

The Right Hon Jeremy Hunt MP
The Secretary of State for Health
Department of Health
Richmond House
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London
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Dear Secretary of State

Location of PET CT Scanner in the Essex Area

Reference to Secretary of State

The council, at the recent HOSC meeting held on 15th September 2016 agreed to refer the proposed changes to PET CT service provision to the secretary of State.

In accordance with paragraphs 23(9)a and (c) of The Local Authority (Public Health, Health & Wellbeing Boards and Health scrutiny) Regulations 2013, the matter is referred for the following reasons:

- The council considers that the proposals are not in the interests of the health service in the area; and
- The Council is not satisfied that the consultation has been adequate.

The proposal to deviate from the original NHS England tender documentation, which stated that a new fixed PET CT Scanner should be provided to replace the mobile one currently used at Basildon and Thurrock University Hospital (BTUH) within 10 years raises considerable concern amongst a number of stakeholders in Thurrock, notably, local MPs, elected Councillors, local GP's and Consultants, and the CCG

A. The council considers that the proposed service variation is not in the interests of the health service in the area

Let me start by saying that the council whole heartedly supports the need to replace the mobile scanner, currently used as part of the lung and haematological cancer diagnosis/phasing pathways, with a fixed one in the future. Our argument is against the proposal to fragment the current pathway, moving part of it to Southend University Hospital (SUH). This is presented as option 2 in the clinical case for change documentation enclosed (see page 7), and is the final recommendation of this same document.

1) Ease/Speed of Mobilisation

The main argument presented for this recommendation is that the new service would be much quicker to mobilise, providing increased capacity and so reducing waiting times.

However, whilst we agree that the PET-CT scanner that is currently located in SUH would be quicker and in some respects easier to mobilise, we are in disagreement over the need to make a rushed decision based on this. The mobile scanner at BTUH is currently operational for 5 days per week. The 2-3 days represented in the enclosed documentations is reflective of the fact that it currently operates at approximately half capacity, this is due to low levels of demand rather than provision. As well as currently being able to offer around 100% increase in demand there is also the option to increase operation to 7 days a week if the need were to present. There is not currently a capacity issue in the area, and thus no pressing need to choose the quickest option.

What is more is that the current mobile scanner is operating well:

- a. The 7 day report following a PET CT scan is at >95%, and are meeting all the stipulated standards.
- b. A 95% patient satisfaction score.

We therefore do not think that the decision should be based on this factor, rather that it should be based on clinical, epidemiological and geographical need.

We feel that the proposal has been made based on where the fixed scanner currently sits in Southend Hospital. This is not to say that the PET CT scanner or any of the associated services currently operate from this hospital. The scanner was placed there during the bidding process for by the previous contract holder. The tender process was completed by NHS England and the contract was awarded in November 2014. The tender process did not require the bidder to provide a static scanner at the outset, but stipulated that a static scanner be installed within 10 years. Further supporting our recommendation that speed of mobilisation has never been a consideration.

2) Concerns over a more fragmented patient pathway

The current patient pathway for the diagnosis and treatment of lung and haematological cancers is co-located at BTUH, a treatment centre for these cancers. Around 90% of patients with Haematological cancers require chemo-therapy which is provided at Basildon Hospital, the regional centre for Haematology and Lung Cancer. Southend hospital only provides radio-therapy for Lung cancers, and the number of lung cancer patients requiring radiotherapy is about 10 %.

Changing the current patient pathway so that patients have to have separate appointments for scans, reviews and diagnoses would lead to significant delays on the 62 day referral to treatment pathway. This ultimately directly affects the outcomes to patients, namely their probability of survival. The case for change paper, only deals with the diagnostic component of the pathway and should consider the pathway as a whole.

The consultants who are qualified to report the images from the scanner are located in BTUH and it would be helpful if they were on hand to explain findings to patients.

The Director of Public Health, Mr Ian Wake, published a Cancer Deep Dive in 2015 in which it was identified that the largest delays are currently around diagnosis, this would be exacerbated if we were to move one element of the diagnosis procedure to another hospital. Recommendations in the report include stream-lining the patient pathway, moving part of the service would only cause fragmentation.

3) Clinical grounds

A secondary argument made for the proposal is that there are no clinical grounds for picking either site over the other:

We do understand why one might think this because and agree with the statement made in the case for change document:

“Rapid transfer of images across organisations is a normal part of PET-CT scan delivery”. [case for change document referring to the need not to co-locate in Lung Cancer centre of BTUH].

However respondents to the clinical survey cited many more disadvantages than advantages to moving the service. These include:

- a. The scanner would be located within the main hospital imaging department, having access to all of the staff and facilities available to the main hospital. [referring to BTUH]. The purpose built accommodation in Southend is fragmented from the main hospital, in a non-permanent structure.
- b. BTUH is a Cardiothoracic Centre where all lung cancer surgery is done for Essex
- c. BTUH includes a large haematology unit
- d. The scanner is also used to assess response to therapy during the treatment phase
- e. Delays in the patient pathway
- f. A clinical risk for some patients if they are moved
- g. Colorectal (liver mets) – patients would have to attend Basildon, Southend and the Royal London Hospitals
- h. It's better for clinicians to have a close working relationship with radiologists reporting the PET-CT scans.
- i. The haematology service at BTUH is the largest in the region and this is due to expand (this will result in more patients from Mid Essex using the service and so access/travel issues have not been accounted for)

Earlier suggestions during the process were that the possible future use of Radio-therapy planning may be a clinical reason for co-locating a PET-CT scanner at a hospital with a large radio-therapy department. However, we agree with the conclusions made in the clinical case for change and the Independent clinical senate review that this would not be necessary. This is also supported by Dr Neilly [British Nuclear Medicine Committee see Page 61 (PET-CT Scanner Location, feedback from engagement activity)].

In addition to use in Cancer diagnosis and phasing, PET-CT scanners are, in the near future to be used in the diagnosis and evaluation of dementia and cardiac conditions. The impacts of moving the service in light of this has not been considered.

4) Accessibility for Patients

The analysis shown in the clinical case for change document suggests that the split between patients who use the service living closer to each hospital is roughly 50/50. However the analysis is flawed due to the fact that travel times have been calculated from CCG offices to the hospitals using public transport.

However, Patients do not live in CCG offices and so do not travel from them. The offices may not even be a central point for all patients within a CCG. We suggest that more accurate analyses could be done looking at travel times from GP practices.

In addition the analysis of engagement document shows that of 40 service users questioned 34 travelled to their appointment by car. Conducting travel time analyses using public transport times is misleading.

Assumptions are also made that travel in one direction is equal to travel in another. It isn't. Access to Southend is much poorer than it is to Basildon. The main road into Southend (A127) is frequently blocked which we are concerned would cause more lateness for appointments and possibly DNA's. There are many more alternate routes into Basildon.

5) Demand may reduce if service is moved to Southend University Hospital

50% of Mid Essex patients needing the service currently choose Basildon and 50% choose Colchester. However if the service is moved to Southend the demand from Mid Essex may reduce leading to over-investment/underuse/reduction in revenue in the South of Essex and perhaps increased waiting times in the North of Essex. This consideration has not been made in any of the documentation.

6) Reviews of Cancer Services

Cancer services in the area have not undergone a review and no reconfiguration has been recommended.

The only other site change following the award of the new contract has been Bournemouth, this was as a result of Cancer Services reconfiguration.

7) Equality Impact Assessment

One of the recommendations from the Independent clinical senate review panel was to conduct an in-depth Equality Impact assessment concentrating on users with Learning Disabilities and Mobility issues. To date this has not been undertaken.

B. The Council is not satisfied that the consultation has been adequate

Secondary to the above the council does not feel that Thurrock has been well represented/heard during the consultation process.

- The public consultation only included 209 respondents. Only 2 of these were from the Thurrock area (Grays), 2 from Basildon and 11 from Brentwood. The council does not consider this to be representative.
- Local clinical engagement has been omitted. When the proposal was presented at the Clinical Engagement Group (CEG) it did not gain approval from the clinicians of Basildon and Brentwood CCG, Thurrock CCG or BTUH. This dis-approval is not represented in any of the documentation. The engagement that has been reported clearly states more disadvantages than advantages to moving the service.

This objection B is secondary to the fundamental objection of the Council as set out in A above.

The council also categorically objects to the fact that a Scanner was placed in Southend Hospital during a Tender process before any kind of assessment had been done. This has led us to be in a position where we have to decide between moving a well operating service to where a Scanner happens to be located or to find a way to obtain a static scanner to be homed within the currently well operating service. We feel that the decision should be made based on "where is the best place to operate this service from"? and not "where does the service currently operate from?" or worse "where is there a scanner?"

I would appreciate your assistance with this matter and trust that you will support the option that makes best clinical sense and is in the best interest of Essex patients.

Yours sincerely

Councillor Victoria Holloway
Chair of Thurrock Health Overview & Scrutiny Committee