

Joint Health Overview and Scrutiny Committee

**Thursday 30 November, 2017
at 2.00pm in Annex 2,
Sandwell Council House, Freeth Street, Oldbury**

Agenda

(Open to Public and Press)

1. Apologies for absence.
2. Members to declare:-
 - (a) any interest in matters to be discussed at the meeting;
 - (b) the existence and nature of any political Party Whip on any matter to be considered at the meeting.
3. To confirm the minutes of the meeting of the Joint Health Overview and Scrutiny Committee held on 28 September, 2017 as a correct record.
4. Oncology Services in Sandwell and West Birmingham.

Distribution:

Sandwell Metropolitan Borough Council:
Councillors E.M. Giles (Chair), Z Ahmed, S Downing, B Lloyd and F Shaeen.

Birmingham City Council:
Councillors J Cotton (Chair), S Anderson, D Alden, J Francis and K Hartley.

<p>Agenda prepared by Stephnie Hancock Democratic Services Unit Sandwell MBC Tel No: 0121 569 3189 E-mail: stephnie_hancock@sandwell.gov.uk</p>

BIRMINGHAM CITY COUNCIL AND SANDWELL MBC

**JOINT HEALTH OVERVIEW AND
SCRUTINY COMMITTEE (BIRMINGHAM
CITY COUNCIL AND SANDWELL
METROPOLITAN BOROUGH COUNCIL)
28 SEPTEMBER 2017**

**MINUTES OF A MEETING OF THE JOINT HEALTH OVERVIEW AND
SCRUTINY COMMITTEE (BIRMINGHAM CITY COUNCIL AND SANDWELL
METROPOLITAN BOROUGH COUNCIL) HELD ON THURSDAY 28
SEPTEMBER 2017 AT 1400 HOURS IN COMMITTEE ROOM A, COUNCIL
HOUSE EXTENSION, MARGARET STREET, BIRMINGHAM**

PRESENT: - Councillor John Cotton (Chairperson); Councillors Zahoor Ahmed, Deirdre Alden, Sue Anderson, Elaine Giles, Kath Hartley and Bob Lloyd.

IN ATTENDANCE:-

John Clothier, Healthwatch Sandwell
Stephnie Hancock, Scrutiny Officer, Sandwell Metropolitan Borough Council
William Hodgetts, Healthwatch Sandwell
Paul Holden, Committee Manager, BCC
Alan Kenny, Director of Estates / New Hospital Project Director, Sandwell and West Birmingham Hospitals NHS Trust
Rose Kiely, Overview and Scrutiny Manager, BCC
Toby Lewis, Chief Executive, Sandwell and West Birmingham Hospitals NHS Trust
Claire Parker, Chief Officer for Quality, Sandwell and West Birmingham Hospitals NHS Trust
Jayne Salter-Scott, Head of Engagement, Sandwell and West Birmingham Clinical Commissioning Group (CCG)
Dr Jane Upton, Healthwatch Birmingham
Andy Williams, Accountable Officer, Sandwell and West Birmingham CCG

APOLOGIES

11/17 Apologies were submitted on behalf of Councillors Susan Downing, Jayne Griffiths and Farut Shaeen for their inability to attend the meeting.

DECLARATIONS OF INTERESTS

12/17 No interests were declared.

MINUTES OF PREVIOUS MEETING

13/17 The Minutes of the meeting held on 12 July, 2017 were confirmed subject to the name of a Member present on the first page being amended to read, "J Cotton".

(This business item was brought forward on the agenda)

ONCOLOGY SERVICES AT SANDWELL GENERAL HOSPITAL

Toby Lewis, Chief Executive, Sandwell and West Birmingham Hospitals NHS Trust provided an update on the plans to withdraw solid tumour oncology services from Sandwell General Hospital and the City Hospital and informed the Members that a summit to examine the risks would be held in the next 7 days. The Chief Executive reported that if the outcome was that the services should continue to be provided in Sandwell rather than by the University Hospitals Birmingham NHS Foundation Trust there might still be need to relocate them on a temporary basis. He indicated that chemotherapy outpatient and oncology support services to the NHS were the particular areas under focus. Members were advised that if services were relocated this would also have implications for the blood-based service arrangements and in which case advice would need to be sought on that issue.

During the discussion that ensued the following were amongst the issues raised and comments made further to questions:-

- a) The Joint Health Scrutiny Committee was informed that solid tumour oncology services came under the NHS England Specialised Commissioning Services and that the blood-based services were commissioned by Sandwell and West Birmingham Clinical Commissioning Group.
- b) Members together with Healthwatch Sandwell representatives voiced concern regarding the length of time there had been uncertainty over the oncology service arrangements in Sandwell and asked that representatives of NHS England be invited to attend the Joint Health Scrutiny Committee to report on the issue.
- c) The Chief Executive was informed that there were deep concerns at the prospect of vulnerable patients and carers having to travel far from home to receive treatment and for the safety of patients at Sandwell General Hospital if support services were withdrawn. Reference was also made to potential risks if patients had to see more than one oncologist based at different locations as part of their treatment.
- d) Members were advised by the Chief Executive that he felt that it would be appropriate to seek timelines from NHS England in respect of what was proposed and when services would be put back in place if the intention was to relocate them on a temporary basis.

Further to the above comments, the Chair therefore proposed that representatives of NHS England be invited to attend the Joint Health Scrutiny Committee to report on the issue and respond to questions and this was agreed. The Chair thanked the Chief Executive for attending the meeting.

14/17

RESOLVED:-

That representatives of NHS England be invited to attend the Joint Health Scrutiny Committee.

PLACE BASED MODELS OF CARE

15/17 The following PowerPoint slides were received:-

(See document No. 1)

Andy Williams, Accountable Officer, Sandwell and West Birmingham Clinical Commissioning Group presented the agenda item and Claire Parker, Chief Officer for Quality, Sandwell and West Birmingham Hospitals NHS Trust was also in attendance. The Accountable Officer indicated that some changes might start to be made as early as April next year. However, he emphasised that meeting people's needs by better 'wrapping' services around them in the community (rather than treating symptoms through costly secondary care interventions) would take time.

During the discussion that ensued the following were amongst the issues raised and comments made further to questions:-

- a) The Accountable Officer highlighted that providing a multi-disciplinary approach in a community setting would need to be developed over a longer timeframe than the usual annual contract and planning cycle.
- b) The Chief Officer for Quality reported that service quality issues when 'wrapping' services around service users would be addressed through an outcome focused approach. However, she acknowledged that there was a need to provide a consistent quality of service across the footprint. Members were also advised that moving away from Service Level Agreements would enable changes to be made more quickly.
- c) The Accountable Officer confirmed that there was a strong element of learning from programmes such as Right Care Right Here and highlighted that increasing secondary care provision (e.g. A&E capacity, the number of hospital wards) had the effect of encouraging an even greater level of demand for those services. However, he underlined that unless services in the community were effectively co-ordinated so that there was a genuine alternative, no real progress would be made.
- d) Members were advised that End of Life Care was a good example of where after many years of trying to better meet service users' needs the percentage of people passing away in their own homes had increased from 30% to 87% over a 6 month period due to changes made.
- e) The Accountable Officer reported that they had been making strong efforts to facilitate patient access to GPs (e.g. extended access arrangements, booking online) and to increase the level of collaborative working with other services. Furthermore, it was pointed out that there was a good network of pharmacies. The Accountable Officer reiterated that making improvements would need to be a long-term process and flagged-up recruitment and retention of trained non-clinical staff across health and social care (e.g. domiciliary, health care assistants etc.) as being a considerable challenge that could potentially derail the strategic approach. He also indicated that there were some GPs approaching the end of their career who were disillusioned and referred to the need to be able to offer modern and flexible primary care employment packages to new employees in a global market.

Joint Health Overview and Scrutiny Committee (Birmingham City Council and Sandwell Metropolitan Borough Council) - 28 September 2017

- f) Members were advised that the number of calls made to NHS 111 were not as high as anticipated but that the level of access was many times greater than with NHS Direct. Furthermore, feedback indicated that the level of satisfaction with NHS 111 amongst patients was very high. He indicated that he hoped that the service would be used more widely as winter approached.
- g) The Accountable Officer considered that the way forward needed to be about developing networks and relationships around a coherent geography at a local level and not imposing arrangements from above. He highlighted for example that one GP Practice may not be able to offer appointments on a Saturday morning but that this was possible if a number worked together as part of a network. Similarly, he highlighted that although there were not enough social workers to allocate one to every GP Practice if a number worked together it would be feasible to put arrangements in place which enabled them to have access to the resources of a dedicated team of social workers.
- h) In responding to comments made, the Chief Officer for Quality underlined that it was patients seeing the right person for their illnesses and conditions that was important whether this be a GP, Physiotherapist, Advance Nurse Practitioner, Physician's Assistant etc. and focusing on successful outcomes for those service users.
- i) The Accountable Officer reported that when he used the term Place he meant it within the context of a Local Government framework. He highlighted that the work of Local Authorities going forward would be huge and referred to such areas as community based activity and infrastructure, social cohesion and preventing individuals from becoming isolated and lonely. He also emphasised the importance of the Better Care Fund and contribution that the Health and Wellbeing Boards would have to play.

In referring to the timeframe for engaging with partners as set out in the PowerPoint presentation, the Chair suggested that a further update be received around the turn of the New Year. Members supported this approach.

The Chair thanked the representatives for reporting to the meeting.

UPDATE REPORT ON THE MIDLAND METROPOLITAN HOSPITAL

16/17 The following PowerPoint slides were received:-

(See document No. 2)

Alan Kenny, Director of Estates / New Hospital Project Director, Sandwell and West Birmingham Hospitals NHS Trust presented the slides to the Joint Health Scrutiny Committee. He explained that the planned opening of the new hospital had been put back from October 2018 to mid-summer / early autumn 2019 as a result of slow progress by the contractor responsible for the mechanical, engineering and plumbing work, which had now been completed. However, he highlighted that Carillion Plc had used the time wisely to carry out other work that the company would not otherwise have undertaken at this stage and finished the 'envelope' of the building. Consequently, as winter approached the work needing to be done could be carried out irrespective of bad weather. It was highlighted that over the next 6 months the number of employees working on site would significantly increase.

Joint Health Overview and Scrutiny Committee (Birmingham City Council and Sandwell Metropolitan Borough Council) - 28 September 2017

During the discussion that ensued the following were amongst the issues raised and comments made further to questions:-

- a) Members were advised by the Director of Estates / New Hospital Project Director that the Trust would not be making any payments until the building was fit for purpose and he confirmed that the later projected opening date for the new hospital would have implications for the Trust's finances. In also referring to obligations that Carillion Plc had to the Treasury under the finance initiative he indicated that the Trust would be seeking compensation.
- b) The Director of Estates / New Hospital Project Director was informed of concerns that the public and patients had over services being lost at the Trust's other sites and that there was therefore a need for clear information to be provided on the services that would be available at those locations when the new hospital was open. The representative undertook to address this issue.
- c) In referring to the information provided, Members voiced concern that only 57.5% of the employees working on site had postcodes within a 20 mile radius of the site (of which 50.1% had a 'B' postcode) given the large population size of the area.
- d) At this juncture, a Member made reference to a social and economic innovation project called USE-IT! which had received European Union funding and had concerns regarding the top-down approach and lack of engagement at a local level in respect of the project. The Member also queried why no mention had been made of the initiative within the context of the new Midland Metropolitan Hospital.
- e) In responding to c) and d) above, the Director of Estates / New Hospital Project Director undertook to check with Carillion Plc to ensure that the statistics were accurate and provide a more comprehensive breakdown of the postcode areas of the employees working on the hospital site. He also confirmed that the USE-IT project was not connected with the building work but undertook to see what he could find out about the initiative.
- f) The Chair referred to the need for details to be provided regarding what plans there were to create employment opportunities for local people in the area and whether there were any through the USE-IT! project.
- g) A Member requested that a postcode breakdown also be provided of the apprentices receiving training on site. Furthermore, he referred to training facilities in Unett Street near to the hospital site and asked that information be made available on the extent to which that facility was being used.

The Chair thanked the Director of Estates / New Hospital Project Director for reporting to the meeting.

DATE AND TIME OF NEXT MEETING

17/17

The Chair advised the meeting that a date and time would be set through the usual channels in due course.

The meeting ended at 1554 hours.

Birmingham and Sandwell Joint Health Overview & Scrutiny Committee Briefing Paper

Oncology services – Sandwell and West Birmingham

30 November 2017

Report of: Catherine O’Connell, Regional Director Specialised Commissioning
(Midlands & East)

1. Introduction

This paper is to provide members of the Joint HOSC with information regarding the background to the temporary relocation of oncology services from Sandwell and City Hospitals to the Queen Elizabeth and New Cross Hospitals, and future plans for the services.

It follows a briefing letter addressed to chairs of the local Health Overview and Scrutiny Committees from the Regional Director of Specialised Commissioning on 12 October 2017.

2. Background

Specialised services are typically services used by small numbers of patients with rare or uncommon illnesses, requiring highly specialist skills and expensive drugs to treat. Usually these services are commissioned from specialist or tertiary centres serving large populations. There are 146 of these specialised services and these are usually commissioned on a regional or national basis by NHS England’s specialised commissioning team.

Solid tumour chemotherapy (oncology) services are the largest of these services, substantially larger than any other service commissioned by NHS England. As a result, they tend to be commissioned from a greater number of hospitals serving smaller populations than other specialised services.

Historically, the population of Birmingham and Black Country has been served provided by a number of hospitals in the area, with radiotherapy treatment also provided by a number of hospitals.

NHS Trust (and hospital)	Chemotherapy (oncology)	Radiotherapy
Sandwell and West Birmingham Hospitals NHS Trust (City and Sandwell Hospitals)	Yes	No
University Hospital Birmingham NHS Foundation Trust (Queen Elizabeth Hospital)	Yes	Yes

Heart of England NHS Foundation Trust (Heartlands, Solihull and Good Hope Hospitals)	Yes	No
Dudley Group NHS Foundation Trust (Russell's Hall Hospital)	Yes	No
Walsall Hospitals NHS Trust (Walsall Hospital)	Yes	No
The Royal Wolverhampton NHS Foundation Trust (New Cross Hospital)	Yes	Yes

3. Commissioning arrangements

Solid Tumour oncology services have been commissioned from Sandwell and West Birmingham Hospitals which have an SLA (Service Level Agreement) with University Hospitals Birmingham (UHB) for their medical staffing (consultant oncologists). In 2015, UHB gave notice to SWBH that they would be unable to continue to support the service at SWBH.

NHS England wished to ensure the service continued to be provided within Sandwell and West Birmingham and has been working with the two trusts, and with NHS Improvement, over the last two years to find a solution. During this time, the notice period was extended three times to enable a solution to be found.

A proposal, developed by SWBH, with patient input to provide the service within the Black Country with support from University Hospitals Coventry and Warwickshire and The Royal Wolverhampton Trust, did not meet the national standards for the service and could not, therefore, be commissioned.

A Quality Summit, held in October 2017, concluded that the current service was unsustainable as there would shortly be no consultant oncologists available to treat patients. A temporary plan was agreed to transfer patients to the larger service at UHB, for a period of 12 months whilst a comprehensive review of local cancer services was undertaken to find a permanent solution.

NHS England commissioners remain clear that their preferred solution is a local service for patients in Sandwell and west Birmingham.

4. Impact assessment

The services affected are:

- Lung cancer oncology (chemotherapy) outpatients

- Skin cancer oncology (chemotherapy) outpatients
- Upper Gastrointestinal oncology (chemotherapy) outpatients
- Urology oncology (chemotherapy) outpatients
- Breast oncology (chemotherapy) outpatients

There are 264 patients currently receiving treatment across these specialties at City and Sandwell Hospitals, and approximately 2,120 patients who will need a follow-up appointment in the next 12 months.

In addition, 289 patients are participating in a research trial and a number of other factors will depend on whether their care moves or not, which will ultimately be decided by the oncologist leading the trial in discussion with the patient.

Around 1,200 new patients from the Sandwell and west Birmingham area are expected to be referred to these oncology services over the next 12 months.

Both Birmingham and Sandwell are amongst the 20% most deprived authorities in England, with significantly higher than average levels of unemployment, lower educational attainment, and a larger minority ethnic population than the average for England. The proportion of early deaths from cancer is above the England average (this is more pronounced for Sandwell).

It is clear that this population needs early cancer diagnosis and treatment that is easy to access.

5. Options for temporary solution

To respond to the immediate staffing issue, the following options were considered. The final agreed option (5.4) is the temporary solution that NHS England, NHS Improvement and the providers involved are pursuing.

5.1 Do nothing – This is not an option. Doing nothing would mean no consultants would be available to treat patients and no alternative provision arranged.

5.2 Move patients to providers with spare capacity – No provider has capacity for all patients and this could result in patients being sent to a wide range of different providers across the West Midlands with little choice.

5.3 Increase capacity at the nearest tertiary specialist (regional) centre – the local specialist centre is at the Queen Elizabeth Hospital in Birmingham. It is considered relatively straightforward to increase capacity to transfer SWBH's patients to the QE and many patients already travel to the QE for their radiotherapy treatment which is not available at Sandwell or City Hospital. However, this does increase the travel time, cost and complexity for other patients in Sandwell who do not need radiotherapy treatment.

5.4 Increase capacity at the nearest tertiary specialist (regional) centre and the next largest local centre – as above, but with the additional option for

patients of moving their care to New Cross Hospital in Wolverhampton which may be closer, and which also provides radiotherapy services for the Black Country population. Patients would also have the same choice to receive treatment at Russell's Hall Hospital or Walsall Hospital as they do at the moment.

6. Implementing a temporary solution

Patients with suspected lung, skin, gastrointestinal, urology or breast cancer will still be referred by their GP to City or Sandwell Hospitals for their diagnosis within two weeks of their GP referral. Patients will still be able to undergo surgery at the Trust.

Under the interim arrangements, the oncology aspect of their care will be provided at the Queen Elizabeth or New Cross Hospitals. Patients requiring radiotherapy are already referred to the QE and New Cross Hospitals for treatment.

Patients currently undergoing oncology treatment at Sandwell or City Hospitals will have an individual plan that will involve their care transferring at a certain point over the next few months. This will be clearly explained to them, wherever possible this will be by their clinical team and followed with clear information.

The oncology services are transferring gradually over 4-5 months, starting with new patients and one service at a time. Clinics will be run at both hospitals during this phase. The smallest services - lung and skin cancer - will move first, followed by gastrointestinal cancer, then urology and finally breast cancer.

Existing and follow-up patients are receiving individual information about the transfer of their care, along with transport advice and the contact details of someone they can discuss any concerns with. We are ensuring that patients with only one remaining chemotherapy session will have their final session at their existing hospital (City or Sandwell), not at a new provider. We will do everything we can to reassure patients, provide them with the information they need and respond to their feedback.

Current pathway	New interim pathway (changes highlighted in red)
Patient referred by GP	Patient referred by GP
Diagnostic appointment at City or Sandwell Hospital	Diagnostic appointment at City or Sandwell Hospital
Multi-Disciplinary Team discussion at City or Sandwell Hospital to discuss treatment options	Multi-Disciplinary Team discussion at City or Sandwell Hospital to discuss treatment options
Surgery (if needed) at City or Sandwell Hospital	Surgery (if needed) at City or Sandwell Hospital
Chemotherapy (if needed) at City or Sandwell Hospital	Chemotherapy (if needed) at the QE or New Cross Hospital
Radiotherapy (if needed) at the QE or New Cross Hospital	Radiotherapy (if needed) at the QE or New Cross Hospital
Urgent hospital admission in the event of deterioration through local A&E	Urgent hospital admission in the event of deterioration through local A&E
Palliative care (if necessary) provided locally	Palliative care (if necessary) provided locally

7. Accessing services

Patients, for whom City or Sandwell Hospital is their closest hospital, will have further to travel for their oncology treatment over the next 12 months than they have until now.

The additional distance from City Hospital to the Queen Elizabeth Hospital is approximately 3.5 miles (online route planner). For patients living between the two hospitals, that additional distance will be shorter, and for some, the Queen Elizabeth may be nearer.

The distance from Sandwell Hospital to the Queen Elizabeth Hospital is approximately 6.4 miles, and to New Cross Hospital, approximately 8.1 miles (online route planner). For patients living between the hospitals, that distance will be shorter, and for some, New Cross Hospital may be nearer

Both University Hospital Birmingham and The Royal Wolverhampton Trust offer free parking for patients attending chemotherapy appointments (information available on the Trust websites).

There is a direct bus from West Bromwich to the Queen Elizabeth Hospital every half hour and the number 11 bus passes close to both City and the Queen Elizabeth Hospitals as well as travelling through Wednesbury town centre. Whilst longer travel

times are not ideal, the area is well served by public transport and there are a number of other travel combinations possible requiring one change, usually at a bus station where a walk is not necessary for onward travel.

Working closely with the local Clinical Commissioning Group, we have established a transport group to explore options to make transport easier and less costly for patients, including voluntary services and exploring potential grants. Help with transport costs is already available for patients on certain benefits.

The group has been specifically asked to look at hospital transport to ensure that patients with the greatest need will be able to get to their appointment.

8. Planning for a permanent solution

The arrangements made with University Hospital Birmingham and the Royal Wolverhampton Trust will be in place for approximately 12 months. During that time a cancer services review will take place across West Birmingham and the Black Country to identify where the service should be provided in future. Commissioners wish the service to be retained as locally as possible for patients.

The review will take place over the next few months and will identify, evaluate and impact assess options for the service. Patient focus groups and engagement activity will be held to ensure the views of patients are considered in the development of these options. Any potential options will then be the subject of public consultation which is expected to take place in the spring / summer 2018 before a decision is made.

9. Communications and engagement

A communications and engagement group has been established, jointly chaired by NHS England and NHS Improvement and consisting of representatives from Sandwell and West Birmingham Hospitals NHS Trust, University Hospitals Birmingham, The Royal Wolverhampton Trust and Sandwell and West Birmingham Clinical Commissioning Group. The group meets weekly and reports to an oversight board with similar representation from a senior level within each organisation.

The group has overseen the production of information and letters for patients, which explain the changes, provide answers to a range of questions they may have, and give patients an opportunity to express a preference for where they wish to be treated. These are being followed up with face to face discussions between clinicians and patients and individual appointment letters and information.

A series of patient events is being planned over the next several weeks at City and Sandwell Hospitals, to give patients the opportunity to find out more, ask questions and provide feedback. Information events for patient support groups are also being arranged. The communications and engagement group has approached Healthwatch for advice and input into these plans as well as into the wider cancer review.

A range of stakeholder briefings has taken place along with a number of staff briefings to ensure staff are equipped to answer queries from patients, as well as to address any questions they have themselves.

There has been minimal direct feedback from patients affected to date, although we are aware that some patients have approached their Member of Parliament. The most frequently raised concern to date is from patients wanting certainty that the service will return to the Sandwell and west Birmingham area. Whilst that is what commissioners would like, it cannot yet be guaranteed.

10. Next steps

Provisional timescale:

October to November '17	Lung and skin oncology clinics to transfer
November to December '17	Upper Gastrointestinal oncology clinics to transfer
December '17 to January '18	Urology oncology clinics to transfer
January to February '18	Breast oncology clinics to transfer
December '17 to March '18	West Birmingham and Black Country Cancer Review and development of options

Indicative only at this stage

<i>May to July '18</i>	<i>Public consultation (provisional dates)</i>
<i>August to December '18</i>	<i>Preparation for new service</i>
<i>January '19</i>	<i>Launch of new permanent service</i>

11. Relationships with other services

Sandwell and West Birmingham Hospitals also provides blood based oncology services which are commissioned by Sandwell and West Birmingham Clinical Commissioning Groups. The Trust is in discussion with the CCG over its plans to consolidate the service onto one of its two main sites.

The Trust also hosts one of four specialist regional Gynae-oncology centres and has given notice that it intends to cease to provide this service. Discussions are ongoing and subject to a separate piece of work to identify options for this group of patients who need access to specialist gynae-oncology care that has different requirements to the oncology services discussed in this paper.