Sandwell and Birmingham Joint Health Overview and Scrutiny Committee

Sandwell and West Birmingham Solid Tumour Oncology Services

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This report provides a brief update on plans for the Solid Tumour Oncology service for Sandwell patients. It follows previous reports to the Joint Overview and Scrutiny Committee.

Key context and background

JHOSC were updated in December 2021 around the impact that the COVID-19 pandemic and ongoing medical workforce shortages were having on returning solid tumour oncology services to within Sandwell. This paper describes the current position of the service and actions to be taken in order to provide an alternative model of care for specific cohorts of patients currently accessing services at QEHB.

Current Position:

Solid Tumour Cancer services transferred to the QEHB site in 2018. The intention of all parties was to return services back to the City and Sandwell hospital sites when quality concerns had been addressed and it was appropriate to do so. Work halted on the project in 2019 due to the COVID-19 pandemic and the option to return Cancer services back to Sandwell using UHB Consultants is no longer feasible in the short or medium term. This is also mirrored by SWBH's ability to house the service due to the ongoing pressures driven by the pandemic and capacity pressures during winter across the NHS and social care, SWBH's assessment is that the physical estate required to transfer services back to Sandwell General would not be available to commence works on until Spring/Summer 22.

Services at QEHB continue to be good quality and patient experience remains more than satisfactory as per patient survey and feedback.

Workforce shortages are ongoing and are unlikely to materially change for the foreseeable. This has affected both nursing and Consultant Oncologist availability. Please note that a paper has previously been submitted to JHOSC members on 5th August which describes the regional action plan, from Health Education England, to support increases in Oncology workforce in and around Birmingham and the Black Country, however this depends upon availability and uptake of posts.

Conclusion: The 3 parties in the NHS are in agreement that the service at QEHB will need to remain in place for both the short term and medium term, resulting in more innovative models of care for patients needing to be explored, such as care, treatment and follow up for low-risk patients in the community.

Future state

At this point, given the sustained nature of shortages in Oncologist workforce across the NHS it is not possible to predict, with confidence, when UHB's oncology workforce will sufficiently grow to allow a return to previous levels of activity on the Sandwell General site. In fact, some of the innovations around treatment and out of hospital care developed before and during COVID, may mean that the NHS and the patients it serves does not want to return to previous ways of working.

We expect that, by reshaping how part of the service is delivered, a return of solid tumour services to Sandwell can be delivered significantly quicker than if we were to revert to the historic model of provision. Work has commenced to consider the following which patients can have their treatment in a different setting to the current hospital based

model and which patients can benefit from less frequent attendance for hospital-based care. Consideration is being given to national and international practice around:

- What type of Systemic Anti Cancer Therapies can be administered by patients or by 'non-chemotherapy' nurses or other healthcare professionals – it has been deemed necessary for SACT to be delivered by Chemotherapy trained staff.
- Which types of patients – considering comorbidities and complexity of treatment – can benefit from out of hospital care.
- Which patient groups, considering geography, are the highest priority to return services closer to home
- Which patients, off treatment, can be followed up via local non oncology services (such as primary care) and virtually to free up oncologist time to focus on other patients and save on patient travel time.

All parties are committed to engaging with patients and carers regarding any proposed changes to how treatment is delivered.

Whilst work has commenced at pace, the changes are potentially significantly different to how services are currently delivered and require careful planning. We have secured analytic input and Public Health Registrar support to review the evidence base and impact on capacity for a suite of potential changes to try and get more patients back to the Sandwell area sooner. All parties remain committed to delivering services closer to home for patients in Sandwell, however it has been discussed and suggested that a non-recurrent Project Manager be recruited to within the Trust dedicated input into this project, enabling rapid progression on both the short term and medium term goals. The funding for this post will be directly linked to pre-determined outcomes and KPIs and will ensure key targets are met within rapid timelines. The Trust has submitted a case for funding to NHSEI to be determined during contract negotiations for 2022/23.

Workstreams have commenced to explore the following service options;

Short Term (1-12 months):

- Pre-treatment blood test and COVID tests to return to the SWBH and city site, this would mean less traveling for patients before every treatment cycle. This requires agreement from SWBH colleagues, with transport of tests to the QEHB labs within 2/3 days before treatment commencement date.
- Stratification of patients by risk, meaning patients requiring less intensive follow-up care are offered care closer to home.

Medium Term (12 months – 24 months)

- SACT at home for a certain cohort of patients (yet to be determined).
- Explore the feasibility of the development of a small sized treatment facility within the Sandwell community in a location closest to those mostly affected by the service move to the QEHB site. This option will need to be worked up in more detail but an example of the intended service model is described below;

  A small sized chemotherapy unit located within a GP surgery/Health centre within Sandwell providing chemotherapy to 'low risk' cancer patients utilising a skill mix of non-medical prescribers, nurses and support staff. As the unit would be described as 'small' the team would be able to operate from mobile technology such as those already used within community delivered care models. Recruitment could be described as a risk, but roles would be advertised as Community roles with a fixed location opening up opportunities for NMP and nursing staff within Sandwell to work closer to home. This aligns with UHB's current recruitment program 'promoting employment and retention of local staff'.

The National and Regional focus on health inequalities, underpinned by the Core20Plus5 approaches and a recent deep dive into inequalities in cancer recovery presented to the West Midlands Cancer Alliance, has allowed us to put inequality front and centre in this project. This has enabled us to focus on changes to improve equity of access and outcome and overall effectiveness of the service, rather than leading with cost savings.

Long Term (up to 10 years+)

- Due to there being a National shortage of Oncologists, there would be a need to develop trainees within Oncology to sufficiently grow the service to return to the SWBH site. This can take up to 10 years after leaving medical school. Note that retention is also an issue, when trained staff are in a position to apply for Consultant posts it is often the case that they look further afield, such as London. Contingency planning for the current Oncology medical team at QEHB also needs to be considered within a growing workforce. It is therefore unlikely for this long term option to materialise unless there is a drastic change within workforce numbers for Oncology.

<u>In Conclusion</u>

All NHS parties are aligned to the same objectives and desired output of the Sandwell Oncology service project. Unfortunately due to the pandemic, progression on developing alternative models of care has taken longer than originally anticipated, however the estimated timelines stated above are believed to be achievable and there is unwavering commitment from key organisations involved in order to improve upon equity of access to Cancer services for the Sandwell population.