

Sandwell and Birmingham Joint Health Overview and Scrutiny Committee**Sandwell and West Birmingham Solid Tumour Oncology and Specialised Gynaecology Cancer Surgery Services**

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1. Purpose

The Purpose of this report is to provide a brief update on the temporary transfer of solid tumour oncology service to the Queen Elizabeth Hospital (QE), University Hospital Birmingham, (UHB), progress with the cancer review to identify a long term solution for the service, and on changes to other cancer services at Sandwell and West Birmingham Hospitals (SWBH). It will be supplemented by a presentation outlining the latest position at the meeting of the Joint Health Overview and Scrutiny Committee on 28th March.

2. Introduction

NHS England Specialised Commissioners, in conjunction with Sandwell and West Birmingham CCG (SWBCCG), are currently working with providers across Birmingham and the Black Country to ensure the sustainability of the solid tumour oncology service for the Sandwell and West Birmingham population, in addition to a number of other cancer services currently provided at Sandwell and West Birmingham NHS Trust (SWBH). The main service areas affected by this work are:

- Solid Tumour Oncology for Sandwell and West Birmingham patients
- Specialist Gynaecological Oncology Surgery Service
- Sandwell and City Hospital Acute Oncology Service

It should be noted that in addition to the services listed above, SWBCCG is also working with SWBH on changes to the Haemo-oncology service at the Trust as part of the oncology review. This service is not the subject of this paper.

3. Solid Tumour Oncology Chemotherapy for Sandwell and West Birmingham Patients

3.1 Background

As previously reported, following UHB giving notice in 2015 to SWBH to withdraw consultant input to the SWBH service, NHS England (NHSE) has been working with both trusts for the last two years to find a way to continue to support Solid Tumour Oncology Services at Sandwell and City hospitals. Despite numerous attempts to facilitate an agreement to keep services at SWBH, including escalation to the Regional Directors of NHSE and NHS Improvement (NHSI), it was decided in September 2017 that a contingency plan was needed that relocated the service for 12 months whilst a review is completed to consider the options for a safe and sustainable long term solution for services.

3.2 Progress to date

Of the solid tumour sites affected by the change, Lung, Urology / Upper GI have fully transferred with patients registered and booked for chemotherapy at the QE. 12 patients in this group opted to be transferred to New Cross Hospital and all have been registered and booked. Appointments have been scheduled in line with patient treatment plans and the majority have taken place.

Colorectal chemotherapy has also transferred to the QE with all patients registered. Three patients have transferred to New Cross Hospital. The majority of first appointments at the QE have taken place.

The Breast Cancer pathway is the most recent tumour site to transfer. Due to a change in transfer methodology for some of the breast patients, a thorough audit has been completed of every patient transferred to reconcile between SWBH and UHB to ensure no patient has been omitted. 81 patients opted to transfer to New Cross Hospital. Of the remaining 693 patients, one patient who is on annual follow-up with an appointment date of September 2018, has not responded to communication. The patient's GP has confirmed the patient is still registered at the practice and a letter has been sent to the patient's home and signed for. There is no history of communication or language barriers and SWBH is continuing to try to make contact with this patient. All other patients are registered and appointments are going to plan.

The Operational Group has been monitoring quality and outcome data weekly with triangulation of data between trusts. The latest information will be presented at the meeting on 28th March.

The fifth tumour site to transition to the interim chemotherapy service is Gynaecology. This relates to chemotherapy treatment, and is not the same as the Gynaecology Oncology Surgery Centre which is reflected later in the paper. The transition of these patients began on 19th March and will be completed by mid-April.

3.2 Next Steps

In terms of the transition, a formal post implementation review will take place to look at how the transition has been managed and, as part of this process, will identify any lessons that could be learned for any future service change, including changes to the service following the cancer review.

The cancer review to identify the long term solution is underway. More detail can be found at section 6. Commissioners have stated that their intention is that the service should be local and accessible for the population of Sandwell and West Birmingham. The timescale for the review will allow for a decision on the future service model and mobilisation by the end of 2018.

4. Specialist Gynaecological Oncology Surgery Centre Service

4.1 Background

Sandwell and West Birmingham Hospitals NHS Trust (SWBH) served notice on 'all Centre Gynaecological Cancer Surgery' on the 29th June 2017. This service is commissioned by both NHS England and SWBCCG. Significant work, including external scrutiny of clinical databases, was necessary to confirm the scope of the service under notice. The review of activity undertaken early this year indicated that a new provider will need to plan for approximately 400 cases per year, with the SWBH unit continuing to manage non-complex cancer, non-cancer gynae and diagnostic work.

The difficulty in defining the patient cohort that would move delayed the issuing of expressions of interest to new providers until the end of September 2017.

4.2 Progress to date

The intention is to re-house the Pan-Birmingham Centre with a new provider. There are already specialised Gynae-Oncology Centres in Stoke, Coventry and Wolverhampton and commissioners aim is to keep the fourth centre in Birmingham.

On the 25th October 2017 NHS England received a proposal from a consortium of providers for the re-provision of Sandwell Gynaecological Oncology Surgery centre activity. The consortium is comprised of Birmingham Women's and Children's Hospital (BWCH), University Hospitals Birmingham (UHB) and Royal Wolverhampton Trust (RWT) and is hereafter referred to as the "Consortium".

The Consortium proposes a two centre service model that delivers complex gynaecological cancer surgery at both a central Birmingham site (Women & Children's Hospital and UHB) and RWT (although primarily at UHB). The key reason RWT is involved is to give patients choice if they live closer to Wolverhampton than

to UHB. We are currently in negotiation with this consortium about the detail of the model and transfer of staff.

NHS England supports this proposition in principle and is in negotiation with the Consortium. There are a number of issues that require resolution to allow final agreement to be reached.

A clinical group involving clinicians from the current service and each provider in the Consortium, is meeting weekly to develop the clinical model. Commissioners are working with the Consortium to resolve the outstanding issues and oversee mobilisation plans. Commissioners have always intended to keep the expertise and experience that is within the service as it moves into its new premises, and have repeatedly committed to maintain high standards of care and patient outcomes.

4.3 Extension of service provision at Sandwell

NHS England has agreed an extension of the notice period to the end of March 2018 with a 'reasonableness' clause to continue beyond that date until a new service can be established. NHS England has also agreed to provide interim financial support as the Trust will have to maintain staffing levels through the extension period by using agency cover. NHS England has indicated that they would support reasonable additional cost over tariff income if this can be evidenced by the Trust.

Fortnightly meetings are taking place, chaired by NHS Improvement, with the lead surgeons, clinical directorate management and Clinical Director to review the quality and safety of the service and to provide assurance that it remains safe until the transition is complete.

5. Sandwell and City Hospital Acute Oncology Service (AOS)

5.1 Background

The oncology consultants that currently support the AOS service at Sandwell and City Hospitals will no longer be available as clinics move to UHB as part of the contingency plan. As a result, new arrangements need to be put in place to ensure that patients at the hospitals have access to a safe and robust Acute Oncology Service.

5.2 Progress to date

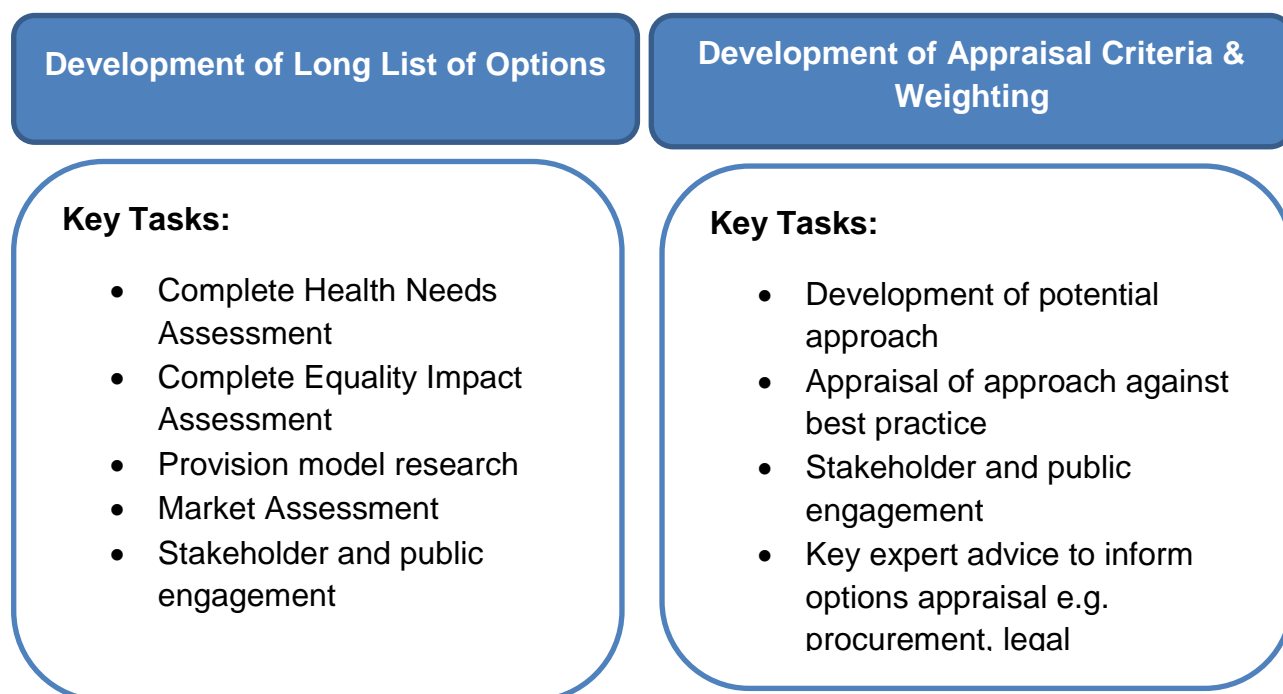
Good progress has been made and an interim clinical model has been agreed as part of the clinical workstream of the Transition Oversight Board. This has been developed by UHB who would provide the service to SWBH, and an implementation plan is being worked on with named consultants identified and consulted with to take on the work along with the appointment of an additional locum who started in post on 5th March.

5.3 Next Steps

The new model is expected to be implemented in the coming weeks with just the final staffing and funding arrangements to be formalised.

6 Cancer Review

The Cancer Review is well underway. The Project Board is currently developing a long list of options and the appraisal criteria and weighting, prior to undertaking an options appraisal. The activities required to deliver these actions are described below:



An engagement plan has been developed with the first full scale patient engagement event planned for 27th March to look at what patients think is working well, what is not, what their priorities are for the future service, how we might balance the different priorities and what acceptable solutions might look like. A further event will take place within the following few weeks.

These events will be supplemented by patient surveys, one to one interviews and, potentially an online 'event' for those unable to attend an event in person. A patient reference group will monitor the implementation of the engagement plan and the way patient feedback is used in the process, as well as provide more detailed advice on the appraisal of options.

It is anticipated that public consultation on shortlisted options will begin in June 2018.