

Report to: **East Sussex Health Overview and Scrutiny Committee (HOSC)**

Date: **11th March 2010**

By: **Director of Law and Personnel**

Title of report: **Radiotherapy service provision for East Sussex**

Purpose of report: **To present a proposed future service model for the provision of radiotherapy services for East Sussex residents.**

RECOMMENDATIONS

HOSC is recommended to:

- 1. Consider and comment on the proposed service model as outlined in appendix 1.**

1. Background

1.1 NHS East Sussex Downs and Weald and NHS Hastings and Rother, in conjunction with Sussex Cancer Network have undertaken a review of radiotherapy service provision for East Sussex residents experiencing cancer with a view to:

- Meeting population needs (now and in the future)
- Improving access
- Ensuring clinical outcomes are maintained (and improved where possible)

1.2 The prevalence of cancer in East Sussex is above both the South East Coast area and the England averages. However, the age of the population is a key contributory factor as the highest percentage of cancer occurs in people aged over 65. By 2016 it is estimated that there will be 2,900 new cases of cancer per annum in the East Sussex Hospitals Trust catchment area, of whom 52% will need radiotherapy.

1.3 Currently East Sussex patients who require radiotherapy treatment for cancers must travel to either Maidstone & Tunbridge Wells Hospital Trusts, or to Brighton & Sussex University Hospitals Trust, for their radiotherapy treatments. Patients from Hastings & Rother tend to travel to Maidstone, and patients from East Sussex Downs & Weald generally travel to Brighton. This means that when patients are at their sickest they need to travel to receive treatment.

2. Proposed service model

2.1 The report attached at appendix 1 outlines the key factors examined by the review, the main findings and the proposed service model resulting from the review.

2.2 The review considered various options for providing access to a radiotherapy service within East Sussex whilst retaining the appropriate clinical expertise, access to specialist equipment (Linear Accelerators - LINACs) and quality of care for patients.

2.3 The review process included a clinical focus group to ensure the views of clinicians were incorporated, and a patient reference panel to represent the views of people who had used radiotherapy services.

2.4 In summary, the proposal is to provide a radiotherapy service within East Sussex at Eastbourne District General Hospital which will prevent many patients needing to travel out of the county to access this treatment. The service will link to the specialist centre in Brighton, being run by the same team on an outreach basis.

3. Issues to consider

3.1 Yvonne Le Brun, Interim Director for Strategy and Primary Care, Lisa Elliot, Lead Commissioner for Cancer and Karrol Aldous, Cancer Commissioner from NHS East Sussex Downs and Weald/NHS Hastings and Rother will be in attendance to present the report and discuss the review findings and recommendations with HOSC.

3.2 HOSC may wish to consider exploring:

- The views of the patient reference panel on the proposed service model.
- What proportion of patients will benefit from the service offered within East Sussex and what proportion will still need to travel to specialist centres.
- The next steps and timescale for the implementation of the proposed service model.
- How clinical outcomes will be monitored to ensure the new service model results in stable or improved clinical outcomes.

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Report to: **East Sussex Health Overview and Scrutiny Committee (HOSC)**

Date: **11th March 2010**

Title of report:: **Review of Radiotherapy Service Provision in East Sussex**

Purpose of report: **To determine how best to deliver Radiotherapy services to its patients with the aims of:**

- Meeting population needs now (and in the future)
- Improving access
- Ensuring services are where patients need them
- Ensuring clinical outcomes are maintained (and improved on wherever possible)

Review options for service provision together with:

- Options for clinical networks
- The introduction of new/improved cohesion across providers of service
- Market testing of the services to increase options for service delivery, to deliver on the above, and to increase the value for money in these services to the NHS as a whole.

1. Background

The population of East Sussex lives longer than the England averages and has the highest “very elderly” population in England (i.e. those aged 75+). The percentage of residents over 65 years of age is 6.5% above the national average, and 8% above the South East Coast average. Our elderly population is currently 1 in 5 and expected to reach 1 in 4 within the next few years.

Cancer disease prevalence is above both the South East Coast area and the England averages, but the age of our population would be a key contributory factor because the highest percentage of cancer occurs in people aged over 65.

Currently East Sussex patients who require radiotherapy treatment for cancers, must travel to either Maidstone & Tunbridge Wells Hospital Trusts, or to Brighton & Sussex University Hospitals Trust, for their radiotherapy treatments. Patients from Hastings & Rother tend to travel to Maidstone, and patients from East Sussex Downs & Weald generally travel to Brighton. This means that when patients are at their sickest they need to travel to receive treatment.

The Sussex Cancer Network together with the Primary Care Trusts in Sussex has reviewed the current service model. As part of this review it determined that there currently exists unmet need for radiotherapy services, and that the needs for this service will increase in the coming years. It has therefore been decided that radiotherapy services

for common cancers need to be sited within the East Sussex geographical location to best meet the current and future needs of patients.

The NHS in Sussex aims through this to ensure that there are clinical patient pathways, that access is improved, that the specialist centres can continue to provide the required levels of service and specialism and that the clinical outcomes for patients are maintained.

2. Objectives and scope of the review

The PCTs in East Sussex want to improve the treatment of cancers for their population, to increase life expectancy both in the wards with the lowest life expectancy and across the total population.

The objective of the review was to assess the current radiotherapy services provided to East Sussex residents and make recommendations on how this could be improved. During the process of this research, the following was undertaken:

- Researched cancer prevalence and projected radiotherapy need data for East Sussex, with particular reference to identifying areas of health inequality, transport links
- Examined how radiotherapy service provision in East Sussex compared to regional and national best within the whole of the UK, as well as researching radiotherapy service provision and practice in different countries i.e.: Spain, France, Australia, United States of America
- Researched radiotherapy service provision within the Public/Private Sectors of the UK and abroad, who have collaborated to provide the service.
- Sought the views of patients, carers and professionals in relation to current radiotherapy services, together with their views on how services could be improved by forming the following groups who met on a regular basis:

Clinical Focus Group - consisting of Clinicians and Operational Managers to ensure that all organisations are fully involved and informed.

Cancer Project Board – consisting of Operational Managers, Financial and Procurement managers.

Patient Reference Panel – consisting of patients and carers who have experienced radiotherapy services within East Sussex and whose views were valued as part of the research.

It was acknowledged that the following Principles were integral to the final decision:

- Same high quality of care wherever patients are treated
 - Expert staff
 - New technologies
- Convenience of access should not be allowed to compromise quality of care, as this would risk impairing important long-term outcomes for patients. Sub-specialisation and best practice may therefore require referral of selected patients to a cancer centre with appropriate clinical expertise, even if the technological capability for treatment exists at a unit

- Supervised by oncologist who is a core member of site specific multi-disciplinary team for that tumour site
- Ability to meet waiting times- Timeliness of treatment
 - Emergency treatment, eg spinal cord compression, next working day
 - Urgent palliative treatment within 2 weeks
 - Radical/adjuvant treatment within 31 days
- No interruption of treatment due to down time or staff shortages
 - Matched machines
 - Ideally 2 linacs per linked centre with planning/simulation
 - Critical mass of staff on site
- Maximum travel time of 45 mins for majority of patients
 - Aim to treat patient as close to home as possible, compatible with high quality care
- Comprehensive package of care
 - Treatment planning/simulation on same site both for initial planning and treatment monitoring to ensure continuity of care
 - Access to appropriate support services: oncologist, CNS, AHPs, etc at same visit and at same level as if treated in cancer centre
- Safety and clinical governance
 - Technical standards should meet published standards
 - Audit and accountability

Progress and Findings to date:

Research was undertaken within the UK, USA, New Zealand, Australia and Europe in order to establish the nature of the Radiotherapy and Chemotherapy services therein.

Statements were made by various healthcare providers, both within the UK and internationally, claiming that 'satellite', 'devolved' or 'free-standing' Radiotherapy Centres had been built, maintained and managed successfully, therefore breaking the mould of services previously provided on Acute Hospital sites. Investigation and enquires into these claims revealed that, to date, no truly free-standing or devolved radiotherapy units exist. It has been ascertained that these radiotherapy units were built within an Acute Hospital site or within a matter of metres away from a main Hospital site.

It was established that in all cases, the host site provider had referred to these Units as 'free-standing' or 'devolved' simply because they were not attached to a main Hospital, but they were geographically very near. It was further established that these Centres in the U.S., Australia, New Zealand, Spain etc were heavily subsidised and supported by Private Sector finance, (as were some of the radiotherapy centres/units in the UK, ie. The Parkside Oncology Centre in Wimbledon, BUPA, The Christie and The Cromwell Hospital). (A detailed breakdown of the research and analysis is available from karrol.aldous@esdwpct.nhs.uk).

2. Further Research - Radiotherapy

In-depth research into possible models of delivery of radiotherapy included:

1. Comprehensive analysis of the current service, annual incidence of cancer, population increase/forecast to determine further the opportunities and benefits (both in terms of quality of services, access and financial stability). This included calculations on the number of radiotherapy fractions (portions of radiotherapy treatment) which would be required in 2016 by tumour site.

2. Research into challenges and benefits of providing radiotherapy services on:
 - a. Cold Site – (not an Acute Hospital)
 - b. Single Centre
 - c. Acute District General Hospital site

3. Preparation of a specification for radiotherapy and chemotherapy services in East Sussex for common cancers.

Radiotherapy - Conclusion:

It has been ascertained that if radiotherapy was offered on a cold site (i.e. not an acute hospital site), we could only treat breast and prostate patients who were fit, not the vast majority. We would be unable to treat the sickest patients requiring palliative care. These patients would still have the long journey to another unit. Therefore with the small number of 'fit' patients we could treat on a cold site, there would only be sufficient workload to warrant a single linac. This would meet the needs of just 35% of patients, with less than 30% of the fractions. In order to substantially increase this total, it would be necessary to treat several other whole treatment groups/tumour sites but this would not be clinically recommended.

Considering a single-centre option would not provide the most optimal continuity of care and there would also be a necessity for 'down' time of the linacs, which would result in 'lost' treatment time that could not be recoverable. Consideration would also have to be given to recruitment and retention of a scarce staff group which in itself would pose problems working in a small isolated centre.

By 2016 it is estimated that there will be 2,900 new cases of cancer per annum in the East Sussex Hospitals Trust catchment area, of whom 52% will need radiotherapy. If the centre is located at Eastbourne District General Hospital (EDGH), these people will benefit. A linked centre on the EDGH would also be considerably easier to run from Brighton as an outreach service, by the same team, and more attractive environment for a radiographer to work.

Additional benefits of using the EDGH site are:

- Better public transport links, at least from urban areas, than a non acute site
- Hospital facilities and support for sick or frail patients
- Ability to treat in-patients- e.g. patients with metastatic spinal cord compressions do not have to be transferred
- Oncologists holding clinics on site
- Haematologist on site
- Acute oncology on site
- Clinical nurse specialists, pharmacy, pathology, diagnostic imaging on site if required
- More job satisfaction and advanced practice options for therapeutic radiographic staff at linked centre, as able to treat more complex cases.
- Financial viability of linked centre

Challenges

- Hospital parking,

- Not a cancer centre, so always some complex cases will have to travel for all or part of radiotherapy treatment pathway

After discussion at the Clinical Focus Group and the Cancer Programme Board Meeting, it was agreed that, given the number of fractions that could be undertaken, the population needs and the results of the research, the Clinical Focus Group would recommend that 2 linacs and 3 bunkers should be situated on the EDGH.

Dr Linda Garvican (Public Health Director, Sussex Cancer Network), agreed to make the formal recommendation to the PCT. Her paper is available on request from Dr Garvican directly at linda.garvican@scn.nhs.uk or from Karrol Aldous (email address above).

RECOMMENDATIONS

As a result of research undertaken by Karrol Aldous and Dr Linda Garvican – Director of Public Health, it was considered that the best service provision model for radiotherapy delivery within East Sussex would be to build on an acute District General Hospital Site at EDGH.