Non-Surgical Oncology Outpatient Transformation Programme / Service Change

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

16 May 2023

1. Purpose of this paper

The purpose of this paper is to provide an update on the progress of a review of non-surgical oncology outpatient appointments. The paper sets out the engagement work we have undertaken to date and asks JHOSC to provide a steer with regards to the requirement for consultation on the final viable options.

2. Introduction

Sheffield Teaching Hospitals NHS Foundation Trust are the lead provider for non-surgical oncology (NSO) services for South Yorkshire, Bassetlaw and the population of North Derbyshire.

Non-surgical oncology is an umbrella term for treatments for cancer that are not surgically based including radiotherapy, chemotherapy and, increasingly, targeted therapies and immunotherapy. All Oncologists are employed by Sheffield Teaching Hospitals and are based at Weston Park Cancer Centre (WPCC).

As the tertiary provider of specialist cancer services there are several services that can only be delivered at Weston Park Cancer Centre, including all inpatient services, radiotherapy and the more specialist chemotherapy regimens including concurrent chemoradiotherapy and trials. The cancer multi-disciplinary team will determine whether patients will benefit from non-surgical oncology opinions and treatments with the ultimate decision being taken with the patient following an Out-patient consultation with the relevant Oncologist / Senior Decision Maker.

The commissioned out-patient model is based on an outreach service from WPCC with Oncologist presence at each of the five hospital sites (Barnsley Hospital NHS FT, Doncaster & Bassetlaw Hospital NHS FT, The Rotherham Hospitals NHS FT, Sheffield Teaching Hospitals NHS FT and Chesterfield NHS FT). The service provision has traditionally been relatively equitable for the more common cancers (breast, lung and colorectal), however, due to the reduced number of Oncologists and the complexity of Oncologist multi-tumour site specialism, there has not been consistency in terms of Oncologist presence across all of the cancer tumour sites at all providers for some time.

This out-patient model became unviable for colorectal cancer in November 2021 resulting in the establishment of a temporary service model based on three-hubs (Sheffield, Chesterfield and Doncaster). In January 2022 the breast service became unviable leading to the establishment of a temporary two-hub model (Sheffield-

Chesterfield patients attending WPCC and Doncaster-Rotherham-Barnsley patients being seen at the Breathing Space health centre in Rotherham). These changes were on the grounds of patient safety to manage the operational pressures due to the volume of existing and pending Consultant Oncologist vacancies. The Joint Committee of Clinical Commissioning Groups were informed of the requirement to establish a temporary service model for non-surgical oncology and the Joint Health Oversight & Scrutiny Committee were briefed in November 2021, March 2022 and January and March 2023 by STHFT.

A case for change has been developed and a programme of involvement undertaken to support the development of a longer-term sustainable model for NSO out-patient services.

The case for change was described in the JHOSC meeting held on 11 January.

2. Update on the operational situation

Our NSO workforce remains extremely challenged – as it is in other centres, particularly outside of London. This is a national challenge that we are experiencing. Earlier in 2023, two locum consultants gave notice of resignation and so the breast tumour team has been further reduced. There were originally 10 WTE (whole time equivalent) oncologists delivering breast NSO services and this is now reduced to 3.7 WTE. This strain on our position has led to high level discussions with NHS England colleagues and requests for mutual aid from surrounding oncology centres. Some additional, part-time oncologist capacity has been secured and further options continue to be explored. We have put in place arrangements to minimise the impact on patients, and we continue to carefully risk stratify all referrals to ensure that the most urgent referrals are prioritised and seen appropriately.

3. System engagement in service model development

Key stakeholders have been involved and engaged in the service model development. Building on previous work, two key engagement events were held last summer, in June and September 2022 which resulted in co-production of three main options. This was supported by patients, staff including clinicians and voluntary sector colleagues from across the SYB and North Derbyshire Cancer Alliance footprint.

The options were agreed in outline only, acknowledging that the accompanying detail for each potential option would need to be determined. This approach was with a view that having outline options would provide some focus and a framework upon which to develop the assessment criteria. In turn this would support the development of the detail for each option.

The following three high level options were agreed:

1. Status quo. Acknowledging that this Option is likely to require temporary service model interventions due to the fragility of the Oncology staffing model.

2. Consolidation of all NSO outpatient services onto one site

3. A Hub and spoke model. The number of spokes would be determined by the assessment criteria which will ensure delivery of safe clinical services, adherence to clinical guidelines and policies, availability of interdependent facilities as well as the quality criteria developed through the engagement exercises.

To tease out and identify the assessment, safety and quality criteria essential for assessing the feasibility and merits of each potential option, staff who are involved in the NSO service, including commissioners, as well as the 5 hospital teams, were invited to provide feedback. They were asked to comment on what mattered to them for patients, for staff and in relation to estate and facilities. Rich and detailed responses, including those from the oncologists, were returned, which have provided the basis for determining the hurdle criteriaT. The returns have been collated and re-circulated to hone down the key determinants against which each option will be considered and scored.

4. Most recent public and patient involvement

Prior to the temporary service model an exercise was undertaken to establish patient insights to inform the development of the model. Key insights included the importance to patients and carers regarding:

- Continuity of care and access to support.
- Location. Services should be easily accessible via public transport.
- Sufficient car parking for those able to travel by car.

Further work was undertaken during the temporary service change to gain further insights into how changes had impacted on patients and what is important to them within their oncology services. This included surveys and semi-structured one to one interviews. In addition to the points above the following were categorised as important to patients and carers

- Clear communication between appointments
- Time spent waiting for the appointment on the day. To ensure it is absolutely necessary or could it be provided differently and the time be utilised more effectively
- Time spent during the appointment
- Welcoming environment, comfortable waiting areas and access to support.
- Facilities

An additional exercise was undertaken with regards to patient experience with the use of virtual appointments. The positive elements identified were in relation to convenience, low cost and reduced risk of catching infection. Further improvements could be made in terms of ensuring compliance with scheduled time, broadening the scope and some patients were concerned that the lack of opportunity for a physical examination left them feeling vulnerable.

During March and April this year a further involvement exercise was carried out to understand patient and public views of their experience of non-surgical oncology

outpatient appointments, and their views on what would make a good outpatient appointment.

The activity included:

- Patient Advisory Board session presentation 21 February
- Survey - online, door-to-door and by telephone 6 March - 13 April
- Public online discussion events on 20 and 24 March
- 11 voluntary and community sector focus groups during March and April

945 people provided feedback in the listening exercise. They were from a wide geographical and demographic range. The survey was completed by 331 cancer services patients or carers and 510 local residents with no experience of cancer services or experience more than a year ago. Nine people took part in the public online events. 104 people took part in the VCSO focus groups. The four local Healthwatch organisations also provided a joint written response.

The Cancer Alliance partners promoted activities through social media and patient and voluntary sector networks. A range of promotional and informative materials were produced including website content, a listening document and a podcast discussing the issue with senior clinicians and service leads. Postcards and posters inviting patients and carers to complete the survey were placed in the oncology non-surgical outpatient departments. In addition paper copies of surveys were made widely available to reach all patient groups.

Following an Equalities Impact Assessment, groups were identified who were likely to be affected by the possible changes to non-surgical oncology outpatient appointments. Voluntary and Community Sector organisations representing these groups were approached to run focus groups and the survey was promoted in areas of health inequality.

Feedback across the responses emphasised the following factors as important for a good non-surgical oncology outpatient appointment:

- Seeing the same person at each appointment
- Short waiting times and updates about how long the waiting times are when at appointments
- Good communication including communication about what will happen at appointments, any delays, information about support organisations, access to translators / interpreters, clear signposting to and inside the hospital / clinic
- Privacy when relaying personal information and privacy / dedicated rooms for talking to nurses after consultations
- In the waiting room, good wheelchair access and availability, refreshments, useful information about support
- Ensuring patients feel listened to, not rushed, and there is a relaxed atmosphere

In relation to transport and access requirements, the following were raised:

- Parking difficulties, particularly at Weston Park, and the need for good parking availability and drop-off areas
- The location being accessible by good low-cost public transport

- Preference for the hospital / clinic to be close to home
- The time it takes to get to the appointment

The focus groups who represented those identified by the equalities impact assessment mirrored in general the feedback from the survey and public events. Additional points and suggestions they made include:

- The importance of cultural awareness and access to qualified interpreters
- A preference for face-to-face consultations
- Mental wellbeing support following a diagnosis
- More information about shuttle services and patient transport
- A suggestion of financial help with travel costs

Findings from this report will be presented to the South Yorkshire and Bassetlaw Cancer Alliance Board on 7 July 2023.

The report forms part of the review to decide future non-surgical oncology services and will be considered alongside clinical, quality and safety criteria.

The full report of the involvement will be considered and will influence and underpin the final options development.

5. Impact Assessment

As described above, the NSO outpatient oncology service delivery model has undergone some consolidation as a temporary service change to reduce the risk to key patient services. The table below outlines where on-site oncologists provide locality-based services and illustrates where there is variation of access for patients currently. Whilst breast services have been reduced to two on-site locations (WPCC and Breathing Space), LGI and urology tumour site teams are also under significant pressure, having already withdrawn on-site services from Barnsley and Rotherham.

Tumour site	STH/WPCC *	BFT	CNDRH	DBTH	RFT	Breathing Space **
Breast	√	**	*	**	**	√
Head & Neck	√	*	√	*	*	
Lower Gastrointestinal	√	*	√	√	*	
Lung	√	√	√	√	√	
Urology	√	*	√	√	*	
Gynaecological	√	*	*	√	*	
Other	√					

Table 1. Current NSO OP Delivery Model by Tumour Site and Location.

Ongoing workforce pressures across the NSO provider teams, requires constant review at operational level and to ensure that the risks associated with the delivery of each tumour site service, are minimised.

An equalities impact assessment has been developed and will be developed further as more information becomes available. As described in the involvement activity reported above a number of groups have been identified as likely to be affected by the possible changes to non-surgical oncology outpatient appointments. The feedback from the focus groups held with these groups will help to inform the mitigations taken as the NSO outpatient service delivery model is further developed.

6. Mitigations

There are several mitigations which are already being established to reduce any negative impact of any service change on patients throughout the entirety of their cancer journey as well as specifically in relation to the NSO outpatients. These include the following:

- Repatriation of chemotherapy treatments locally. This will ensure an equitable offer to all patients with regards to the chemotherapy that they are able to access at their local hospital
- Consultant led, team delivered approach facilitating local delivery of chemotherapy with or without the oncologist presence on site
- Expansion of the charitable bus service from local hospitals to WPCC and temporary service sites
- Development of a breast supportive care model to ensure continuity of care
- Reviewing Acute Oncology services to ensure sustainability within a new service model
- Multidisciplinary team optimisation.

Whilst recruitment efforts continue, there has also been a focus on ensuring a multi-disciplinary team approach with everyone working to the top of their licenceThis means ensuring that oncologists (or radiographers; pharmacists; advanced nurse practitioners) are only doing the activities that require their specialist expertise. Consultant radiographers, nurses and pharmacists form a crucial part of this extended NSO team, alongside developing roles for Advanced Care practitioners. It should be noted that the repatriation transformation programme to ensure chemotherapy delivery closer to home has led to an increased level of chemotherapy treatment now being delivered locally to offset the requirement for patients to travel to Weston Park Cancer Centre (WPCC) for review.

Most of the feedback from the voluntary and community sector focus groups reflected the more general feedback, but further mitigations may be considered in the areas highlighted in the feedback responses on page 4 above.

7. Next Steps

Due to the continuing and anticipated long-term fragility of the Consultant Oncologist workforce there is a requirement to move at pace in terms of developing and subsequently finalising the viable options and developing the recommended preferred option.

The next steps include the following;

- Sharing [virtually] a Draft Options paper with all stakeholders, including patients and their representatives for comment/feedback
- Ensuring each PLACE provides feedback on their ambition based on the Draft Options paper
- Engaging with the clinical senate to confirm and challenge the appraisal criteria
- Determining the potential locations for the consolidated and hub and spoke models
- Incorporate all feedback and finalise with partners, the preferred Option across the Cancer Alliance footprint
- Confirm the preferred option and business case with NHSE
- Establish a steer with regards to whether JHOSC require formal consultation

8. Recommendations

JHOSC are requested to**:**

- Note the approach to co-production of the service model
- Note the report on the involvement exercise in March and April
- Provide a steer as to whether the viable options will require formal consultation

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