MIDLANDS AND EAST SPECIALISED COMMISSIONING TEAM

SOUTH ESSEX PET-CT SERVICE REVIEW UPDATE

1. PURPOSE

1.1. This paper provides a summary of the key issues and an update on matters relating to the PET-CT service review in South Essex.

1.2. It outlines the next steps in the process to determine the site for PET-CT scanner in South Essex.

2. BACKGROUND

2.1. PET-CT is a diagnostic service that is used in the diagnosis of cancers; predominately lung cancer, lymphoma and head and neck cancers.

2.2. PET CT is a specialised service and in February 2015 NHS England, as part of a national procurement exercise, awarded a national contract for 10 years for the North, Midlands and East and South and South West of England. This is about 50% of the total scans undertaken within the NHS.

2.3. This contract has not only increased the number of scans and reduced costs for NHS England, but will provide new scanners and move them to a fixed site model rather than the current mobile delivery model. Clinicians agree that a fixed site scanner is preferable to a mobile scanner.

2.4. The new company, Alliance Medical Ltd, as part of the mobilisation of this contract within South Essex asked NHS England to consider a move of the current mobile site at Basildon Thurrock Hospital (BTUH) to a modular fixed site at Southend University Hospital (SUH) which had been built by the former contract holder. This would be then collocated with the Radiotherapy service at SUH. They asked NHS England to review the clinical case for change and consider using the SUH service.

2.5. The Clinical Case for change has reviewed two options:

Options		Timescale
1.	Status Quo – continue the mobile scanner and develop plans for a fixed scanner at BTUH	Approx. 12 months from decision
2.	Move the PET-CT service to the existing fixed scanner at Southend	Approx. 1 month from decision

2.6. NHS England has undertaken a clinical sense check and impact assessment of the options. Advice has been sought from key national clinical leads to provide us with an independent opinion on the requirement for co-location with other services in terms of the current requirements of the service and the likely future requirements of the service for the next ten years. We have also considered the benefits and disadvantages of both options for patients and the impact of the mobilisation timescales for the proposed options.

2.7. The Regional Specialised Commissioning Team sought advice from the Royal College of Radiologists, particularly their Clinical Oncology Subcommittee, the chair of the PET-CT Clinical Reference Group, Intercollegiate Standing Committee for Nuclear Medicine (a combined

committee of the Royal College of Radiologists and Royal College of Physicians), Institute of Physics and Engineering in Medicine, Strategic Clinical Network Clinical Director, Regional Medical Director, Clinical Commissioning Groups in South Essex and also sought an Expert Patient view.

2.8. The initial view gathered suggested that option two was of greater clinical benefit and this was reflected in the clinical case that was presented to the three local scrutiny committees.

3. COMMUNICATIONS AND ENAGEMENT

3.1. Engagement over the intended change has already commenced with stakeholders and clinicians and an initial paper was submitted to the Essex Health Overview and Scrutiny Committee (HOSC), the Southend People's Committee and the Thurrock Health Overview and Scrutiny Committee seeking their initial feedback and advice over public engagement. A discussion has been held with the Thurrock GP Forum and detailed letters have been sent to MPs and Healthwatch organisations.

3.2. Following presentations to the three HOSCs; Thurrock has rejected the recommendations, Essex has asked for more engagement and information and Southend has agreed and endorsed the recommendations of NHS England. The scrutiny committees raised questions around patient flows that NHS England is currently analysing, as well as concerns over the extent of engagement planned.

3.3. Following the initial presentation to the HOSCs, twice monthly telephone meetings are taking place with the HOSC officers and the communications lead for NHS England's Specialised Commissioning Team.

3.4. A communications group has been established with the leads from the CCGs and acute Trusts. A Healthwatch representative was also invited to attend. This group met once in November and agreement has been made to make the most of the CCG contacts and communications channels to engage stakeholders and the public. Letters have also been prepared to more than 40 local patient or public groups.

3.5. A series of public roadshows is planned to be held in Basildon, Grays, Southend, Rayleigh and Chelmsford. These are scheduled to begin the week commencing Monday 14th December, although confirmation is still awaited from some public venues.

3.6. Independent clinical views continue to be sought, particularly from specialties with strong interaction with PET-CT. In addition, clinician to clinician dialogue has begun with local hospital clinicians and the acute trusts have been approached to support a workshop with clinicians from each hospital

3.7. A meeting has been held with the medical leads from the current provider who have reiterated their commitment to ensuring the best outcomes for patients.

3.8. A well respected and independent clinician (clinical oncologist Professor Peter Hoskin) has agreed to facilitate a workshop between consultants from Basildon Hospital, Southend Hospital and AML (the provider of the service). In particular, representatives from Lung cancer, Lymphoma, Head and Neck cancer, Upper GI cancer, Colorectal cancer, Gynaecological cancer, PET-CT, radiotherapy and radiography, and physics. Patient, CCG and IT representation will also be involved. This workshop will explore the clinical advantages and disadvantages of each option and attempt to reach a clinical consensus on the best way forward.

3.9. The original intended 30 day consultation has been extended to allow for more effective clinical and public engagement. This will now conclude in January 2016.

3.10. There has been local media coverage about the unused scanner at Southend. This scanner belongs to the independent provider of the service and is not costing NHS or taxpayer money.

3.11. As a consequence of the above activity, the revised timetable is below:

Actions	RO	Completed By
Discussion with Stakeholders	Midlands and East Specialised Commissioning Team	July – December 2015
Initial discussion with HOSC	Midlands and East Specialised Commissioning Team	October 2015
Engagement, including clinical engagement	Midlands and East Specialised Commissioning Team	October 2015 – January 2016
Mobilisation	AML	January / February 2016 (SUH) or December 2016 to March 2017 depending on procurement (BTUH)

4. NEXT STEPS

4.1. A project group has been established to oversee the process

4.2. Formal decision making will be through the Regional Executive Team of NHS England and will need to take account of the timing and delivery of the options as well as the clinical consensus and views expressed through the stakeholder engagement.

4.3. We will also need to maintain a dialogue with AML and maintaining the two options until we have completed the engagement. There is the potential that on commercial grounds they may choose to move the modular scanner from SUH to another venue and the timing of the option may be less attractive.

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