

## Tracking and Monitoring of Actions and Recommendations of Scrutiny Boards

Health and Adult Social Care Scrutiny Board				
04 OCT 21		Clinical Commissioning Group be requested to arrange a briefing session for all members on primary care services access; to be led by the Cabinet Member for Adults, Social Care and Health	CCG in consultation with Cabinet Member for Adults, Social Care and Health	Integrated Care Board (ICB) (Formally Clinical Commissioning Group (CCG)) accepted recommendation but dates yet to be set. Primary Care Access will be discussed again at the Board's meeting in November 2022.
04 OCT 21		A joint task force to look at ways in which to communicate the message to Sandwell residents about the variety of ways in which primary care services can be accessed	Cabinet Member for Adults, Social Care and Health in consultation with CCG and Director of Public Health	Integrated Care Board (ICB) (Formally Clinical Commissioning Group (CCG)) accepted recommendation yet to be actioned. Primary Care Access will be discussed again at the Board's meeting in November 2022.
14 MAR CH 22 (2021/22)	Community Diagnostic Centres Update	That the Cabinet Member be asked to endorse the letter to Secretary of State for Health and Social Care asking for long-term revenue funding for CDC to be confirmed	Cabinet / SWBHT	A response was received from the Minister and is attached, along with the Cabinet Member's letter.
Joint Health Overview and Scrutiny Committee (with Birmingham City Council) 21/22				
04 NOV 21	Delivering Solid Tumour Oncology	That a further update on the review of the delivery of solid tumour oncology services is submitted to the Board's next meeting		The joint health scrutiny committee is meeting on 29 November 2022 and this matter will be on the agenda.

*My Ref:*

The Rt Hon Dr Therese Coffey MP  
Deputy Prime Minister and Secretary  
of State for Health and Social Care  
House of Commons  
London  
SW1A 0AA

*Please ask for:* Cllr S Hartwell  
*Telephone Number:* 0121 569 3115  
*Date:* 28 September 2022

Dear Rt Hon Dr Therese Coffey MP

### **Community Diagnostic Centres**

We are writing to raise concerns regarding the funding of Community Diagnostic Centres (CDCs) in the Midlands Region and specifically Sandwell and West Birmingham.

Our members welcome your recognition of the public service emergency we are seeing in our NHS, including the need to tackle the elective care backlog and to invest in community diagnostic centres, in addition to your vision of a health service that improves prevention of illness and ill health.

Patients are already benefitting from earlier diagnostic tests closer to home, with 92 community diagnostic centres already established and delivering activity. You have prioritised delivering up to 160 CDCs in total, supporting the NHS to carry out up to 17 million tests by March 2025, with capacity for up to 9 million more per year once they are all fully operational.

The impact on a hospital's operating costs of radiology workforce shortages is massive: in 2018 the NHS spent £116 million to outsource patient scans in response to the shortage of radiologists. Outsourcing costs doubled in three years in the U.K. (to 2018) from £58 million to £116 million.

The need to address diagnostics innovation is one of the key lessons to emerge from the COVID-19 pandemic, when the demand for diagnostics spiked and increased delays to cancer diagnosis and treatment.

Disruptions led to about 2.4 million people waiting for cancer screening, treatment, or tests, according to Cancer Research UK.

It also fast-tracked the impetus behind new models of care which envisaged diagnostic services - or centres - outside of the hospital walls.

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CABINET MEMBER  
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In order to prepare for the future of healthcare, new services built around MRIs, CTs and PET scans can live “off campus” leaving critical and specialist care onsite.

The Indices of Multiple Deprivation (IMD) 2019 shows Sandwell’s average deprivation score as ranked 12th most deprived local authority in England, out of a total of 317.

Previous IMD results for this measure show that Sandwell's position has declined slightly relative to other districts in England. Sandwell was 13th most deprived local authority in 2015.

Within the West Midlands conurbation there is a central corridor of severe deprivation that runs from Birmingham, through Sandwell, into Wolverhampton, parts of Walsall, and Dudley. The less deprived areas are around the extremities of the conurbation and within the adjoining district of Solihull.

Sandwell's location at the centre of this deprived urban area means that the borough does not benefit from having a semi-rural fringe - indeed, Sandwell is the only metropolitan borough outside London that does not adjoin a Shire district. The likely impact of a largely deprived hinterland should not be underestimated as a significant limiting factor on the potential to address some of Sandwell’s deprivation characteristics.

England is made up of 32,844 Lower Super Output Areas (LSOAs), 186 of which are in Sandwell. One in five of Sandwell’s LSOAs fall into the most deprived 10% nationally in 2019. A further two-fifths fall into the most deprived 10-20%, so overall 60% of Sandwell’s LSOAs fall within the worst 20% nationally, and 97% within the worst 60% nationally, clearly displaying the high levels of deprivation prevalent in large parts of Sandwell.

The funding for delivery of the Community Diagnostic Centres is prioritised to financial year 2024/25 providing capital for new build, refurbishment, and the purchase of new and replacement equipment. Revenue is also short term to 2024/25 and will support recruitment and retention of workforce and leases / licences during for the short-term.

However, it remains the case that, with demographic changes, an ageing population and many more chronic diseases and illnesses, the NHS will see a rise in cost and there should be an active plan to look at a forward-thinking strategy as to how this initiative will be funded in the long term?

We would suggest that further investment at scale and over a prolonged period to return the NHS to pre-pandemic levels of performance across all pathways, maximising existing commitments in the government backlog recovery plan.

Expansion of community diagnostic services should be directly connected to a proposed expansion of surgical hubs (or “Community Treatment Centres”) for minor invasive procedures to address ever growing waiting lists for planned procedures.

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Ensure that investment in infrastructure and equipment is backed up by efforts to train, recruit and retain the workforce required to provide services. In the near term, efforts to retain existing staff are vital to prevent to loss of the experienced professionals required to guide local services through the implementation of proposed changes.

Yours sincerely



Cllr Suzanne Hartwell  
Cabinet Member for Adults, Social Care and Health

**COUNCILLOR HARTWELL  
CABINET MEMBER  
FOR ADULTS, SOCIAL CARE AND  
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From: Department of Health and Social Care  
<DoNotReply@dhsc.gov.uk>  
Sent: 19 October 2022 08:15  
To: Suzanne Hartwell <suzanne\_hartwell@sandwell.gov.uk>  
Subject: Your correspondence of 28 September

Dear Councillor Hartwell,

Thank you for your correspondence of 28 September about cancer services. I have been asked to reply.

I appreciate your concerns.

The Government would like to reassure you that cancer services remain an absolute priority for the NHS. The Government regularly meets senior clinical leads, cancer charities and cancer experts to make sure that cancer services continue to be maintained throughout this difficult time.

The Delivery plan for tackling the COVID-19 backlog of elective care was published on 8 February. The plan sets out a clear vision for how the NHS will recover and expand elective services, including cancer treatment, over the next three years.

NHS England and the Government are committed to returning the number of people waiting more than 62 days from an urgent referral to pre-pandemic levels by March 2023, and the ambition is that, by March 2024, 75 per cent of patients who have been urgently referred by their GP for suspected cancer be diagnosed or have cancer ruled out within 28 days.

The Government announced an additional £6.6 billion of funding over the period of April to September 2021 and an extra £5.4 billion over the following six months to support the NHS's response to COVID-19 and help tackle waiting lists. There was also an additional £2 billion for the NHS in 2021/22 to support the start of the recovery of elective activity, including the recovery of cancer services. This was in addition to the historic long-term settlement for the NHS, which is enshrined in law and will see NHS funding increase by £33.9 billion by 2023/24 as part of the NHS Long Term Plan.

The Government is allocating more than £8 billion from 2022/23 to 2024/25 to support the recovery of elective services, in addition to the £2

billion Elective Recovery Fund and £700 million Targeted Investment Fund made available to systems in 2021/22 to increase elective activity. It will address outcomes for patients, including those with cancer, through the delivery of nine million additional treatments and diagnostic procedures over the next three years and approximately 30 per cent more elective activity by 2024/25 than pre-pandemic levels.

Timely treatment will be ensured by the prioritisation of cancer patients within the overall planned expansion of elective capacity, as well as a continued focus on the innovative approaches to treatment adopted by the NHS during the pandemic.

At the 2021 spending review, the Government announced an extra £5.9 billion of capital to support elective recovery, diagnostics and technology over the following three years. This includes £2.3 billion to increase the volume of diagnostic activity and to roll out community diagnostic centres (CDCs) to help clear the backlog of people waiting for clinical tests, such as ultrasound, MRI and CT scans. CDCs will provide care settings that are suitable for co-locating diagnostic services, according to local requirements. Referral to a CDC could be either direct by a GP or through secondary or community care, and these diagnostic pathways are being developed. NHS England is also increasing diagnostic capacity, early diagnosis and survival rates through rapid diagnostic centres for patients with non-specific symptoms.

The NHS's 2022/23 priorities and operational planning guidance includes an explicit expectation for systems to work with NHS cancer alliances to develop a plan for making progress on diagnosis at an earlier stage, with a particular focus on more disadvantaged areas where rates of diagnosis are lower.

Between 4 February and 8 April, the Government ran a call for evidence to inform a new ten-year plan to improve cancer care, speed up diagnosis and invest in innovative new treatments. Further information can be found at [www.gov.uk/government/consultations/10-year-cancer-plan-call-for-evidence/10-year-cancer-plan-call-for-evidence](https://www.gov.uk/government/consultations/10-year-cancer-plan-call-for-evidence/10-year-cancer-plan-call-for-evidence). The Government is currently reviewing this work and announcements will be made in due course.

The NHS Long Term Plan ambitions and actions for cancer remain the ultimate goal – to diagnose 75 per cent of cancers at stage 1 or 2 and for 55,000 more people to survive five years or more by 2028.

Our plan for patients, which was announced by the Secretary of State for Health and Social Care, details the Government's plans to reduce waiting times. This plan can be found at [www.gov.uk/government/publications/our-plan-for-patients](http://www.gov.uk/government/publications/our-plan-for-patients).

I hope this reply reassures you of the continuing priority that the Government gives to cancer services.

Yours sincerely,

K Jarvis  
Ministerial Correspondence and Public Enquiries  
Department of Health and Social Care