

**Birmingham City Council and Sandwell Metropolitan
Borough Council**

Minutes of the Joint Health Overview and Scrutiny Committee

**28th March, 2018 at 2.00 pm
at the Sandwell Council House, Oldbury**

Present: Councillor E M Giles (Chair);
Councillors Z Ahmed, S Downing, B Lloyd and F
Shaeen (Sandwell Metropolitan Borough Council).

Councillors D Alden, F Cotton and K Hartley
(Birmingham City Council).

Apologies: Councillors S Anderson and J Francis
(Birmingham City Council).

In Attendance: Simon Collings – Assistant Regional Director
Specialised Commissioning, NHS England
G Lineham – Clinical Director Specialised
Commissioning, NHS England
J Kinghorn – Head of Communications and
Engagement Specialised Commissioning, NHS
England
A Williams - Accountable Officer Sandwell and
West Birmingham Clinical Commissioning Group
J Clothier and W Hodgetts – Healthwatch
Sandwell

9/18 **Minutes**

Resolved that the minutes of the meeting held on 25th
January 2018 be approved as a correct record.

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**10/18 Sandwell and West Birmingham Solid Tumour Oncology and
Specialised Gynaecology Cancer Services**

Further to Minute No. 5/18 (of 25th January 2018) the Committee noted an update, contributed to by NHS England, University Hospitals Trust Birmingham (UHB) and Sandwell and West Birmingham Hospitals NHS Foundation Trust (SWB), on the recent changes and the current review of oncology services in Sandwell and West Birmingham.

The Committee was reminded that four separate oncology services were affected. From the reports and presentations given to the Committee and the questions from members and the responses, the following was noted in respect of each service: -

Solid Tumour Oncology Services

- Four out of five pathways had now re-located to either Queen Elizabeth Hospital or New Cross Hospital, depending on the patient's choice.
- There had been some delays in breast cancer patients receiving appointments, which appeared to be due to the availability of patient records. Both SWB and UHB had made available two consultants to validate the transfer of patient records and ensure that all patients were offered appointments as soon as possible.
- Transport arrangements for patients had been enhanced.
- Data on missed appointments was being closely analysed. When comparing the data to 2017 there were no initial indications that the changes had had an impact on attendance figures, however further analysis would be done to break down the different reasons for non-attendance (one of which was inclement weather) to ensure that this was in fact the case. There were processes in place to maintain contact with patients throughout the course of their treatment.
- The Operational Group was meeting on a weekly basis to monitor quality and outcome data.
- The review was different to previous reviews in that it was starting with a blank canvas and building a service model from scratch.
- The review was jointly chaired by representatives of NHS Specialised Commissioning and Sandwell and West

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Birmingham Clinical Commissioning Group, with input from the Cancer Alliance.

- A Health Needs Assessment had been carried out, which would inform the commissioning of the new provider.
- A patient engagement event had taken place on 27th March, which had been valuable in terms of establishing patient feelings and experiences and what they felt that an excellent service would look like.
- A second engagement event would be held to seek patient views on the different types of options to inform the short-listing process.
- Patient engagement events would be supplemented with patient surveys, one to one interviews, and possibly an online engagement event for those unable to take part in person.
- An options appraisal was due to commence in early May, which would provide a long-list of options for consultation.
- A public consultation on the short-listed options would commence in early June.
- NHS England's position remained that the service should be provided locally and the Health Needs Assessment supported this position.

The Committee noted the detailed timeline for the review and requested a further update prior to the commencement of the public engagement process.

Haemato-Oncology (blood based cancers) Services

- The service was being reviewed with a view to combining two existing centres onto one site, at either Sandwell or City Hospital. This was because of the changes in the way that oncology clinics and chemotherapy treatment were provided for people with solid tumour cancers.
- The change was expected to take effect within two months.
- All patients had been written to, regardless of where they were currently receiving treatment, and invited to share their views.

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Acute Oncology Services (relating to solid tumours)

- The oncology consultants that supported the service at Sandwell and City Hospitals would no longer be available as the clinics moved to UHB pending the full review therefore new arrangements were required to ensure that patients at City and Sandwell Hospitals would continue to have access to acute oncology care.
- An interim clinical model had been agreed and the implementation plan was being finalised.
- Named consultants had been identified to take on the work, along with an additional locum to strengthen the team.

Pan-Birmingham Gynae-oncology Surgery Centre

- The centre would be moving from Sandwell Hospital with effect from October 2018.
- Approximately 400 surgeries would be affected per year.
- Commissioners had undertaken a national engagement process to help understand the options for providing these services across Birmingham.
- Just one option had emerged from the exercise which was a consortium of providers involving Birmingham Women's Hospital and UHB, with support from Royal Wolverhampton Trust, which would enable patients living closer to Wolverhampton the option of being treated there.
- Commissioners had considered another option, which would involve splitting the service across the other three providers in Wolverhampton, Stoke and Coventry, however this would not be easily accessible for local people and so the option was not progressed.
- On the basis that there was only one option available NHS England would not be carrying out a public consultation.
- Expertise and experience would be retained within the service so the same standards of care and patient outcomes would be maintained.
- Clinicians were meeting weekly to develop the clinical model and patient feedback would be taken on board to help influence the new model.
- Some building work would be necessary to facilitate the move of the service and the move would be permanent.

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- Commissioners and SWB Trust had agreed an extension to the current service at City Hospital to ensure that there was enough time to set up the new service.
- Fortnightly meetings were taking place with lead surgeons and managers to ensure the quality and safety of the current service during the transitional period.

Resolved:-

- (1) that detailed data on missed appointments for patients temporarily transferred to the Queen Elizabeth Hospital for solid tumour oncology services be circulated to members of the Committee;
- (2) that a summary of the key themes from the patient engagement session held on 27th March as part of the review of solid tumour oncology services be circulated to members of the Committee;
- (3) that a further update on the review of solid tumour oncology services be submitted to the Committee in June 2018.

11/18 Update on the Development of the Midland Metropolitan Hospital

Further to Minute No. 5/18 (25th January 2018) the Committee noted a position statement on the development of the Midland Metropolitan Hospital.

The Prime Minister had stated her commitment to the delivery of the hospital, and all contact with civil service colleagues had reinforced a determination to achieve complete the new hospital as quickly as possible.

Carillion had vacated the site on 22nd March and the site was currently being managed by The Hospital Company, with whom the Trust was contracted. It was regrettable that the collapse of Carillion meant that almost all employees would lose their jobs, and

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a wealth of knowledge and experience would also be lost from the project.

The Trust was continuing to work to determine which of the options available for completion of the hospital represented the best value for money and had the fastest delivery time. The Trust was also finalising analysis of the impact of delay, given that the lease of City Hospital from its owners expired in December 2019. Of equal or greater importance was understanding which clinical services could not be stretched across two sites beyond 2020, and the relative fragility of such services.

The Trust's Board would be meeting on 5th April to consider these issues. The Committee was assured that no effort was being spared in bringing the current uncertainty to an end.

Resolved that a further update on the development of the Midland Metropolitan Hospital be submitted to the Committee in June 2018.

12/18 Update on Improving Access to Local Health Services and Same Day Access

Further to Minute No. 7/18 (25th January) the Committee was informed that the programme of work around proposals to improve access to local health services, particularly same day access to urgent care (walk-in centres) had changed following initial analysis.

Following advice from The Consultation Institute on the proposals, Sandwell and West Birmingham Clinical Commissioning Group had taken the decision to precede consultation with a period of engagement which would provide feedback upon which a model would be developed to consult upon later in the year.

An eight week engagement exercise was proposed, which would 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?

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- 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?

The engagement would focus particularly on groups identified in the Equality Impact Assessment, which included the unregistered population, parents of 0-5s, the homeless, asylum seekers, students and seasonal migrants.

In order to ensure that there was no disruption to services for local people as a result of the revised process, an interim model for walk-in centre services was being developed, which would ensure that the walk-in centre services continued to run after 31st March 2019 until any newly commissioned service could be implemented.

A report on the outcome of the engagement phase would be presented to a future meeting.

13/18

Feedback from Consultation on Changes to Alternative Provider of Medical Services (APMS) GP Contracts

Further to Minute No. 6/18, the Committee received a presentation setting out the key themes emerging from the consultation on changes to three GP contracts, two of which were in Sandwell and one in West Birmingham. The consultation had been extended until 16th April to enable as many people as possible to have their say.

Interim results showed that the majority of surveys had been completed online and 84% of respondents were patients of the three practices. The response rate at Summerfield Practice in Winson Green had been lower than for the other two practices therefore additional effort was being put in to engage with those patients, in particular, to address language barriers.

Feedback from patients so far indicated that the preference was for the current contracts with all three practices to be re-procured. However, feedback from GP members was mixed.

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The Committee welcomed the update and the fact that patient views were being taken into account.

(Meeting ended at 3.20 pm)

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