Lincolnshire COUNTY COUNCIL Working for a better future		**THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE**	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Lincolnshire Sustainability and Transformation Partnership

Report to:	**Health Scrutiny Committee for Lincolnshire**
Date:	**16 October 2019**
Subject:	**Healthy Conversation 2019 – Haematology and Oncology, and the Cancer Strategy for Lincolnshire**

Summary:

This report is in two parts:

- Section One: Cancer Lincolnshire's Long Term Plan 2019-24, which describes the national and local context regarding Lincolnshire's strategy for cancer; and the vision and strategy that will deliver effective and accessible haematology and oncology services for patients in Lincolnshire.

- Section Two: Haematology and Oncology, which sets out the emerging option for oncology and haematology as part of the Lincolnshire Acute Services Review.

Actions Required:

(1) Committee members are asked to note and comment on the report.

Section One: Cancer - Lincolnshire's Long Term Plan 2019-24

1. Vision

Ensuring optimal provision of diagnosis, treatment, care and quality of life outcomes for all cancer patients in Lincolnshire by increasing early diagnosis, improving clinical outcomes, developing universal personalised care for people living with cancer, improving patient experience by reducing variation and inequalities, providing high quality services to patients in their local areas.

2. Case for Change

The long term plan sets out bold ambitions for improving cancer outcomes. These build on and accelerate the progress made through the delivery of recommendations of the Independent Cancer Taskforce - Achieving World Class Cancer Outcomes; improving 5 year survival rates and people being diagnosed at an earlier stage.

Cancer survival is the highest it has ever been; with thousands more people surviving cancer each year. More cancers are being diagnosed early and patients' reported experience of care is slowly improving. However despite this very real progress, there is more to be done to narrow the gap between the UK and comparable countries to deliver the very best survival outcomes for patients in England. In 2017 a case for change was developed for cancer.

- In Lincolnshire alone, with our ageing population and with improvements in diagnosis, treatment and aftercare there are currently 27500 people living with cancer and this is expected to rise to 45400 by 2030.
- Cancer is the most common cause of premature death (<75 years old) in England, and incidence rates for all cancers combined have increased by 30% across Great Britain since the late 1970s. Whilst there is a rising trend in the number of cancer diagnoses, there is a positive trend in rates of survival for the majority of cancers. Early diagnosis is crucial for increasing rates of survival and reducing the burden on specialist services.
- Cancer prevalence across the four locality areas (Clinical Commissioning Groups) ranges from 2.7% to 3.2% (national average = 2.6%) and in 2016/17 there were 25,599 people living with cancer in Lincolnshire
    - The most common cancers are Breast, Lung, Colorectal & Prostate and of these, colorectal is the most common cancer In Lincolnshire
    - Smoking prevalence in adults is 21% (2016) which is higher than the England total of 15.5%
    - 65% of adults are classed as overweight (2015/16), above the England total of 61%
    - People diagnosed with cancer via an emergency route is higher in Lincolnshire than other areas
- The one year survival (all cancers) for patients diagnosed in 2015 in Lincolnshire (Sustainability and Transformation Partnership) was 71.4%. This was below the England total at 72.3%. This ranged from 70.7% in Lincolnshire East and West to 72.5% in South Lincolnshire
- Whereas survival has improved for most cancers, the difference between survival rates for the more survivable cancers and the less survival cancers is significant at 55%. Less survivable cancers account for almost 50% of all deaths from common cancers

- For all cancers, the percentage of patients diagnosed at stage 1 & 2 (excluding unknown stages) in Lincolnshire STP was 53.6%. This was slightly below the England total which was 53.7%
- There is wide variations in access to care and treatments across Lincolnshire and across the East Midlands.
- Demand on cancer services is increasing due to the steady rise of both new diagnoses and the number of patients who survive. Whilst the workforce has absorbed these increases so far, service quality has dropped.
- Increasing public awareness of cancer and earlier presentation of symptoms, demographic changes, increasing use of diagnostics and increasing possibilities of care are increasing significantly the demand for elective cancer care
- Urgent GP two-week wait cancer referrals increased by 7.5% in 2017/18 compared to 2016/17 and conversion rates continue to fall.
- Implementation of optimal earlier diagnosis and speedier diagnostics cancer pathways are adding additional pressure to the existing system and are driving productivity and efficiency improvements.
- Compliance against the nine national cancer standards has been variable for many years as the system struggle to meet this demand and we have particular challenges in a number of tumour sites: lung, skin, breast, urology/prostate, upper/lower gastrointestinal and gynaecology.
- The cancer patients wait longer to be seen and treated than the England average.

3. Benefits

3.1 Acute

- Diagnosis will be achieved earlier in the pathway
- Patients diagnosed early at Stages 1 or 2 will have an improved chance of having curative treatment and long term survival
- Improve five year survival rates
- Earlier detection rates by lowering the threshold for referral by GP
- Accelerate the access to diagnosis and treatment and maximise the number of cancer we identify through screening
- Improved patient experience
- Patients will have greater knowledge of disease
- Upskilling of staff to provide an extended roles
- Reduction in emergency admission diagnosed in Emergency Departments
- Remote monitoring will reduce follow up outpatient activity
- Remote monitoring will increase capacity for clinicians to see greater need/ new patients

3.2 Living with Cancer

- Opportunity to identify their needs and concerns through a supportive conversation with a skilled and competent member of staff and to develop a personalised care plan
- Responsive, timely and co-ordinated support to address the needs that matter most in their life.
- Continuity of care through their cancer journey

- Improved wellbeing and quality of life
- Greater participation in the design of services and their own package of support.
- Involvement as equal partners in designing their own care and support
- Improved feeling and ability to exercise choice and control
- Being treated equally and fairly with a focus on individual strengths and community assets
- Access to a variety of channels and ways to interact with Macmillan to suit individual needs and preferences

3.3 Workforce

- Stronger partnerships and relationships with colleagues and other members of the workforce
- Stronger partnerships and relationships with communities and community assets and East Midlands Cancer Alliance
- Greater skill mix, and learning and development enabling individuals to work at the top of their licence/role
- Increased ability to do the right thing for people with cancer, leading to greater job satisfaction
- Reduced duplication

3.4 System

- Asset based approach utilises existing resources to best ability
- Data collection from health needs assessments will identify areas of need in county to better use resources to meet needs of specific populations
- Learning what works to deliver fully integrated support for people living with cancer from acute to community to primary and back again.
- Building evidence of gaps in holistic support to influence national strategy and planning.
- Testing template for development of support for people with other long term conditions

4. What needs to happen, by when?

Over the next 5 years Lincolnshire STP will work with the East Midland Cancer Alliance, Provider trusts and Macmillan towards building on progress and improvements already made on Cancer Programme. The System will continue to work collaboratively and will continue with its approach to improving outcomes for patients with cancer.

4.1 Ambitions

Survival - *Improve one year survival rates, achieving 79% target by 2023/24.* By 2023/24 - *Diagnose more cancers earlier improving survival rates over five years*

- Reduce variation in diagnosis and treatment
  - Work with the Alliance to understand and identify the variation in outcomes
  - Build consensus including clinically on the approaches to tackling variation
- Ensure Faster translation of innovation and research in practice

- Support the testing, evaluation and spread of promising approaches and interventions that are likely to have the biggest impact

Screening - *By 2028, the proportion of cancers diagnosed at stages 1 and 2 will rise from around half now to three-quarters of cancer patients.*

- Increase prevention uptake for patients in Lincolnshire- Preventing Cancer by addressing risk factors, especially smoking.
- Improved uptake of national Bowel, Breast and Cervical screening programmes
- This can be achieved by addressing inequalities, improving access to services and reducing variation so that providers consistently meet the national standard.

Early Diagnosis - *Speed up diagnosis- Earlier Diagnosis increasing % of cancers diagnosed at stage 1/2, reducing emergency presentations, leading to improved survival rates*

- Defining the areas in which the greatest impact can be made
- Population based service and pathway transformation that responds to the challenge
- Directing research, innovation and technology development to address those areas.
- Implementing best practice pathways.
- Sustained investment in equipment and workforce.

Treatment - *Improve the experience of patients with a cancer diagnosis and living with the disease*

- Patients will receive the most effective, precise and safe treatments, with fewer side effects and shorter treatment times.
- Deliver all NHS Constitutional cancer waiting time standards in 2019/20 and annually
- Achieve the new 28 day referral to diagnosis target being introduced by April 2020

Personalised Care - *The Lincolnshire Living with Cancer (LWC) Programme aims to develop person-centred, local support for people living with cancer, their carers and significant others in Lincolnshire. We will do this by implementing the comprehensive model of Universal Personalised Care for people living with cancer*

- Every person living with cancer has access to optimal clinical pathways, personalised treatment, needs assessment, care plan and effective follow up including health and wellbeing information advice and support by fully implementing the Universal Model of Personalised Care for people living with cancer by 2023
- Improve patient experience and satisfaction of services and pathways
- From 2021 the new Quality of Life Metric will be used locally
- Patients on the breast pathway by 2020 will move towards a personalised (stratified) remote monitoring follow up pathway after treatment, and all prostate and colorectal patients by 2021

Workforce - *The Long Term Plan sets out ambitions for improving cancer treatment and care in England. However, unless we have sufficient staff with the right skills and support and give consideration to the workforce impact of future service models these ambitions will not be realised.*

- Work with the Alliance / Health Education England to understand the gaps in workforce and develop a Phase 1 workforce plan
- Continue to deliver improvements and changes to ensure a sustainable workforce and excellent cancer services
- All patients, including those with secondary cancers, will have access to the right expertise and support, including a clinical nurse specialist or other support workers.
- Consider future commissioning implications following the end of the Alliance and Macmillan funding.

5. Current State

Interventions to be implemented for 19/20 onwards

- Improving screening uptake
- Roll-out of Faecal Immunochemical Testing (FIT)
- Rapid Diagnostic Centre - Vague Symptom pathway
- Reducing variation
- Improving GP referral practice
- Faster Diagnosis standard is enforced April 2020

Screening - Public Health Education led

- From September 2019, all boys aged 12 and 13 will be offered the HPV [human papilloma virus] vaccination.
- By 2020, HPV primary screening for cervical cancer will be implemented across England.
- From summer 2019, the Faecal Immunochemical Test (FIT) will be used in the bowel screening programme.

Treatment

Eleven radiotherapy networks will be established across England by 2019/20 to fully implement new service specifications by 2021/22.

6. Future State

The living with programme has engaged with patients and their cares about their care, treatments and experience

People Living With Cancer have told us that:

- **Information governance** – they get frustrated with having to give their information time and time again, and practitioners would welcome access to a centralised electronic record system.
- **Pathways** – pathways into and through diagnosis and treatment, and the transition back into primary care do not work as well as they could. We also have been told that sometimes patients are missing appointments and there are sometimes waits which could be avoided. People would like to have a Holistic Needs Assessment to identify their individual needs and people have told us that there is a lack of regular follow ups and aftercare.

- **Integration** – services do not work in an integrated way, and the transition between services, and different stages of a patient's experience are disjointed. They have also told us that sometimes organisations do not communicate very well between themselves.
- **Workforce** – the workforce in Lincolnshire is professional, skilled and dedicated, but we have also been told that they are under significant pressure and there are gaps in services. Our workforce has told us that they would welcome additional support and access to information and advice. The volunteer and peer support services are well thought of and useful in supporting people, but coverage across the county is patchy.
- **Communications and conversations –** sometimes the communication between professionals and patients, carers and loved ones could be clearer.
- **Information, advice and support** – they just do not know what is out there to support patients, carers and loved ones. Furthermore, they do not know where to go to get information, advice and support,
- **Support services** – there are a lot of amazing support services in Lincolnshire, but we also know that coverage is patchy, there are significant gaps and sustainable funding for services is fragile. There is a particular lack of psychological and emotional support, and support for the physical side effects of treatment is needed.
- **Equity** – at the moment, where you live can have an impact on the support you can get and support services vary from location to location within the county.

7. Interventions to be implemented 2021 onwards

Screening – Public Health England led

- By 2023/24, significant improvements will be made on uptake of the screening programmes.
- Development of the lung health checks by 2022

Earlier and Faster Diagnosis

- Possible implementation of Lung Health Check Programme following evaluation from the Alliance
- Rapid Diagnostic Pathway – to support the implementation of vague symptom pathway
- Working with primary care networks to deliver national specification for early diagnosis of cancer
- By 2028, the NHS will diagnose 75% of cancers at stage 1 or 2.
- One year survival in line with 2028 ambition for 55,000 more people to survive cancer for five years or more each year

Treatment

- Genomics: Equity of access to cancer genomic testing as set out in the National Genomic Test Directory, so that during the next ten years all people with cancer who could benefit from genomic testing are able to do so.

Interventions that require further planning with the Alliance as part of the Long Term Plan delivery

- Targeted lung health checks

- Rapid Diagnostic Centres (implementation plan for expansion)
- Familial genetic testing
- Accelerating the translation of innovation and research into routine clinical practice

Comprehensive model of universal personalised care implemented for people living with cancer. This will result in:

- Integrated support pathways across the statutory and voluntary sectors which will improve outcomes and support people living with cancer.
- People living with cancer are active participants in supported self- management.
- People delivering health and social care, work in partnership to facilitate supported self-management.
- Access to universal personalised support and personalised follow up pathways of care and support for all people living with cancer.
- A tested and flexible service delivery model is operational in Lincolnshire.
- A partnership across all stakeholders is established to transform cancer care into a whole systems approach which becomes everyday business.
- The programme is co-designed with patients, the public and stakeholders.
- The programme is fully evaluated to measure the impact and outcomes on the experience of patients, carers and significant others, and the workforce, and recommendations for future evaluation and measurement of the programme are delivered.
- There are the right people in the right place with the right skills to provide timely support for people living with cancer across the county.
- The programme aligns and integrates with other strategic, organisational and operational developments locally.
- People living with cancer experience seamless and co-ordinated pathways of support.

8. What patients said following the Healthy Conversation events

Throughout the feedback gathered we have consistently heard that the main themes/ concerns relating to breast services are**:**

- Poor infrastructure and road networks causing implications to patients and families who need to get to Lincoln.
- Lack of confidence in Lincoln hospital
- Favour of keeping services at Pilgrim

Haematology and Oncology

Throughout the feedback gathered we have consistently heard that the main themes/ concerns relating to Haematology and Oncology services are:

- Capacity/ issues of over burden on Lincoln hospital – overcrowded and poorly staffed, not enough beds
- Costly travel and parking that could cause hardship for both patients and their families when having to visit on such a regular basis
- Frequent cancellations and delays to appointments

Key priorities/areas of focus

We will continue to transform cancer care so that from 2028:

- Three in four cancers (75%) will be diagnosed at an early stage.

We will get there by:

Screening

- Reinvigorating our action to reduce or eliminate preventable cancers before they appear:
- Introduce HPV vaccination programme for boys.
- Taking more action to tackle smoking, obesity and excessive alcohol use.
- Finding more cancers before symptoms appear through the most comprehensive screening programme in the world
- Adopt faster, easier and more effective tests, starting with FIT for bowel cancer screening and HPV for cervical cancer screening.
- Lower screening age for bowel cancer screening
- Maximise the potential of AI, data and genomic testing to find more targeted ways to identify cancer
- Increase uptake of screening programmes, starting with a review led by Sir Mike Richards.

Diagnosing cancers earlier and faster:

- Ensure all nine constitutional standards are met so as to enhance earlier diagnosis, survival rates and reduce the proportion of cancers diagnosed at emergency admissions;
- Targeted case finding, starting with the expansion of lung health checks and low dose CT scans for earlier diagnosis of lung cancer.
- Rapid Diagnosis Centres that bring together modernised kit, expertise and cutting edge innovation to transform diagnostic provision and deliver equitable and fast access.
- Introduce the 28 day faster diagnosis standard and national timed pathways to reduce variation in access to diagnostics.
- Support the development and implementation of best practice timed clinical pathways to include lung, colorectal, prostate and oesophageal;

Ensuring universal access to optimal treatment and adopting faster, safer and more precise treatments:

- Continually improve the systems processes and policies so as to facilitate the pro-active management of patients on their cancer pathway;
- Improve length of stay for acute cancer patients, enabling timely discharge and appropriate care plans to minimise risk of admissions;
- Cutting edge radiotherapy that targets cancer more effectively and reduces side effects and appointment times.
- Greater access to promising new treatments such as immunotherapy.
- Increased use of genomics to target treatments and interventions more effectively.

- Improve survival outcomes and reduce variation through greater networking of specialised expertise, starting with radiotherapy and services for children and young people.
- Work with tertiary centres to provide the best practice pathway for patients accessing specialist centres for diagnostic tests and treatments

Offering personalised care for all patients and transforming follow-up care:

- Surveillance and aftercare that is tailored to individual needs – supported self-management, shared care or complex case management.
- Personalised care to address holistic needs from diagnosis onwards, including needs assessment, care plan and health and wellbeing support.
- Quality of life metric to demonstrate how well people are living beyond treatment.
- Develop Digital solutions to support the delivery of Cancer services across Lincolnshire
- Enhanced recovery programme (Pre-habilitation)
- Roll out of urine protein creatinine testing in acute
- Roll out of urine protein creatinine testing in community
- Personalisation and navigation project (delivery arm)
- Personalised follow up (remote monitoring)
- Shared decision making
- Personal budgets
- Consequences of treatment colorectal

Harness the collaboration of academia, the NHS and industry to develop and rapidly translate into practice the screening, early detection and targeted treatment models of the future:

- Direct and support the acceleration of innovative techniques for early detection and treatment of cancer.
- Greater 'real-world' testing of innovation through Cancer Alliances and Rapid Diagnosis Centres, to speed up transition from development to mainstream use.
- Focus will be needed over the next five years on interventions such as psychological support, healthy lifestyle choices and preventing/managing consequences of treatment

These interventions rely on fit for purpose workforce, infrastructure and leadership:

- Cancer Alliances will continue to lead cancer transformation across their geographies, bringing together local health and care partners to accelerate improvements in cancer service delivery across providers.
- Workforce
- Develop the system workforce to ensure delivery of the long-term plan and National Cancer Strategy. Focus on the challenged areas such as diagnostics, histopathology and oncology.

Planned initiatives/interventions

- Visual management system- manage demand and capacity within United Lincolnshire Hospitals NHS Trust (ULHT) to support constitutional standards by Jan 2020
- Symptomatic Faecal Immunochemical Testing (FIT) – Implementation of the FIT pathway for Colorectal Cancers by March 2020

- Vague symptoms pathway - Rapid Diagnostic pathway development – Model to be developed by 2020 to benefit patients with vague symptoms
- Improving outcomes for patients following treatment for colorectal cancer- 2020- 2023
- Prostate, lung, breast, colorectal, gynaecology, upper gastrointestinal – best practice pathway implementation
- Tertiary focus on head and neck, prostate and lung pathways
- Improving holistic needs assessment in secondary care
- Developing end of treatment summary for improving communication to primary care
- Improving the quality of cancer care reviews in primary care
- Access to health and wellbeing interventions
- Living with Cancer Delivery Arm

Headline investment, including use of transformation funding

- Lincolnshire has received over the past 2 years 18/19- 19/20- 2.2 million from the East Midland Cancer Alliance.
    - Focus is on 62 day performance improvement, 28 day diagnosis, stream lining of pathways and Living with cancer programme

- Macmillan Cancer Support 2016 – 2019 £2.1m. 2020 - 2022 £1.1m
    - Focus has been on the Living with cancer programme

Headline trajectory for key access/outcome measures

1 year survival by 2023/24 will be 79% see below for trajectory for Lincolnshire

Cancer Survival Rate (1 Yr) Persons 15 to 99

Year	Lincolnshire	East	West	South	South West
2016 (Baseline)	71.3%	70.7%	70.4%	72.4%	71.4%
2017	72.4%	71.9%	71.6%	73.3%	72.5%
2018	73.5%	73.1%	72.9%	74.3%	73.6%
2019	74.6%	74.3%	74.1%	75.2%	74.7%
2020	75.7%	75.4%	75.3%	76.2%	75.7%
2021	76.8%	76.6%	76.5%	77.1%	76.8%
2022	77.9%	77.8%	77.8%	78.1%	77.9%
2023	79.0%	79.0%	79.0%	79.0%	79.0%

Gap	7.70%	8.30%	8.60%	6.60%	7.60%
Additional per Year	1.1%	1.2%	1.2%	0.9%	1.1%

By 2028, the proportion of cancers diagnosed at stages 1 and 2 will rise from around half now to three-quarters of cancer patients.

Baseline for Lincs in 2017 was 23% at stage 1 16% at stage 2 so slightly less than half.

Cancer Diagnosis at Stage 1 & 2

Year	Lincolnshire	East	West	South	South West
2017 (Baseline)	39.0%	37.6%	36.4%	44.7%	40.3%
2018	45.0%	43.9%	42.8%	49.7%	46.1%
2019	51.0%	50.1%	49.3%	54.8%	51.8%
2020	57.0%	56.3%	55.7%	59.8%	57.6%
2021	63.0%	62.5%	62.1%	64.9%	63.4%
2022	69.0%	68.8%	68.6%	69.9%	69.2%
2023	75.0%	75.0%	75.0%	75.0%	75.0%

Gap	35.98%	37.38%	38.60%	30.32%	34.73%
Additional per Year	6.0%	6.2%	6.4%	5.1%	5.8%

Stage 1	1107	371	291	256	189
Stage 2	795	284	220	147	144
Total	4874	1741	1404	902	827

Local agreed trajectory for 62 day Classic performance for ULHT. This is a trajectory that is closely monitored.

Cancer	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
	80.10%	82.28%	82.59%	83.86%	87.27%	86.59%	82.81%	83.38%	86.59%

Section Two: Haematology and Oncology

1. Background

The clinical specialty for haematology and oncology includes treatment for a range of conditions both for patients with or without cancer. For example, the haematology service will diagnose and treat blood cancer conditions including leukaemia, lymphoma and myeloma, and they will also diagnose and treat non-cancer conditions such as haemophilia, and a range of different types of anaemia.

The oncology service treats patients with diagnosed cancer. Oncology provides treatment for a large number of different types of cancer including breast, colorectal, lung, Gynaecology, urology to name just a few. Oncology treatment is non-surgical treatment. Oncology treatment can involve the use of chemotherapy and/or radiotherapy, hormone therapy, and biological therapy. Chemotherapy and/or radiotherapy, and/or hormone therapy are prescribed before or after surgical treatment.

2. The Acute Services Review

The Lincolnshire Acute Services Review was undertaken to ensure that clinical services at the acute hospitals would be sustainable for the future. The case for change was established at a Clinical Summit held in February 2018, and it was determined that due to significant workforce challenges experienced by United Lincolnshire Hospitals NHS Trust (ULHT), this was impacting on their ability to deliver safe, quality services. For haematology and oncology, the key concern was the impact of workforce challenges limiting the ability to provide adequate cover across the county; this manifested itself in the failure to meet performance against national waiting time standards for cancer and non-cancer. There was an agreement that ULHT was operationally unsustainable in its current form and that a review of healthcare provision for the Lincolnshire population into the future was required.

3. Haematology and Oncology Statistics for Lincolnshire

The tables below show the number of admissions to the three hospital sites for the first four months of this year (2019/20) for elective admissions, non-elective admissions and for day case procedures. The tables also include outpatient activity.

Haematology					
Hospital	**Outpatient Activity**		**Day Case**	**Elective**	**Non-elective**
	First	**Follow up**			
Grantham	328	2,644	1,062	29	4
Lincoln	1,267	7,673	3,742	174	222
Pilgrim	585	4,051	2,723	44	167

Oncology					
Hospital	**Outpatient Activity**		**Day Case**	**Elective**	**Non-elective**
	First	**Follow up**			
Grantham	3	54	521	22	0
Lincoln	4,607	20,918	6,405	326	435
Pilgrim	893	4,400	4,539	66	290

4. Current performance

The chart below shows the performance against the cancer waiting time standard for haematology and oncology.

Haematology				
Standard	**April '19**	**May '19**	**June '19**	**National Standard**
14 day	70.4%	89.5%	100%	**93%**
62 day	69.2%	58.3%	50%	**85%**
31 day	96.2%	100%	100%	**96%**

Oncology				
Standard	**April '19**	**May '19**	**June '19**	**National Standard**
31 day subsequent treatment: Radiotherapy	97.3%	95%	94.4%	**94%**
31 day subsequent treatment: chemotherapy	96.9%	100%	98.6%	**98%**

5. Current Service Provision for Haematology and Oncology

ULHT provides inpatient, day-case and outpatient services for a range of tumour sites, sharing the care pathway with regional centres in some specialist tumour sites such as brain or bile duct. The inpatient bed base is currently shared between haematology and oncology at the Lincoln County Hospital, and Pilgrim Hospital, Boston sites, where outpatient services are also provided. Grantham Hospital provides outpatient care where possible.

ULHT offers inpatient services at Pilgrim, Boston and Lincoln County Hospitals. However patients requiring higher intensity treatments are transferred from Pilgrim Hospital to Lincoln County to continue their care.

Lincoln Hospital has 32 haematology/oncology beds, and Pilgrim Hospital, Boston has 17 haematology/oncology beds.

A description of the levels of care delivered is as follows, taken from Nice Guidance:

Level 1 (Outpatient care, day case chemotherapy, limited inpatient chemotherapy for non-Hodgkin's lymphoma (NHL), management of neutropenic sepsis) is provided at: Pilgrim Hospital, Boston (Ward 7A); Lincoln County Hospital (Waddington Unit) and at Grantham and District Hospital outpatient facilities only (and without facilities for neutropenic sepsis)

Level 2 (Facilities for acute leukaemia, using intensive chemotherapy regimens, and aggressive lymphoma) is provided at Lincoln County Hospital

Level 3 (Autologous transplantation) is referred to Nottingham City Hospital

Level 4 (Autologous and allogeneic transplantation) is referred to Nottingham City Hospital

Radiotherapy is provided at the Lincoln County Hospital. Chemotherapy treatments are provided at Lincoln County Hospital, Pilgrim Hospital, Boston, and at Grantham and District Hospital. ULHT also operates a mobile chemotherapy unit, which travels around the county to provide chemotherapy treatment.

6. The Case for Change in Lincolnshire

There is a heavy reliance on agency staff to support the delivery of haematology and oncology in Lincolnshire, and this presents a service sustainability issue. In addition, it presents challenges to provide a service that complies with national waiting time's standards.

Below is a summary of the key challenges for the haematology and oncology services in Lincolnshire:

Lack of compliance with clinical standards and guidelines	**Unable to deliver safe, quality care at the appropriate scale**	**Lack of sustainable and resilient working patterns**
Oncology: • 62-day cancer Referral to Treatment performance is poor • Service does not currently meet NICE guidelines on the provision of acute oncology services Haematology: • Insufficient dedicated side rooms on Waddington Ward (Lincoln County Hospital) • CQC (2017) found outpatient facilities at Lincoln inadequate	• Medical recruitment challenges leading to heavy reliance on locums. 2 out of 8 haematology consultant vacancies; • 8 out of 12 substantive consultant oncologists in post • Only 1 out of 3 haematology posts filled at middle grades • Position set to worsen with imminently retiring consultants	• Outpatient appointments are heavily oversubscribed trust-wide; often double- or triple-booked. Excess activity above capacity is up to 62.4% for haematology. • Unsustainable levels of pressure on clinicians and other staff

7. The Emerging Options for Haematology and Oncology in Lincolnshire

There is one emerging option for sustaining haematology and oncology services in Lincolnshire and this can be summarised as follows:

- Consolidation of haematology and oncology inpatient activity at the Lincoln Hospital. This includes elective inpatient chemotherapy and non-elective emergency admissions, which in the new model will all be admitted to the Lincoln County Hospital

- Pilgrim Hospital Boston and Lincoln County Hospital will provide an acute Oncology service for the immediate assessment and treatment of patients with cancer who need urgent and emergency attention, thus avoiding the need to access care and treatment via a busy A&E department

- Day Case chemotherapy will continue at both Pilgrim Hospital, Boston, and at Lincoln Hospital, for all patients suitable for day case chemotherapy (all regimens currently delivered)

- Day case chemotherapy will continue at Grantham and may increase due to increased utilisation of the mobile chemotherapy service

- The mobile chemotherapy service will provide chemotherapy at other locations across the county

- Outpatient appointments (new and follow up) will continue at Lincoln County Hospital, Pilgrim hospital Boston and at Grantham Hospital.

Consolidating Haematology and Oncology inpatient care at Lincoln County Hospital will provide an opportunity for more consistent achievement of clinical standards e.g. 62-day referral to first treatment for Haematology patients. It will also support the ability to manage immunosuppressed patients in an appropriate setting (side rooms), addressing concerns raised by the CQC in April 2017. This change will provide an opportunity to ‘right size’ the service, and improve facilities as part of a wider change on the Lincoln hospital site, thus meeting the NICE guidelines for management of neutropenic sepsis patients. It will also provide an opportunity to accommodate the increase in outpatient activity.

In addition, consolidating these services at Lincoln Hospital will improve the services ability to attract and retain talented and substantive staff through building a strong and successful service that offers opportunities to work in a centre of excellence model. This would aim to solve current medical recruitment issues, and relieve pressure associated with cancer tumour site coverage (recently where a substantive or agency locum consultant has retired or left their role, the services have needed to shuffle consultants around to ensure all cancer Multi-Disciplinary Teams have an oncologist with an interest in the relevant tumour site).

8. Financial Investment Required

Investment will be required to increase the number of beds at the Lincoln Hospital site. There are currently 32 beds at the Lincoln Hospital site, and the modelling of activity for the emerging option has indicated that 17 beds will need to be added to the Lincoln Hospital site to support the transfer of inpatient activity from the Pilgrim Hospital Boston site.

9. Healthy Conversation 2019 Feedback

The response to *Healthy Conversation 2019* has been significant; a summary of all feedback is published on the *Healthy Conversation* website, but nothing specific to haematology and oncology has been raised.

10. Consultation

This is not a direct consultation item. However, the Committee may wish to submit initial comments on the case for change and the emerging options to the Lincolnshire Sustainability and Transformation Partnership as part of *Healthy Conversation 2019*.

11. Conclusion

The *Healthy Conversation 2019* campaign has delivered a recognisable and effective platform to enable our key stakeholder groups to share feedback with Lincolnshire's NHS.

12. Background Papers

No background papers within the meaning of Part VA of the Local Government Act 1972 were used in the preparation of this report. However the following published documents were used to inform this report.

- NHS Long Term Plan published January 2019
- Lincolnshire STP Pre-Consultation Business case version 1.0

This report was written by:
Section One: Cancer Lincolnshire's Long Term Plan 2019-24: Louise Jeanes, Cancer Programme Manager, Lincolnshire West CCG
Louise.Jeanes@lincolnshirewestccg.nhs.uk

Section Two: Haematology & Oncology: Julie Pipes, Deputy Director of Clinical Strategy & Transformation at ULHT Julie.pipes@ulh.nhs.uk

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