

Service Development for PET/CT Services for Adults OSC Briefing: For Information & Comment

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1 Purpose of the Report

1.1 To report to the B&NES Health Overview and Scrutiny Committee on the outcome of the re-tender of the West of England Positron Emission Tomography / Computerised Tomography (PET/CT) contract (covering a test that is used as part of the diagnosis of rare cancers). Specifically this briefing reports on the proposed model of care and service for PET/CT for the areas covered by NHS Bath and North East Somerset PCT, NHS Bristol, NHS North Somerset, NHS South Gloucestershire, NHS Wiltshire and NHS Swindon, the selection process and the outcome of that process.

Other PCTs in the region have their scanning needs provided by either the Cobalt unit in Cheltenham or via a national contract whereby the service is delivered in Taunton, Plymouth, Exeter, Bournemouth or Poole.

1.2 The contract was retendered out of best practice due to the contract coming to an end and the value of the contract being significant. There were no concerns about the quality or safety of the current service. The aim of re-tendering was to:

- ensure the quality of clinical services for Positron Emission Tomography. This is a method of medical imaging used for diagnosis that uses short-lived radionuclides attached to biological molecules to produce an image of metabolic processes in the body.

2 Decisions / Actions Requested

2.1 The B&NES Health Overview and Scrutiny Committee is asked to:

- Note the rigour and outcome of the PET/CT re-tendering process;
- Note the improved quality of service, patient experience and value for money the new contract will deliver;
- Note the involvement of the public, patients and carers and the support of the patient and carer who were on the assessment panel;
- Support the proposal to award the two year contract to Cobalt Healthcare, starting 1st July 2011 (or as soon thereafter as we are able).

3 Current Service - What Happens Now?

- 3.1 The service is currently provided through University Hospitals Bristol NHS Foundation Trust and Alliance Medical from the site in Bristol located at the front of Bristol Royal Infirmary. The South West Specialised Commissioning Group commissions this service to assist in the diagnosis of rare cancers.
- 3.2 The South West Specialised Commissioning Group re-tendered PET/CT on behalf of the following Primary Care Trusts:

Table 1: Incidence based on adult* population

| Adults 18+ | 800/million | | |
|---|----------------|-----------------------------|-----------------------------|
| PCT | Population | Planned 2011/12 Scans | Planned 2012/13 scans |
| Bath and North East Somerset PCT | 153,536 | 123 | 123 |
| Bristol PCT | 361,762 | 289 | 289 |
| North Somerset PCT | 167,787 | 134 | 134 |
| South Gloucestershire PCT | 197,043 | 158 | 158 |
| **Wiltshire PCT | 360,581 | 127 | 127 |
| **Swindon PCT | 154,564 | 6 | 6 |
| | | 837 | 837 |

*This service proposal is for adults only. Therefore children and young adults (24 years and under) are not included in any of the above figures. Planned scanning numbers are based on the National Cancer Action Team's recommendations of 800 scans per million population.

** Wiltshire PCT and Swindon PCT also utilise scanners elsewhere due to their geographical/SCG boundary location. Therefore, the above figures for these PCTs are based on their likely activity, which has been calculated based on past activity from these areas.

- 3.3 As the above table shows, we have assumed around 123 scans per year for the population covered by NHS Bath & North East Somerset will be provided from this new contract.
- 3.4 As previously stated, patients from these areas are currently treated by University Hospitals Bristol NHS Foundation Trust. This is because this provider has the necessary associated nuclear medicine support (on site), in particular for the scanning isotopes (the substance used to view scans). The current cost per scan is £850. Based on 837 scans per year this gives a baseline contract value of £1,422,900 over a two year period.

4 The Selection Process

- 4.1 This retendering process does not relate to any other aspect of the patient pathway for people who have a suspected rare cancer. It deals solely with the PET/CT scanning element of the diagnostic pathway for this group of people.
- 4.2 The specification for this service is based on the nationally agreed service specification for PET/CT. Following initial studies in 2002, the National Cancer Action Team produced a report in December 2003 that was adopted and supported into the current plan for PET/CT by the Department of Health in October 2005. The national contract commenced in April 2007 for a contract period of 5 years. This service was advertised based on the Department of Health/National Cancer Action Team's recommendations of 800 scans per million population for cancer indicators only.
- 4.3 Potential providers of the service under this tendering exercise were assessed against the following; providing a service which complies with the national specification, whether or not they can provide a service to people within the specified catchment area, and 'patient experience data' (i.e. what patients identified as important to them when we ran a substantial programme of patient and public engagement to determine how we could improve services accessed by patients with rare cancers).
- 4.4 The successful provider was selected on the basis of their ability to demonstrate they are best able to meet these criteria.
- 4.5 The key objectives of the service are:
 - Provision of a complete PET/CT scanning service to include referral management, scanning, reporting and audit as well as the provision of electronic images to referrers and reporters.
 - Located within a two hour radius of a cyclotron facility and meet the service specification.
 - Located within the South West Specialised Commissioning Group (SWSCG) West of England catchment area. This includes NHS Bath and North East Somerset, NHS Bristol, NHS North Somerset, NHS South Gloucestershire, NHS Wiltshire and NHS Swindon.
- 4.6 Submissions from prospective providers were tested against detailed evaluation criteria developed from the specification. The main evaluation criteria were:
 - Service delivery which includes:
 - Clinical expertise
 - Design and delivery of services
 - Physical facilities
 - Quality and clinical governance:
 - Clinical governance structures, policies and processes
 - Risk monitoring and management

- Clinical standards and how they would be monitored
- Data and information for audit and outcomes
- Ensuring quality of access and outcomes
- Current quality standards for performance including hospital acquired infections
- Patient Engagement and Experience
- Affordability and value for money:
 - Analysis of costs, prices, affordability and competitiveness

4.7 The full criteria were finalised by the retendering evaluation panel and was the subject of significant focus to ensure it was appropriate for the service. It was made very clear to bidders in the documentation which was provided ahead of their submission. The standard weightings given to each score were as follows:

| Contents | Weighting % |
|---------------------------------|-------------|
| Service delivery | 25 |
| Quality and clinical governance | 10 |
| Affordability/Value for Money | 60 |
| Patient Engagement & Experience | 5 |
| Total Weighting | 100 |

The evaluating team/panel consisted of:

| Evaluation | Evaluators |
|--|--|
| Service Delivery | Lead Commissioner, Commissioning Manager, Public Health Consultant, Procurement, Clinical Lead |
| Quality and Clinical Governance | Lead Commissioner, Commissioning Manager, Public Health Consultant, Procurement, Clinical Lead |
| Affordability/Value for Money | Procurement |
| Patient Engagement and Experience Presentation | Lead Commissioner, Commissioning Manager, Procurement, Clinical Lead. Patient Representative, Carer Representative |

4.8 It is important to note that the patient and carer representatives that kindly agreed to be full members of the evaluation panel were specifically approached because they had stressed the importance of being able to get a swift and accurate diagnosis of rare cancers when they attended a public and patient engagement event about services for

a particular rare cancer in March 2009. A full report on the outcome of this programme of engagement was sent to Scrutiny Committees in October 2009 and is still available to download at:

<http://www.swscq.nhs.uk/consultation/>

- 4.9 In summary, 59 people attended one of five events held for patients, carers and members of the public in the South West between December 2008 and March 2009. A further 80 local people completed a questionnaire that was designed (by patients) so that people who could not attend any of the events could still give us their views. During this work several issues were raised concerning the diagnosis of cancer. In particular, people from Bristol said they had to wait a long time to get their appointment and also to get their results, it was difficult and expensive to find parking at the Bristol site, and there was nowhere comfortable nearby for carers to wait while patients were being scanned. This information informed the assessment process whereby these were things we specifically looked for.

5 The Outcome of the Re-tendering Process

- 5.1 The tender exercise identified Cobalt Healthcare in Cheltenham as the provider best able to meet the evaluation criteria. Cobalt Healthcare scored more highly on ALL of the assessment criteria whilst also having shorter waiting times. It is important to note that this was both before and after the criteria were weighted. This means that, even if price were not a factor, Cobalt Healthcare would still have scored more highly in all other areas (Service Delivery, Quality and Clinical Governance and Patient Engagement and Experience) and therefore would still have been the successful bidder.
- 5.2 In addition, Cobalt Healthcare can provide this service for £500 per scan, realising a cost saving of £585,900 over the two year period of the new contract. This is based on the 840 cases we anticipate the service will handle each year.

6 Local Impact

- 6.1 Having listened to the needs of local patients and their carers over a number of years we are aware that transport and parking are very important issues for people living in Bath and North East Somerset. For that reason we specifically evaluated bidders against these criteria. In particular we asked bidders what percentage of patients would be able to travel to their service within 60 minutes.

The following table shows the distances (in miles) between the population centres of each of the affected Primary Care Trusts and the current and proposed providers of the service.

| | UHBristol | Cobalt Cheltenham Imaging |
|---|-----------|------------------------------|
| Bath And North East Somerset PCT | 13 | 57.1 |

| | | |
|----------------------------------|----|------|
| Bristol PCT | 0 | 42.5 |
| North Somerset PCT | 15 | 50.1 |
| South Gloucestershire PCT | 7 | 40.6 |
| Swindon PCT | 49 | 27.2 |
| Wiltshire PCT | 39 | 53.7 |

6.2 We also calculated travel times to Cobalt from the postcodes of actual patients who received a PET/CT scan in April, May and June of 2010 and also in September, October and November, 2010 to identify the number and percentage of patients within each Primary Care Trust that could travel to the Cobalt service within 60 minutes (please see below).

| PCT Name | Number of patients less than 60 minutes | Number of patients more than 60 minutes | % Less than 60 min | % Greater than 60 min |
|-------------------------|---|---|--------------------|-----------------------|
| B&NES Patients Apr-Jun | 3 | 22 | 12.00% | 88.00% |
| B&NES Patients Sept-Oct | 0 | 17 | 00.00% | 100.00% |

6.3 Although the table above suggests few patients from B&NES would be able to travel to Cheltenham within an hour we believe this is comparable to the time it would take residents to travel to the current service given the extra time needed to find parking and then walk to the unit at Bristol because Cobalt Healthcare provides plenty of free parking directly outside the entrance into the Imaging Centre. Therefore, unlike other locations, patients do not need to park some distance from the PET/CT unit and walk through hospital corridors nor do they have to pay for parking.

6.4 In addition, we anticipate that 10% of those patients who receive this service would also be eligible for support with transport costs either through hospital transport services (such as hospital care or ambulance) or the financial support set out in the Department of Health guidance ‘HC11 – Help with NHS Costs’.

7 Expected Benefits

7.1 The new contract will provide patients with a better quality service and improved patient and carer experience, with shorter waiting times. It will also enable the Specialised Commissioning Group to realise a cost saving of £585,000 over the two year lifespan of the contract that can then be used to enhance patient care in other services in the South West.

8 Timescales and Next Steps

8.1 Ideally, the contract should run from 1st July 2011 to 30th June 2013 and we are now working with the providers to ensure the smooth handover of the service from this date.

9 Summary

9.1 The South West Specialised Commissioning Group, taking into account national standards and requirements to retender this service, proposes to award the contract for PET/CT to Cobalt Healthcare in Cheltenham.

10 Recommendations

10.1 The B&NES Health Overview and Scrutiny Committee is asked to:

- Note the rigour and outcome of the PET/CT re-tendering process;
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Glossary

| | |
|------------------------------|--|
| Clinical governance | Clinical governance is the term used to describe a systematic approach to maintaining and improving the quality of patient care within a health system. |
| CT Scan | A CT (computerised tomography) scanner is a special kind of X-ray machine. Instead of sending out a single X-ray through your body as with ordinary X-rays, several beams are sent simultaneously from different angles. CT scans are far more detailed than ordinary X-rays. They can be used to produce virtual images that show what a surgeon would see during an operation. CT scans have already allowed doctors to inspect the inside of the body without having to operate or perform examinations. CT scanning has also proven invaluable in pinpointing tumours and planning treatment with radiotherapy. CT scans can be used for taking pictures of almost any part of the body. |
| Isotopes | Atoms of the same element can have different numbers of neutrons; the different possible versions of each element are called isotopes. |
| National Cancer Action Team | A multidisciplinary team working with the Department of Health as part of the Cancer Reform Strategy's drive to improve cancer services and reduce inequalities in the provision of cancer care. |
| PET Scan | <p>A PET scan produces three-dimensional, colour images of your body using radiation. PET means positron emission tomography. It can be used to diagnose a health condition, or find out more about how a condition is developing. It can also be used to measure how well treatment for a condition is working.</p> <p>A PET scan works by detecting radiation inside the body, and makes images that show how the radiation is being broken down. Radiation is given to the body as a medicine called a radiotracer, which goes to the part of your body that needs to be examined. The level of radiation is very small, so it won't damage your body.</p> |
| Positron Emission Tomography | Positron emission tomography (PET) is a nuclear medicine imaging technique which produces a three-dimensional image or picture of functional processes in the body. |
| Radionuclides | Radionuclides are often referred to by chemists and physicists as radioactive isotopes or radioisotopes. They play an important part in the technologies that are used in a number of constructive technologies (for example, nuclear medicine). However, radionuclides can also present both real and perceived dangers to health. |
| Service specification | Service specifications are drawn up by a commissioner before organisations are invited to put in applications to provide the service. Service specifications describe the service that the commissioner wants provided. They often set the standards required and may include things like staffing arrangements, skills, levels of activity, referral criteria, inpatient care and follow-up. |