

Royal United Hospital – Changes to Gynaecological Cancer Services

Purpose of Report

1. To inform the Committee of the proposal to change gynaecological cancer services at the Royal United Hospital, Bath as part of the national scheme to centralise specialised cancer treatment.

Background

2. On 21 August Bath and North East Somerset (BANES) Health Scrutiny Panel met to discuss whether a potential change in gynaecological cancer services, which was being presented to them by BANES PCT and the RUH, represented a substantial variation in service.
3. An impact assessment had been carried out by the PCT with input from the BANES and RUH Patient and Public Involvement Forums as well as from service users. Following discussion the Panel decided the change did constitute a substantial variation and asked BANES PCT to carry out public consultation on the change.
4. Wiltshire residents also use this service, as well as those provided through the Salisbury and Swindon focussed cancer networks, and so it is appropriate for members to understand the implications of the proposed change. A briefing paper from Wiltshire PCT, outlining the implications for Wiltshire patients is attached at Appendix 1.

Proposals for Gynaecology Cancer Services at the RUH

5. The Committee is aware that the national targets to improve outcomes for cancer patients are being delivered through the development of cancer networks which cluster specialised services at identified cancer centres.
6. Earlier in the year the Committee received a detailed presentation regarding head and neck cancer services in the south of the County. Following this, members felt that the Overview and Scrutiny Committee was not technically or clinically qualified to contribute to the debate on how such specialised services should be delivered, although the Committee will naturally retain an interest in aspects of the patient experience such as access to services, distances travelled and patient flows.

7. However, it was agreed in principle that the PCT, as the commissioner of services on behalf of the population, is responsible for working with the provider trusts to ensure that patients from Wiltshire receive the best treatment in the most appropriate setting, and that the PCT would update the Committee as appropriate, giving opportunity for questions and discussions about the need for consultation when necessary.

Other Considerations

8. The Patient and Public Involvement Forum for the RUH has raised a number of concerns that are relevant. The Forum is not opposed to the change in principle, but does not feel that there is not an adequate level of financial investment in the transfer to ensure that patients currently being treated by the RUH and that this does not meet the requirements set out by NICE in the "Improving Outcomes Guidance" for the developments of cancer networks.
9. There is an October 2007 NICE deadline for either the transfer of the services or to report an exception to the Department of Health. The RUH PPIF is supporting the reporting of an exception until such a time as the necessary funding is in place.
10. The briefing paper from Wiltshire PCT points out that patients who naturally flow towards Salisbury hospital or the Great Western are currently treated under the new cancer network arrangements and travel to either Southampton or Oxford for surgical treatment.

Conclusions

11. The BANES Health Scrutiny Panel has asked BANES PCT to carry out public consultation on the change to gynaecological cancer services. As this is the case it would be more productive for the Wiltshire Health OSC to feed its views into this process rather than asking Wiltshire PCT to carry out a similar piece of work.
12. The principle of centralising specialised cancer treatments and for developing cancer networks is not in dispute, but there is a query over the financial investment available in this case.

Recommendations

The Committee is recommended to:

- i. Note that BANES Health Scrutiny Panel has asked BANES PCT to carry out public consultation on the proposed change to gynaecological cancer services at the RUH, Bath.
- ii. Ask the Chairman to write, on behalf of the Committee, to BANES Health Scrutiny Panel to highlight any comments on the implications for Wiltshire patients, and to liaise with Wiltshire PCT in doing this.
- iii. Ask the Chairman to continue to liaise with the BANES Health Scrutiny Panel until the consultation is concluded.

- iv. Ask Wiltshire PCT to report back on the outcome of the consultation.

Financial Implications

There are no financial implications to the County Council in this report.

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