

Joint Health Overview and Scrutiny Committee

**Wednesday 28 March, 2018
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 25 January 2018 as a correct record.
4. Sandwell and West Birmingham Solid Tumour Oncology and Specialised Gynaecology Cancer Surgery Services.
5. Update on the Development of the Midland Metropolitan Hospital.
6. Update on Work Around Improving Access to Local Health Services and Same Day Access.
7. Feedback from Consultation on Changes to Alternative Provider of Medical Services (APMS) GP Contracts.

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)
25 JANUARY 2018**

**MINUTES OF A MEETING OF THE JOINT HEALTH OVERVIEW AND
SCRUTINY COMMITTEE (BIRMINGHAM CITY COUNCIL AND SANDWELL
METROPOLITAN BOROUGH COUNCIL) HELD ON THURSDAY 25
JANUARY 2018 AT 1400 HOURS IN COMMITTEE ROOM 2, COUNCIL
HOUSE, VICTORIA SQUARE, BIRMINGHAM**

PRESENT: - Councillor John Cotton (Chairperson); Councillors Zahoor Ahmed, Deirdre Alden, Susan Downing, Elaine Giles and Bob Lloyd.

IN ATTENDANCE:-

Dr Manir Aslam, Clinical Lead for Urgent Care, Sandwell and West Birmingham Clinical Commissioning Group (CCG)
John Clothier, Healthwatch Sandwell
Dr Daniel Ford, Consultant Clinical Oncologist and Clinical Service Lead, University Hospital Birmingham NHS Foundation Trust
Scott Hancock, Head of Pathway Redesign and Oncology Project Lead, University Hospital Birmingham NHS Foundation Trust
Stephnie Hancock, Scrutiny Officer, Sandwell Metropolitan Borough Council
William Hodgetts, Healthwatch Sandwell
Rose Kiely, Overview and Scrutiny Manager, BCC
Toby Lewis, Chief Executive, Sandwell and West Birmingham Hospitals NHS Trust
Jessamy Kinghorn, Head of Communications and Engagement, Specialised Commissioning, NHS England (Midlands and East of England)
Catherine O'Connell, Regional Director, Specialised Commissioning, NHS England (Midlands and East of England)
Geraldine Linehan – Clinical Director, Specialised Commissioning, NHS England (Midlands and East of England)
Gail Sadler, Policy and Research Officer, BCC
David Smith, Committee Services Team Leader, BCC
J Spencer, Healthwatch Birmingham
Cherry West, Chief Operating Officer, University Hospital Birmingham NHS Foundation Trust
Andy Williams, Accountable Officer, Sandwell and West Birmingham CCG

NOTICE OF RECORDING/WEBCAST

- 01/18 The Chairman advised, and the meeting noted, that this meeting would be webcast for live and subsequent broadcast via the City Council's Internet site (www.civico.net/birmingham) and that members of the press/public may record and take photographs except where there are confidential or exempt items.
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APOLOGIES

- 02/18 Apologies were submitted on behalf of Councillors Sue Anderson, Jayne Francis, Kath Hartley and Farut Shaeen for their inability to attend the meeting.
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DECLARATIONS OF INTERESTS

- 03/18 No interests were declared.
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MINUTES OF PREVIOUS MEETING

- 04/18 The Minutes of the meeting held on 30 November 2017 were confirmed, subject to the name of a Member present on the first page being amended to read, "J Cotton" and it being noted that reference had been made to Gynaecological Oncology services during previous discussions with this Committee.
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ONCOLOGY SERVICES AT SANDWELL AND WEST BIRMINGHAM HOSPITAL

Catherine O'Connell, Geraldine Linehan and Jessamy Kinghorn gave a presentation on behalf of NHS England updating Members regarding the Sandwell and West Birmingham Oncology and Specialised Gynaecology cancer surgery services.

A presentation was given then by Dr Daniel Ford, Scott Hancock and Cherry West on behalf of the University Hospital Birmingham NHS Foundation Trust outlining that Trust's position.

During the discussion that ensued, the following were among the issues raised and comments made in response to questions:-

- a) The Joint Health Scrutiny Committee was informed that the services at Sandwell and West Birmingham Hospitals NHS Trust were safe at present, the wellbeing of staff was being maintained and a difficult situation was being managed well.
- b) There were material operational issues and a few care compliancy matters, but services had been provided in line with national arrangements. From April 2018, the Acute Oncology service would be significantly reduced and Gynaecological Oncology had lost much of its funding, but the Trust would try to sustain the service beyond 31 March 2018. A monitoring regime would be introduced for patients.

- c) Concern was expressed that 6.5 years had passed without a resolution being achieved and that all of the NHS bodies should be able to provide the Joint Health Committee with evidence of the impact on patients. It was proposed to hold a consultation exercise now, but there had been continuous consultation in Sandwell and all responses had shown that patients wanted services close to home.
- d) It was felt that it was outrageous that the situation had been ongoing for a long time and that it was proposed to create further delay in resolving it. Time was felt to be of the essence and quicker action was required.
- e) Members were advised that, while there had been differences of opinion for some time, there appeared to be agreement that services should be located at Sandwell and West Birmingham Hospitals NHS Trust, if space was available and, if not, that space should be made available.
- f) It was noted that concern had been expressed by NHS England when the University Hospital Birmingham NHS Foundation Trust had given notice and the situation had been reviewed when replacement proposals had been drawn up with the Royal Wolverhampton NHS Trust. The University Hospital Birmingham NHS Foundation Trust had given its input to the replacement proposals and collaboration was needed between the various Trusts. The capability of the services had not been questioned.
- g) The Joint Health Committee was informed that most of the cancer services would remain at the City Hospital and Sandwell Hospital sites and would not move to the new Midland Metropolitan Hospital site. Services had been transferred to the Queen Elizabeth Hospital as a temporary arrangement only and each of those services, with the exception of Specialist Gynaecological Oncology, would return to the Sandwell and West Birmingham Hospitals NHS Trust as soon as possible. However, it was important to obtain the views of patients.
- h) Toby Lewis advised that Sandwell and West Birmingham NHS Trust was unlikely to provide its own services as it did not employ Oncologists and was likely to arrange services in collaboration with a large tertiary provider.
- i) Members noted that the Trust would need a network of cancer services arranged with a tertiary service, with the University Hospital Birmingham NHS Foundation Trust and Royal Wolverhampton NHS Trust the nearest tertiary services. However, there was the possibility of other providers being sub-contracted.
- j) Concern was expressed that patients did not care where Oncologists were employed and wanted local services, which seemed to be a normal arrangement. It seemed to be an organisational issue that needed to be resolved and the current situation could not continue.
- k) The Healthwatch Sandwell representatives expressed concern that patients were unaware of the system and were complaining at the situation. Toby Lewis undertook to investigate the complaints and ensure that Clinical Nurse Specialists were able to answer patients' questions.
- l) The recent clinical engagement with Consultant Oncologists was welcomed, but it was emphasised that progress needed to be made quickly to resolve the situation.

Further to the above comments, the Chair highlighted that the history of the situation was unedifying and that the public interest was in the position going forward. Members did not consider that it was acceptable for the temporary arrangements to become permanent. There was a little more clarity following the discussion, but Members continued to question what alternative plans had been considered. A rapid review process and a clear understanding of the way forward were needed quickly.

The Chair thanked the representatives for attending the meeting and requested that a progress report on Oncology Services at Sandwell and West Birmingham NHS Trust be made to the next meeting.

At this point in the proceedings, the Chair asked Toby Lewis to give a briefing to Members on the situation regarding Carillion the Midland Metropolitan Hospital development.

Toby Lewis advised that weekly stakeholder briefings would be held following the declared insolvency of Carillion in the previous 10 days. The Hospital Company had responsibility to respond and to address the situation. It was highly probable that the cost of developing the Midland Metropolitan Hospital would increase. However, the situation would take between weeks and months to resolve. The development site was safe, but no construction was taking place at present. There would be added costs from restarting work in relation to the time it took to resolve the situation and the next two weeks would be a crucial period. However, there was a clear view that the new hospital must be built. The October 2018 projected opening date had slipped to Spring/Summer 2019 and could slip again to 2020.

In response to Members' questions, he advised that:

- Emergency services were provided at present across 2 sites, with agency and temporary staff employed and pressures would build on services while the construction was delayed.
- A key date would be Christmas 2019, which related to housing being built on the City Hospital site.
- He undertook to give consideration to the circulation of public information on the situation from the Trust as quickly as possible.
- The situation was almost unprecedented, but the intention was to resolve the situation in the next 2 to 3 months.
- He was able to reassure the public that the new hospital would be built, but he needed to have more certainty about the completion date.

The Chair thanked Toby Lewis for giving the update.

05/18

RESOLVED:-

That NHS representatives be requested to give a progress report on Oncology Services at Sandwell and West Birmingham NHS Trust to the next meeting.

CHANGES TO APMS GP CONTRACTS

06/18 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 Dr Manir Aslam, Clinical Lead for Urgent Care, Sandwell and West Birmingham Clinical Commissioning Group (CCG) was also in attendance. A copy of the public consultation document was tabled for Members' information.

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

- a) The Accountable Officer advised that the consultations on the walk-in centres and GP practices were associated issues, but were succinct matters for consideration. There could be separate outcomes. However, there was no intention to reduce service levels and it was a question of reprovision of services.
- b) There was a range of options and positive choices that could be considered, including there being flexibility with the facilities.
- c) The Accountable Officer confirmed that attempts would be made to make the consultation encompass all patients. However, there would be a more general discussion of the issues, particularly with regard to the walk-in centre services.
- d) It was felt that patients' main concern was obtaining appointments and that the location of services was not paramount as long as they were local.

The Chair thanked the representatives for reporting to the meeting and advised that Members would wish to receive feedback on the consultation results.

URGENT CARE/WALK-IN CENTRE

07/18 The following PowerPoint slides were received:-

(See document No. 2)

Andy Williams, Accountable Officer, Sandwell and West Birmingham Clinical Commissioning Group presented the agenda item and Dr Manir Aslam, Clinical Lead for Urgent Care, Sandwell and West Birmingham Clinical Commissioning Group (CCG) was also in attendance.

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

- a) With regard to Option 1, the Midland Metropolitan Hospital services would sit alongside that provision. There was a genuine choice regarding future services.

- b) Dr Manir Aslam acknowledged that it could be difficult to obtain a GP appointment and that it could involve a wait of 2 to 3 days, but advised that the 111 service was an option if the patient needed to be seen urgently.
- c) The location of the walk-in centre would not be affected by the Accident and Emergency (A&E) Department at the Midland Metropolitan Hospital. However, the Accountable Officer acknowledged that the Sandwell Hospital A&E Department might need to stay open longer than envisaged because of construction delays.
- d) It was noted that the front-end GP service at Sandwell Hospital was separate to the walk-in centre services.
- e) Dr Aslam accepted that the access options needed to be publicised more and agreed that there were variations in the access between GP practices.

The Chair thanked the representatives for reporting to the meeting and advised that Members would wish to receive feedback on the consultation results.

DATE AND TIME OF NEXT MEETING

08/18

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

The meeting ended at 1610 hours.

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

Report submitted by: Catherine O'Connell, Director of Specialised Commissioning, Midlands and East

Date: 28th March 2018

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

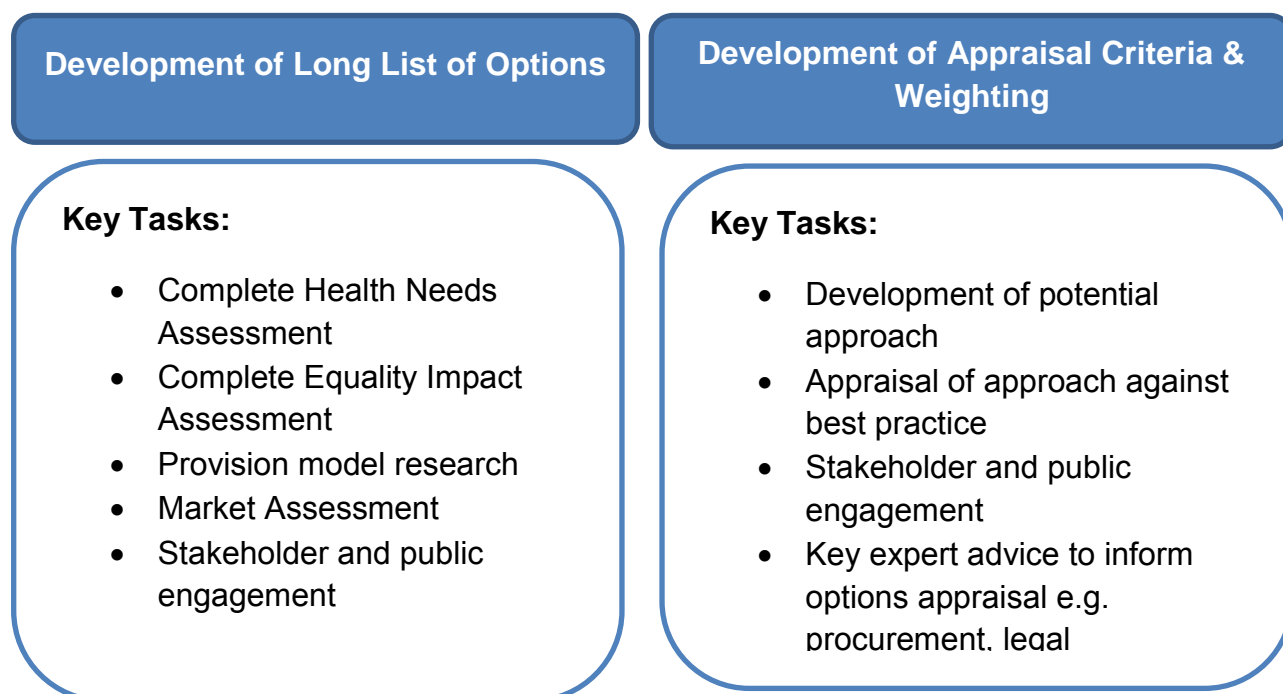
Good progress has been made and an interim clinical model has been agreed as part of the clinical workstream of the Transition Oversight Board. This has been developed by UHB who would provide the service to SWBH, and an implementation plan is being worked on with named consultants identified and consulted 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.

Progress in the delivery of oncology services for Sandwell and West Birmingham

We continue to work constructively with our colleagues at Sandwell and West Birmingham Hospitals (SWBH) to ensure the safe transfer of all of their remaining patients, who are under the care of an oncologist, over to our care at University Hospitals Birmingham (UHB).

The transfers of the lung, urology, upper-GI, and colorectal oncology patients have been completed and we are now tracking each of these patients to ensure that they attend their appointments when they are due. The transfer of breast cancer patients is well underway, and the booking processes will be concluded shortly. We are also ready to commence the transfer of the gynaecological cancer patients (for non-surgical oncology) as planned.

The below table illustrates how many patients have been referred to UHB for their ongoing care at the Queen Elizabeth Hospital.

Transfer Phase	Transfer Start	Transferred	Yet to transfer
1: Lung	13 th November	119	0
2: Urology & UGI	4 th December	595	0
3: Colorectal	8 th January	104	0
4: Breast	5 th February	595	98
5: Gynae	19 th March	0	465
Total		1412	564

The number of breast cancer patients, transferring under the care of an oncologist, is subject to further audit and validation for final confirmation. The numbers of gynaecological cancer patients will be confirmed when that service begins to transfer from 19th March.

The transfer of the breast cancer patients will be concluded when issues of research trials governance and resourcing are addressed. Until that point of transfer for patients in research studies, expected to be in the coming weeks, the patients remain safely under the ongoing care of an oncologist seeing these patients at SWBH. This is to ensure that neither the trial nor patient care is compromised.

Some breast cancer patients have experienced delays in receiving appointment dates, and we are addressing the causes of this. Significantly, issues have related to availability of patient records and the timeliness of these being made available. The teams across both UHB and SWBH have reviewed each patient to ensure that care management plans are known and enacted accordingly. The teams continue to communicate well, resolving issues as and when they arise. The hard work of the teams continues to ensure that no delays to any patients' treatment occur. Although there have been some treatment deferrals reported, all have been necessary on

clinical grounds or are due to patient choice (i.e. none have been reported associated with the transfer process itself).

We look forward to hearing commissioner plans for the future provision of non-surgical oncology for the population of Sandwell and West Birmingham in due course.

Scott Hancock
Project Lead; Head of Operational Performance and Business Management Support
University Hospitals Birmingham

16/03/18

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Date: 27th March 2018

Joint Health Overview and Scrutiny Committee
Sandwell Council House
Freeth Street
Oldbury
B69 3DE

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

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Date: 27th March 2018

Joint Health Overview and Scrutiny Committee
Sandwell Council House
Freeth Street
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B69 3DE

Dear Councillor Giles and Councillor Cotton,

Midland Metropolitan Hospital - position statement

1. We continue to operate with universal stakeholder support for the necessity of a new single acute centre. This was due to open in October 2018. A delay until spring 2019 was accepted arising from engineering design issues, which have since been surmounted. The collapse of Carillion on January 15th will occasion further delay and makes real financial consequences of the prior delay. In addition any new contractor will price risk and delivery differently, and more expensively, than the project to date.
2. The Prime Minister has committed to the delivery of the hospital, and all contact with civil service colleagues reinforces a determination to achieve a new hospital as quickly as possible. The question is how not whether.
3. With the collapse of Carillion, the Hospital Company, with whom the Trust contracts, have given notice to the Official Receiver, and PWC acting as their agent. They vacated the site on March 22nd. Considerable effort and energy had gone into an interim contract to be let to take on the site, and that may yet prove possible, but it was not possible to reach collective agreement to do that at the time of the termination. As such the site is presently being managed and secured by the Hospital Company. With deep regret this sequence of events means that almost all prior employees will lose their jobs, and with that the project to build the new hospital will lose valuable soft knowledge and experience.
4. The Trust continues to work to confirm which of the options for completion represents the best value for money, and within that the fastest route to delivery. This work will take a few more weeks. It is being completed with expert advice and help, and will form the basis for any decision made by both the Trust and government in coming weeks. In parallel the Trust is finalising analysis of the impact of delay, given that the lease of City Hospital from its owners expires in December 2019. Of equal or greater importance is understanding which clinical services cannot be stretched across two sites beyond 2020, and the relative

fragility of such services to, for example, a handful of staff exiting the organisation. This will be one of several topics appraised at the Trust's Board on April 5th.

5. The collapse, and the delay in confirming a successor arrangement, is of concern to us all. No effort or energy is being spared in bringing uncertainty to an end. We will happily provide a further update to any future OSC meetings as requested. We are cautiously optimistic of a clear position being arrived at during April.

A handwritten signature in black ink, appearing to read 'Toby Lewis', with a stylized flourish extending from the end.

Toby Lewis, Chief Executive
Sandwell and West Birmingham NHS Trust



**Sandwell and
West Birmingham**
Clinical Commissioning Group

Sandwell and Birmingham Joint Health Overview and Scrutiny Committee

**Update on the work around Improving Access to Local Health Services
and Same Day Access**

Report submitted by Andy Williams, Accountant Officer, Sandwell and West Birmingham Clinical Commissioning Group

Date: 28th March 2018

Introduction

As members of the committee are aware over the past few months, NHS Sandwell and West Birmingham CCG has been undertaking a programme of work on proposals to improve access to local health services, particularly to same day access to urgent care. These proposals have taken into account the future of the area's walk-in centres.

This work is necessary because:

- The contracts for our two local walk-in centres are coming to an end and we need to review how these services are provided in future.
- There are new national requirements for urgent care which means we are required to change how we provide walk-in centre services.
- We are at a key stage in development of our new Primary Care Networks and would like to consider same day access as part of this work.
- The NHS is under greater pressure than ever before and we know we need patients to take control of their own healthcare and to help us reduce this pressure.

The proposals have been discussed by the CCG's Governing Body with a view to going out to public consultation with options for the local population to consider which would take into account the future of Parsonage Street walk-in centre and Summerfield Urgent Care centre.

Following further work to develop our proposals through discussions with key stakeholders, this paper sets out the next steps for this project which will involve:

- A switch from formal consultation at this stage to a period of comprehensive engagement. (Please note should formal consultation be required, then a plan will come to JHOSC in due course).
- An 8 week period of engagement with patients and the public to help develop the proposals during April and May 2018
- Assurance of the engagement approach by The Consultation Institute.
- Further clinical engagement on possible service models
- Assurance of the project in its entirety by NHS England
- Development of an interim model for walk-in centre provision ahead of any newly commissioned service coming into place.

Patient and public engagement approach

We have a strong track record in involving patients through a robust engagement model which gives us lots of opportunities to listen to local people. We have also run a number of large-scale engagement activities over the past couple of years which have helped inform the proposals so far.

Following further consideration and feedback from key stakeholders, we feel that the development of these proposals would benefit from a further in-depth period of public engagement ahead of formal consultation.

We plan an 8 week period of in-depth engagement which will focus on:

- How do people maintain good health?
- How do people care for themselves/family/friends when they become unwell?
- How can local NHS services help people to care for themselves/family/friends when they become unwell?
- When do people seek clinical intervention?
- Who do they seek advice from and at what stage of their illness?
- How can local NHS services provide best access to the clinical intervention needed?

We will be particularly focussing on communities identified in our Equality Impact Assessment during our engagement process. These include our unregistered population, parents of 0-5s, the homeless, asylum seekers, students, seasonal migrants amongst others.

We have asked two independent consultation partners to undertake this work and are asking The Consultation Institute to independently assure the process to ensure that it meets best practice. We believe this approach will provide robust feedback from the public and patients to help develop our proposals moving forward.

This period of engagement will help inform our proposals ahead of formal public consultation which we anticipate happening later this year.

Clinical engagement approach

We would like to do some further work, particularly with primary care colleagues, on the development of clinical models for same day access. We particularly want to understand whether improving same day access could be considered as part of the development of Primary Care Networks. We also want to do more to understand how the needs of our unregistered population may better be met in future. We will undertake this work through our clinical networks over the coming months in order to further develop our proposals.

NHS England assurance process

In addition to this comprehensive public and patient engagement approach, we will be going through the NHS England assurance process which ensures that we meet NHS guidance on significant service change in the NHS. This process will look at all aspects of our planning including the business case, clinical and financial models and the communications and engagement approach.

This process will commence in April and will take a number of months ahead of the formal public consultation period.

Development of an interim model for walk-in centre services

In order to ensure that there is no disruption to services for local people as a result of this process, we are developing an interim model for walk-in centre services which will ensure that the walk-in centre services will continue to run after 31st March 2019 until any newly commissioned service, in whatever form this may take, can be implemented. A range of options for extending provision are currently being considered and shared with Governing Body in due course.

Next Steps

A report of the outcome of the engagement phase will be prepared and presented to a future JHOSC and SWBCCG Governing Body, for consideration of next steps.

Proposed Changes to 2 GP practices in Sandwell and 1 GP practice in West Birmingham

Introduction

- The consultation is being led by Sandwell and West Birmingham Clinical Commissioning Group (CCG); a membership organisation made up of 85 GP practices. The CCG is responsible for buying a range of health services for it's population, including GP services.
- Most of our GP practices hold a General Medical Services (GMS) contract with us which do not have an end date. However, a small number of practices hold an Alternative Provider Medical Services (APMS) contract which are only for a fixed term.
- 3 of our APMS contracts are due to naturally expire on 31st March 2019 and we must now decide what the future of these practices should be in order to best meet the health needs of the local population.

The GP practices being reviewed as part of the consultation due to their contracts coming to an end include:

- Mallings Health Centre Sandwell, Parsonage Street, West Bromwich
- Mallings Health Great Bridge, Charles Street, West Bromwich
- Summerfield GP Practice (attached to the urgent care centre)

All of these contracts were originally due to expire in March 2014, and have already been extended for 5 years. It is not possible for the current contracts to be extended any further.

This consultation focuses on GP services for registered patients only. We will be having separate conversations at a later date, in terms of the associated walk-in services at two of these practices

Malling Health Sandwell

Parsonage Street, West Bromwich

- Serves a registered list of 4,697 patients
- Malling Health taken over by Integral Medical Holdings (IMH) in 2015
- Attached to walk-in service for whole population
- Land where the practice is located is under a lease agreement, which expires six months after the contract ends on 31st March
- Five practices in a 1 mile radius (nearest Carters Green Medical Centre and Clifton Lane Surgery)



Malling Health Great Bridge, Charles Street, West Bromwich

- Serves a registered list of 4,291 patients
- Malling Health taken over by Integral Medical Holdings (IMH) in 2015
- Seven practices in a 1 mile radius (nearest on Slater Street followed by Horseley Heath)



Summerfield GP Practice

Heath Street, Winson Green

- Serves a registered list of 5,565 patients
- Contract with Virgin Care
- Attached to walk-in service for whole population
- Co-located with 3 other GP practices in the Summerfield Primary Care Centre
- An additional six practices in a 1 mile radius



The options for each practice

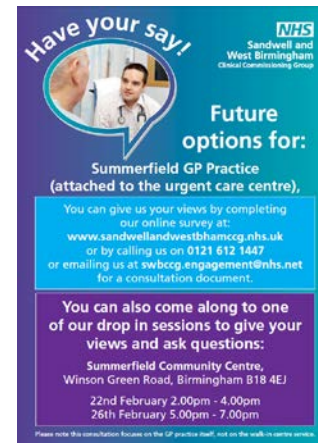
- **Option 1 – To re-procure the GP practice contract**

This would result in the contract being put out to tender, which is a competitive process for any qualified provider to apply for the contract.

- **Option 2 – To close the practice and move patients to other local practices**

This would mean allowing the contract to come to a natural end and not procuring anything in its place. Patients would have to choose another practice to register with.

Consultation activities to date



Stakeholders

healthwatch

bvsc
the centre for voluntary action

SCVO
connecting · enabling · transforming



virgincare

Malling Health
Parsonage Street GP Practice

Malling Health
Great Bridge



Sandwell
Metropolitan Borough Council

NHS
Sandwell and West
Birmingham Hospitals
NHS Trust

NHS
England



Birmingham City Council

SANDWELL
LOCAL MEDICAL COMMITTEE

LPC Sandwell

Birmingham Community Healthcare NHS
NHS Foundation Trust

BLPC Birmingham LPC

Birmingham
LOCAL MEDICAL COMMITTEE



Overall response to date



**143 attended
outreach activities**



**493 completed
questionnaires**



#?? 80 Telephone calls

Interim questionnaire results



- 493 questionnaires completed in total
- Majority completed online
- 84% completed by patients registered at one of the practices

Breakdown of respondents:

ANSWER CHOICES	RESPONSES	
I am a patient registered with one of the practices	84.57%	411
I am a family member or carer of a patient registered at one of the practices	2.06%	10
I am a patient at a neighbouring practice	2.67%	13
I am an employee or partner at one of the practices	5.56%	27
I am an organisation that works with one of the practices	1.23%	6
Other (please state)	3.91%	19
TOTAL		486

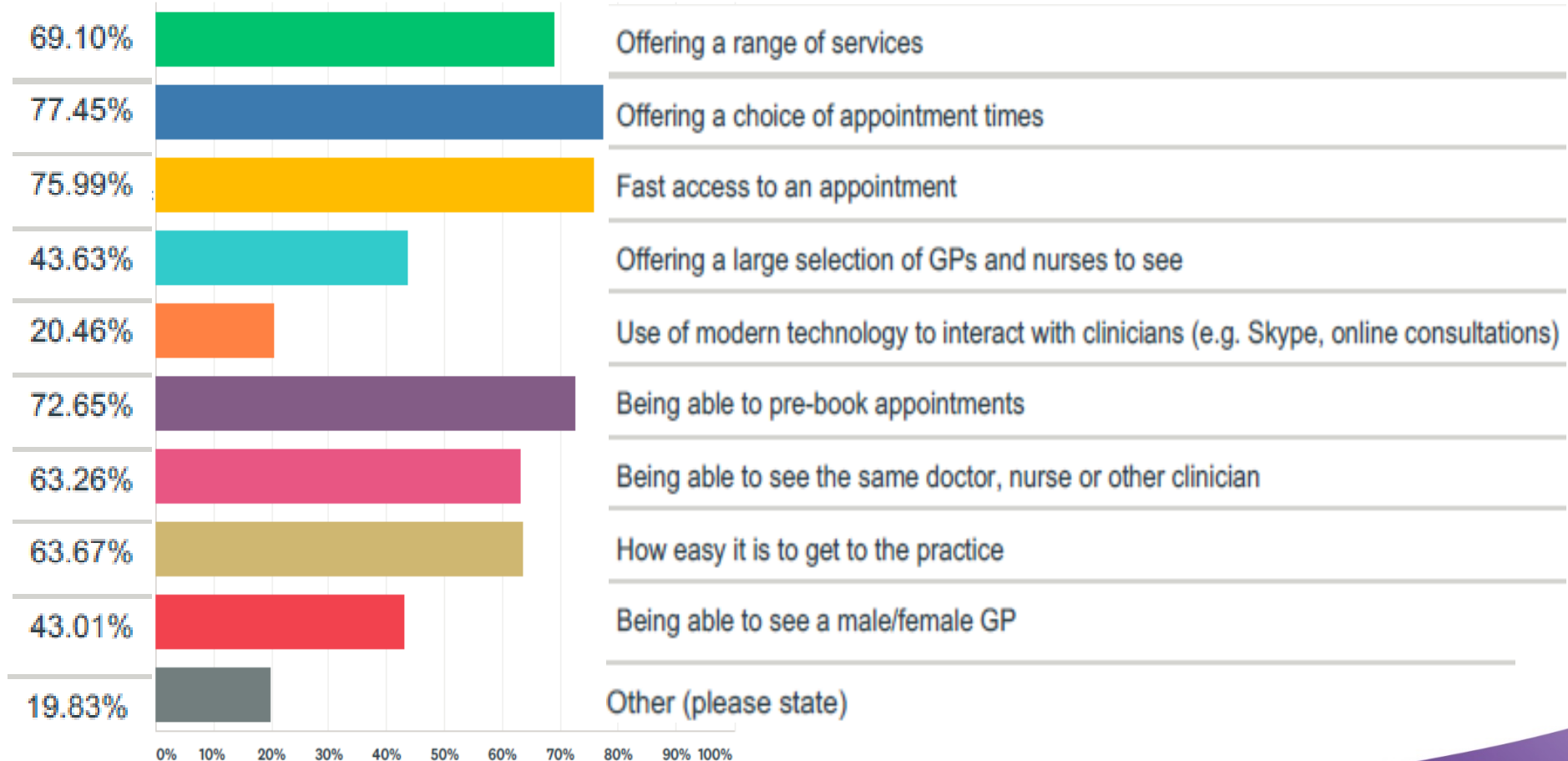


Response by practice

Respondents were asked to select which practice/s they had an interest in:

ANSWER CHOICES	RESPONSES	
Malling Health Parsonage Street, Parsonage Street, West Bromwich, B71 4DL (Go to page 2)	42.01%	205
Malling Health Great Bridge Health Centre, Charles Street, West Bromwich, B70 0BF (Go to page 3)	51.64%	252
Summerfield GP Practice (attached to the Urgent Care Centre), 134 Heath Street, Winson Green, Birmingham, B18 7AL (Go to page 4)	18.44%	90
Total Respondents: 488		

What's important to people in terms of their GP practice?



Preferred options

Malling Health Sandwell, Parsonage Street (250 responses)	Malling Health Great Bridge (218 responses)	Summerfield GP Practice (Virgin Care) (82 responses)
<ul style="list-style-type: none"> • 95% prefer option 1 • 5% prefer option 2 • 68% felt that the impact of option 1 would be positive compared to 5% for option 2 • 9% felt the impact of option 1 would be negative compared to 74% for option 2 	<ul style="list-style-type: none"> • 96% prefer option 1 • 4% prefer option 2 • Most people (80%) felt that the impact of option 1 would be positive compared to 6% for option 2 • 2% felt the impact of option 1 would be negative compared to 80% for option 2 	<ul style="list-style-type: none"> • 91% prefer option 1 • 9% prefer option 2 • 59% felt that the impact of option 1 would be positive compared to 3% for option 2 • 7% felt the impact of option 1 would be negative compared to 59% for option 2

Anecdotal feedback

Malling Health - Parsonage Street



“We are very happy with the service there and very disappointed to think that you’re even contemplating closing it down”

“Other practices are too busy, you can’t get an appointment for 3 weeks. That’s why I moved to this practice. It will be worse if everyone moves to those practices”

“My concern is for the elderly and people who have mobility issues. They need something nearby in short walking distance”

“We need a practice in this area. The other practices are too far and a lot of people can’t afford the travel expenses. It’s a couple of days of food for some people”

“Think about the impact on local pharmacies, who have longstanding relationships with patients”

Anecdotal feedback

Malling Health – Great Bridge

“It would be good to have the chance to stay at the same facilities and accommodate the service users needs. Other GP’s may not have the space for potentially 5000 new patients”



“ This is a good surgery with great access and I have yet to have a problem getting an appointment when needed. And waiting times are very good. This is important when you have a small child that get’s easily frustrated”

“ This is my GP practice and I do not want to move to another one. I like this practice”

“I’m fed up of finding new doctors to see. It delays treatment and breaks continuity of care; Having to rebuild a Dr-Patient relationship again”

“It creates an unstable atmosphere for the patients if we keep changing everything”

Anecdotal feedback

Summerfield GP Practice

"I have been with this practice and GP for many years. It is very convenient for me and I am very happy here. I do not want to change and would like to continue here"



"I get tired of explaining my conditions to different doctors. My previous practice closed and these doctors are beginning to understand my condition. I don't want to start all over again"

"The Summerfield GP practice is the only one in the area who is open till late daily. I'm working and my child is in school"

"As an OAP it is good to be registered with a practice which nearly always has an appointment available. And the fact I don't have to travel a great distance is also an advantage"

"I would be concerned that the services may not be as good as they are now"

GP members feedback

There has been mixed feedback to date:

- Some members are keen for option 1 as they are interested in the potential procurement opportunity
- Some members are keen for option 2 as they are interested in attracting the affected patients if they need to register elsewhere
- Some are concerned about option 2 in terms of whether they would be able to cope with a huge influx of new patients



Upcoming consultation activities

- Consultation period extended to 16th April 2018
- Proactive/ targeted consultation in practice waiting rooms (potentially with the help of PPG members)
- Use of Language Line facility and/or Interpreters
- Additional patient/ carer meetings at affected practices
- Text messages from the affected practices to send out to all patients who have a mobile phone
- Further press release and social media activity

Questions



Thank You