Advisory Panel Final Recommendations of the Ear, Nose and Throat (ENT), Oral and Maxillofacial (OMF) and Head and Neck Cancer Services Review for Bath & North East Somerset

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Ruth Hallett, Project Manager

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1 Document Purpose

The purpose of this paper is to set out the conclusions of the Ear, Nose and Throat (ENT), Oral and Maxillofacial (OMF) and Head and Neck Cancer Services Review and make recommendations to Professional Executive Committees (PECs), PCT Boards and local scrutiny committees. This Review has been undertaken as part of the Healthy Futures Programme and has had engagement from clinicians and patients across the Bristol, North Somerset, South Gloucestershire, Bath and North East Somerset (BaNES), Wiltshire and Somerset area. The Review has been governed by a Project Board with clinical, patient and NHS organisational representatives.

2 Executive Summary

The Review initially started as a review of Head and Neck Cancer Services in November 2009, but feedback from clinical stakeholders indicated the scope of the review needed to be expanded to cover all ENT and OMF services, benign and malignant. The clinical staff, skills and equipment required to treat benign conditions are the same, in many cases, as those required to treat malignant conditions. Therefore, the clinical service model developed as part of the review process is for all Head and Neck Cancer, benign and malignant ENT and benign and malignant OMF inpatient services.

The clinical service model will bring together the expertise of specialists working in ENT, OMF and Head and Neck Cancer services in a service hub where all surgical procedures will take place. Satellite and spoke sites will enable patients to have diagnostic and follow-up appointments and routine procedures closer to home, with the difference between the satellite site and the spoke sites being the provision of less complex surgery at the satellite whereas spokes will provide consultation and follow up but no surgical procedures. This is described in more detail below.

An independently-chaired Advisory Panel, which first came together in May 2010, undertook a detailed assessment of the location options that could deliver the clinical service model. In May 2010, the Advisory Panel recommended that the Bristol Royal Infirmary site provide the hub services for a number of reasons, including: clinicians' aspirations for a Head and Neck Service and Institute which maximises integrated working and adjacencies; likely developments in cancer treatment in the medium term and it being the location that offered the best opportunity for coordinated service provision for patients. It was agreed that UH Bristol be put through a process of due diligence to test their ability to deliver the clinical service model from the Bristol Royal Infirmary site. On the 4th of November 2010 the Advisory Panel came together again to review evidence submitted by UH Bristol and were assured that they would be able to deliver the model. The Review's Project Board met on the 5th of November 2010 and accepted the Advisory Panel's recommendation.

Our focus now is on discussing the recommendations arising from the Review with organisations' PECs and Boards and local scrutiny committees. Subject to their agreement, a new project will be initiated to add detail to the existing high level implementation plan and ensure the implementation of the Review's recommendations.

We are pleased to have reached this stage of the Review, given that the sort of integration described in the clinical service model has been discussed locally for a number of decades. This is a real credit to the way clinicians, patients and managers have been able to work together to agree the clinical model and have built a strong foundation on which delivery can be assured, if approval is given.

3 Context – Bristol Health Services Plan

Following extensive public engagement and consultation throughout 2004, NHS organisations in Bristol, North Somerset and South Gloucestershire agreed a series of changes to the configuration of local health services as part of the Bristol Health Services Plan in March 2005.

The objectives of these changes were:

- To improve the quality of emergency and specialist services, by concentrating acute hospital services on two hospital sites in Bristol/South Gloucestershire.
- To improve the quality and accessibility of a range of routine services (outpatients, diagnostic services, urgent care, therapies etc).

As part of the planned improvement in acute hospital services a number of specific changes were agreed, including:

- Acute hospital services being concentrated on a redeveloped Southmead Hospital site and the Bristol Royal Infirmary site, with Frenchay becoming a community hospital site.
- The development of a network of local community hospitals and health care centres throughout Bristol, North Somerset and South Gloucestershire.
- Breast services being centralised at St Michael's Hospital.
- Adult Ear, Nose and Throat (ENT) services being centralised at Southmead Hospital.

A number of these changes are in the process of implementation, with construction of the new Southmead Hospital ongoing and a number of new community health care centres and community hospitals completed or being built.

In respect of Breast and Adult ENT services, the plans agreed as part of the Bristol Health Service Plan have been revisited. In the case of the Breast services, a further review concluded in early 2010, following extensive clinical and patient involvement. The conclusion of this review was a proposal for a new service model for breast care services which includes a hub at the new Southmead Hospital, a satellite hub at Weston General Hospital and community spokes at Southmead Hospital, Weston General Hospital, Central Health Clinic and South Bristol Community Hospital. The conclusions of the Breast Services Review were supported by PCT Boards and by the Overview and Scrutiny Committees of North Somerset, Bristol and South Gloucestershire Councils in February and March 2010. The new service model is due to be implemented in 2014, linked to the opening of the new Southmead Hospital.

As part of the Breast Services Review process the Boards of Bristol, North Somerset and South Gloucestershire PCTs revoked their earlier decision, made as part of the Bristol Health Services Plan, to centralise breast services at St Michael's Hospital.

This paper sets out the conclusions of the ENT, OMF and Head and Neck Cancer Services Review. As a result of the reviews conclusions the Boards of Bristol, North Somerset and South Gloucestershire PCTs have been asked to revoke their earlier decision to centralise Adult ENT services at Southmead Hospital.

4 Introduction

In November 2004 the National Institute for Clinical Excellence (NICE) issued 'Guidance on Cancer Services: Improving Outcomes in Head and Neck Cancers' stating that 'head and neck cancers should be managed in services covering a population of one million people treating over 100 cases per year'.

Previous attempts to centralise Head and Neck Cancer services in the Bristol area have failed to reach consensus and a new independently facilitated process was initiated in November 2009 to create a clinically led, patient endorsed model of care with proactive engagement of local clinicians and patients.

A Project Board was established to oversee delivery of the Review and to ensure that the process followed was robust and effective in developing a clinically appropriate solution. Membership of the Project Board has included patient and public representatives, clinicians involved in the delivery of Head and Neck Cancer services, clinicians involved in the delivery ENT and OMF services, representatives of the Avon, Somerset and Wiltshire Cancer Services (ASWCS) Network, local commissioners and provider trusts and Project Team members. The Board has been chaired by Deborah Evans, Chief Executive of NHS Bristol.

At the outset of the review stakeholders were interviewed and there was overwhelming feedback that benign and malignant services should not be separated and therefore the scope of the review was expanded from cancer services to include all ENT and OMF services.

From the outset of the process the clinicians have aspired for the best possible model of care through consensus. There has also been enthusiastic participation from a wide range of patients and other stakeholders. At a stakeholder event on 2nd March clinical representatives presented their proposed new clinical model which was unanimously endorsed by patients, clinicians, PCTs and Trusts.

5 Current Service Model

Currently, the majority of Head and Neck Cancer services for the populations of Bristol, North Somerset, South Gloucestershire and Bath and North East Somerset are provided in Bristol by UH Bristol and NBT, with a smaller number of patients being treated at the RUH in Bath. Some patients from Somerset and Wiltshire also access services in Bristol either because they are nearer than other local service providers (i.e. Musgrove Park Hospital in Taunton or Yeovil District Hospital) or because their cases are more complex.

Benign and malignant ENT inpatient and day case services are provided by UH Bristol at St Michael's Hospital and the BRI and by NBT at Southmead Hospital.

The RUH also provides ENT inpatient and day case services and NBT also provides daycase ENT services at Weston General Hospital. Benign and malignant ENT outpatient services are provided at Southmead Hospital (by NBT), Weston General Hospital (by NBT), St Michael's Hospital (by UH Bristol), Clevedon Community Hospital (by NBT), Portishead Health Centre (by NBT) and at Nailsea Health Centre (by NBT).

Benign and malignant OMF inpatient and day case services are provided by UH Bristol at the BRI. UH Bristol also provides day case services at Bristol Dental Hospital (BDH). NBT also provides day case services at Frenchay Hospital. Benign and malignant outpatient OMF services are provided at Frenchay Hospital (by NBT), Weston General Hospital (by NBT) and Bristol Dental Hospital (by UH Bristol).

6 Proposed Service Model

The proposed clinical service model is for a hub, satellite and spoke configuration. The difference between the satellite site and the spoke sites is the provision of less complex surgery at the satellite. Spokes will provide consultation and follow up but no surgical procedures. This is described in more detail below.

6.1 Hub

Centralised services will be delivered from a Bristol hub. The hub will provide Multi-Disciplinary Team (MDT) assessment, treatment planning and case management and will have all ENT and OMF inpatient surgery, both benign and malignant, co-located with essential diagnostic services (histopathology, cytology and radiology), specialist cancer nursing services and therapists e.g. speech and language and dietetics.

6.2 Satellite

The RUH and Taunton will be satellite sites.

Satellite services will provide less complex benign and malignant ENT and OMF surgery, diagnostics and oncology services, where these currently exist, plus initial and follow up consultation. This will provide patients from across the region with a choice of treatment sites and reduce the need for travel. Case management will continue through the MDT at the hub.

6.3 Spokes

Spoke services will provide initial consultation and follow up clinics and community based rehabilitation with clinicians travelling from the hub to visit patients rather than vice versa. Southmead Hospital, Weston General Hospital, Yeovil District Hospital, Clevedon Community Hospital, Portishead Health Centre and Nailsea Health Centre will be spokes.

Whilst centralisation takes place there are no plans to change the location of spoke services. Other sites will also be considered as possible future spoke sites and there is a commitment to provide an additional spoke in South Gloucestershire, at Frenchay, Cossham or Thornbury. Any changes in the delivery of outpatient services required in the future will be brought back to PEC, PCT Boards and local Scrutiny Committees for their consideration.

7 Selection of site for Bristol hub

The criteria and process for site selection were produced and agreed by the Project Board. The process agreed involved establishing an independently chaired Advisory Panel to assess the two potential sites for the service hub (Southmead Hospital, part of NBT and the Bristol Royal Infirmary, part of UH Bristol). It was agreed that neither site could deliver all the ideal clinical dependencies. It was therefore a matter of judgement regarding which site could offer the most important dependencies. It was agreed that the Advisory Panel would be the judge of these. Following discussion at the Project Board, Professor Pat Bradley, recently retired Consultant Otolaryngologist / Head and Neck Oncologic Surgeon at Nottingham University Hospitals NHS Trust, was asked to chair the Advisory Panel. Terms of Reference and membership of the Advisory Panel were agreed by the Project Board.

The Advisory Panel met in May 2010 and recommended that the Bristol Royal Infirmary site provide the hub services for a number of reasons, including: clinicians' aspirations for a Head and Neck Service and Institute which maximises integrated working and adjacencies; likely developments in cancer treatment in the medium term and the benefits of being co-located with Bristol Haematology and Oncology Centre and it being the location that offered the best opportunity for coordinated service provision for patients. It was agreed that their recommendation should be tested by a process of due diligence.

The independently chaired Advisory Panel reconvened on the 4th of November 2010 to assess the evidence submitted by UH Bristol as part of the process of due diligence. Commissioners presented to the panel on their expectations, as outlined in the service specification agreed by the Project Board (available on request). UH Bristol presented to demonstrate how they could meet those expectations. NBT provided reassurance that they had been engaged with UH Bristol in developing the response to the service specification. In the light of the evidence presented, the Advisory Panel agreed that UH Bristol would be able to deliver the clinical service model hub in line with the standards outlined in the service specification and provided this reassurance to the Project Board. The Project Board met on the 5th of November and accepted this recommendation.

8 Local Impact for BANES

There is little proposed change for patients from Bath and North East Somerset (BaNES).

For BaNES patients with benign ENT and OMF conditions, services will continue to be provided at the RUH, in its role as a satellite site.

BaNES patients with suspected cancer would have their cases discussed at the central MDT, consisting of a range of clinicians, including specialists from the RUH. If inpatient treatment is required, the MDT will advise on whether or not this could be provided by the RUH. This will depend on the specific details of each case. If it is felt the patient could not be treated at the RUH, they would be referred to UH Bristol for their surgery. If the patient could be treated at the RUH they would be offered the choice of having their surgery at the RUH or at UH Bristol. Patients with suspected cancer are already discussed at the central MDT. The main difference to the service for BaNES patients will be that some patients who

currently access services at Southmead Hospital would now access services at the BRI.

Follow up outpatient appointments will continue to be provided at the RUH as well as at other existing outpatient locations. UH Bristol has also committed to providing an additional spoke in South Gloucestershire at either Cossham, Frenchay or Thornbury Hospitals, subject to further discussion with local commissioners.

The table below shows the number of BaNES patients that were seen in 2009/10 in Bristol and where. Please note, this excludes all those patients treated at the RUH as there is no proposed change in the service for those patients.

Inpatient Activity	NBT ENT			UH Bristol ENT			NBT OMFS			UH Bristol OMFS		
	Day Case	Inpatient	Non Elective	Day Case	Inpatient	Non Elective	Day Case	Inpatient	Non Elective	Day Case	Inpatient	Non Elective
Bath and North East Somerset	12	11	5	27	12	10	27	5	2	4	32	8

Outpatient Activity	NBT ENT			UH Bristol ENT			NBT OMFS			UH Bristol OMFS		
	New	Follow up	TOTAL	New	Follow up	TOTAL	New	Follow up	TOTAL	New	Follow up	TOTAL
Bath and North East Somerset	88	141	229	155	192	347	70	119	189	279	285	564

The table below shows ENT outpatient appointments undertaken by an ENT nurse. These sessions do not require consultant input and therefore are listed separately.

	UH Bristol ENT treatment nurse		
Bath and North East Somerset	5	112	117

In future, all inpatient and day case patients referred to Bristol will be treated at the BRI.

9 Service Reconfiguration Criteria

In May 2010, Sir David Nicholson wrote to all NHS Chief Executives to detail four criteria for service reconfigurations. This section documents how this Review has addressed the requirements set out in this letter.

9.1 Support from GP Commissioners

The role of GP Commissioners has been undergoing a significant change since the start of this Review and, in light of this; the arrangements for GP involvement have also developed.

The review has sought to keep GP Commissioners informed and offer the opportunity to become more engaged in the review. This has been achieved via articles in local GP newsletters and a briefing to GP Consortia. There have been update papers to all PECs and opportunities to comment on the draft service specification. The Review's conclusions will be discussed have been supported by all PECs in the network.

9.2 Patient and Public Engagement

The role of patient, carer and public stakeholders has been to ensure the views of the public, patients and carers are taken into consideration in developing the service model and site criteria.

Existing head and neck cancer patient support groups were visited as part of the project initiation phase of the review. This included two Bristol based groups (the Laryngectomy Support Group and the Bristol Head and Neck Cancer Support Group, also known as the 'collar' group) and a Weston-super-Mare based support group. Established patient support groups do not exist in Bath, Somerset or Wiltshire. An Independent Facilitator also interviewed the chairs of all three support groups to ensure members views could be incorporated into the clinical model.

There has been patient representation on the Project Board via Liz Eley, a Somerset patient. Liz Eley spoke to other patients and worked with the existing patient groups to present patient and carer views to the stakeholder workshop on the 2nd of March. She also presented to the Advisory Panel in May. Liz Eley indicated patients' support for the approach to the review and the proposed clinical model, highlighting the aspects specifically put in at the request of the patients and carers and noting the concerns that remain to be addressed throughout the review. This was reconfirmed to the Advisory Panel on 4th November 2010.

"We were pleased to be included in the Head & Neck/ENT Review for reconfiguring the service as more than just a 'tick-in-the-box' consultation. We have truly been part of the team on this project." – Liz Eley, patient representative.

A User Reference Group was established with 24 patients as members, including head and neck cancer patients, benign ENT and benign OMF patients. In order to facilitate a wider membership, patients are able to send in their comments and feedback in writing, via email and over the phone if they are not able to attend meetings.

All patient representatives who have been engaged in the review receive copies of the newsletter, which is produced at the end of each phase. Six newsletters have been produced as part of the Review so far and a seventh is planned at Project Closure.

There was a patient representative on the Advisory Panel who ensured that the panel kept patient and carer requirements at the forefront of their thinking.

See Stakeholder Engagement Report (appendix 2) for further details of how we have engaged with patients and the public.

9.3 Clinical Evidence Base Underpinning Proposals

Whilst there is no specific clinical evidence regarding centralisation of head and neck cancer in the UK, there is evidence that centralising other services has delivered improved patient outcomes. Clinicians have led the development of the service model and all stakeholders agreed the proposed model at a stakeholder workshop (letters of support form clinicians are included in appendix 1). A Benefits Register has been developed with input from clinicians and patients which documents the expected benefits and how these will be measured (available on request). The first baseline report will be agreed at the Project Board in February 2011 and will be re run a year after the centralised service is operational, to ensure benefits are tracked.

9.4 Develop and Support Patient Choice

Benign and malignant outpatient services will continue be offered the choice of location for outpatient services, including Southmead Hospital, Weston General Hospital, Bristol Dental Hospital, St Michael's Hospital, Clevedon Community Hospital, Portishead Health Centre and in Nailsea Health Centre so patient choice for outpatient services will not be reduced. There will also be a spoke provided in South Gloucestershire at Cossham, Thornbury or Frenchay, subject to further negotiation between the providers and local commissioners.

For inpatient services choice will be reduced from two locations in Bristol, the BRI and Southmead Hospital, to one. The majority of patient and public representatives have indicated their support for the change, recognising benefits to patient care and experience.

The Darzi report called for services to be 'localised where possible, centralised where necessary'.[1] The proposed model illustrates this concept by centralising complex surgery and diagnostics, as recommended by the Improving Outcomes Guidance, whilst providing routine and follow up appointments more locally in the spokes and satellites.

This change should be seen in context of development patient choice for less complex surgery and treatments, with the introduction of the Emerson's Green Independent Treatment Centre and the work underway to develop community services.

10 Recommendations

Project Board recommends that the Overview and Scrutiny Committee:

- Supports the proposed clinical service model for a centralised hub for all inpatient and day case head and neck cancer, ENT and OMF services with satellite and spokes providing diagnostic, follow up and less complex procedures.
- Supports the proposal for the centralised hub to be located at the BRI and hub services to be provided and managed by UH Bristol and for UH Bristol

[1] High Quality Care for All: NHS Next Stage Review Final Report. Professor the Lord Darzi of Denham KBE, 2008.

to proceed with implementation planning for May 2012 (in line with the opening of South Bristol Community Hospital).

- Supports the proposal for UH Bristol to work with local commissioners and providers from across the network to ensure there is good access to spokes across the network area.

All PECs in the network have now supported, NHS BaNES, NHS Bristol, NHS Wiltshire, NHS South Gloucester and NHS Somerset have support the proposals and North Somerset are not due to meet until mid January 2011. With this agreement in place Project Board recommends that these conclusions should be supported by Overview and Scrutiny Committees.

11 Glossary

ASWCS	Avon, Somerset and Wiltshire Cancer Services
BDH	Bristol Dental Hospital
BRI	Bristol Royal Infirmary
ENT	Ear, Nose and Throat
ISTC	Independent Sector Treatment Centre
LINk	Local Involvement Network
MDT	Multi-Disciplinary Team
NBT	North Bristol NHS Trust
OMF	Oral and Maxillofacial
PEC	Professional Executive Committee
RUH	Royal United Hospital Bath NHS Trust
UH Bristol	University Hospitals Bristol NHS Foundation Trust

12 List of Appendices

Appendix 1 Letters from Clinicians

Appendix 2 Stakeholder Engagement Report

Appendix 3 Equality Impact Assessment