Hull University Teaching Hospitals NHS Trust
Clinical Support Health Group

Oncology Interim Service Change – Breast & Update on Urology

July 2021

1. Introduction

The purpose of this paper is to brief the Clinical Commissioning Groups (CCG's) with regards to the major operational challenges of the existing Oncology Service within Hull University Teaching Hospitals NHS Trust (HUTH) and Northern Lincolnshire & Goole (NLaG) for Breast & Urology tumour sites.

The Oncology service has, in recent years, seen the introduction of new and more effective treatments and at the same time has become increasingly challenged because of a growing national and international shortage of medical and clinical oncologists. Patients are living longer with their cancer, receiving more lines of treatment, and are often on treatment for prolonged periods of time rather than having traditional chemotherapy for a defined short period.

In January 2020, and as a result of continued and significant workforce challenges in oncology, (reflecting the national and international shortage of both medical and clinical oncologist's), agreed pathway changes were made to the oncology service. These interim changes were implemented as an immediate service change on the grounds of clinical safety and were accepted by all commissioners and relevant local Overview and Scrutiny Committees (OSCs).

As a result of the agreed pathway changes, all new oncology appointments in the major tumour sites of Breast, Lung, UGI, Colorectal and Urology were consolidated into capacity within the Queen's Centre and the Diana Princess of Wales Hospital.

Where possible, pathways to maintain treatment delivery closer to home for patients were maintained and are expected to continue. New patient appointments for smaller tumour sites such as Gynaecological and Renal malignance's were delivered only from the Queen's Centre, due to the small number of cases in each of these tumour groups. This interim service delivery plan aimed to maximise the efficiency of the available consultant workforce and led to the establishment of a new service delivery model, being consultant led, team delivered, care and acknowledged the constraints of the national and international shortage of Oncologists.

Despite the significant challenges, we continue to explore and maximise all recruitment opportunities.

The Oncology senior team is at present carrying 5 WTE consultant vacancies plus 3 locums from an establishment of 23 WTE consultants. This, together with sickness leave and increased service demand, alongside increased complexity of new chemotherapy regimens, simply means that the service cannot continue to deliver all aspects of the current service with such a limited staffing resource.

Data from The Royal College of Radiologists UK workforce Census 2019 indicates that the Humber Region with a population of 1.2 million should have reached 25 WTE Consultants in 2018. The paper further reports a 20% workforce shortfall nationally in 2019 and predicted shortfall of 26% by 2024. This indicates that even at full establishment, the current HUTH team would remain under resourced compared to other cancer units with similar workload demands.

It is of note that HUTH have invested £500k per year for each of the last 3 years into the Consultant-led team delivered model and are yet to reach levels of workforce resource similar to that in existence in comparable cancer centres.

HUTH currently provides the oncology clinicians to deliver the oncology service provided in Northern Lincolnshire & Goole NHS Trust (via a Service Level Agreement) the service provision delivers all outpatient clinics (new and follow-up appointments), chemotherapy reviews and clinical support to nursing teams in clinic, plus ward rounds incorporating in-patient reviews.

As a result of the recent restructure of services within NLaG, chemotherapy delivery has been maintained as a nurse-led service at DPOWH and Scunthorpe hospital sites. Outpatient clinician activity was consolidated onto the DPOWH site for the five main tumour sites (Breast, Upper GI, Colorectal, Lung and Urology) which now take place on specific days of the week, grouped by disease tumour site. For HUTH, chemotherapy delivery and outpatient activity has continued in the Queen's Centre and the service has recently moved to the same model as NLaG, in setting up single disease site outpatients on specific clinic days. These changes have been very successful and have enabled the service to continue to function well despite the significant pressures of the pandemic.

In recent years the Breast team have seen a decrease in WTE consultants providing service to this tumour site. From a position of 6-wte oncologists delivering this service, HUTH now have a total of 2.80-wte oncologists in post. Consultants have left the organisation for multiple reasons including those who have taken up the opportunity to work in less busy units with lower clinical demand and others to increase income as an agency locum due to the market created by supply and demand in a challenged workforce situation. Most recently, agency locums have resigned for personal reasons.

NLaG previously had 3-wte breast oncologists delivering service on the South Bank and this resource has now reduced to one locum oncologist. Clearly, such a considerable loss of staff resource at both Trusts, and this, coupled with an overall increase in referrals to Oncology, and the changes to treatment regimens has created a significantly adverse impact on the work flows of this specific tumour site. In terms of volume, Breast oncology accounts for approx. 25% of NLaG's cancer workload.

The size of the Urology team has remained static at both Trusts in recent years; there are currently 6 WTE at HUTH and 2 WTE at NLaG. Although the clinical staff numbers have not decreased, referral numbers for Oncology have increased, up by 23% in 2020/21.

At the same time, cancer treatments are increasing in terms of complexity and therefore changes in practice merely increase the clinical resource required to manage the same number of patients receiving care. Many cancer patients are living longer, having more lines of therapy or receiving continually administered therapies, all of which increases total demand for oncology services.

2. Outline of Proposed Service Change

In May 2021, an urgent meeting between staff of HUTH and NLaG was arranged to discuss the challenges faced by the Breast & Urology teams within the Oncology service and to identify what steps should be taken in support of the service.

Most recently, service delivery was adversely impacted as a result of one locum leaving the service, 18th June 2021 (last day working at NLaG was 14/06/2021). It was also known within the service that yet another locum may leave at very short notice due to family issues.

Both locums covered Breast oncology at HUTH & NLaG. This situation was compounded by the loss of a Specialty Doctor (late 2020) who had been an acting locum consultant and was further exacerbated by the unexpected and prolonged sick leave of another senior member of staff following an accident.

After a collective review by both Trusts and discussion with HUTH's Clinical Team it was agreed, as an interim and temporary plan, that all newly referred Breast patients transfer over to HUTH to be seen at Castle Hill Hospital. In line with previous commitments made in support of patients who need to travel, transport remains available for those who require it.

In essence, this temporary change will result in all Breast patients being managed by HUTH from a single waiting list and each patient will be prioritised by clinical need regardless of referral source. This change does affect the HUTH new capacity, the impact of access times will be monitored through the waiting list, the change, whilst less than ideal, is considered to be entirely appropriate given current circumstances. A process will be implemented to ensure that patients who require nurse-led chemotherapy, are clearly identified and then transferred to the NLaG Nurse Led Chemotherapy service to have this element of treatment at their home site.

As of 30th July 2021 the second locum has now confirmed that they are no longer in a position to commit to continue working for HUTH due to family issues. Whilst we currently anticipate being able to continue to deliver follow-up and treatment appointments in NLaG, we may, at some future point, be required to transfer the care of all patients on treatment to HUTH. This extended pathway change, to include all treatments, would only take place where staffing levels and patient safety necessitate it.

The transfer of new (and potentially those on treatment, at a later date) patient review appointments to HUTH, will enable all patients to be seen by a medical expert in the management of their cancer therapy and to concentrate this work in one location, thereby maximising the most efficient use of consultant time in the review of all patients.

With regards to Urology, two consultants have recently returned from long-term sick leave and prior to their return the service was running with reduced capacity. It is positive that that both have now returned to work, initially on a phased basis, and therefore whilst capacity remains reduced at present, it is fully expected to return to normal in a planned way.

Of the two consultants providing the Urology service, and in light of the phased return, one is unable to travel to NLaG on a weekly basis at present, resulting in the loss of 3 new and 9 follow-up Urology outpatient appointments per week. HUTH are currently providing alternate medical cover in the form of an additional Specialty Doctor to support this gap, whilst also exploring further options for the provision of additional remote support to this service whilst the current situation prevails.

HUTH Urology service has likewise been impacted as a result of consultant sick leave, and this has resulted in extended waiting times to be seen within HUTH. Steps have been taken to secure additional waiting lists to support this patient group, however with the majority of staff currently working at or above capacity and at potential risk of burnout, clinician availability for this type of work is extremely limited at this time. HUTH has however managed to secure a locum consultant to help support the Urology team going forward.

The HUTH management team believe that the Urology oncology service will stabilise in the coming months once both members of staff are back to full capacity.

It must be acknowledged, however that the urology service, like all areas of the oncology service remain somewhat fragile due to the overall staffing challenges as outlined earlier in this paper.

3. Cohort of Patients Affected

In order to bring some context to the number of patients likely to be impacted by the change, Table 1 below outlines the average number of new outpatient referrals received per month (based on referrals across a 3-year period from 2018-2021) to both HUTH and NLaG

Table 1

Trust	Average Breast Referrals per Month
HUTH	56
NLaG	38

Table 2 outlines the average number of CCG and other out of area CCG referrals received into NLaG per month for Breast during the same 3-year period:

Table 2

CCG	Average Breast Referrals per Month
NHS EAST RIDING OF YORKSHIRE CCG	3
NHS LINCOLNSHIRE CCG	4
NHS NORTH EAST LINCOLNSHIRE CCG	13
NHS NORTH LINCOLNSHIRE CCG	15
NHS DONCASTER CCG	0
OUT OF AREA	3

Table 3 below outlines the average number of CCG referrals per month into HUTH for Breast during the 3-year period:

Table 3

CCG	Average Breast Referrals per Month
NHS HULL CCG	18

NHS EAST RIDING OF YORKSHIRE CCG	25
NHS LINCOLNSHIRE CCG	1
NHS NORTH EAST LINCOLNSHIRE CCG	4
NHS NORTH LINCOLNSHIRE CCG	3
NHS SCARBOROUGH & RYEDALE CCG	0
NHS VALE OF YORK CCG	1
NHS DONCASTER CCG	1
OUT OF AREA	3

Table 4 below outlines the percentage of urgent suspected cancer referrals which then subsequently result in a diagnosis of cancer for the same 3-year period in 2018-2021.

Table 4

Trust	**Average Breast diagnosis conversion %** (Period covered 2018 – 2021)
HUTH	8%
NLaG	6%

NB: Cancer 2ww referrals and percentage of those resulting in a cancer diagnosis. These averages exclude Breast Symptomatic cases

As a result of the number of referrals received during the 3-year period, the above data would suggest that we can expect circa 38 new patient appointments per month to transfer to HUTH, and for cancer treatments post diagnosis (where necessary) circa 2-3 patients per month would potentially be required to travel from their home area (as currently served by NLaG) into HUTH for consultation and/or treatment.

4. Summary Overview

In order to safeguard both equity of access and initiation of treatment, a collective agreement has been made between NLaG and HUTH that all newly referred Breast oncology outpatients will be managed and appointed by HUTH and seen for consultation at Castle Hill Hospital with effect from Monday 19th July 2021.

All new Breast oncology patients will be managed by HUTH from a single waiting list and each patient will be prioritised based on clinical need, regardless of referral source. Any South Bank patients who require nurse-led chemotherapy post initial consultation will be clearly identified and transferred back to NLaG to have this element of treatment at their home hospital site.

The Oncology service at HUTH will remain unchanged in terms of day to day delivery but close monitoring of waiting times for patient access will be undertaken via the Breast waiting list.

The remaining 4 tumour sites (Upper GI, Colorectal, Lung & Urology) will continue to be delivered from DPoWH as normal. NLaG nurse-led chemotherapy delivery will be maintained at DPoWH and Scunthorpe hospital sites.

The long-term plan for oncology remains in development and can be spilt into two distinct phases. The first of these is to stabilise the breast oncology service with the implementation of the temporary measures as outlined, and to continue to pursue the appointment of either substantive or locum consultants to help sustain and improve the temporary arrangements. The second requirement is to enhance and develop the wider oncology workforce which it should be noted, will require very significant ongoing investment within the service to enable the recruitment of additional staff to meet demand as well as a Trust wide commitment to support the plan which would see the Humber oncology service move towards a workforce which is more in line with that seen in other cancer centres, as well as s commitment to support the longer term provision of resource to continue and expand the consultant-led, team delivered model.

To be successful, the oncology service must be able to recruit flexibly in the coming months and years in order that suitable staff, of different grades, are appointed as and when the opportunity to recruit becomes a possibility. This approach will permit the service to “grow consultants” locally by appointing and then fully supporting the training of experienced middle grade doctors who can then move into the consultant grade tier post completion of training.

The current shortage of oncologists locally, regionally, nationally and indeed internationally, clearly precludes any opportunity for a quick fix and therefore highlights the necessity of supporting a mandate for the preferred long-term service approach to ensure sustainability.

The clinical teams remain absolutely committed to delivering the best oncology service for all patients, and to do this whenever possible as close to home as is practicable and as appropriate for our patients.

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