# Bath and North East Somerset Health Scrutiny Select Committee
# Substantial Variation Impact Assessment
## Ear Nose and Throat (ENT), Oral and Maxillofacial (OMF) and Head and Neck Cancer Services Review

| | |
|---|---|
| **Version no.** | 0.1 |
| **Status** | Draft |
| **Author** | Ruth Hallett |
| **Approver** | Janet Rowse |
| **Date for approval/ Date approved** | |
| **Agreed circulation of this version** | Draft – internal project staff and NHS BaNES<br>Approved – BaNES Health Scrutiny Select Committee |

| Version | Date | Reviewer | Comment |
|---|---|---|---|
| 0.1 | 30th December 2010 | Ruth Hallett | Initial draft |
| | | | |
| | | | |
| | | | |

## Part One - Description of proposed service changes

### 1 The current service

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 University Hospitals Bristol NHS Foundation Trust (UH Bristol) and North Bristol NHS Trust (NBT), with a smaller number of patients being treated at the Royal United Hospital (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 Ear, Nose and Throat (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 Oral and Maxillofacial (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).

## 2 What are the proposed service changes?

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.

### 2.1 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.

### 2.2 Satellite

The RUH in Bath and Musgrove Park in 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.

### 2.3 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.

## 3 Why are these changes being proposed?

This service change is proposed by clinicians supported by patients because it is anticipated to produce the following benefits:-

- Improved patient outcomes in the longer term
  - Less recurrent disease for cancer patients
  - Longer life expectancy
  - Improved clinical competency
  - Further develop specialist skills
  - Attract additional research funding to develop improved treatment
- Improved patient experience
  - Improve patient information to allow patients to make informed choices about their care
  - Reduce patient and carer anxiety for Head and Neck Cancer patients
  - Improve psychological health for Head and Neck Cancer patients
  - Provide convenient local clinics
  - Ward, treatment room, Intensive Treatment Unit and High Dependency Unit all on one site
- Improved effectiveness and productivity
  - Reduce duplication of work
  - Better utilisation of staff
  - Standard policies to ensure consistent use of best practice
  - Increased clinical dialogue
- Improved efficiencies
  - Improved opportunities for training and skills development and career prospects
  - Improved patient rehabilitation for Head and Neck Cancer patients
  - Economies of scale
  - Delivery of Improving Outcomes Guidance (NICE 2004) compliance
  - Delivery of Cancer waiting times standards
  - Delivery of national performance measures (18 week referral to treatment)

Mechanisms are in place to set a baseline in early 2011 (before service change) and then for review annual after service change has occurred.

## 4 Rationale

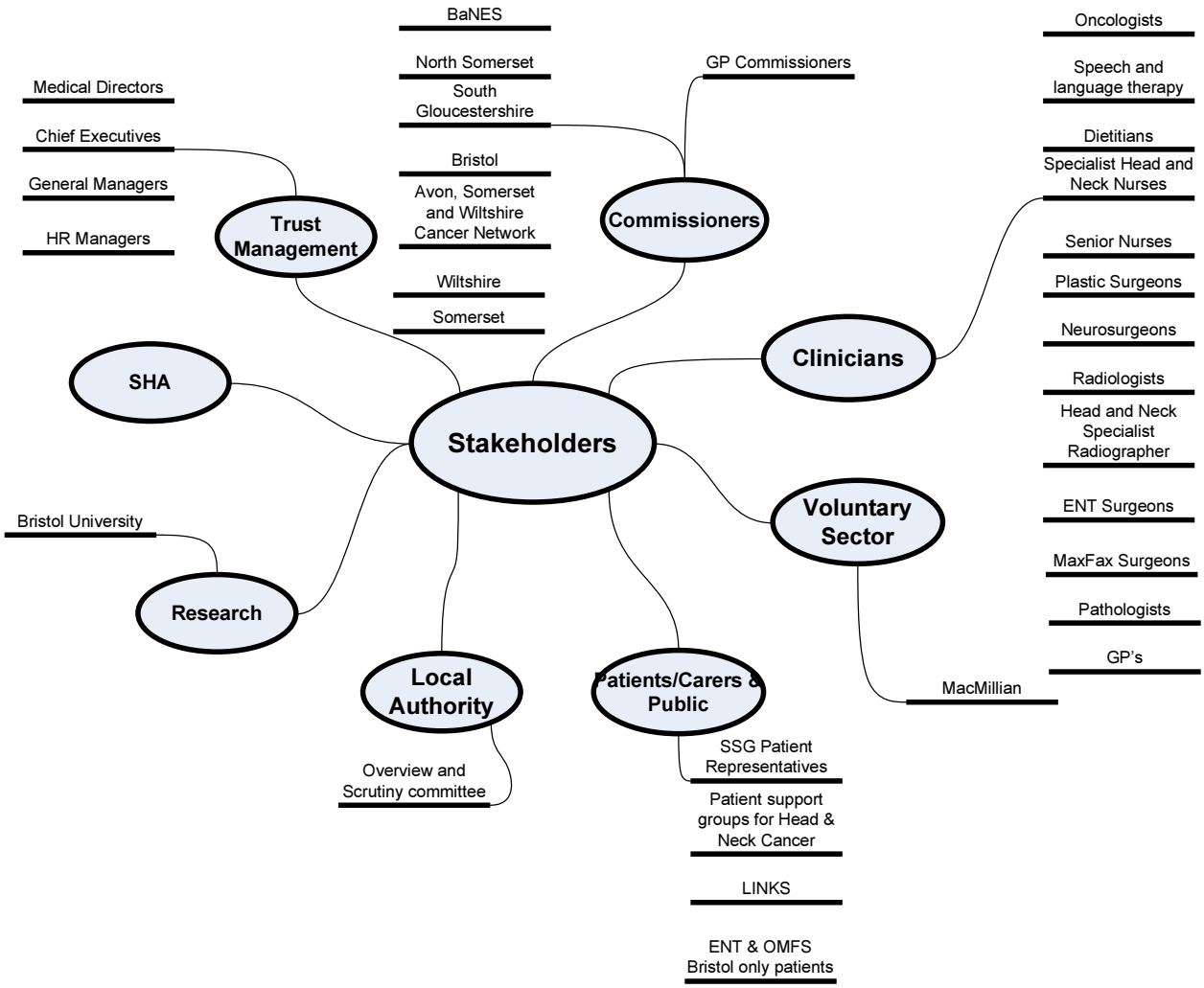
The Review initially started as a review of Head and Neck Cancer Services in November 2009, but feedback from clinical stakeholders indicated the scope of the review needed to be expanded to cover all ENT and OMF services, benign and malignant. The clinical staff, skills and equipment required to treat 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 and 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.

## 5 Summary of involvement process and outcomes

The review has worked hard to ensure all stakeholders have been actively involved in the project. The diagram below provides and overview of all stakeholders who have been involved in the review.




Involvement activities have included:

- A Head and Neck Cancer patients' engagement event
- Case Studies – emails of patient experience
- Interviews with patients and patient relatives
- Interviews with ENT patients at St Michaels Clinic
- Interviews with ENT patients at Southmead Clinic
- ENT patient engagement event

A User Reference Group has been established as part of the review to provide a forum for service users to contribute to the development of key documentation produced as part of the review. Due to the wide geographical area covered and the consequences of some members being current or very recent patients and therefore unable to travel to attend meetings, the group operates in a virtual way as well as through physical meetings. There are 24 patients on the user reference group, including head and neck cancer patients, benign ENT and benign OMF patients.

There has been patient and LINk representation on the Project Board and patient representation on the Project Team and Implementation Group.

The detail of the work undertaken with all these groups can be found within the stakeholder engagement report (see appendix 2).

An equality impact report has also been undertaken (see appendix 3). UH Bristol has detailed how they will take this work forward as part of their response to the advisory panel.

Stakeholders are kept up to date using newsletters, website and workshops.

## 6 Timescales

The earliest date implementation could happen is May 2012, once bed and theatre capacity is released by the opening of South Bristol Community Hospital. If approval is gained from NHS Boards and Scrutiny Committees, then this will allow a year to implement a smooth transition of services.

## 7 Does the NHS consider this proposal to be a substantial variation or development?

The NHS considers this to be a substantial variation but one which will have a positive impact for Wiltshire patients.

### 7.1 Benefits from a clinical perspective:-

Clinicians consider proposals will result in the benefits outlined above in section 3 of this report.

### 7.2 Benefits from a managerial perspective:-

Managers consider proposals will result in the benefits outlined above in section 3 of this report.

# Part Two– Patients, carers and public representative views – summary of the potential impact of proposed service changes

The impact assessment process was started at a meeting of the User Reference Group held on the 11th of November 2010. A draft version of this impact assessment was then circulated to all 24 members of the User Reference Group for them to provide written comments. In addition, Joan Bayliss, representative of the six Local Involvement Networks (LINks) on the Project Board, contacted all six LINks inviting them to comment on the draft impact assessment. This impact assessment takes into account all the comments received.

| Questions | Responses |
|---|---|
| 1. What are the benefits of the proposed service changes? | There are significant benefits which have been identified by clinicians and patients, these are described in section 3 of this document. |
| 2. What are the dis-benefits? Include how you think these could be managed. | Reduced choice of location for patients for complex surgery. The view of patients is that this is outweighed by the significant benefits to the quality of care and patient experience which will come from centralising the surgical service. |
| 3. Are there any issues for patients/carers/families in accessing the new service particularly if a change of location has been suggested? | There will be limited impact for patients, carers and families for patients from BaNES as the planned centralised service is approximately 4 miles from half of the existing service. University Hospitals Bristol is more accessible by public transport and only those patients with complex benign or cancer would be required to travel for inpatient or daycase surgery. |
| 4. How do you think the proposed changes will affect the quality of the service? | The proposals will improve the quality of the service for the reasons described under section 3 above. |
| 5. What do you think the impact of the proposed changes will be on health inequalities? | Equality Impact Assessment undertaken as part of this review concluded the proposals will have a positive impact in health inequalities. See the (appendix 3). |
| 6. Any other comments | |
| 7. If you are a representative of an organisation, such as LINKs, please indicate how you have drawn on the views of others from your group | All six LINks that cover the area of the Review have been invited to comment on the proposed changes. Joan Bayliss, LINk representative for the Review, has conveyed, LINks organisations support for proposals. |

## Part Three – Impacts at a glance

| Impacts | NHS View | Patient/carer/public representatives' view |
|---|---|---|
| Impact on patients | + | + |
| Impact on carers | + | + |
| Impact on health inequalities | + | + |
| Impact on local health community | + | + |

X = significant negative impact
? = negative impact for some
+ = positive impact