

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), on progress in establishing a cancer review to identify and consult on 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 25th January.

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. This service is not the subject of this paper.

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

3.1 Background

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.

At a Quality Summit held in October 2017 it was decided that the current service was unsustainable because consultant oncologist staffing would be withdrawn by UHB from the 23rd October 2017, when the Service Level Agreement terminated. At this meeting a contingency plan was agreed to transfer patients to UHB (QE) for 12 months, with an option for patients to transfer their care to Wolverhampton if they prefer. A Sandwell Oncology Transition Board has been established to oversee the mobilisation and operation of the contingency plan.

3.2 Progress to date

Robust plans are being implemented to ensure the safe transfer of 2,673 patients who are currently having treatment at SWBH, and the 1,200 new referrals into the service that are anticipated over the next 12 months.

Lung and Skin cancer patients requiring chemotherapy and oncology follow up have now been transferred to UHB. In this cohort there are 120 patients and to date there have not been any major reported transport issues or patients declining treatment.

The transfer of Upper and Lower GI cancer patients has commenced. Plans and pathways look robust, with the possible need for additional transport support in exceptional cases.

The Breast Cancer pathway began to move on December 21st 2017 with a completion date of the 5th February 2018.

Significant and ongoing communication and engagement is taking place with patients, public, staff and other stakeholder groups. This includes individual patient letters being sent, face to face discussions with patients in clinics, and patient events being held at both City and Sandwell Hospitals.

NHS England specialised commissioners were notified in December that the Gynaecological Medical Oncology Service at SWBH may be unsustainable due to

staffing issues once the other solid tumour oncology services have transferred. This was not originally within the scope of the contingency plan, however, it has been agreed with UHB that the service should also transfer to Queen Elizabeth Hospital from March 2018 for an interim period while the future provision of these services is determined.

3.2 Next Steps

NHS England specialised commissioners, together with the local CCG, have initiated a review of solid tumour oncology services and acute oncology services for the populations of Sandwell and West Birmingham. Public, patients and other stakeholders will be engaged in the design of specialist cancer services for their locality with formal public consultation expected. 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.

3.3 Stakeholder concerns

On the 30th November, a meeting of the Sandwell and Birmingham Joint Overview and Scrutiny committee expressed significant concern, criticising the inability of the local health system to resolve the issues leading to the temporary transfer of the service to the QE. The Committee made it clear that they expected the review being undertaken by commissioners to ensure that the service be located within the geography of Sandwell and West Birmingham in the future. A further meeting is scheduled for the 25th January where both commissioners and providers will be present.

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 (circa 60/40% split between NHSE and the CCG respectively).

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

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 UHB and RWT.

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.

- **Clinical Compliance** – NHS England needs to confirm that the two centre approach proposed by the Consortium is compliant with clinical standards. Initial indications are that the model will be compliant.
- **Performance Management** – Providers have requested some dispensation on performance against cancer standards whilst the service is transferred. We have agreed with NHSI colleagues that a time limited transition agreement on performance would be appropriate.
- **Commercial model** – The Consortium has indicated that capital and non-recurrent funding is needed to mobilise the new service model. As NHS England do not have access to capital, alternative commercial models are being considered to ensure the financial viability of the new model. There is likely to be a significant cost pressure for commissioners.

It is intended that agreement is reached over the next few weeks. The consortium of providers has indicated that they will need at least 3 months to mobilise this service and possibly 6 months as there are now limited opportunities to transfer nursing staff via TUPE.

4.3 Extension of service provision at Sandwell

NHS England has agreed an extension of the notice period to the end of March 2018. 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.

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

An interim clinical model has been agreed as part of the clinical workstream of the Transition Oversight Board. UHB have been asked to provide this interim service but staffing and funding has yet to be finalised. Normally AOS is funded through the in-patient admission funded by the CCG, but this model assumes oncology services will be on site to support these arrangements. As Sandwell will only be employing a small number of non-solid tumour oncologists, commissioners recognise that additional funding may be required for the duration of the contingency plan.

5.3 Next Steps

NHS England is in the process of finalising the staffing model and funding arrangements. This will allow the new model to be mobilised in early 2018 before the last group of oncologists leave the SWBH in February.

6 Summary

NHS England has been required to make a number of commissioning interventions to ensure the sustainability of a range of cancer services currently delivered at SWBH. Interim arrangements and contingency plans are currently being mobilised to ensure the sustainability of these services over the next 12 months. During this period NHS England and SWBCCG will undertake a review of the solid tumour oncology services and AOS for the Sandwell and West Birmingham population, the output of which will inform the future design of these services in that locality.

Between the publication of the papers for the meeting of the Joint HOSC on 25th January and the meeting itself, there will be a meeting of both the Oversight Board and the Project Board. This will allow for the latest position, progress, plans and timetable to be presented to the HOSC at that meeting.