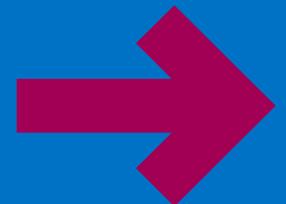


Solid Tumour Oncology Services in Sandwell and West Birmingham

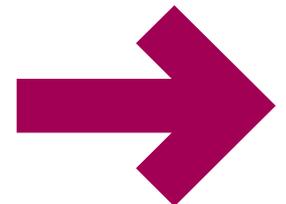
Presentation to the Sandwell and Birmingham
Joint Health Overview and Scrutiny Committee

1st August 2018



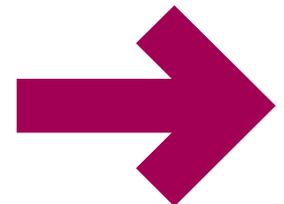
Changes to cancer services in Sandwell and West Birmingham

- 4 separate changes / projects
 - Haemo-oncology – consolidation onto one site
 - Solid Tumour Oncology – new provider
 - Acute Oncology Services – ensuring stability
 - Pan-Birmingham Gynae-Oncology Centre - new provider



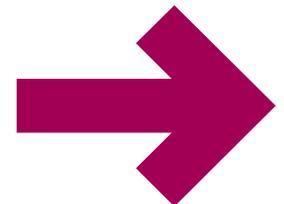
Background

- The reasons for each of these changes are different, and the permanent solution for the continued delivery for each service is also different.
- We are committed to keeping these cancer services as easy to access as possible and ensuring that all patients continue to receive a high level of care.
- We have engaged patients in agreeing the principles for any changes to services, developing the options and the selection criteria.



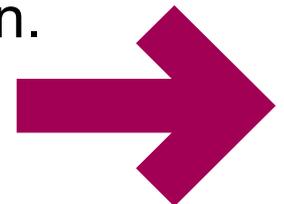
Haemato-Oncology at Sandwell and West Birmingham Hospitals

- Following previous discussion with the Joint HOSC, this service has now been consolidated on the Sandwell Hospital site.
- Haemato-oncology makes up around 37% of chemotherapy services for the Sandwell and western Birmingham population.
- 72.3% of all haematology day case activity already took place at Sandwell Hospital.
- Sustainability of the service was the key driver for change.
- Patient engagement was led by SWBH and SWB CCG, there was broad consensus for the service to be based at Sandwell.



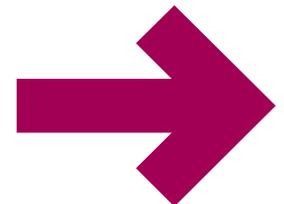
Solid Tumour Oncology: Background

- Consultant oncologists at City and Sandwell Hospitals were supplied by University Hospital Birmingham (UHB).
- Solid Tumour oncology services became unsustainable as UHB was no longer able to provide the consultant oncologists to City or Sandwell Hospitals so there would be no consultant oncologists present from 23rd October 2017. Several attempts were made to avoid this situation.
- Temporary plan agreed to transfer patients to UHB for 12 months (option for patients to transfer their care to Wolverhampton if preferred). Most patients could still be seen by their existing oncologist, but at the QE.
- Cancer review has taken place, involving patients and clinicians in identifying options for a long-term solution.



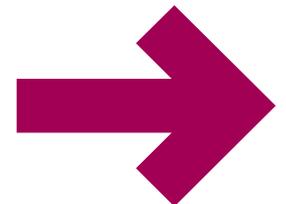
Solid Tumour Oncology: Interim Service

- 1,976 patients transferred in total, of which 1,874 transferred to UHB and 102 to RWT
- Agreement in place for research trial patients that no patients transfer until it is agreed that the necessary arrangements for both the trial governance and the resources to support the patients are in place. The sign of for these transfers is on a trial by trial basis and managed by the Clinical Nurse Specialist Teams. At the time the final chemotherapy clinic ran at SWBH, one trial had transferred to UHB.
- Monitoring now taking place through contract management process, NHSE Quality Lead visits and evidence review.
- No instances of serious incidents or formal complaints
- 4 PALS queries relating to transport, 61 queries asking for further information / explanation from CNS teams.
- Healthwatch Enter and View visit
- Additional £50,000 funding to support patient transport



Solid Tumour Oncology: Cancer Review Principles

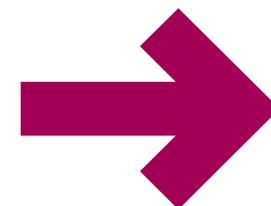
- Developed and agreed with the input of local patients
- Accessible to the Sandwell and West Birmingham population
- Compliant with the requirements of the relevant service specifications
- Compliant with recognised quality standards and clinical guidance
- Compliant with recognised National Cancer Waiting Times standards
- Interface effectively with clinically dependent services
- Funded within the rules of the National Tariff Payment System
- Deliverable and sustainable



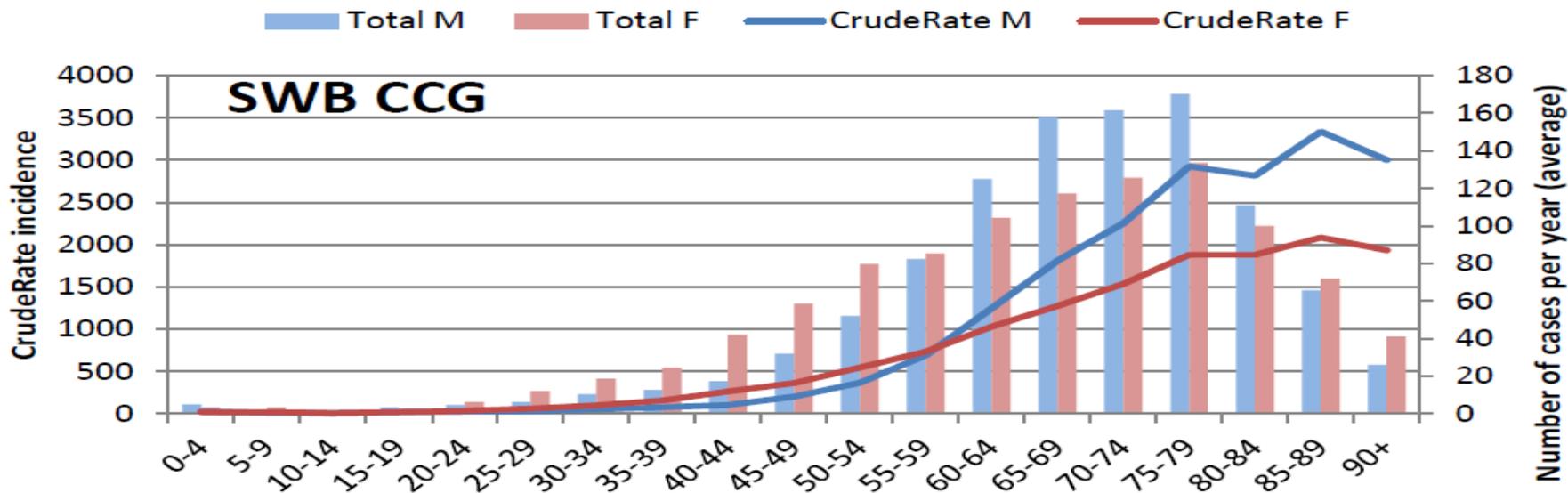
Cancer Review:

Health Needs Assessment Findings

- Existing patient pathways mean that solid tumour cancer patients have all their treatment, including diagnostics, within SWBH, with the exception of:
 - Radiotherapy – longstanding pathway to Wolverhampton or QEH
 - Chemotherapy – interim changes subject to review
 - Specialised cancers – patients attend the relevant specialised centre
- In 2016/17, 912 people were treated any cancer with chemotherapy in SWBH from SWBCCG or immediate neighbouring CCGs (668 from SWBCCG). Of the 912 people, 476 were treated for one of the solid tumour sites affected by this service change, 376 of whom were from SWB CCG.
- Cancer mortality in the SWB CCG population improved from 2000 to 2015 by 8.5 percentage points but remains lower than both the Black Country and Birmingham and Solihull overall
- National projections suggest a rise of around 2-3% in cancer diagnosis between 2014-2035. More than half of these are expected to be in patients aged 70 and older.
- By 2027 there are expected to be around 299 more new cases to be diagnosed each year than at present – a 14.4% increase compared to a 25.6% increase in England. This is mainly due to an increasing older population.



- Sandwell and City Hospitals are well located for good access for most of the population, less than 30 minutes by car and less than 60 minutes by public transport. Neighbouring hospitals can be accessed within similar times by parts of the SWB population, but not the whole population.
- Sandwell and Birmingham have the lowest proportion of population with access to a car van, than neighbouring areas.
- The assessment confirms that the permanent solution will need to ensure equitable access for the Sandwell and West Birmingham population which has the lowest proportion of population with access to a car/ van than neighbouring areas



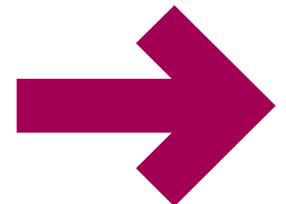
Cancer Review: Patient Engagement

- Three patient engagement events have been held to seek patient input into long term plans for chemotherapy services before the options are developed. Participating patient age profile broadly consistent with health needs assessment.
- Patient reference group
- Engagement events attended by Healthwatch, patients, carers and other patient stakeholders
- Feedback sought from patients on:
 - Their experiences of the services, and the transfer
 - Their views and ideas on what an excellent service would look like
 - What they think might prevent us being able to achieve that,
 - The changes they think we most need to make
 - How they feel about the options and criteria
- Patient feedback was used to generate and score options
- Patient questionnaire, interviews and other activities also taking place to ensure we hear from patients and carers and a combined report being finalised and sent to all involved.
- Healthwatch organised patient / public event



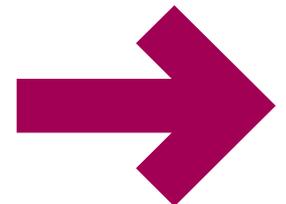
Cancer Review: Patient Engagement

- Patients reported that the things that mattered most were:
 - Continuity of care
 - Quality and capacity of the service
 - Local access
 - Having a friendly, supportive environment / experience
 - Access to other services
 - Communication
 - Choice in where, how and when they could access the service



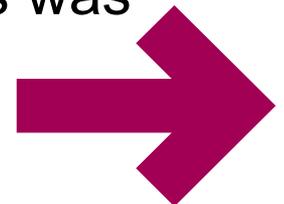
Cancer Review: Clinical Engagement

- Group of nearly 40 clinicians, mainly from Sandwell, City, QE and New Cross Hospitals
- Looked at what the opportunities, risks and challenges were of a range of options that had been developed with patient input
- Added their own ideas and views
- Commented on the criteria for scoring the options
- National Clinical Reference Group reviewed the options using scoring criteria developed by patients and local clinicians



Cancer Review: Options Appraisal

- Three groups (patients, clinicians and commissioners – including Cancer Alliance) reviewed a range of options based on four main themes
 - Single Expert Provider (outside Sandwell and West Birmingham)
 - Hospital Network (co-located and delivered in partnership with City and Sandwell Hospitals)
 - Community Network (provided within Sandwell and West Birmingham but not from a hospital site)
 - Single Site (City or Sandwell hospitals)
- The development of nurse-led and home-delivered services was also considered
- The provision of the service by two different providers was considered



Cancer Review: Criteria for options

Marking criteria	Definition
Continuity of Care	Does this option provide continuity of care – that is, access to the same consultant or team for existing patients?
Clinical Interface & Communications	Enables the service to interface effectively with clinically dependent services, access to information for relevant healthcare professionals and effective communication with patients
Quality Standards & Clinical Compliance	Can this option comply with recognised quality standards and clinical guidance from day one?
Waiting Time Standards	Can this option comply with National Cancer Waiting Time Standards?
National Specification Compliance	Can this this option comply with national NHS England and local CCG service specifications?
Patient Choice	Does this option offer at least the same choice for patients as before?
Local Access	Are patients able to access this service with the minimum of difficulty?
Patient Experience	Does this option have the potential to offer a good patient experience, in terms of environment, relationship with staff, etc.
Patient Involvement	To what extent has this been developed with input from patients?
Deliverable and Sustainable	Can this service be provided in this way in the long term?

Cancer Review: Outcome

- Key outcomes:
 - Strong preference from all groups for Hospital Network model – single specialist cancer centre provider from City and Sandwell Hospital sites
 - Concerns around viability of Community Network model
 - Concerns around two-provider options
- Next steps:
 - Discussions underway with NHS Improvement and providers to work up detail of Hospital Network model
 - New service to incorporate patient feedback
 - SWBH invited to indicate what space and infrastructure could be made available
 - Following previous JHOSC discussions, a provisional decision has been not to undertake formal public consultation if the preferred solution can be delivered.



Cancer Review: Outcome – What is different

- The new service will be commissioned differently, from a single specialist provider.
- It will be designed to be sustainable and deliver the recent national cancer strategy.
- A thorough review of other options has taken place to ensure there is not a better model
- The weight of evidence from the health needs assessment, patient engagement and both local and national clinical engagement, is irrefutable
- Clinicians from all trusts have demonstrated a strong commitment to working together

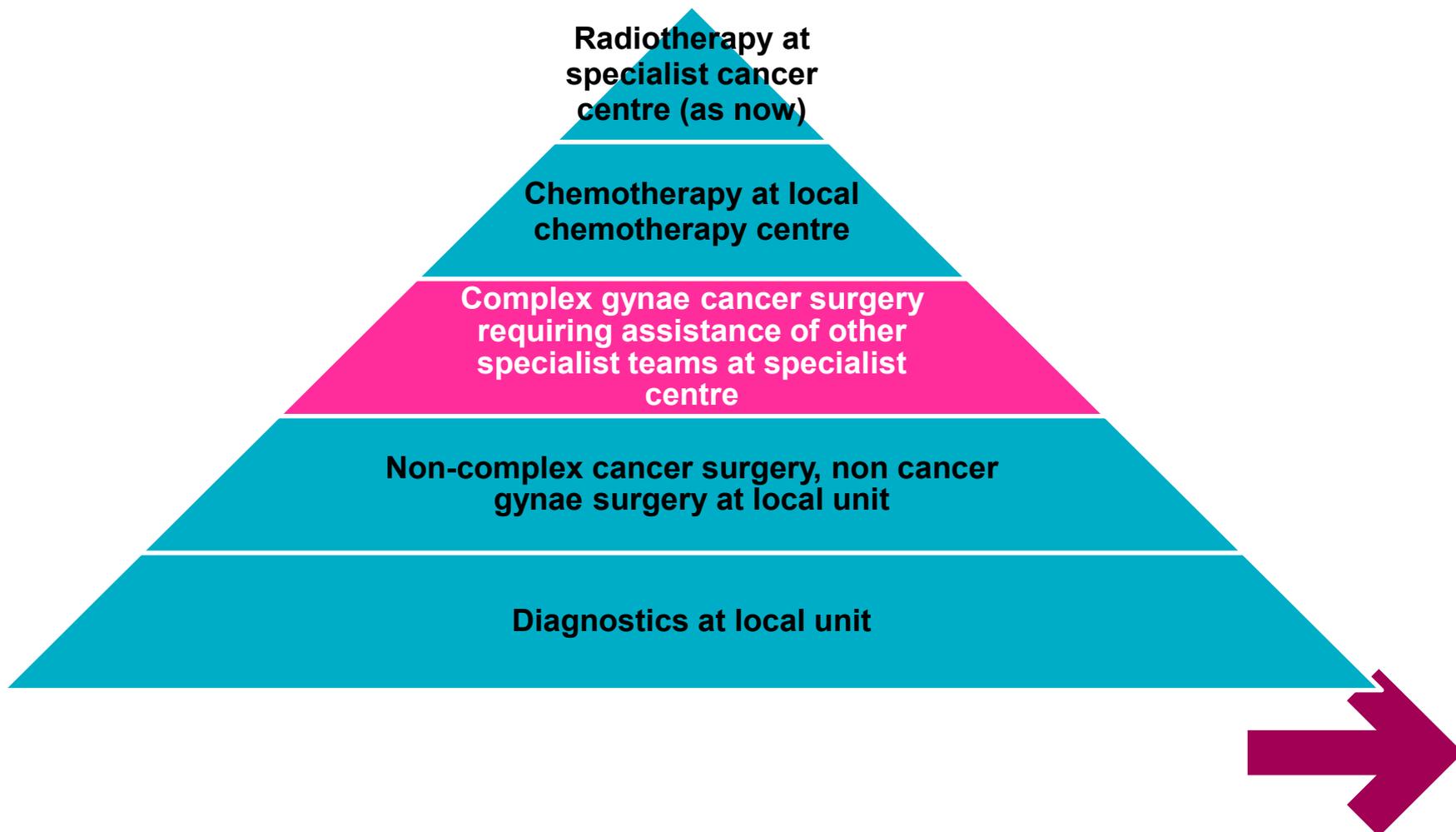


Pan-Birmingham Gynae-Oncology Surgery Centre: Background

- Sandwell and West Birmingham Hospitals NHS Trust served notice on this centre in the summer 2017. It is one of 4 specialist centres in the West Midlands.
- The current service that is provided is for the whole of Birmingham, and beyond, not just Sandwell and West Birmingham. Commissioners preference is to keep the service in Birmingham.
- There are approximately 400 surgeries affected per year.
- Because of the specialist nature, just one potential Birmingham option emerged – a Consortium of providers involving Birmingham Women’s Hospital and University Hospital Birmingham, with support from the exiting centre at the Royal Wolverhampton Trust to enable patients living closer to Wolverhampton the option of being treated there.



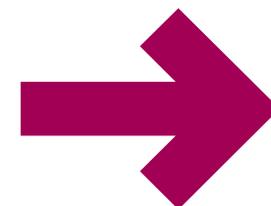
Gynae-Cancer Surgery pathway



WM Centres:

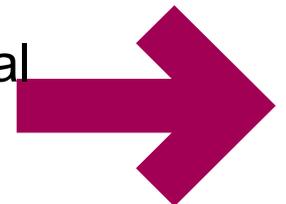


Approximate
Birmingham Centre
Catchment



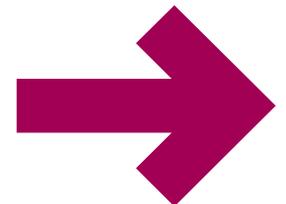
Birmingham Gynae Cancer Surgery: Next Steps

- Due to complexities in planning the new service, it is clearly not possible to relocate this service within the notice period, even with an agreed 6 month extension.
- To ensure service stability and provide assurance for patients and staff, SWBH has agreed to host the service at City Hospital for a further two years.
- This will enable a detailed piece of work to be done to consider a wider range of options than was possible in the original time period.
- It enables meaningful patient engagement in co-producing a new service.
- Patient volunteers identified for reference group and charities engaged
- Patients and clinicians will help develop a list of options
- Patient workshops from September 2018 followed by formal consultation if required



Acute Oncology Service:

- This service will not move. New arrangements are in place to ensure patients at City and Sandwell Hospitals will continue to have access to the Acute Oncology care they need.
- UHB provide the service to SWBH.
- The Acute Oncology service will continue to be provided at City and Sandwell hospitals or the Midland Metropolitan Hospital (located with A&E), as part of new future oncology (chemotherapy) arrangements.



Questions?

