

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: 1st August 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 1st August.

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, SWBH also provides chemotherapy for blood based cancers – a Haemo-oncology service commissioned by Sandwell and West Birmingham CCG – from the Sandwell hospital site. The Joint HOSC has previously been informed about the work to consolidate the service on the Sandwell site where the majority of the service had been based. Haemo-oncology 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 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

Solid tumour sites affected by this temporary change were Lung, Urology / Upper GI, Colorectal, Breast and Gynae. These have all fully transferred to the Queen Elizabeth Hospital with a small number of patients choosing to attend appointments at New Cross Hospital in Wolverhampton instead. The transfers were all completed by May and the detail has been previously reported to the Joint HOSC.

The quality and safety of this interim service is monitored as part of the contract management process within NHS England. Measures monitored include PALS enquiries and formal complaints, serious incidents, 31 and 62 day performance and the use of transport. These are also monitored by NHS Improvement. No serious incidents or formal complaints have been reported to date.

The Sandwell and West Birmingham PALS report covering October to March 2018 shows four enquiries relating to transport which were referred to the local transport service, and 61 referred to the CNS team for further information or explanation. All cases are recorded as being resolved to the enquirer's satisfaction.

The NHS England quality lead made a visit to the unit at the QE on 29th May. A range of information was reviewed and discussed, including feedback from patients through a number of routes, including PALS and patient surveys. No issues of note were identified.

The patient engagement events that have taken place as part of the review process have provided an opportunity for patients to raise any issues or concerns they have. Patients are encouraged to then raise them through the formal Trust processes so that they can be thoroughly investigated and captured through formal routes. Issues raised have primarily related to transport and communication and the feedback on the service itself has been positive.

Transport to the QE was raised as an issue early on and additional investment of £50,000 is being made available to a volunteer transport provider to expand their service to include chemotherapy patients who meet the eligibility criteria. Patients receive information about transport with their appointment letters and there has been a noticeable reduction in queries about transport since this arrangement was agreed.

We recognise the inconvenience this change has had for patients and thank them for their understanding and support in helping us develop a long term solution. Our aim is to implement a long term solution as quickly as possible, although this may take slightly longer than the initial 12 months to ensure the safe development and transition to the new service.

3.3 The Oncology Review

A cancer review has taken place to identify the long term solution. The review began with a health needs assessment and equality impact assessment of the local population that considered demographics, cancer prevalence, mobility etc. This was followed by three patient engagement events, patient surveys, patient interviews, a public event organised by Healthwatch Sandwell, a patient reference group and an event involving almost 40 local clinicians (including doctors, nurses and pharmacists, and involving representation from SWBH, UHB and Royal Wolverhampton Trust).

These activities enabled patients and clinicians to provide feedback on the existing service, suggest potential solutions, identify opportunities and risks, and influence the scoring criteria.

Patients reported that the things that mattered most to them were continuity of care, the quality and capacity of the service, local access, a friendly, supportive environment, access to other services, communication, and choice in where, how and when they could access the service.

This work created a long list of options that was scored by a group of patients and carers, a clinical group, and a group of commissioners and colleagues from the Cancer Alliance. The scoring system used was developed by patients and local clinicians.

The long list included options for a specialist provider to deliver this service from either or both acute hospital sites, from community sites within Sandwell and western Birmingham, developing services that relied on nurse-led and home delivered services, an out-of-area specialist service, and splitting the service. Given this new service will be in place for the long term, it was important all options were explored to ensure the service developed is the right one to meet the needs of this population.

There has been an extremely clear steer from all these groups, supported by the evidence from the health needs and equality impact assessments, that the preferred

option is for a specialist provider to deliver Chemotherapy for solid tumours from the City and Sandwell Hospital sites.

3.4 Next Steps

The two-hospital site option was the preferred option by some distance and a detailed proposal is currently being developed. Following the option appraisal, NHS Improvement has been in discussions with the Chief Executives of UHB, as the local specialist cancer centre, and SWBH which operates the City and Sandwell Hospital sites, to develop the proposed new service. The Royal Wolverhampton Trust has said it would be unable to provide this service.

The new service will be commissioned differently to the original service. However, it should feel very similar to patients, in that they would access the service on the hospital sites as before.

The development of the new service will incorporate the feedback received from patients and clinicians over the last few months, and designed in such a way to ensure it will be sustainable in the long term. SWBH has been invited to indicate what space could be made available for this service and discussions are underway about the clinical and IT infrastructure required.

As previously agreed with the JHOSC, as the solution involves delivery of the service from the City and Sandwell Hospital sites, formal public consultation will not be undertaken on this option.

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 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.

4.2 Progress to date

A project was initiated 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.

At the end of 2017, NHS England received an expression of interest from a consortium of providers for the re-provision of the Pan-Birmingham Gynaecological Cancer 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". Commissioners have been working with the Consortium to identify how a new service could be delivered.

Due to the complexity found in planning to transfer this service, and the work that would need to be carried out by a new provider to take on the work, we have agreed with Sandwell and West Birmingham Hospitals to extend the service at City Hospital for up to two years. This is in addition to the extension already agreed to the six month notice period the trust initially provided.

This additional time will enable a more detailed piece of work to be done to consider wider range of options, and importantly, give patients the opportunity to help develop the new service. It also means that patients and staff at the existing service can have some security that there will be no immediate changes, and that they will be fully involved in any changes that are made after that time.

4.3 Next Steps

Following agreement that the service will remain at City Hospital in the medium term, a project is being established to oversee the development of options for the long term service. This project will be co-produced with patients, with a series of patient workshops taking place from September 2018. A number of patients have already provided feedback on this service as part of the wider cancer review, and some patients have volunteered to participate on a patient reference group to oversee the patient involvement.

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

Acute Oncology services are provided at all hospitals with an A&E department to ensure that patients who become unwell during the course of their treatment and need to attend A&E or be admitted to hospital, can receive specialist oncology input. This service was previously provided as part of the oncology support that UHB provided to the SWBH service.

Following the temporary move of chemotherapy services to the QE, new arrangements have needed to be put in place to ensure that patients at the hospitals have access to a safe and robust Acute Oncology Service. The future provider of solid tumour oncology services will also provide acute oncology services to the City and Sandwell hospitals when the new solid tumour oncology service is launched.