SOUTH TEES HEALTH SCRUTINY JOINT COMMITTEE

A meeting of the South Tees Health Scrutiny Joint Committee was held on 11 December 2015.

PRESENT: Councillors E Dryden (Chair), R Goddard, S Holyoake, T Lawton, N O'Brien, D Rooney, J A Walker, A Watts and M Walters(As Substitute)

ALSO IN ATTENDANCE: C Blair, Associate Director, Commissioning, South Tees Clinical Commissioning Group.
D Chadwick, Clinical Lead, South Tees Hospitals NHS Foundation Trust.
S Donoghue, Managing Director, Surgical Services Centre, South Tees Hospitals NHS Foundation Trust.
C Parnell, Director of Communications and Engagement, South Tees Hospitals NHS Foundation Trust.
L Kirby, Assistant Director of Operations, North Tees and Hartlepool NHS Trust.
Dr M Trewhella, North Tees and Hartlepool NHS Trust.
Dr J Walker, Chair, South Tees Clinical Commissioning Group.

APOLOGIES FOR ABSENCE: Councillors S Biswas, W Davies and S Turner.

1 **TEMPORARY CHANGES TO THE BREAST RADIOLOGY DEPARTMENT.**

The Scrutiny Support Officer presented a report, the purpose of which was to provide the Committee with an outline of the meeting and to introduce a number of professionals who were in attendance to provide evidence.

It was recalled that in September 2015, the South Tees Hospitals NHS Trust had informed stakeholders of the temporary changes to the breast radiology department at the James Cook University Hospital (JCUH). The Committee had met to discuss those changes and the current position on 13 October 2015, which was detailed at paragraph 3 of the submitted report. In follow up to the points raised at that meeting, a number of professionals had been invited to today's meeting to provide further information to the Committee.

At this point in the meeting, the Chair conveyed the Committee's gratitude to the professionals for taking the time to attend today.

Dr Trewhella 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 actually extended 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.

Members heard that North Tees and Hartlepool NHS Trust were in a similar position three or four years ago, when the future of their breast screening programming was severely questionable because of the lack of ability to recruit. 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 point.

In response to being approached by South Tees Hospitals NHS Trust, where it had been communicated that owing to a member of staff relocating for personal reasons, and another member of staff having retired, they were critically short of breast Radiologists to the point of being unable to continue the service.

It was explained to Members that 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 some short term assistance could be provided.

From those conversations, a further consideration was highlighted, which was that the current recruitment issue may have been semi-permanent, and may not have been easily resolved. There was the view that, nationally, breast radiology tended to be centred around breast screening units because where they were concentrated, there was expertise from the breast screening programme also on site, which it made it easier to recruit 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.

It was indicated to Members 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 the situation facing the Tees Valley was to identify the most appropriate way forward.

Additional professionals invited to the meeting arrived at this stage. A short catch-up of the meeting thus far was provided.

The current situation was that there was a level of support being provided in North Tees for Middlesbrough patients. It was understood from a number of letters of thanks that patient satisfaction levels were high. The best possible work with the resources currently available was being provided.

In response to an enquiry regarding 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.

In response to an enquiry regarding the sustainability of the current arrangements, it was explained that it was sustainable for the time being, but it was fragile in that if any member of staff was to be lost, then it would become unsustainable. Mr Chadwick explained further to the Committee that the current arrangements had been established at the beginning of October 2015 as an interim measure, and 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, reliance upon the goodwill and the hard work of the doctors, nurses and other staff was being made.

It was highlighted that the Middlesbrough patients, when diagnosed, had their surgical procedures completed at James Cook University Hospital, therefore the surgical and oncological treatment of breast cancer was undertaken in Middlesbrough, whilst the diagnostic assessment and the visits took place at the University Hospital of North Tees.

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.

For clarification, it was explained that the breast surgeons who ran the clinics were in the same vicinity as the Radiologists who completed the imaging and made the diagnosis. The outpatient visit was conducted in a purpose-built outpatient area to facilitate this.

Breast cancer surgery required an operating theatre, which was conducted on a separate

occasion. The Middlesbrough patients had their operations completed at James Cook University Hospital, whereas patients north of the river had their operations at the University Hospital of North Tees.

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 viewing perspective. Those 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.

Alongside management of the operational model, discussions had also been taking place in respect of the long term arrangements. The interim arrangements may have been considered long term by way of an ongoing collaborative working in this specialist area, which to date had been successfully demonstrated.

There were other potential long term solutions, 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 and 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.

A query was raised in respect of a timeline for this, with reference also been made to potential financial issues and raising financials involved. In response, it was acknowledged that the interim model, whilst although working at the moment, was slightly 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.

It was felt that there was opportunity to establish a Centre of Excellence in breast imaging and breast surgery in Teesside, but would probably exist as a hub and spoke model, rather than multi-site. It was considered that the limiting factor in respect of a multi-site arrangement would be the number of staff required. However, it was felt that when in a position to recruit more specialist Radiologists, there may be potential to provide services from an increased number of locations.

In response to a query regarding the raising of finance to support the implementation of the new model, it was explained to Members that this matter was not dependant 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.

In response to a Member enquiry, it was explained that recruitment into Radiology generally was difficult. The department at South Tees was actively recruiting worldwide for Radiologists in general. In Radiology at South Tees there were three Locum Consultant Radiologists. There may have been other recruits coming along, but it was explained to the Committee that it was important to garner the interest of young professionals well in advance in order to ensure workforce and service planning.

The differences in the practice of breast radiology between the UK and other European countries were outlined to the Committee.

A Member raised concerns at the situation that had been presented. Consideration was also given to recruitment and the possibility that new recruits may be fully trained but may still not be attracted to the area, though a Centre for Excellence may have assisted with this.

A discussion ensued with regards to the distance that some patients may have needed to travel. In terms of having facilities available locally to serve the local community, it was felt that this was important, however, it was acknowledged that a specialist unit such as this could only be established in a few places. It could not take place at a hospital in Guisborough for example.

It was felt essential that, in light of number of patients and demographics, a breast diagnostic clinic was required in Middlesbrough, sooner rather than later. It was highlighted to the Committee that the support of a breast clinic and breast service centre without being linked into a breast screening centre would not be possible. As far as patients were concerned, they could either go to a local hospital or a combined facility where they could have all diagnostic work undertaken in one visit, so they could come away with an answer immediately. However, this would need to be a properly resourced and staffed clinic. Reference was also made to adequate and accessible hospital car parking and the requirement for this. It was indicated that patients could elect to visit facilities further away if appropriate to their needs, such as the availability of family support for example.

In terms of future proofing the service and ensuring 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 its future.

It was highlighted that a decision had yet to be made on the locations of the clinics, and how quickly the services would be established.

Regarding patient experience, it was felt that, to date, patients had been quite accepting of the fact that extended travel, in order to receive treatment, may have been required. The relationship between GP and patient in reinforcing a positive message here was reiterated. It was felt that further education was required in order to reinforce this message to the wider public.

From an organisational perspective, it was felt that, over the last five years, because of workforce challenges, organisations recognised the fact that wider collaborative working was required. It was acknowledged that North Tees and South Tees NHS Trusts had become much closer together and were working well. Different pressures were being faced and it was felt that collaborative working would assist the local population much better if services could be kept local.

It was highlighted that the since the implementation of the interim arrangement, the patient access numbers had remained the same, and no delays had been experienced.

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, for example a surgeon from South Tees supporting an MDT from North Tees.

It was explained that when the 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.

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. Reference was made to the attraction of new recruits to the North East area, training requirements and available opportunities.

It was clarified that the hub would not be a new building; the breast screening facility at North Tees would act as the central hub.

A short discussion took place regarding University Hospital status and the training of new Radiographers.

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 exceeded capacity, but it was not too bad on Teesside at present.

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.

The Chair sought suggestions from the representatives as to what action the Committee could take to assist. Reference was made to workforce and diagnostic issues and it was felt that a letter to the Royal College of Radiographers would help in reiterating the challenges being faced by the Trusts.

The Chair thanked the representatives for their contributions to the meeting. The representatives left the meeting at this point.

The Scrutiny Support Officer presented supplementary information to Members with regards to the powers that the Committee would have regarding this matter.

It was explained that the regulations and the legislation conveyed that NHS Bodies and health service providers were required to consult with Health Scrutiny Bodies on substantial reconfiguration proposals. Substantial was not defined in the legislation, however, additional guidance with regards to what this could potentially entail was provided to the Committee. Examples included: changes in accessibility of services, the impact of the proposal on the wider community, method of service delivery, etc.

If considered to be a substantial variation, 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 contact the Secretary of State. A discussion ensued with regards to this; the following points were made:

- The Committee was supportive of moving towards a hub and spoke model.
- The Committee understood the needs for crisis management but needed to see a forward plan for the future.
- The Committee had great concerns about accessibility and would like these to be addressed.
- The Committee 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 the proposals equated to a substantial variation.
- The commissioning process appeared to indicate that this was a major change and would fall into consultation. However, it was felt that further consultation would potential delay matters and would therefore not help this situation.
- Further information pertaining to shortage in skills and identification of plans for training in the future was required.
- It was felt that promotion of this locality was highly needed in order to encourage people to this area; promotion of a Centre of Excellence to attract professionals would help in this regard.
- Consideration was given to the roles that Councillors and Council Officers could take to assist in this situation.
- There was potential opportunity for lobbying by MPs and MEPs.

AGREED that:

1. **Letters be forwarded to the Trust CEOs to advise that the Committee understood what work had been done, and that the Committee supported the interim measures and their future intentions. Indicate that the Committee would like to see a move to 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.**
2. **Forward a report and letter to MPs and MEPs for lobbying purposes. Report and letter would be circulated in advance for comments and would need to be signed by the Chair and Vice-Chair.**
3. **Write to the Secretary of State and reiterate the issues that had been raised in respect of Radiologist recruitment. Letter would be circulated in advance for comments and would need to be signed by the Chair and Vice-Chair.**
4. **Write to the Chair of the relevant Scrutiny Panel at Stockton-on-Tees Borough Council for information. Letter would be circulated in advance for comments and would need to be signed by the Chair and Vice-Chair.**
5. **Contact be made with the Clinical Commissioning Groups to request an outline of their position.**
6. **Regarding Radiology in its entirety at South Tees, an appropriate representative would be invited to a future meeting to discuss the current position. The Scrutiny Support Officer would put this in the work programme.**