st May 2012 the National Hospital will be hosting a Stakeholder Event for interested patients, charities, patient representative groups and NHS organisations to discuss the proposals. The event will include presentations regarding the proposals and the benefits in terms of patient care and will provide an opportunity to describe the story so far and hear from clinical teams about plans to build on the already excellent neurosurgery services by pooling specialist resources and creating a fully integrated centre. Attendees will be given time to ask questions and air any concerns that they may have about the proposed changes.

The event will run from 4.30pm at the National Hospital for Neurology and Neurosurgery, Queen Square will be held in the Lecture Theatre, 33 Queen Square.

6.0 Recommendation

The JHOSC is asked to consider whether the measures that have been put in place by the Trusts are adequate in terms of consultation. If this is not the case then the Committee is asked to advise what actions the organisations should be taking prior to the transfer of Neurosurgical services from the Royal Free London NHS Foundation Trust to the National Hospital for Neurology and Neurosurgery, part of University College London Hospitals NHS Foundation Trust from June 2012.

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