

Positron Emission Tomography- Computed Tomography (PET-CT) in South Essex

The Clinical Case for Change

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Positron Emission Tomography – Computed Tomography (PET-CT) is a diagnostic service that is currently primarily used to help diagnose cancers. About 5% of PET-CT scans are carried out for non-cancer reasons. Both the national cancer strategy (Achieving World-Class Cancer Outcomes, A Strategy for England 2015-2020, July 2015) and NHS England Specialised Services 5 year strategy note that there is a need to use PET-CT in radiotherapy planning. PET-CT is commissioned nationally by NHS England supported by strong clinical leadership through a dedicated PET-CT National Clinical Reference Group.

In February 2015, a new provider was awarded a ten year national contract for the provision of PET-CT scanning to the North, Midlands and East, South and South West of England – about 50% of all PET-CT scans undertaken in England.

Amongst other benefits, the contract includes increased investment to install new scanners and improve the current infrastructure, increased access to services and a commitment to move away from mobile PET-CT scanning services towards fixed sites.

As a result of this contract, the PET-CT service in South Essex has been identified to benefit from increased capacity and improved facilities through moving from a two-day per week mobile unit to a fixed facility that will function five days per week. The new provider has asked commissioners to review the location of this unit.

The existing service in South Essex is provided from a mobile scanner that is situated on the BTUH Hospital site two to three days per week. Between 800 and 1,200 scans a year are provided from the mobile site at BTUH to the south Essex population.

Two clear options have emerged: siting the unit at Basildon and Thurrock University Hospitals NHS Foundation Trust (BTUH), or at Southend University Hospitals NHS Foundation Trust (SUH).

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During the mobilisation period of the new contract, the new provider requested that commissioners review the existing provision and consider increasing capacity through the use of a fixed scanner and re-locating the service to SUH, where there is already a new static unit that is not currently being used.

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

There are no immediate safety or quality concerns with the current service in South Essex. However, there is room for improvement in the speed of diagnosing cancer in South Essex which will improve clinical outcomes for patients.

Over the most recent two year period, broadly equal numbers of patients have travelled to BTUH from the east and west of the area. That means that as many patients travel from the East to Basildon as would travel from the West to Southend if Southend were selected as the preferred option.

Against the criteria of clinical outcomes and patient experience, both options mark an improvement on the current service, although this could be delivered 12 months earlier at Southend University Hospital NHS Foundation Trust.

The strongest advantages for providing the service at Basildon relate to the volume of lung and lymphoma patients who currently receive treatment at BTUH but travel to SUH when they need radiotherapy planning.

However, in terms of strategic fit, future proofing and co-location of services, Southend is the preferred location. Radiotherapy and Oncology co-location provide strong reasons for providing the service from SUH, even with consideration of the volume of lung and lymphoma patients. The faster mobilisation due to the existing scanner is an additional factor in favour of SUH.

The findings of the clinical review and assessment by NHS England lead to the conclusion that SUH is the site that offers the best long term benefits for patients and for the future of the PET-CT service. Following patient, public, clinical and stakeholder engagement, a final decision will be made in November. Mobilisation of the available fixed site scanner would then take place in December 2015.