

Solid Tumour Oncology Services in Sandwell and West Birmingham

**NHS England presentation to the Sandwell and
Birmingham Joint Health Overview and
Scrutiny Committee**

30th November 2017



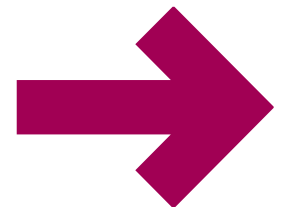
What are specialised services?

- Complex, rare, high cost services, which are often a catalyst for innovation and pioneering clinical practice
- Services commissioned at greater than 1m population
- Over 140 services commissioned by 10 specialised commissioning teams across four regions
- All specialised services are commissioned to consistent national standards
- Policy is set nationally
- Clinical oversight and advice is provided through 42 Clinical Reference Groups organised into 6 national programmes of care:
 - [Internal medicine](#)
 - [Cancer](#)
 - [Mental health](#)
 - [Trauma](#)
 - [Women and children](#)
 - [Blood and infection](#)



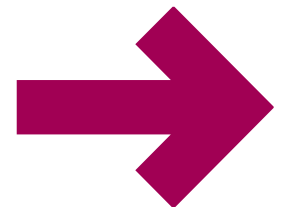
What are specialised services?

- Specialised services tend to be for rarer conditions and those more costly to treat. They account for circa 14% of the total NHS budget, spending circa £15 billion per year.
- Four factors determine whether NHS England commissions a service as a prescribed specialised service:
 - The number of individuals who require the service;
 - The cost of providing the service or facility;
 - The number of people able to provide the service or facility;
 - The financial implications for Clinical Commissioning Groups (CCGs) if they were required to arrange for provision of the service or facility themselves.



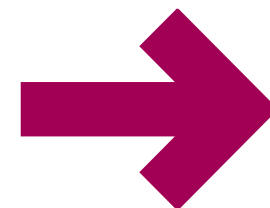
Solid tumour chemotherapy (oncology) services

- The largest specialised service – significantly larger than any other specialised service and provided in more centres
- Usually provided as outpatients
- Led by a specialist consultant oncologist
- Involves Multi Disciplinary Team to manage the patient across the whole cancer pathway
- Interacts with other cancer services, i.e. diagnostics, surgery, radiotherapy, acute oncology.



Oncology services at Sandwell and West Birmingham Hospitals (SWBH)

- To date, NHS England has commissioned solid tumour oncology services from SWBH.
- NHSE also has contracts for solid tumour oncology services with UHB, Wolverhampton, Walsall and Dudley.
- SWBH service is run with service level agreement with UHB to provide consultant oncologists
- NHS England's commissioning intentions are to continue to provide solid tumour oncology services for this population within Sandwell and west Birmingham



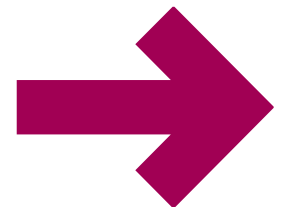
Background

- Following UHB notice to SWBH, NHS England has been working with both trusts for the last two years to find a way to continue the service at Sandwell and City hospitals.
- Sandwell put forward an alternative model, that did not meet national service standards and increased pathway fragmentation so could not be commissioned. Two independent reviews came to the same conclusion.
- With NHS Improvement providing joint oversight, we looked at alternatives with the two trusts and they subsequently developed their preferred option.
- On the basis of this, commissioners proposed a model that met national standards and asked the trusts to work on a UHB-led service delivered from the Sandwell and City sites (no change for patients).
- Issues emerged in February 2017 that meant the plan to implement the preferred model from March / April 2017 would not succeed.
- Dialogue continued to find a solution up to the October 2017 Quality summit



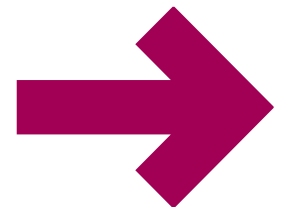
Quality Summit October 2017

- Current service unsustainable as no consultant oncologists present from 23rd October
- Temporary plan agreed to transfer patients to UHB for 12 months (option for patients to transfer their care to Wolverhampton if preferred)
- Local cancer review to take place to identify options for a long-term solution
- NHS England preference for preferred solution for local service in Sandwell and west Birmingham



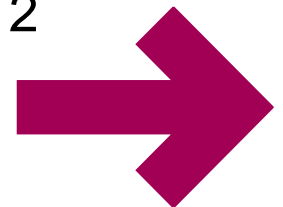
Options considered

- Do nothing – no service for patients without consultants
- Move patients to different providers with spare capacity
- Increase capacity at QE (specialist regional cancer centre)
- Increase capacity at QE and offer patients alternative of next largest local centre (New Cross)



Services affected

- Chemotherapy outpatient services for the following tumour sites:
 - Lung
 - Skin
 - Upper GI
 - Colorectal
 - Urology
 - Breast
- Initial analysis showed:
 - 264 patients actively 'in treatment' at SWBH
 - 2,120 patients needing follow-up within 12 months
 - 289 patients participating in research trials
 - Estimated 1,200 newly diagnosed patients in the next 12 months



Cancer pathway changes for patients

- Existing
 - Patient referred by GP
 - Diagnostics at SWBH
 - MDT discussion at SWBH
 - Surgery, if needed, at SWBH
 - Chemotherapy, if needed, at SWBH
 - Radiotherapy, if needed, at QE or RWT
 - Urgent hospital admission through local A&E
- New - interim
 - No change
 - No change
 - No change
 - No change
 - Chemotherapy, if needed, at QE or RWT
 - No change
 - No change

Patients affected

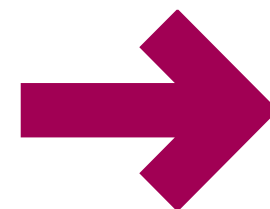
Lung cancer chemotherapy	
Currently in treatment at City	18
Currently in treatment at City: Oral Chemo	1
Currently in treatment at Sandwell	14
Currently in treatment at Sandwell: Oral Chemo	1
Oral Chemo	2
<i>Research – breast</i>	1
<i>Research – colorectal</i>	1
<i>Research – lung</i>	2
Review patients	100



Patients affected

Upper GI cancer chemotherapy	
Currently in treatment at Sandwell	13
Review patients	67

Urology cancer chemotherapy	
Currently in treatment at City	32
<i>Currently in research trial - Urology</i>	3
Currently in treatment at Sandwell	14
<i>Research - Urology</i>	34
Review patients	752



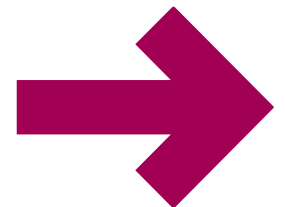
Patients affected

Colorectal cancer chemotherapy	
Currently in treatment at City	22
Currently in treatment at Sandwell	15
<i>Research - Colorectal</i>	27
Review patients	210

Breast cancer chemotherapy	
Currently in treatment at City	89
<i>Currently in research trial</i>	10
Currently in treatment at Sandwell	45
<i>Research – Breast</i>	200
<i>Research – Gynae</i>	1
Review patients	992

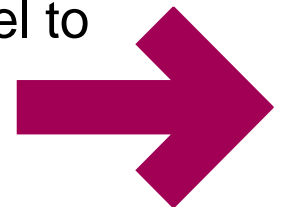
Patients affected

- Actual numbers transferring are less than those on list:
 - Patients on last cycle not transferring
 - Not all research patients transferring
 - Patients continuously reviewed and not all continue with chemotherapy for valid clinical reasons, i.e. stopping for palliative reasons, changing to radiotherapy, too poorly for treatment



Travel impact on patients

- Majority will have further to travel
- Additional distance from City Hospital to QE is approx 3.5 miles
- Additional distance from Sandwell Hospital to QE is approx 6.4 miles
- Additional distance from Sandwell Hospital to New Cross, approx 8.1 miles
- As patients would not go via City or Sandwell Hospitals, these are the maximum additional distances.
- QE relatively accessible by public transport, but journey times longer
- Free car parking for chemotherapy patients at both the QE and New Cross Hospitals
- Patients on certain benefits able to reclaim the cost of travel to hospital as they are now



Consultation

- Public consultation on the temporary change has not been possible:
 - Notice period of 6 months
 - Continued efforts to find ‘no change’ solution
 - Lack of options to consult on
 - Need to ensure ‘Plan B’ was viable
 - Priority to ensure treatment can continue for patients
- Temporary arrangements in place for 12 months
- Public consultation on the long-term future will take place in 2018 following the involvement of patients in the cancer review and the development of options to consult on.

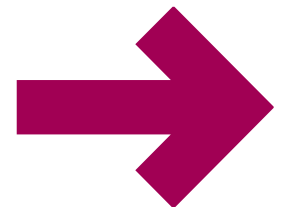


Transition Plan and Timetable

Milestone	Lung; Skin	Upper GI; Urology	Colorectal	Breast
Referrals begin	23 rd Oct	9 th Nov	30 th Nov	21 st Dec
Last <u>new</u> patient seen at SWBH (all new patients referred to QE)	30 th Oct	30 th Nov	19 th Dec	18 th Jan
First clinic / week of in-treatment patients at QE/New Cross	13 th Nov	5 th and 7 th Dec	9 th and 10 th Jan	w/c 5 th Feb
Last outpatient clinic at SWBH	27 th Nov	19 th and 21 st Dec	23 rd and 24 th Jan	w/c 19 th Feb

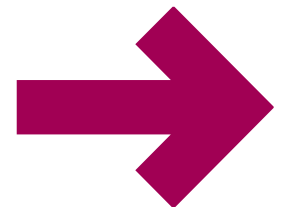
Transition Plan Oversight

- Oversight Board chaired jointly by NHSE and NHSI with all parties represented – meets fortnightly
- Weekly Operational Group
- Weekly Clinical Group
- Weekly Communications Group
- Project Director chairs Operational group and sits on Clinical Group to ensure alignment.



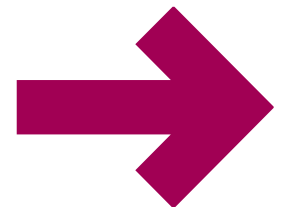
Transition Plan Assurance

- Operational Group standard agenda includes reviewing the transition by tumour site.
- Master document lists every single patient and each activity. Every stage of patient pathway monitored at a patient level, checked by both trusts and reviewed at Operational Group. Any issues fully reviewed.
- Outline metrics to measure the transfer, includes outcome measures, patient non-attendance, incidents, transport issues etc.
- Overseen by Oversight Board



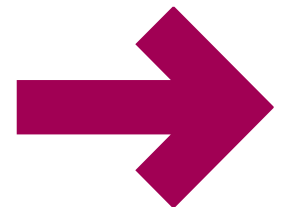
Communication and engagement

- Stakeholder briefings following decision at Quality Summit
- Patient letter and Q&A issued
- Follow up patient letter issued requesting consent to transfer details
- Face to face communication with patients in clinic
- Patient events being planned at City and Sandwell sites (provisional dates and venues)
- Individual briefings and responses to queries
- Patient involvement in cancer review
- Consultation on long-term options



Relationship with other services

- SWBH considering plans to consolidate haemo-oncology services onto one site
- SWBH given notice of intention to cease to provide gynae-oncology services.



Cancer Review

- Scope of review
 - West Birmingham and the black country
- Timeline
 - Project initiated prior to Christmas 2017
 - January – April 2018: Development of options
 - Spring / Summer 2018: Public consultation
 - Summer / Autumn 2018: Mobilisation of new service
 - Winter 2018/19: Launch of new service

