

**OVERVIEW AND SCRUTINY BOARD**

**1 MARCH 2016**

**INTERIM REPORT**

**TEMPORARY CHANGES TO THE BREAST RADIOLOGY DEPARTMENT  
AT JAMES COOK UNIVERSITY HOSPITAL**

**PURPOSE OF THE REPORT**

1. To present the findings, conclusions and recommendations of the South Tees Health Scrutiny Joint Committee.

**MEMBERSHIP OF THE PANEL**

2. The membership of the Panel was as detailed below:

Councillors E Dryden (Chair), R Goddard (Vice-Chair), J A Walker (Vice-Chair), S Biswas, S Holyoake, T Lawton, N O'Brien, D Rooney, S Turner and A Watts.

3. The committee have met on 2 occasions, 13 October and 11 December, to discuss this issue. From the outset the committee were keen to ensure that they did not hinder the urgent work that was taking place at this critical time by seeking information from wider clinical professionals which would have prolonged the scrutiny investigation. The committee are concerned about the implications of the shortage of radiologists and how this impacts on the full range of radiology services on offer via the South Tees Hospitals NHS Trust. Members are going to add further investigations around that topic into its work programme which will give the committee the opportunity to seek further views of the clinicians, surgeons and patients.

**Background**

4. In September 2015 the South Tees Hospitals NHS Foundation Trust wrote to key stakeholders to inform them of the temporary changes to the breast radiology service at the James Cook University Hospital (JCUH). The letter outlined that in the South Tees area GPs are currently referring around 95 women with concerns about changes in their breasts to a one-stop diagnostic services at JCUH and the Friarage Hospital in Northallerton, where they have a range of tests in one day. Around 20% of those women will require follow-up treatment for a range of conditions.
  5. The trust's diagnostic service was run by one consultant radiologist, one consultant radiographer, one highly specialist radiographer and five advanced practitioner radiographers however, earlier this year two members of staff – the consultant radiographer and highly specialist radiographer left to take up posts in other organisations.
-

6. The letter highlighted how the national shortage in extremely specialist clinicians in this area meant that the trust had struggled to recruit to those posts. In addition, specialist clinicians in this area preferred to work alongside breast screening services which meant it was even harder for the trust to recruit to the posts.
7. Given the current staffing levels the trust said it would not be safe to offer this service at the JCUH although they will continue to see around 30 patients a week attending the Friarage Hospital every Friday. To accommodate the patients from the Middlesbrough and Redcar and Cleveland area the North Tees and Hartlepool NHS Foundation Trust, which runs the local breast screening service, agreed to provide the service in the short term. A decision supported by the commissioners, the South Tees Clinical Commissioning Group (CCG).
8. The temporary changes meant that patients from South Tees would have to travel to the University Hospital of North Tees (UHNT) in Stockton for their diagnostic tests; however they will still receive any further follow-up treatment at JCUH if required.
9. New patient clinics were being held at the University Hospital of North Tees; review clinics continued at James Cook University Hospital and The Friarage Hospital. Surgery was undertaken at both James Cook University Hospital and The Friarage Hospital sites.
10. In the meantime the trust will continue to pursue every opportunity to attract the necessary clinicians to the hospital. A consultant radiologist was about to start training, although it was anticipated that it would take 12 months before they were qualified to step in to the role at the hospital. A number of advanced practitioners were also undertaking one to two year courses to enhance their skills and ultimately help to safeguard the service.
11. The committee met on 13 October to discuss the issue with the trust and the CCG. It was confirmed that as a temporary solution, with effect from 1 October 2015, the North Tees and Hartlepool NHS Foundation Trust had agreed to provide the service for the remaining patients from the Middlesbrough and Redcar and Cleveland area (including East Cleveland). Ensuring that patients would receive tests quickly, safely and as close to home as possible. It was confirmed that continuity for patients has not been disturbed and that the same surgeon was still in post. GPs were also holding discussions with their patients in order to help and support them with their options and travel plans to help them consider how they will get to North Tees.

### **Patient Numbers**

12. Members were interested in the number of new patients that this would affect. It was conveyed to the committee that per week, approximately, there are 22 new referrals from the Friarage Hospital and 70 at James Cook, this could equate to about 4,000 – 5,000 patients per year who may now have to attend UHNT.
  13. The committee were informed that the temporary solution was not as a result of any additional capacity; North Tees and Hartlepool NHS Foundation Trust was providing the additional sessions on a goodwill basis and surgeons were undertaking extra hours. At the time it was agreed the arrangement was scheduled for 6 weeks, but Members heard that this was likely to be extended. It was acknowledged that there would be no quick fix for this situation and provided the various health bodies with
-

the opportunity to re-look at the possibility of developing a Teeswide Clinical Model.

14. Subsequently at the meeting on 11 December Members heard that the Chief Executives of the two trusts involved had met to discuss a way forward with this model.

### **Staffing**

15. The Chair reported that he had been informed that the mammogram at JCUH was currently not in operation; he questioned whether this would have an effect on trying to recruit staff, however, Members were informed that this would not have an effect as staff could work from a number of sites and that a new machine would be purchased.
16. The CCG were confident that a solid plan was in place to ensure that all patients requiring treatment were seen. The CCG had not seen any 'drop off' in the numbers attending for appointments, so far.
17. Having received the information from South Tees NHS Foundation Trust and South Tees CCG and heard their responses to questions from Members, the feeling of the Joint Committee was that, given the importance of this issue and the effect it has on people's lives, it required reassurance that a workable solution was in place to ensure a quality service and the safety of patients.
18. Therefore the committee then met on 11 December to receive a further update on the situation and speak to the consultants and clinical leads from the 2 trusts.

### **The Current Situation – December 2015**

19. Dr Trehwella from North Tees and Hartlepool NHS Trust explained to the committee that radiology referred to imaging of all parts of the body, and that there was a national shortage of all types of radiologists. This shortage had occurred because, over the last 20 years, the nation's appetite for imaging had increased faster than the supply of radiologists. There was a national shortage of breast radiologists in particular, and it was difficult to attract all types of radiologists to the North East of England, primarily due to external opinions of the area. The shortage isn't specific to our region and is a problem across the North of England as a whole (and other regions) and even extends beyond England and into Northern Europe, which meant that when people retired or move on, it was virtually impossible to replace them. This was the situation that had occurred in Middlesbrough.
  20. Members heard that North Tees and Hartlepool NHS Trust had been in a similar position three or four years ago, when, because of the lack of ability to recruit the trust was facing a similar picture as to what was happening at JCUH and the future of their breast screening programming had been severely questionable. The view was taken then that consultant radiologists would not be recruited, owing to the shortage, and therefore consultant practitioners, who were radiographers and had acquired practical experience of imaging and had considerable academic ability, were trained to Consultant level. This had assisted in resolving the problem at that time.
  21. In response to being approached by South Tees Hospitals NHS Trust about the problems in the breast radiology department at JCUH the North Tees and Hartlepool NHS Trust had taken the view that this was a crisis. Although surplus capacity was not available, as they only had the number of staff available to undertake their own
-

breast radiology service, it was acknowledged that there was the whole of Teesside to consider. Conversations were held between the two hospital trusts and it was felt that assistance could be provided in the short term.

22. The current recruitment issue was considered by the health professionals as semi-permanent, and may not be easily resolved. There was the view, backed by NICE guidance, that nationally, breast radiology tended to be centred around breast screening units and radiologist were attracted to hospitals with screening units attached, making recruitment easier and the larger units often offered a more streamlined service for patients. Consequently, the question arose as to whether a more unified model for the Tees Valley would be more effective in terms of service provision, and for resolving the current recruitment issues.
23. The committee learnt that not all services needed to be delivered from a particular site, merely that they were centred at one site. This was referred to as a hub and spoke model. It was felt that this was a reliable way of practising in many different specialisms, for example breast, neurology, ENT, etc., as they were all handled similarly. It was noted that it was important to not only consider breast radiology on its own, but also in conjunction with breast surgery, as the two were very much intertwined. It was felt that given the situation facing the Tees Valley it was imperative to identify the most appropriate way forward.
24. With regard to capacity and the impact of the additional work upon North Tees, particularly in respect of staffing levels, it was explained to the committee that the situation had been managed well so far, without the loss of any staff. It was felt that it was a question of reviewing how services were provided and consideration needed to be given as whether this was the most efficient way of delivering it. It was highlighted that, at present, a key aim of the trust was to minimise the number of visits that patients needed to make, which was hoped would improve both the patient's experience and the potential burden on both the service and the staff.

### **Sustainability of the temporary arrangements**

25. The committee did share a concern regarding the sustainability of the current arrangements. The arrangements were described as sustainable for the time being, but it was fragile, for instance if any member of staff left or was sick, then it would become unsustainable. Mr Chadwick explained that the current arrangements, established from October 2015, are an interim measure, and that it was operating okay for now, but in its current format, it would not be sustainable in the longer term. It was felt that in order to maintain the service, there was a heavy reliance upon the goodwill and the hard work of the doctors, nurses and other staff.
  26. A Member felt that there was opportunity for a Centre of Excellence to be established, and queried the next steps regarding this. In response, it was explained that a series of meetings had been held, and which were currently on-going, to consider management of the interim arrangements from an operational perspective. The health professionals in attendance had considered that the clinics appeared to be working well, and additional progress had been made in respect of Multi-disciplinary Team (MDT) working. It was explained that all new patients diagnosed with cancer were discussed by the MDT, which consisted of a group of health workers of different specialisms, e.g. Radiologists, Pathologists and Clinicians, who each provided different services to the patient. It was highlighted that an MDT for both South Tees and North Tees specialists had been established, with weekly meetings being held since October 2015.
-

27. There were other potential long term solutions which had been discussed, such as reinstating breast clinics at James Cook University Hospital, for example, but it was explained that continued dependence on the diagnostic services from the University Hospital of North Tees would still be required. The current limitation concerned the shortage of breast trained radiologists and consultant radiologists, but there were a number of options for the longer term model which, for South Tees Hospitals NHS Trust would include patients from Middlesbrough, East Cleveland and the Whitby area, as well as from North Yorkshire that currently attended The Friarage Hospital. Discussions were currently on-going as to what the longer term model may have looked like, with Clinicians, Managers and Trust Chief Executives all involved.
28. Members were interested in the timeline for the longer term solution. It was acknowledged that the interim model, whilst although working at the moment, was fragile and dependent upon a small number of key people. Discussions were taking place at Chief Executive level and it was felt that decisions as to the longer term needed to be taken within the next couple of weeks in order to allow sufficient time for further planning, assessment and staff training, that may have been required, to be undertaken.
29. It was highlighted that any new model would not be dependent on financial resources, but human resources. Money was not a limiting factor in this regard, as even if more money was provided, the shortage of radiologists would still be an issue. However it was thought that a Centre for Excellence may assist with attracting recruits to the area.

### **Travel Issues**

30. Members were concerned about the distance that some patients may have to travel and whether or not this would put people off attending appointments. The general feeling amongst the committee was that although this is an important issue it was also acknowledged that a specialist unit such as this could only be established in a few places and that people would rather travel in order to get the best care.
31. In relaying information about patient experience, it was explained by the CCG and the trusts that, to date, patients had been quite accepting of the fact that they may have to travel a bit further, in order to receive the best treatment. It was reiterated how important the relationship between the GP and the patient are and how GPs can reinforce that positive message. It was acknowledged that further education was required in order to reinforce this message to the wider public.

### **Effect of the Temporary Changes**

32. It was highlighted that since the implementation of the interim arrangement, the patient access numbers had remained the same, and no delays had been experienced.
  33. Concerning waiting times and front line pressures, Members were advised that some additional shifts had been worked. It was reiterated that the service was dependent upon a group of too few key people, and as a consequence was considered to be fragile. In terms of contingency planning, it was explained that the delivery of the service may change in particularly pressurised times. On a national basis, demand for services in general exceeded capacity, but it was not too bad on Teesside at present.
-

34. Members were supportive of the 2 trusts efforts to future proof the service and ensure its success, it was felt that the collaborative approach of the two trusts working together would help to achieve this. It was felt that the future did lie in a hub and spoke model and that a large centre on Teesside would help guarantee that future.
35. It was acknowledged that wider collaborative working was now becoming more necessary because of the workforce challenges and North Tees and South Tees NHS Trusts had undertaken some joint working which had been successful.
36. With regards to NHS funding, it was explained to the Committee that allocated monies effectively travelled with the patient. The provider who led the service that catered for the respective patient received the payment for that service. An arrangement would need to be agreed between the two providers around the buying-in of services from each other.
37. With regards to workforce planning, it was explained that succession planning was regularly ongoing. It was hoped that the formulation of a hub and spoke model would assist not only in the recruitment of radiographers, but also more widely in terms of Surgeons and other professionals.

### **Hub and Spoke Model**

38. There were discussions about how a new model might operate. There was no agreement on a future model at this stage and there may be the need to consult on any new options in the future. It was explained that if a new hub and spoke model was developed and finalised, it would have to be re-commissioned as a new service across the region, and effectively re-funded from the outset.
39. It was clarified that any hub would not be a new building; the breast screening facility at North Tees could act as the central hub. Members indicated to the representatives that the committee was in support of the trusts' intentions to develop a hub and spoke model and a Centre of Excellence.

### **Substantial Variations**

34. The committee was supportive of moving towards a hub and spoke model. Members understood the need for the current crisis management arrangements but wanted to see a forward plan for the future. Members did have great concerns about accessibility and would like these to be addressed.
  35. The legislation dictates that NHS Bodies and health service providers were required to consult with Health Scrutiny Bodies on substantial reconfiguration proposals.
  36. If substantial variations are to be made, the committee would have the powers to contact providers to request further information, seek further evidence and a timeline, and to set-off a wider consultation process. Ultimately, if not in agreement with the final proposals, the committee could write to the Secretary of State for Health. The committee agreed that they would like to see a definitive plan regarding the move towards a hub and spoke model, and would like to see a clear timeline. Members felt that any subsequent proposals and the development of a hub and spoke model would constitute a substantial variation.
-

## CONCLUSIONS

37. Based on evidence given throughout the investigation the committee concluded:
- a) That Members recognise the difficulties of recruiting in many of the specialist areas and acknowledge work that is being carried out in order to future proof services. However Members were concerned about the fragility of the temporary arrangements and their reliance of a few key members of staff. Members wanted to see a move towards a more sustainable service.
  - b) Therefore the committee is generally supportive of the proposals to move to a hub and spoke model, however Members wanted to ensure that they were kept informed of any future arrangements and receive detailed information about any future model of delivery in this area. The issue of timing in moving proposals forward concerned Members the committee wished to receive further details on the timescales involved.
  - c) Despite assurances about the public's willingness to travel further, Members still had concerns about ensuring people in remoter areas of South Tees were able to access services.

## RECOMMENDATIONS

38. That in advance of any proposals being made by the trusts and any details being considered by the Joint Committee as part of a review under the substantial variation legislation, the South Tees Health Scrutiny Joint Committee recommends the following interim recommendations:
- a) That Letters from the Committee be forwarded to the Chief Executive of both the South Tees Hospitals NHS Foundation Trust and the North Tees and Hartlepool NHS Foundation Trust to outline that the committee supported the interim measures and their future intentions. Following the expert advice the committee has received Members would be supportive of a move to a hub and spoke model and Centre of Excellence, but would like further information as to how this would be implemented, together with a formal timeline.
  - b) Forward a report and letter to MPs and MEPs for information.
  - c) That the Committee write to the Secretary of State and reiterate the issues that had been raised in respect of radiologist recruitment.
  - d) That the Committee write to the Chair of the relevant Scrutiny Panel at Stockton-on-Tees Borough Council for information.
  - e) Contact be made with the Clinical Commissioning Groups to request an outline of their position regarding the commissioning of the new services.
  - f) The committee will place radiology at South Tees in its work programme; an appropriate representative would be invited to assist in the scoping of this topic.

## ACKNOWLEDGEMENTS

39. The Panel is grateful to all those who have presented evidence during the course of our investigation. We would like to place on record our appreciation, in particular of the willingness and co-operation we have received from the below named:
-

- Sandra Donoghue, Managing Director, Surgical Services Centre, South Tees Hospitals NHS Foundation Trust
- David Chadwick, Clinical Lead, South Tees Hospitals NHS Foundation Trust
- Caroline Parnell, Director of Communications and Engagement, South Tees Hospitals NHS Foundation Trust
- Dr Matthew Trehwella, North Tees and Hartlepool NHS Trust
- Lynn Kirby, Assistant Director of Operations, North Tees and Hartlepool NHS Trust
- Craig Blair, Associate Director, Commissioning, Delivery and Operations, South Tees Clinical Commissioning Group
- Dr Janet Walker, Chair, South Tees Clinical Commissioning Group

**COUNCILLOR EDDIE DRYDEN  
CHAIR OF THE SOUTH TEES HEALTH SCRUTINY JOINT COMMITTEE**

Date: December 2015

Contact: Elise Pout, Scrutiny Support Officer,  
Telephone: 01642 728302(direct line)

**BACKGROUND PAPERS**

The following background papers were consulted or referred to in the preparation of this report:

- (a) The minutes of the South Tees Health Scrutiny Joint Committee on 13 October and 11 December.