

Meeting of
Lanarkshire NHS Board
25 August 2010

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**SUBJECT: Redesign of Lung specialist Oncology Services and
Implementation of the Regional Oncology strategy for Lung oncology
services in Lanarkshire**

1. PURPOSE

The purpose of this paper is to update and seek approval from the Board on planned changes to the configuration of Out-patient Lung Oncology services across NHS Lanarkshire.

This paper deals with the redesign of specialist out-patient services only. All other treatment services associated with this tumour type will continue to be delivered at the Beatson West of Scotland Oncology centre or at the 3 acute hospitals in Lanarkshire.

2. BACKGROUND

Lung cancer oncology out-patient services are currently provided on the three acute sites in NHS Lanarkshire. Each year in Lanarkshire around 320 patients are diagnosed with lung cancer. 80% of these patients require the specialist opinion and services of a Consultant Oncologist from the Beatson West of Scotland Cancer Centre. However, the services are provided and supported by multiple members of the multi-disciplinary team including Beatson Oncologists; NHS Lanarkshire Respiratory physicians; Specialist Nurses; Pathologists; Radiologists and Thoracic Surgeons from the Golden Jubilee. The general purpose of these clinics is to take decisions, involving the multiple disciplinary team and the patient, on the most effective treatment plans for individual patients. Following on from this a range of options will be discussed with the patient. The most common treatments are radiotherapy and chemotherapy. All radiotherapy treatment is delivered at the Beatson Oncology Centre and the majority of chemotherapy, unless highly complex, is delivered on the three hospital sites - there are no plans to change these services under this proposal. Post treatment there are occasions when patients become unwell and require admission to hospital, these patients are generally treated under the care of the local specialist Consultant with reference and support from Oncology staff as required. This will remain unchanged also.

In 2001, the Beatson West of Scotland Cancer Centre encountered significant problems in relation to service sustainability and the deployment of cancer consultants across the West of Scotland.

In early 2002, the Regional Cancer Advisory Group (RCAG) accepted a request to sponsor a value based benefit appraisal of services across the five West of Scotland Boards. A working group consisting of professional, clinical and managerial staff, key stakeholders and service users was set up and through a series of 10 workshops at health board level and using public focus groups a formal appraisal exercise was undertaken. This work was facilitated externally by FRMC Decision Support Limited - an external body commissioned by RCAG to oversee this process. In addition to the issue of service sustainability other drivers for this exercise included the imminent capital planning of the new cancer centre at Gartnavel General Hospital and the need to facilitate a shift to a more specialised form of clinical practice by the oncology team. What is meant by this is the move for individual consultants to specialise in particular tumour types.

The working group completed the appraisal in 2002. The FRMC report identified three models of local service delivery and offered a view on the relative benefits of each. Two of the models envisaged local clinical provision for the four most common tumour types, breast, lung, colorectal and bladder/prostate. The FRMC report recommended a *“single service for each of these tumour types in each Health Board area”*. It was recognised that the sizing of the service in terms of consultant and supporting staff were dependent on the local caseload.

This report was accepted by RCAG in 2002 and endorsed by West of Scotland Boards. The principles underlying these recommendations remain valid today i.e. the equitable provision of safe, effective and sustainable services as close to home as possible. It was recognised at that time however, that full implementation of this strategy would take considerable time and require a number of interim steps to be taken before permanent arrangements could be put in place. At that time, breast clinics were redesigned and now operate from two sites in Lanarkshire.

The strategy recommended that Lung oncology out-patient services in Lanarkshire needed to reduce from the current 3 site provision to 2 sites. For a number of reasons changes to the provision of services for Lung oncology out-patient services in Lanarkshire and a number of other boards did not progress to plan at that time.

In 2009 the West of Scotland Regional Cancer Advisory Group (WoSCRAG) reviewed progress against this extant strategy. The group sought and were given approval early 2010 by the Cabinet Secretary to continue to drive this forward in line with the original plan. Specifically that Specialist oncology services, as currently provided by the Beatson Oncology centre, should ideally move from the current operation provision to that of:

*Tumour site specialist services for the three/four common tumour types – lung, breast, colorectal and possibly bladder/prostate – being delivered in each Health Board area at **one** site with links to the centre for management of clinical trial and research.*

Boards were requested to undertake their own engagement arrangements on these changes. Key to work in Lanarkshire was also the need to link this to improvements in the quality of services available for patients. It was also noted that given the time since the strategy was agreed other key factors needed to be considered. This included the need to future proof the service to allow the optimal delivery throughout the region of the revised cancer patient guarantees of 31 and 62 days, the need to take account of the increasing number of patients receiving complex systematic anti-cancer therapies and increased lines of treatment than originally known or anticipated in 2002. It was also recognised that this presented an opportunity locally to fundamentally review the model of service delivery and bring forward proposals to improve the journey of care for the patients.

Engagement in Lanarkshire was undertaken during May and June 2010 when stakeholder events took place in accordance with Scottish Health Council guidance and support. These events included a range of stakeholders including representatives from the Patient Partnership Fora, patients and carers, Scottish Health Council and a range of Consultants, Nurses and Managers from NHS Lanarkshire Full copies of these out put reports from these events are attached.

The purpose of the first event in May was to agree the clinical model of delivery for this service and review the number of sites required to provide the most clinically effective service to this vulnerable patient group. The methodology employed enabled participants to objectively consider and score each model against a set of pre-agreed influencing factors. At this event a revised clinical model of service delivery was agreed that ensures that the number of hospital visits is reduced overall for patients; one-stop clinics are established and all chemotherapy and diagnostic services are maintained on base hospital sites. The group considered the benefits and disadvantages of the two/one site models and considered the extent to which each model would deliver against the 10 pre-determined factors:

- Patient Centeredness;
- Quality; Communication
- Staffing
- Sustainability
- Availability and Access
- Standards and Measure
- System & technology
- Specialty structure
- Development /improvement

Analysis of the scoring shows that 25 out of 27 participants indicated a preference for the one-site model and all 3 focus groups indicated a preference for the one-site model. When further analysis was undertaken to remove outlying scorers and to reduce the possibility of bias it was noted that 23 out of 23 scorers identified a preference for a single site model. Overall comments of support were made by patients and staff although one individual commented that discussion was rushed.

Consequently the outcome of the event was to recommend a preference for a one site model. Key to this decision was the opportunity to utilise more efficiently the skills of the multi disciplinary and specialist teams in more timely planning of patient care and treatment and the opportunity to increase the number of available Oncology Consultant led Clinics to cover all 52 weeks throughout the year. This was categorised by the Clinical Director of the Beatson Oncology Unit as *“less time travelling and more time spent treating patients and resolving patient anxieties with no deferred decisions”*.

The second event took place in June 2010 and at this event consideration was given to which was the most appropriate site for the lung oncology service. The outcome of this event was to recommend Monklands Hospital as the preferred site for the provision of Lung oncology out-patient services. Key to this decision was the opportunity for integrating care with the planned location of NHS Lanarkshire Cancer Centre and the proposed Maggie's Centre. The patient feed back at this event was positive although staff were not as supportive although this maybe because of which site was chosen as the preferred site.

Members of the Scottish Health Council participated in both these events and considered that appropriate guidelines for engaging with the community had been met. They suggested that, to augment this process, a series of more focussed patient engagement sessions take place as part of the implementation phase.

Three events were organised (one per hospital site) and more than 150 patients and carers were invited. A total of 18 people (patients and carers) attended these events. As the majority of patients in this specialty are frail the low turnout is understandable.

At Hairmyres, some concerns were raised by the four patients who attended about transport, parking at Monklands, and ensuring that existing patients were able to continue seeing their local consultant. However, there were no major objections to the proposals.

Following a detailed description of the proposed changes, the attendees at the Wishaw General event were supportive of the proposal. They commented that regardless of where you site the clinic patients would need to travel and that they were prepared to travel as long as the service was improved. In addition, it was said that the clinic is better sited where the area of the greatest need is and that they could see the benefits of the proposal.

At Monklands Hospital the event was very positive and no issues were raised.

The Scottish Health council is satisfied that the Board has engaged in accordance with the national guidance “Informing and Consulting People in Developing Health”. The outcome of the workshops will be written up and a formal letter will be sent to NHS Lanarkshire from the Scottish Health Council as part of this process.

The specific issues raised by the three groups will be considered in detail as part of the implementation process.

If this proposal is supported by the NHS Board an implementation group will be established to take forward the concentration of lung oncology services at Monklands Hospital. The implementation group will include senior Medical and Nursing staff from Lanarkshire and the Beatson Oncology Centre alongside staff and management side representatives. The outcomes of the additional engagement with patients and carers will be taken into account.

The anticipated implementation date is autumn 2010 subject to board approval and a number of other changes on the site to out-patient capacity to enable this to take place.

3. CONCLUSION

The NHS Board is asked to note the conclusions reached by the stakeholder engagement process and agree plans to concentrate lung oncology out-patient services Monklands Hospital site.

4. FURTHER INFORMATION

Further information on any aspect of this project is available through:

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