

Sandwell and West Birmingham Hospitals



NHS Trust

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Joint Health Overview and Scrutiny Committee
Sandwell Council House
Freeth Street
Oldbury
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Dear Councillor Giles and Councillor Cotton,

Solid tumour and blood based oncology, and complex gynae-cancer surgery: SWBH update for March 2018

1. The Trust will be moving chemotherapy services onto a single site, Sandwell, later in the spring. This reflects the necessity to safely staff the unit after the move of solid tumour services to QEH. The last such move is of chemotherapy for gynaecological cancers. The Trust continues to track the success of these relocations and provide support and advice to patients. Given that services inevitably will span both SWBH and UHB sites in coming months, we are seeking to respond to requests from Healthwatch for a single place through which patients can raise queries or concerns about their care. As agreed with SWB CCG, and through them with JOSC representatives, three engagement meetings will take place, starting later this week, to understand issues that could arise for patients in the move of the chemotherapy unit. This feedback will then inform any mitigations we might propose in respect of blood based cancers.
2. With the move of solid tumour services, an acute oncology service needs to be maintained to support patients attending A&E departments, or who are admitted with other conditions. SWBH has latterly funded from funds provided for other services a 24-7 nurse based service. NHS England have, we understand, agreed to invest in medical support to this service through UHB. This is very welcome. However, with the removal of solid tumour chemotherapy, a new funding model for the AOS service needs to be put in place from 01-04-18. The Trust has agreed to maintain extant services until 01-05-18 pending resolution of this funding issue between NHS England, SWB CCG and the Trust. The quantum of funding involved is around £400,000.
3. The Trust continues to seek to maintain a gynae cancer surgical service, on which we gave notice of termination in early 2017-18. The process of recommissioning a new service is extremely delayed and the existing service is now under significant pressure. There is no contract price or volume agreement in place for 2018-19, but

we are cautiously optimistic of reaching agreement on that in coming days. The Trust has indicated that we cannot undertake all procedures previously proceeded under this contract and so a hybrid model will be required prior to any new service.

4. The Trust welcomes the NHS England process to engage around the future design of a solid tumour service for both common and rarer cancers. We are in discussion with NHS England about our stranded costs associated with the relocated service and any expectations around retained funds to recreate such a service in future. The estate at Sandwell remains available to support the chemotherapy provision, and we have a clear commitment to maintain services there after Midland Met opens. The Trust is currently developing estate plans for the retained estate at City Hospital, and will provide NHS England with clarity on what space might be available from 2019. We believe that a model of integrated cancer services makes sense for patients, for research, for education and for service.
5. The Trust is contributing actively to work across the Black Country and western Birmingham STP to ensure that there is a joined up approach to planning specialised services, and routine services which are commissioned via specialised commissioning, in the long term interests of local patients.



Toby Lewis, Chief Executive
Sandwell and West Birmingham NHS Trust