Oncology at City and Sandwell Hospitals

Presentation to Joint Health Overview and Scrutiny Committee
25th January 2018

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1. Origins

Long history of the hospitals working together to deliver oncology, dating back to before the turn of the millennium

- Late 2012: Insufficient number of Consultant Oncologist sessions:
  - Impact on quality of care, patient experience, staff
- June 2013: SWBH commissioned external review reports
- July 2014: UHB Clinical Lead issues report
  - proposal for what is needed
  - notes no change in previous 12 months

1. Origins… continued

- July 2015: Contract negotiation stalls:
  - Broad agreement on time required
  - Impasse on the finances
  - UHB not prepared to subsidise services at another hospital

- August 2015: UHB serves notice of contract termination

2. New Service Models

- October 2015: NHS England invite Trusts to submit separate proposals for the future model of service delivery
- Autumn 2015: SWBH start implementing a plan
  - Medical staff provided by multiple provider organisations
  - Radiotherapy pathways established with Wolverhampton
- November 2015: Both Trusts submit proposals

2. New Service Models… continued

- Feb-Apr 2016: NHS England commission 2 reviews - negative views on the SWBH operating model

- May 2016: NHS England request UHB be the "Lead Provider" for Oncology services on SWBH sites

- May 2016: UHB and SWBH commence discussions immediately to turn the NHS England request into a plan

3. Negotiations on Delivery

- Summer 2016: Discussions difficult due to:
  - The actual model of operating is alien to both organisations
  - The proposed model is a compromise, requiring both organisations to compromise:
    a. The way they do things – standard operating procedures
    b. IT systems and/or infrastructure
    c. Governance processes – which increases risk to patients and chance of error

3. Negotiations on Delivery… continued

- September 2016: Trusts submit briefing documents to NHS England on areas of agreement and disagreement between them:
  - agree what the issues were
  - disagree about how to solve them

- October 2016: NHS England largely support the UHB solutions to issues. The 2 Trusts broadly agree to compromise subject to conditions

3. Negotiations on Delivery… continued

Proposed Implementation Dates:

1. 1st April 2016 (original date following contract termination)
2. 1st July 2016 (as proposed by NHS England; letter of 5th May 2016)
3. 1st October 2016 (extension agreed during negotiation)
4. 1st April 2017 (date agreed to implement the October 2016 compromise agreement)

4. Implementation

- SWBH requirements:
  - **No adverse financial impact**
  - Solution meets governance requirements of each Trust
  - +3 other constraints
- UHB requirements:
  - No adverse impact: clinical; operational; financial
  - **Delivered by 1st April 2017**
  - NHS England recommended to have a back-up plan

4. Implementation… continued

Issues during implementation:

1. Flow of due diligence and other information
2. Service delivery issues affecting radiology, clinic letters and IT (in particular)
3. Negative feedback from Consultant Oncologists relating to investigation and management of clinical incidents and risk
4. Aseptic Production Unit: facilities and staff
5. Deployment of IT solutions
6. "Stranded costs" of £1.7m

Consequently, and most importantly, confidence.

Implementation deferred on 23rd March due to operational readiness

5. Alternative Proposal

- Proposal for UHB to deliver from City site as a single-site service:
  - UHB's response to request on teleconference of 24th March 2017
  - Submitted by UHB, to NHS England, on 31st March 2017
- Clarifications exchanged between UHB and NHS England
- NHS England responses indicate they were not supportive
- UHB confirms withdrawal, effective 22nd October 2017, in writing on May 2017

NHS England

Dear Cherry,

Thank you for y… presented recen… responses but s… for AOS.

These are:

Acute Oncology Service

Out of Hours Service

The proposed model is dependent on the haematology team providing cover for Out of Hours oncology emergencies at the Sandwell site with no planned oncology input. As the proposal is that acutely unwell oncology patients who present to Sandwell would be admitted there, this is not considered to be a safe model.

CNS, MDTs and joint clinics

The solutions described could potentially mitigate the risks identified, however it is not possible to be assured of the safety of these arrangements without detailed discussion and agreement with the clinicians from both trusts.

In relation to the issue of engagement and consultation, we note the detail on the number of clinics and appointments affected, however this still represents a significant change for a group of vulnerable patient and would require appropriate engagement and potentially consultation.

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In conclusion, commissioners do not see the recent UHB proposed model as an acceptable alternative to the previously agreed model that was due to mobilise on the 1 April 2017.

As you know, we have taken clinical advice on your proposals. The advice we have received, based on your written proposal and subsequent written clarifications, **is that the model might be workable, but assurance of this cannot be gained without detailed discussions with clinicians from both UHB and SWBH.**

In addition, the proposal would see an end to the service based in Sandwell which constitutes a significant change for many patients. **We are not convinced that the benefit of consolidating the service at BTC outweighs the poorer access for these patients.** For these reasons, it remains our view that the previously agreed model remains the better option for patients and is deliverable based on reasonable co-operation between the two trusts.

Sent via email

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9 May 2017

Dear Cherry,

Thank you for your response to my letter of the 21 April 2017 with the further

still be the need for agreement, cooperation and an SLA between the organisations.

In addition, the proposal would see an end to the service based in Sandwell which constitutes a significant change for many patients. We are not convinced that the benefit of consolidating the service at BTC outweighs the poorer access for these patients. For these reasons, it remains our view that the previously agreed model remains the better option for patients and is deliverable based on reasonable co-operation between the two trusts.

We understand that progress has been made on the specific outstanding risks previously raised, and the remaining risk is around trust and working relationships between the respective management teams. We believe that with support, these

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consider and agree the commissioner's request. Both NHSE and NHSI are committed to supporting both Trusts to re-engage and deliver the best outcome for patients.

Yours sincerely

Catherine O'Connell
Regional Director Specialised Commissioning

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NHS Foundation Trust

6. Exit

- Lack of system-wide contingency planning
- Operational improvements in the service by August
- Consultant confidence still an issue
- NHS England and NHS Improvement meet the consultants face-to-face in September 2017 for the first time

6. Exit… continued

- UHB:
  - Maintain contingency plans
  - Continued to meet with SWBH to ensure service continuity in the interim
  - Pre-emptive enabling works to ensure ongoing delivery of contingency plan if required
- Quality summit 4th October 2017 made final decision

7. Next Steps

- UHB providing support for 12-month period
- Some flexibility in timelines but this is far from ideal
- Urgently need to know what the future is to enable planning and delivery of these, and other, services