

# TRANSFORMING CANCER CARE – EASTERN SECTOR CANCER HUB

## 1. PURPOSE

- 1.1 This report sets out proposals to establish a Cancer Hub at St Helens Hospital for Halton, Knowsley, St Helens and Warrington patients to enable the Committee to assess whether it considers the proposals to constitute a substantial development or variation in the provision of health services.

## 2. BACKGROUND

- 2.1 Non-surgical, cancer care<sup>1</sup> in Cheshire and Merseyside is currently provided through a “hub and spoke” delivery model. The hub is provided by the Clatterbridge Cancer Centre (CCC) for inpatients, rare and intermediate cancers and research, with satellite units delivering outpatient care, chemotherapy and radiotherapy. Patients<sup>2</sup> in Halton, Knowsley, St Helens and Warrington currently attend Outpatient First Appointments (OPFAs) at four local hospital sites; see Figure 1.

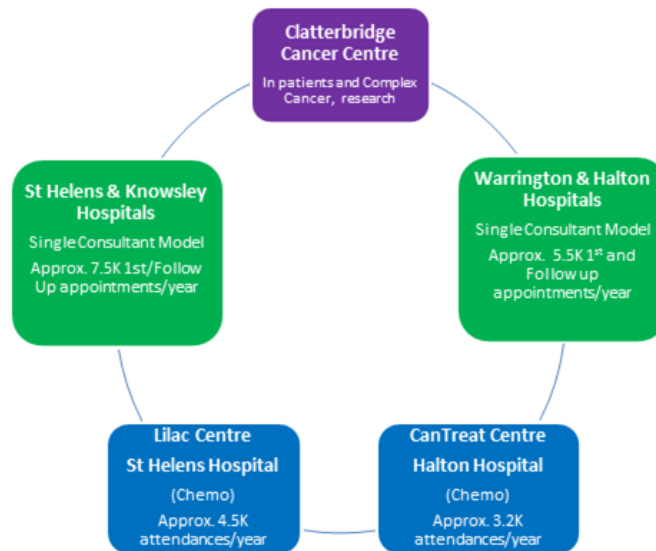


Figure 1: Current Delivery Model in Halton, Knowsley, St Helens and Warrington

- 2.2 The NHS has a National Cancer Transformation Programme with a national strategy for England (2015 – 2020). Cancer Care is also a key priority of the NHS Long Term 10-year Plan (LTP) 2019-2029.
- 2.3 Commissioners in NHS Halton, NHS Knowsley, NHS St Helens and NHS Warrington Clinical Commissioning Groups (CCGs) and NHS England Specialised Commissioning have undertaken a review of non-surgical cancer care in the local area. The review has been undertaken with CCC, users of cancer services and staff of the two local trusts (St Helens and Knowsley

<sup>1</sup> Cancer care delivered in an outpatient setting from assessment and diagnosis through to non-surgical treatment including chemotherapy and radiotherapy

<sup>2</sup> Based upon location of the patient's registered GP practice

Teaching Hospitals NHS Trust (STHK) and Warrington and Halton Hospitals NHS Foundation Trust (WHH)).

- 2.4 Commissioners have prepared a Pre-consultation Business Case (PCBC), **Appendix 1** to this report, detailing why and how the review has been undertaken, including model development and identification and evaluation of location options. This is summarised as follows:
- 2.4.1 **How services are currently provided:** including locations, hours of operation and some of the issues affecting patient care and experience arising from the current operating model (Section 2.6)
- 2.4.2 **The case for change:** the current arrangements will not meet rising demand for services; do not optimise opportunities to improve cancer outcomes, including survival rates; is not sustainable; and is unable to meet cancer performance targets (Section 2.4).
- 2.4.3 **The commissioning process to identify new model and possible locations:** including model development; option identification and evaluation, patient and other stakeholder involvement in the process (all Appendix 1, but in particular Sections 2 and 3). Commissioners' approach has been informed by and complied with the NHS England change assurance process. (Sections 2.1 and 4.3)
- 2.4.4 **The proposed new model:** the establishment of a single hub for the 4 Boroughs; comprising a full set of support services; operating 7 days a week; enhanced through multi-disciplinary working and supported access to a wide range of support services; and access to urgent cancer care, avoiding the need to attend A&E. This model will see some services which are currently provided in multiple Boroughs be provided only from a single site hub. (Section 2.7).
- 2.4.5 **The benefits of the new model:** improved access and reduced waiting times; improved access to clinical trials; patient care closer to home (via follow-ups in their own home, at work or a local community clinic); access to a more integrated offer, including a wide range of support services; improved emergency care pathways; and improved outcomes and experience (Section 2.8). A summary of how the new model addresses issues identified in the Case of Change is set out in (Section 1).
- 2.4.6 **Potential and preferred location identification and evaluation:** including the long list; the approach to reaching a shortlist and the approach, including criteria used to determine a preferred location, which considered providers' ability to deliver the hub, clinical quality, organisational quality and performance, and travel implications for patients, amongst others (Section 2.10 and Section 3).
- 2.4.7 **Engagement and consultation:** the work to date has been supported by a comprehensive pre-consultation engagement process which is set out in Section 2.9. Section 4 sets out commissioners plans to undertake public consultation on the proposals.

2.4.8 **Clinical model:** The new model proposes moving most services for less complex treatments from the CCC to a local Cancer Care Service Hub. The proposed new model is the establishment of a single hub in the Eastern Sector of Cheshire and Merseyside for patients in the boroughs of Halton, Knowsley, St Helens and Warrington. The Hub will operate seven days a week and will be enhanced through multi-disciplinary working; see Figure 2.

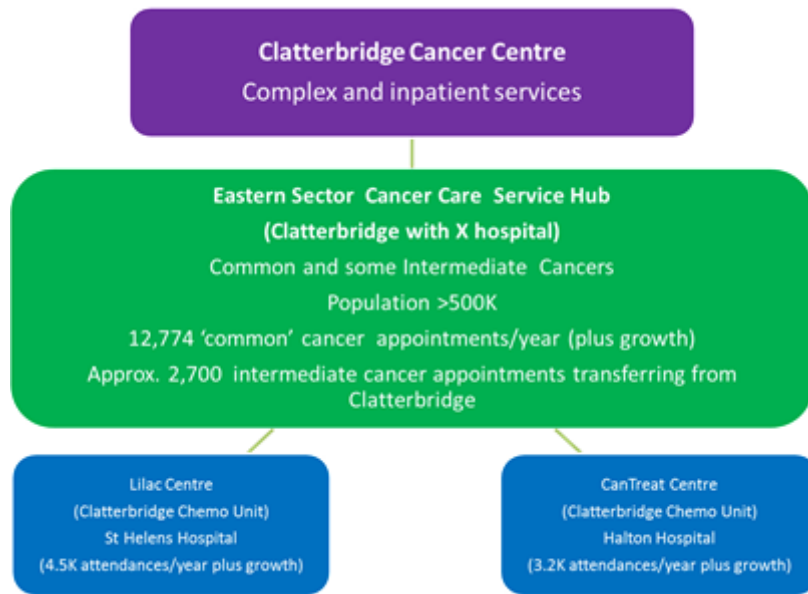


Figure 2: Proposed Delivery Model in Halton, Knowsley, St Helens and Warrington

The intention is that patients would be seen in a Cancer Care Service Hub for their OPFA and offered a full range of support services and improved access to clinical trials. Consultants would be based in the Hub so that they can work as one oncology team with other health care professionals such as specialist nurses, research nurses, physiotherapists and occupational therapists.

The Hub will comprise:

- Supported access to a wide range of support services;
- Access to urgent cancer care, avoiding the need to attend A&E.
- MDT input
- Oncologist base
- First and follow-up outpatient appointments
- Follow-up outpatient appointments
- On-site supportive care
- Chemotherapy levels I, II and III
- Acute oncology and assessment unit
- Phase III clinical trials
- Outreach clinical trials team

Radiotherapy in three Clatterbridge sector hubs (image guided radiotherapy and Intensity-modulated radiation therapy) – N.B. Eastern sector requirement to identify suitable site only

2.5 **Benefits of the new model:** These include:

- Access to a more integrated offer, including a wide range of support services; improved emergency care pathways; and improved outcomes and experience;
- Improved access and reduced waiting times;
- Improved access to clinical trials;
- Patient care closer to home via follow-ups in their own home, at work or a local community clinic.

2.6 The process has been managed by a NHS England and Improvement Service Change Assurance Process; see Section 6.

### 3. OPTIONS

3.1 A project group including senior clinical leads from CCC, local commissioners and patient representatives reviewed a long-list of seven options that were identified to deliver the new model; see Section 3 PCBC.

The list was then subsequently short-listed to two options for the Hub site to be considered through a formal evaluation process, namely:

**Option 1:** St Helens and Knowsley Teaching Hospitals NHS Trust (STHK). STHK proposed locating the Cancer Care Service Hub at St Helens Hospital with the potential to locate all out-patient, in-patient and day case cancer services on the Whiston Hospital site at a later date.

**Option 2:** Warrington and Halton Hospitals NHS Foundation Trust (WHH). WHH proposed siting the Hub at Halton Hospital.

These options were evaluated using the following criteria:

Criteria	Weighting
Infrastructure and Estates	Pass/Fail
A - Clinical Quality & Patient Experience	65%
B - Workforce, Finance and Sustainability	20%
C - Organisational Quality and Performance	15%

3.2 STHK and WHH were invited to submit their respective proposals for formal evaluation, which took place between July and August 2019. Evaluation was undertaken by a panel of subject matter experts with relevant clinical, quality, finance, workforce, public/patient experience and commissioning expertise; see Section 3.5 of the PCBC.

3.3 The evaluation examined a wide range of areas key to the consideration of the available options, such as:

- Insight from the pre-consultation engagement;
- Patient flow i.e. where patients already choose to receive treatment;
- The clinical model;
- Trust written submissions covering:
  - Infrastructure and estates;
  - Clinical quality and patient experience;
  - Workforce, finance and sustainability;
  - Organisational quality and performance.
- The impact of travel upon patients from the four boroughs by potential Eastern Sector Hub location;
- Equality impact assessment;
- Quality impact assessment.








3.4 The panel's moderated score for the STHK proposal was significantly (30 percentage points) higher than that for the WHH proposal, with the STHK proposal in particular demonstrating a greater understanding of and ability to deliver the hub service, organisational performance and clinical quality, patient and staff experience.

#### **4. PROPOSAL**

4.1 Given the outcome of the evaluation, it is proposed to the site the Hub at St Helens Hospital with the potential to locate all out-patient, in-patient and day case cancer services on the Whiston Hospital site at a later date.

#### **5. IMPACT ON SERVICES TO PATIENTS**

5.1 As previously stated, the proposed model delivers a range of benefits for patients, see Section 2.8 of the PCBC. The benefits include:

	<b>Reduced waiting times</b> ; sustainable delivery of access targets and first CCC appointment within 7 days and treatment with 24 days of referral
	<b>Improved access to clinical trials</b> ; assessing all patients for eligibility to enter suitable clinical trials and improving access to R&I resource.
	Ensuring the majority of new patients have access to a wider range of treatment(s) closer to patient's homes.
	Improved access to the same, comprehensive range of support services no matter where patients live at their 1 <sup>st</sup> CCC Outpatient appointment.
	90% of patients residing within 45 minutes of their nearest Sector Hub.
	Improved emergency pathways and reduced unplanned admissions.
	Improved outcomes and patient experience, a greater range of Chemotherapy treatments provided locally in each Sector, sub-specialisation and a MDT approach to cancer care.

- 5.2 Whilst the creation of a single site hub at St Helens hospital, has many benefits, there will be varying travel implications for patients accessing the hub, depending upon where they live. The programme has therefore considered:
- Patient flow to each of the hospital sites;
  - Patient travel, informed by a Travel Impact Assessment, which can be found in Section 2.10 of the PCBC.
- 5.3 For noting, Warrington Hospital has been included in this assessment summary as an Eastern Sector site.
- 5.4 The overall evaluation found that locating the Cancer Care Service Hub at St Helens Hospital would have the least impact overall on patients from across the different Boroughs. (Section 3.5.5 and Appendix 8 of the PCBC).
- 5.5 The majority of Eastern Sector patients attend OPFAs at either the St Helens or Whiston hospital sites. The distance between both sites is also only five miles, which is considerably shorter than the distance between any of the other sites.
- 5.6 During the Pre-Consultation Equality Impact Assessment, the impact of crossings across the Mersey Gateway Bridge (toll bridge) was considered in the travel impact analysis for patients in each of the four boroughs.
- 5.7 The impact of Covid-19 has been considered but there is no clear impact on where patients attend OPFAs.
- 5.8 It has been acknowledged that virtual consultations take place for a number of patients where clinically appropriate. CCC expect to continue to offer this choice of appointments under the new model, which will also contribute to a reduction

in the number of patients travelling and will therefore further lessen any travel impacts felt by some patients.

## 5.9 Implications on patients in Halton

5.9.1 The OPFAs for people with a common cancer registered with a GP practice in Halton is shown in Tables 1 and 2 and Figure 3.

	Halton Hospital	St Helens Hospital	Warrington Hospital	Whiston Hospital	Total
2018-19	102	143	10	105	360
2019-20	122	115	17	108	362
2020-21	123	78	3	69	273

Table 1: Halton common cancer outpatient first activity from 1<sup>st</sup> April 2018 to 31<sup>st</sup> March 2021.

	Halton Hospital	St Helens Hospital	Warrington Hospital	Whiston Hospital
2018-19	28.33%	39.72%	2.78%	29.17%
2019-20	33.70%	31.77%	4.70%	29.83%
2020-21	45.05%	28.57%	1.10%	25.27%

Table 2: Percentages of Halton common cancer outpatient first activity from 1<sup>st</sup> April 2018 to 31<sup>st</sup> March 2021.

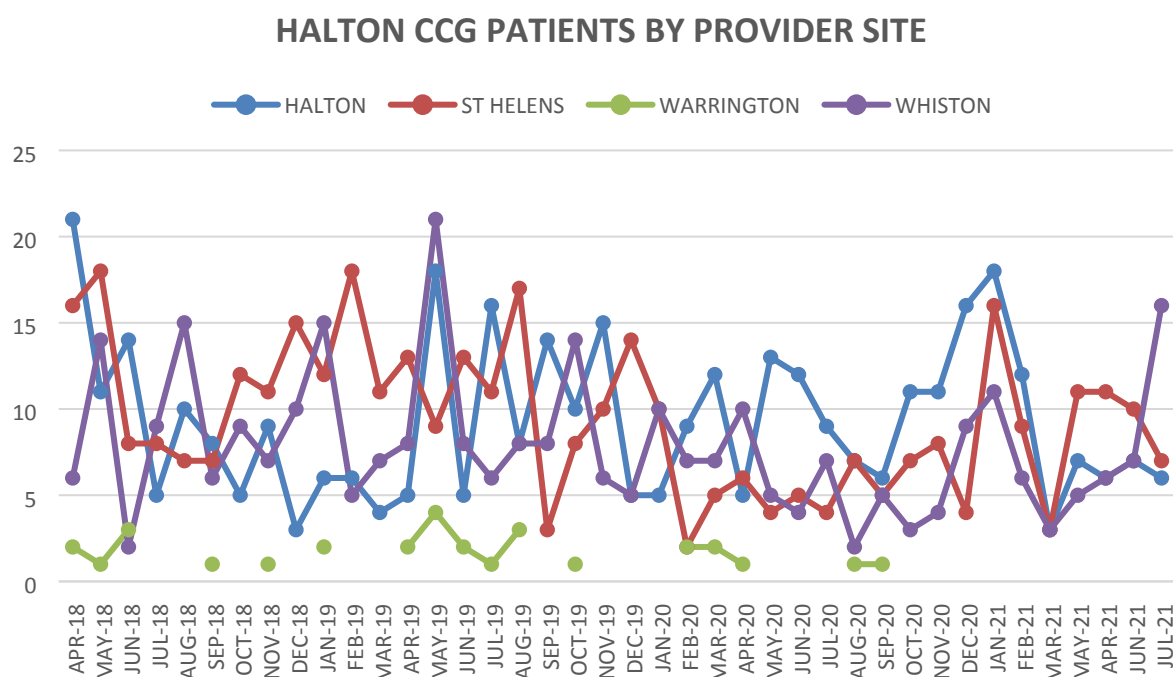


Figure 3: Halton common cancer outpatient first activity from 1<sup>st</sup> April 2018 to 30<sup>th</sup> June 2021.

5.9.2 Historically, the highest activity for Halton patients has been at the St Helens and Whiston Hospital sites. This has since been superseded by Halton Hospital, which accounted for 45% of activity in 2020/21. This increase in activity could be attributed to the patients attending their closest location during

the Covid-19 pandemic. Activity at St Helens and Whiston remains high at 29% and 25% respectively.

5.9.3 Locating the Hub at the St Helens sites would increase the average mileage for patients travelling by private transport from four miles to approximately 8 miles and affect approximately 120 patients. This would also involve crossing the Mersey, although eligible<sup>3</sup> Halton residents travelling by car can make unlimited crossings for an annual fee of £10.00.

5.9.4 Whilst the Travel Impact Assessment identified that the majority of patients would attend their appointment using private transport we have looked at the public transport to access St Helens from each borough. The average bus journey times would also increase by 20 minutes. Other options are available for patients including Patient Transport Services (PTS), Macmillan (who provide a telephone helpline with access to a Welfare Rights advisor) or the NHS Healthcare Travel Costs Scheme (HTCS) for those on low income.

## **6 GOVERNANCE**

6.1 NHS England and Improvement has a defined process for assuring service change and their role in the service change process is to support commissioners and their local partners, including providers, to develop clear, evidence-based proposals for service change, and to undertake assurance to ensure they can progress, with due consideration for the government's four tests of service change.

The four tests are:

- Strong public and patient engagement
- Consistency with current and prospective need for patient choice
- Clear, clinical evidence base
- Support for proposals from clinical commissioners

6.2 The proposed service change passed Stage 1 (strategic sense check) of the NHS England Service Change Assurance Process in June 2019 and passed Stage 2 (assurance checkpoint) in January 2020. Assurance at both stages was required in advance of any wider public involvement or public consultation process or a decision to proceed with a particular option.

6.3. A comprehensive pre-consultation engagement took place between September 2018 and March 2019. A summary of the engagement can be found in Section 2.9 of the PCBC.

6.4 The Pre-Consultation Equality Analysis, undertaken in November 2019, investigated the potential impact of any service changes on patients with protected characteristics (as defined within the Equality Act 2010). This was

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<sup>3</sup> Eligible Halton residents are those living in a property in Council Tax Band A-F; or G-H and who have successfully applied to Halton Council to be included in the residents' discount scheme as a result of economic hardship or other special circumstances.



used to identify any specific issues and actions required as part of the review's engagement and consultation work. A summary can be found in Section 2.11 of the PCBC.

## **7. SUMMARY**

- 7.1 Commissioners in NHS Halton, NHS Knowsley, NHS St Helens and NHS Warrington Clinical Commissioning Groups (CCGs) and NHS England Specialised Commissioning have undertaken a review of non-surgical cancer care in the local area in line with the National Cancer Transformation Programme.
- 7.2 The review was carried out via a structured evaluation approach following the NHS England Service Change Assurance Process which has identified the most suitable site for the Hub at St Helens and Knowsley Teaching Hospitals.
- 7.3 The Committee is asked to consider whether the recommendation of Option 1 (Cancer Care Service Hub at St Helens and Knowsley Teaching Hospitals NHS Trust) is a substantial variation in service change.

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**Appendix 1** Pre-Consultation Business Case, January 2020, Updated September 2021