

# PET-CT Scanner Location

Feedback from  
Engagement activity

June 2016



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# Introduction

**NHS England is committed to ensuring decisions regarding changes to NHS services are influenced by feedback from patients, the public, clinicians and all other key stakeholders.**

- ❑ NHS England is seeking views on two options for the permanent location of the PET-CT service in South Essex
- ❑ The new service will be provided through a fixed site, permanent facility and will be available to operate 5 days per week
- ❑ A mobile service is currently delivered at Basildon Hospital
- ❑ Approximately 1200 PET-CT scans were conducted in 2014-15. Demand has grown in 2015-16.
- ❑ Funding to open a permanent scanner has already been set aside and therefore cost doesn't influence decision
- ❑ Decision will be based on clinical benefits to patients on the location and feedback received from the engagement activity

# Engagement Process

The engagement process was continually shaped through feedback from Clinicians, patients, the public and other key stakeholders including Councilors and included the following activity:

- ❑ A range of communication channels were deployed to provide information on the proposals for change, advertise the engagement process and encourage feedback
- ❑ The following audiences were given the opportunity to complete surveys developed specifically to meet their needs:
  - Patients
  - Public
  - Clinicians
- ❑ Face to face activity was held with:
  - Patient
  - Public
  - Clinicians
  - Key stakeholders i.e. Councillors

A breakdown of the activity by audience is included within the next three slides

# Engagement Methodology

To ensure the best response to the engagement activity the following communications have been taken forward to promote and encourage feedback:

- Press releases
- Posters advertising the Road Shows
- Letters/emails/telephone calls to patient and community groups with the offer of attending to discuss face to face
- Information circulated through NHS and CCG communication channels
- Healthwatch given the opportunity to circulate information through their communications channels

# Engagement Methodology

## Patients and the public:

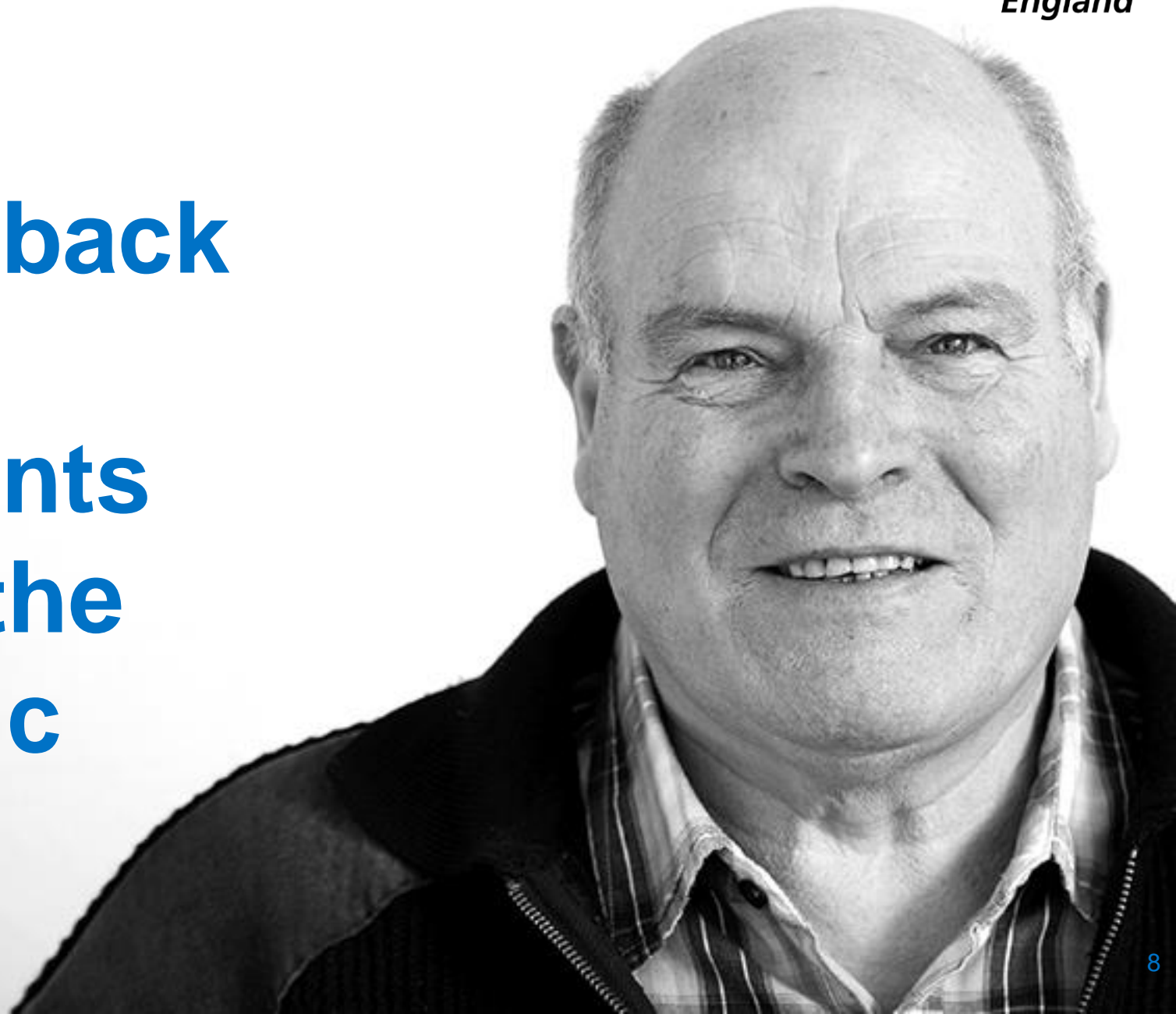
- ❑ PET-CT patients currently using the service have been given the opportunity to complete a patient survey whilst waiting at the scanner for their appointments (staff from NHS England have been available on site to support this activity)
- ❑ General public survey distributed through various communication channels
- ❑ Roadshows were held across South Essex where face to face discussions could be held and opportunity provided for survey to be completed
- ❑ Patient and Community groups given the opportunity to give their views face to face and complete surveys

# Engagement Methodology

## Clinicians:

- National experts in the field of cancer diagnosis and treatment have been given the opportunity to give their view
- Medical Directors from three main referring Trusts given the opportunity to advise on how best to engage Clinicians and to share their views
- An online survey for clinicians was made available to three main referring Trusts and to the Essex Strategic Clinical Network (Cancer)
- Face to face meetings held with Clinicians from the three main referring Trusts

# Feedback from patients and the public



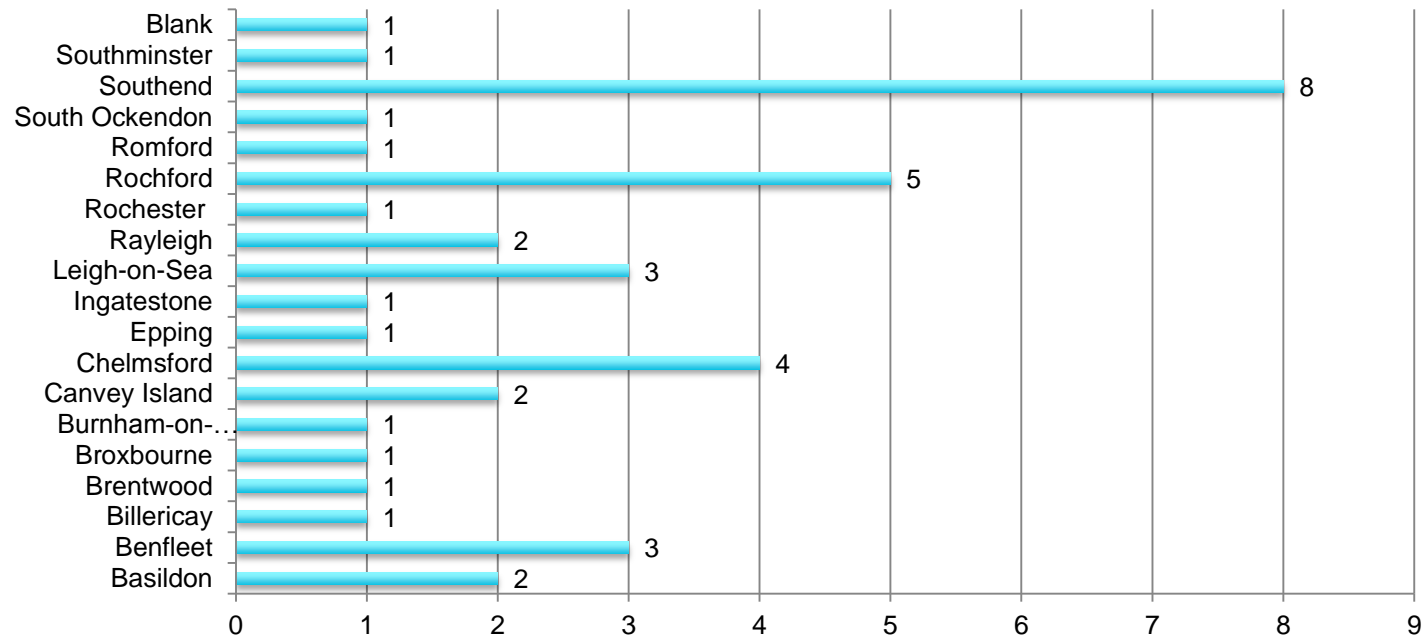


# PET-CT Patient Survey

- ❑ Patient survey developed to:
  - Provide information on the two options for the long term location of the implementation of the scanner
  - Help to provide an understanding of the impact to patients and users if location changed
  - Seek views on what influences patient choice and preference when selecting a NHS service
  
- ❑ Patient survey on site for patients to complete when attending for scans
  
- ❑ NHS England staff attended site to respond to questions and encourage completion
  
- ❑ Survey available until May 1<sup>st</sup>
  
- ❑ 40 responses received in total

# Patient Survey Responses

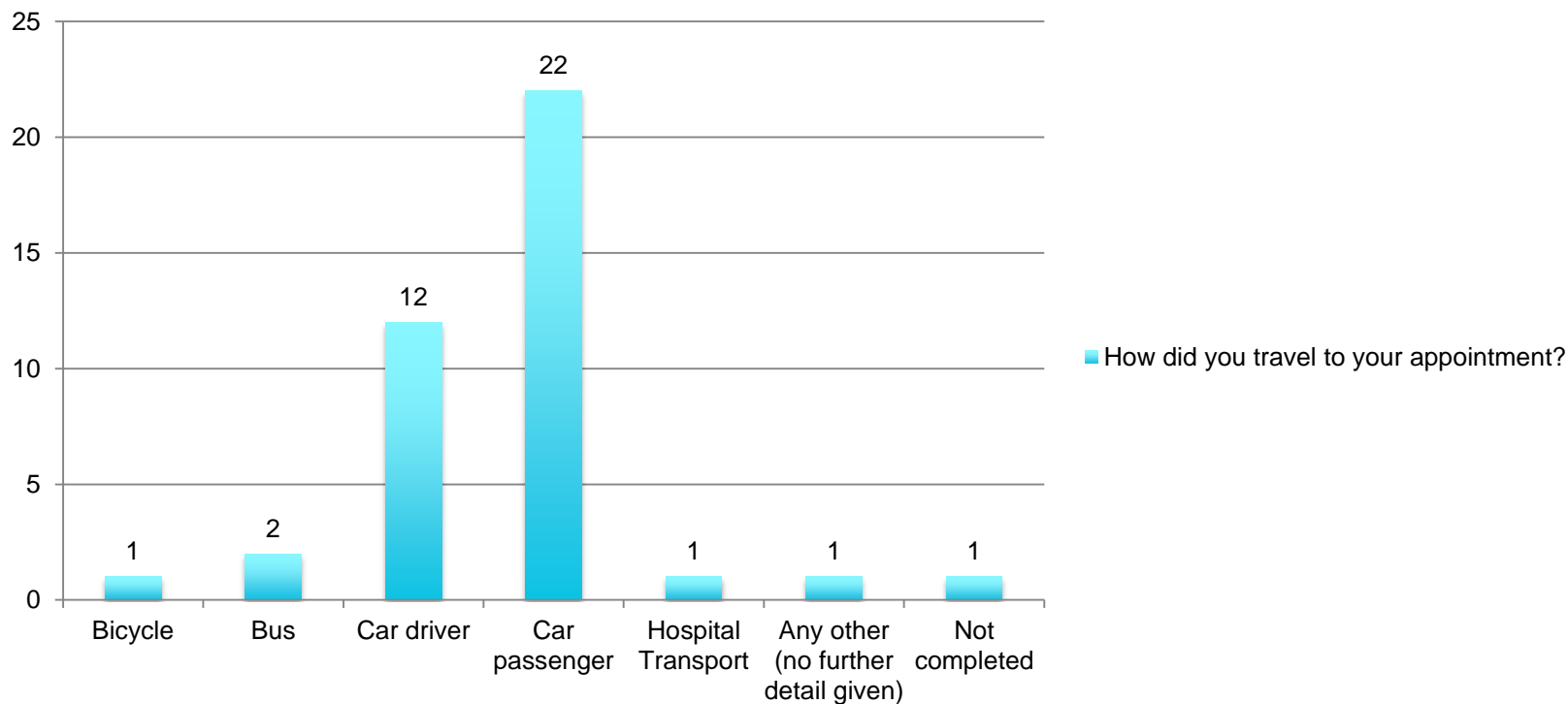
## Respondents Postcode Area



40 responses in total

# Patient Survey Responses

## How did you travel to your appointment?



# Patient Survey Responses

- ❑ 37 respondents stated that their journey on the day of the appointment was easy
  
- ❑ The 3 respondents that stated their journey was difficult on the day of their appointment were all either driving or a car passenger – One patient stated the traffic was bad and one stated that it was difficult because of where they live (Burnham on Crouch)

It would be more difficult to travel to Southend:	It would be easier to travel to Southend:
<p>18 respondents advised their journey would be more difficult if they had to travel to Southend. These respondents lived in a range of postcode areas including 5 from a Southend postcode.</p> <p>Where reasons were given they included:</p> <ul style="list-style-type: none"> <li>▪ Cost of travel</li> <li>▪ Travel congestion and parking/particularly at school times</li> <li>▪ Increased journey time – major roads and very busy area</li> <li>▪ Volume of traffic</li> <li>▪ Not on bus route</li> </ul>	<p>18 respondents advised their journey would be easy if they had to travel to Southend. These respondents lived in a range of areas.</p> <p>Where reasons were given they included:</p> <ul style="list-style-type: none"> <li>▪ It would be a bit longer with more traffic but still ok</li> <li>▪ Live in Leigh on Sea very easy to drive or bus</li> <li>▪ Does depend on traffic</li> </ul>

# Patient Survey Responses

## “Where You Are Treated”

Factors	Ranking ((With responses ranked in order of importance – 1 as ‘most important’ and 8 as ‘least important’)									
	1	2	3	4	5	6	7	8	No Rank	Ticked
How quickly I can be seen	25	9	1	1	0	2	0	0	1	1
The amount of choice I have of appointment dates and times	4	4	8	7	9	4	1	1	1	1
Having all of my treatment at the same hospital, even if on different days	4	4	4	13	3	1	6	3	2	0
How close the hospital is to where I live or work	4	5	5	7	5	5	5	2	2	0
How good the public transport links are to the hospital	4	4	2	2	1	5	3	17	2	0
How good the car parking is at the hospital	8	1	5	2	2	6	8	6	1	1
The reputation of the hospital	4	5	5	4	4	7	6	2	3	0
The difference it might help to have on the outcome of my treatment	11	7	4	2	8	1	3	1	3	0

N.B: - Several respondents may have ranked more than one factor equally, not given rankings to all/any factors or ticked boxes rather than give rankings

# Patient Survey Responses

“Where Services Are?”

Factors	Ranking (with responses in order of importance – 1 as ‘most important’ and 9 as ‘least important’)										
	1	2	3	4	5	6	7	8	9	Not Ranked	Ticked
You should put the scanner on the site which has the larger number of inpatients who use the service	14	7	5	1	2	1	2	5	0	1	2
You should put the scanner on the site that has the shortest average journey times	6	6	2	6	6	4	6	1	0	3	0
You should put the scanner on the site near other services it needs to work closely with now	6	9	10	2	2	5	2	1	0	3	0
You should put the scanner on the site near other services it may need to work closely with in the future to develop the latest techniques and treatments	14	5	7	5	2	2	2	0	0	1	2
You should make sure that all journey times are under one hour	2	2	2	8	7	9	2	4	0	4	0
You should make sure that all journey times are under 30 minutes	4	2	2	5	5	6	3	5	4	4	0
You should provide clear information for patients who need the scan	9	2	5	6	5	0	9	2	0	1	1
You should work with public transport to improve transport links	2	4	6	2	4	4	2	11	1	3	1
Other	0	0	0	0	0	0	0	1	9	30	0

N.B: - Several respondents may have ranked more than one factor equally, not given rankings to all/any factors or ticked boxes rather than giving rankings

# Patient Survey Responses

Patients were asked whether there was anything else they thought NHS England should consider in deciding on the location of the PET-CT service in South Essex and they were also invited to give additional comments. Their responses have been themed as follows:

Location and travel 

Clinical 

Other 

# Patient Survey Responses

I live near Southend and obviously hospital of choice due to breathing difficulties

Basildon is a huge town and not many people in these areas around Basildon are able to travel to Southend due to expense or distance

Needs to be as near as possible to majority of people

Basildon much easier to get to

Money raised to purchase the scanner was for Southend Hospital

Basildon more central – Southend is out of the way x 3

Southend is limited – it is only Southend patients

Should stay at Basildon

Basildon more accessible to the whole of the County

Southend for most of the day is gridlocked and the university campus is already tired and overcrowded

Southend Hospital harder to get to than Basildon

Should be centralised at Basildon as it has a lot of surrounding areas that use it x 2

Basildon has easy access via M25, A13, A127 Southend is in the backstreets and has a lot of congestion

Basildon is my location plus there are more surrounding areas which are nearer to Basildon which patients can access

Should be at Chelmsford

The services are good and very helpful

GP access to the scanner

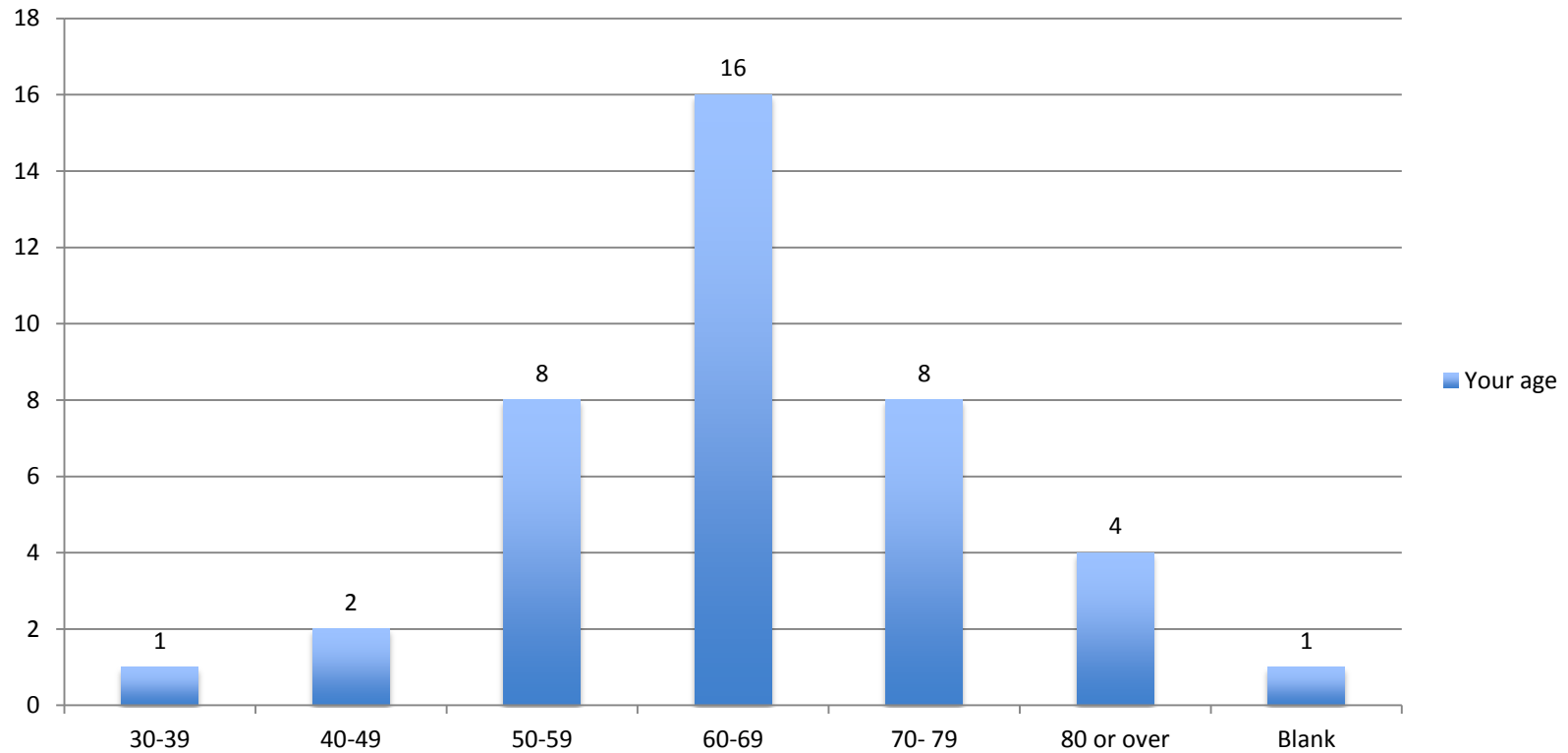
Make sure the waiting area is comfortable with refreshments available for those accompanying patients as often long periods to wait

Parking – should have parking just for scanner patients x 2



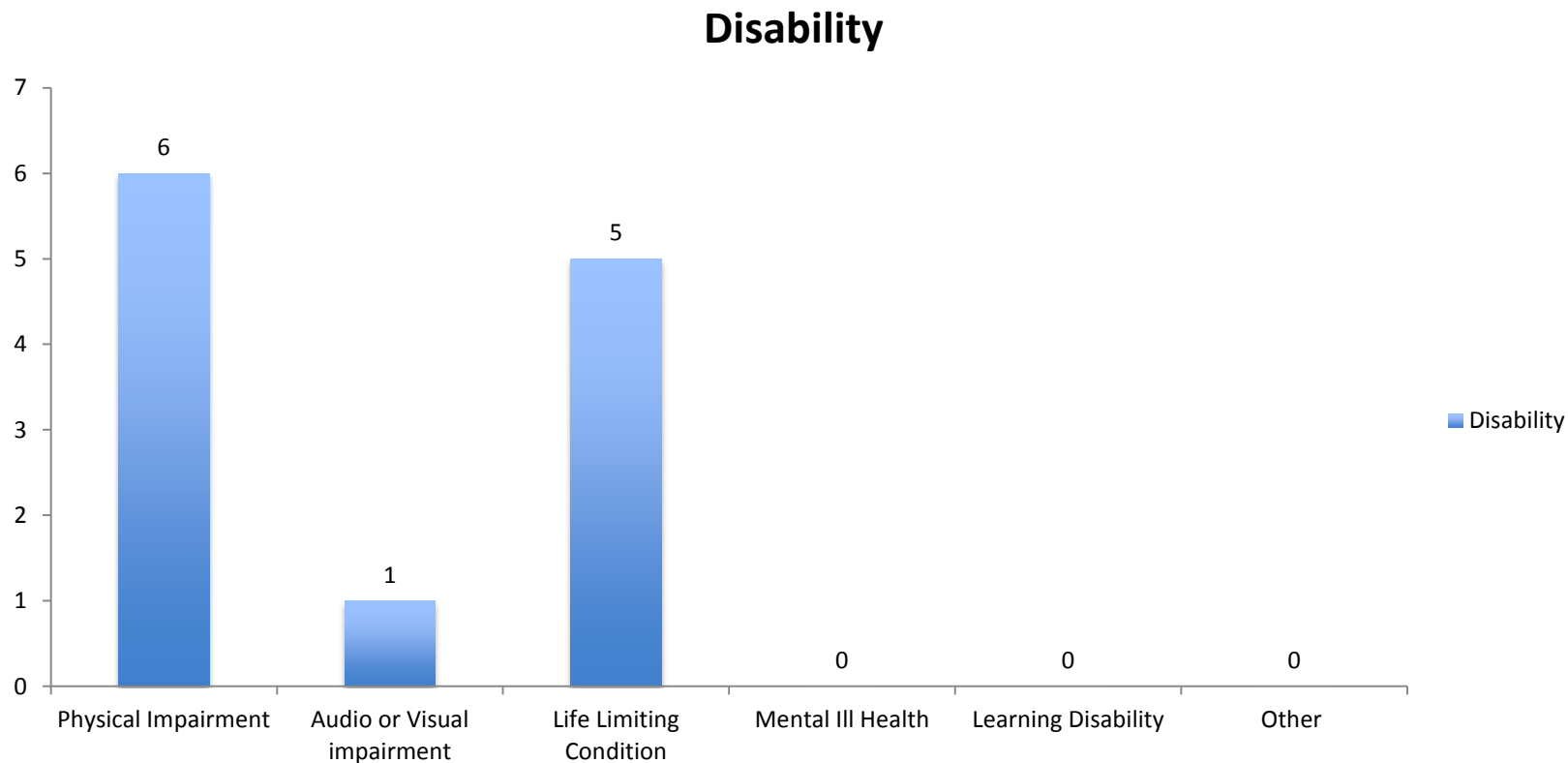
# Patient Survey Responses

Your age



# Patient Survey Responses

10 patients considered themselves to have the following disabilities:

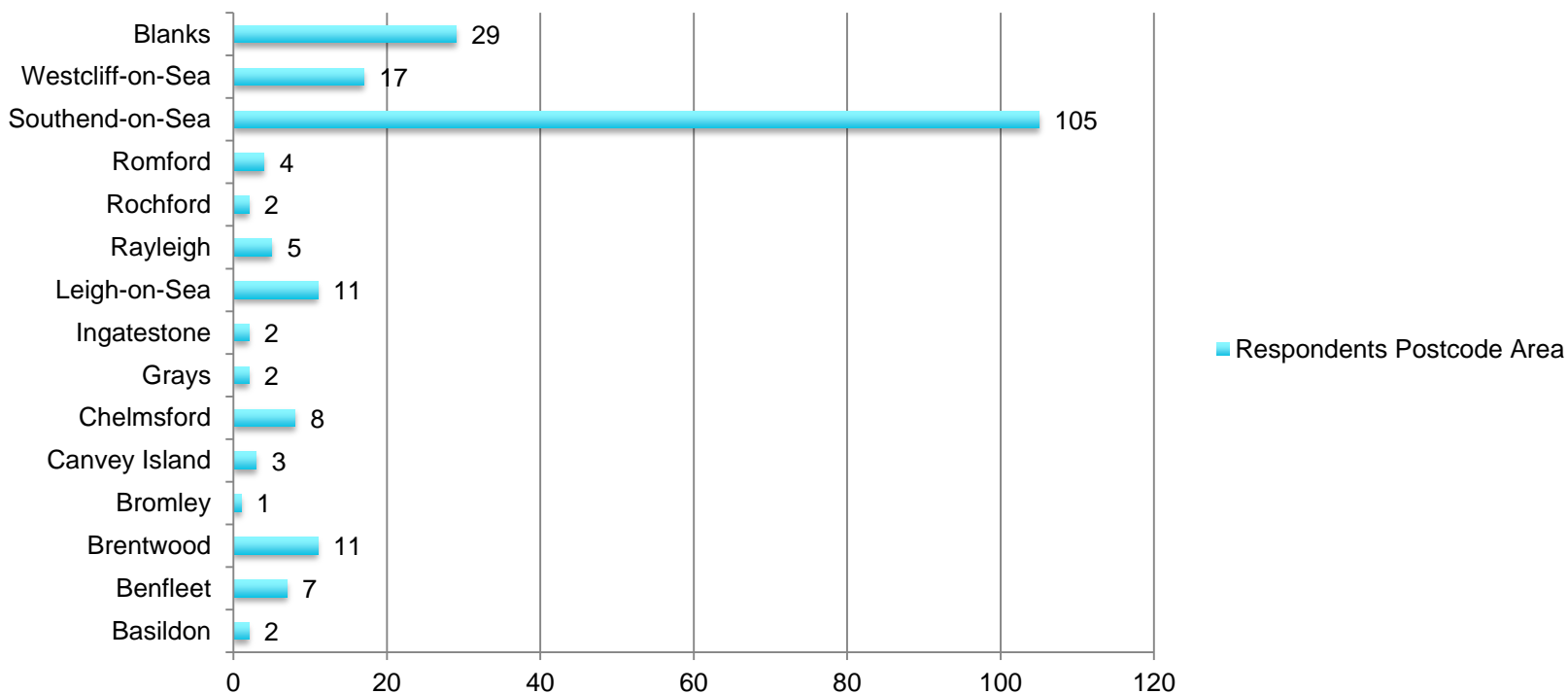


# General Public Survey

- ❑ Public survey developed to:
  - Provide information on the two options for the long term location of the scanner
  - Seek views on what influences patient choice and preference when selecting a NHS service
  - Ask the public what they think the NHS should consider when deciding the location of the scanner
  
- ❑ Public survey circulated:
  - Through all communication channels
  - Made available at Roadshows and Community Group Meetings
  - Distributed via Community Group Members
  
- ❑ NHS England staff available at Roadshows and Community group meetings to respond to questions
  
- ❑ Survey available until April 16<sup>th</sup>
  
- ❑ 209 responses received in total

# General Public Survey

## Respondents Postcode Area



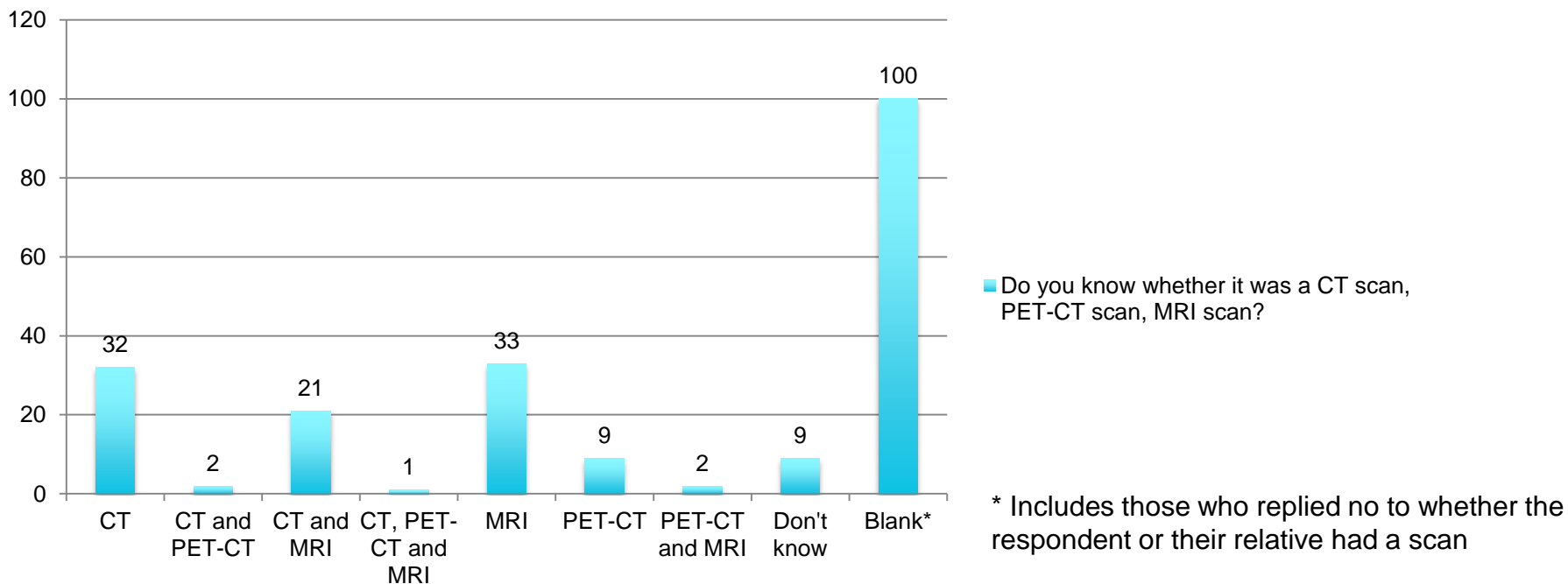
# General Public Survey

	Yes	No	Don't know	Blank
Have you or a close relative been diagnosed with cancer in the last ten years?	102	98	9	0
Have you or a close relative had a scan?	128	73	3	5

If yes, which hospital?	Nos of respondents
Blank (includes those who replied "no" to whether they or their relative had a scan)	91
Southend	71
Basildon	15
Southend & Basildon	5
Colchester	3
Broomfield	2
Southend & Wellesley Hospital	2
There were 20 further responses all stating individual hospitals which can be made available if required	

# General Public Survey

**Do you know whether it was a CT scan, PET-CT scan, MRI scan?**



When asked what the scan was for there were 80 differing responses – the three with the most responses included:

- Cancer (11 respondents)
- Prostrate cancer/possible (7 respondents)
- Breast cancer (6 respondents)

The remaining responses can be made available if required

# General Public Survey

## “Where You Are Treated”

(With responses ranked in order of importance – No. 1 as ‘most important’ & No. 8 as ‘least important’)

Factors	Ranking									
	1	2	3	4	5	6	7	8	Blank	Tick
How quickly I can be seen	138	27	14	6	1	2	0	2	12	7
The amount of choice I have of appointment dates and times	11	29	16	31	36	27	17	13	25	4
Having all of my treatment at the same hospital, even if on different days	28	50	30	30	20	14	10	2	19	5(& 1 "very good")
How close the hospital is to where I live or work	23	17	25	26	30	36	14	9	21	7 (& 1 "Brentwood")
How good the public transport links are to the hospital	18	10	12	20	19	13	29	57	26	3(& 1 "good" & 1 "y")
How good the car parking is at the hospital	9	3	9	9	16	30	44	56	25	5(& 1 "very good", 1 "x" & 1 "no")
The reputation of the hospital	26	28	34	24	22	23	16	10	20	4(& 1 "good" & 1 "very good")
The difference it might help to have on the outcome of my treatment	32	34	28	24	19	15	22	8	22	3(& 1 "9" & 1 "very good")

N.B: - Several respondents may have ranked more than one factor equally, not given rankings to all/any factors or ticked boxes rather than give rankings “Where You Are Treated”

# General Public Survey

"Where Services Are - Which is the most important factor you think we should consider in our plans for the permanent specialised PET-CT scanning service"

(With responses ranked in order of importance – No. 1 as 'most important' & No. 9 as 'least important')

Factors	Ranking										
	1	2	3	4	5	6	7	8	9	Blank	Tick
You should put the scanner on the site which has the larger number of inpatients who use the service	57	22	26	18	14	9	9	14	3	34	2 (& 1 "yes")
You should put the scanner on the site that has the shorter average journey times	29	16	15	30	41	19	14	3	0	38	2 (& 1 "x" & 1 "no")
You should put the scanner on the site near other services it needs to work closely with now	64	54	29	20	7	3	1	2	0	24	3 (& 1 "x" & 1 "yes")
You should put the scanner on the site near other services it may need to work closely with in the future to develop the latest techniques and treatments	61	58	36	11	9	3	1	3	1	21	3 (& 1 "x" & 1 "ok")
You should make sure that all journey times are under one hour	21	6	14	11	22	36	29	31	0	36	1 (& 1 "x" & 1 "ok")
You should make sure that all journey times are under 30 minutes	12	8	20	12	22	18	44	27	3	40	2 (& 1 "very good")
You should provide clear information for patients who need the scan	28	20	22	42	20	17	20	5	2	27	4 (& 1 "x" & 1 "all the time")
You should work with public transport to improve transport links	18	9	11	19	12	32	20	50	2	32	2 (& 1 "x" & 1 "yes")
Other	4*	3	0	1	2	0	2	5	67**	124***	1

N.B: - Several respondents may have ranked more than one factor equally, not given rankings to all/any factors or ticked boxes rather than give rankings\* includes 1 "staffing" \*\* includes 1 "cost" \*\*\* includes 1 "take mobility into account eg cannot walk"



# General Survey Responses

The public were asked whether there was anything else they thought NHS England should consider in deciding on the location of the PET-CT service in South Essex and they were also invited to give additional comments. Their responses have been themed as follows:

Location and travel



Clinical



Other



# General Public Survey Responses

You should consider the number of people who cannot travel by car and use public transport

Husband an in-patient at Basildon last year, parking was dreadful (Southend much better) car park at Basildon long way from any of the clinics while Southend very convenient

Difficult to park at all hospitals

Parking and cost of parking

Age profile of people requiring this service e.g. 70 plus their ability to get to and from the hospital

Being diagnosed with cancer is very stressful. You need to have all treatment including scans at your local hospital. Travel adds to stress

Ease of access with good parking or transport very important

Preference is Southend Hospital because of difficulty travelling by public transport

Possibly Broomfield, Chelmsford or Colchester

The knock on effects to patients who then need other services, e.g. blood tests. Ensure the 'parent' does not make them use inconvenient locations

Consider patients who need a PET-CT scan who are either disabled or on critical list especially people with cancer or something similar

No. Southend should have it

I am mainly concerned with getting the best PET-CT service for patients in Mid Essex so I suggest that Broomfield should be considered an option

To be located near an existing site, that has an operating radiotherapy unit which is Southend

Fastest growth of low income population

Yes PET-CT should benefit both Thurrock and Southend on Sea, therefore Basildon Hospital site would be beneficial for both Basildon and Southend as more central

The cost of moving it, access to other services, existence of staff

Yes Basildon hospital should be made specialised hospital and Southend University Hospital should be District General Hospital

Southend Hospital should provide PET-CT for local cancer patients as priority

Waste of money if the site at Southend University Hospital is not used as its already there

Should be kept in Southend using the hospital for the residents of Southend

Bad experience approaching Basildon

# General Public Survey Responses

Install in hospital that specialises in cancer treatment not one that is constantly in special measures or making newspaper headlines

If waiting times are long should consider accessing private facilities if possible

Most important factor would be locating all the specialist clinicians in the one facility would produce the best outcome

Install at specialist cancer hospital with offers other cancer treatments x 5 – more likely to create Centre of excellence x 2

Available out of normal working hours

As the Commission have provided their view presumably with long term view of cancer treatments in mind follow their recommendation

To use established teams – built up over the years

Hospital should have high ratings for the quality of its services

Time taken to install and commission the PET-CTA reduce unavailability.

How many patients could you scan in a year?

Length of time between scan and treatment

Should aim to work with the hospital that has the best outcomes and fewer failures. Availability of trained staff who are prepared to work over Saturdays and Sundays

Imperative that time is as short as possible before scan interpretation and diagnosis and seeing consultant for rapid treatment

We should listen to the clinical experts when it comes to complex services. The public won't be able to decide on what is best

Does the PET-CT scanning service have to be main hospital based or has an outreach clinic been considered

Locating PET-CT in same location as physicists using CT/Radiotherapy makes sense as can use PET-CT imaging accuracy to enhance certain tumour treatments which reduced risk of collateral damage to other organs. Create Centre of excellence PET-CT just one technology – new advances in ultrasound and other techniques and next generation CT scanners may obsolete PET-CT in the future

Ensure of the future progression of continued advice and intervention re memory clinic

The scanner should be put in the hospital where it can be used to best advantage

# General Public Survey

Consider patients require either wheelchair or scooter

Ensure this is available for all age groups

This survey needs specialist knowledge. Not for the general public

Avoid waiting times for those who have turned up at the time of their appointment

Currently no possibly in the future

Wording on survey to be clearer

Are my views taken seriously?

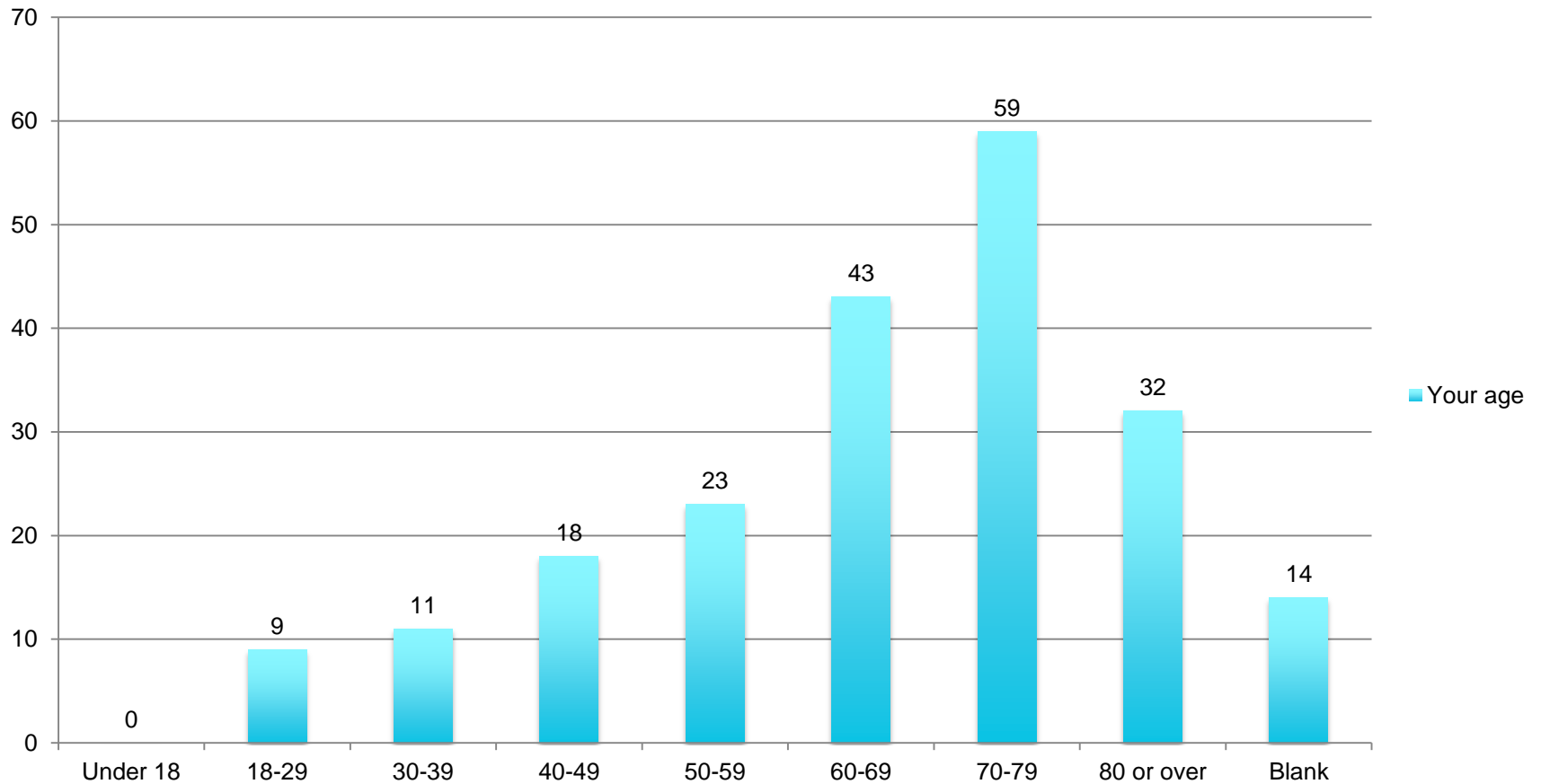
Housing expansion will increase the population x 2

Clearer signposting

Further demand on an aging population

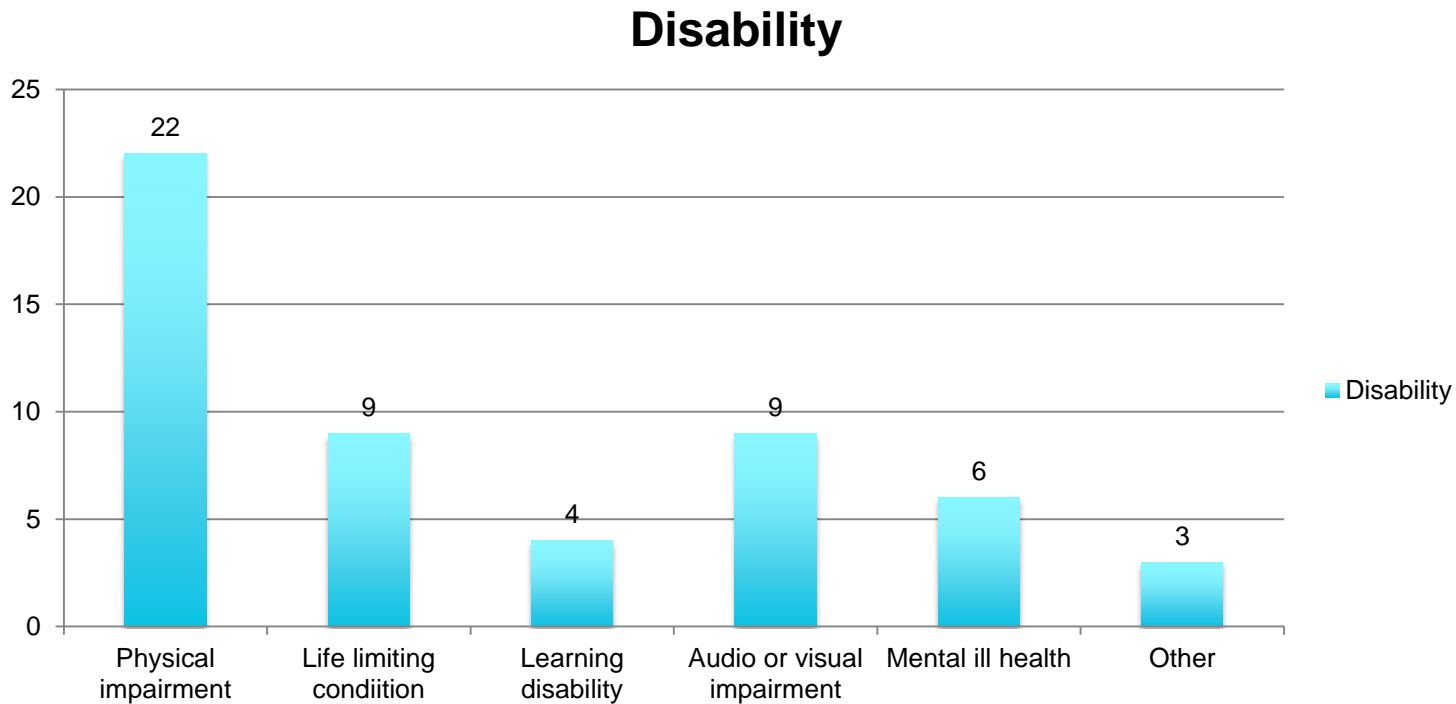
# General Public Survey

## Your age



# General Public Survey

- 38 people considered themselves to have the following disabilities:



# Face to face – Patients and Public

- A series of Roadshows were held across South Essex to give the opportunity for patients and the public to come along and talk to representatives from NHS England about the proposals for change and to complete the public survey.
  
- Communications were sent to over 35 stakeholder groups including patient and community groups providing information about the proposals for change and offering attendance at the meetings. As a result the following meetings were attended in addition to the Roadshows:
  - Essex Cancer Forum
  - Stifford Forum
  - Basildon and Brentwood CCG Patient and Community Reference Group (PCRG)
  - Lymphoma Support For You Group Meeting
  
- Surveys were completed at meetings and the following slides provide feedback received.

# Face to face – Patients and Public (1)

Meeting	Feedback
Chelmsford Roadshow	Email sent by a patient/public who attended the Roadshow including the following “I am writing to advise that the information supplied for the public at Chelmsford Library on Wednesday 24/02/16 and which was provided by yourselves is not a balanced account of the arguments for and against co-location. The emails and letters sent by this consultant are included within the full data and a summary included in letters/emails feedback within this presentation
Rayleigh Roadshow	Concern that scanner at Southend was going unused. Concern that Southend Hospital had allowed the scanner to be placed there and wanted the matter to be resolved as soon as possible by NHS England
Stifford Forum	<p>Recognised benefits of both options, noting the following:</p> <ul style="list-style-type: none"> <li>• Would rather have it locally</li> <li>• Would prefer it available on both sites</li> <li>• Issue with car parking on both sites</li> </ul>
Basildon Roadshow	<ul style="list-style-type: none"> <li>• Concern that NHS England needed to ensure that clinical expertise would help to shape the final decision</li> <li>• Concern regarding the naming of the survey</li> <li>• Follow up email expressing thanks for constructive meeting</li> </ul>
Basildon and Brentwood CCG Patient and Community Reference Group (PCRG)	<ul style="list-style-type: none"> <li>• Strong feeling that existing travel regimes should not alter for local patients and that no patients should have to travel further than they are currently doing so.</li> <li>• Strong feeling from the group that the PET-CT service should remain where it is at BTUH</li> <li>• Travel and access and the implications to people should the scanner move featured as a major issue for a number of attendees</li> <li>• Patient/public was in attendance and explained that he has undertaken extensive research on the matter of PET-CT for radiotherapy planning and is unable to find any evidence to support its use – just an idea at this stage and is one that may not come to fruition in clinical practice in the future. He noted that he is also unable to find any recommendation by the Royal College of Radiologists that supports the use of PET-CT for radiotherapy planning. Also noted that the cancer strategy although it mentions RT planning and PET-CT does not make the point that co-location is required</li> <li>• The group feel there are no compelling reasons either clinically or otherwise for the scanner to be moved to SUH</li> <li>• The future should be on the here and now and not on future applications and indications</li> <li>• A significant issue for one member was speed of diagnosis and his view was that location at BTUH would make speed of diagnosis for patients better</li> <li>• The focus should be on diagnosis, not on treatment, PET-CT is used for diagnostic purposes</li> </ul> <p><i>Continued on next slide</i></p>



# Face to face – Patients and Public (1)

Meeting	Feedback
<p>Basildon and Brentwood CCG Patient and Community Reference Group (PCRG)</p> <p><i>Continued from previous slide</i></p>	<ul style="list-style-type: none"> <li>• There was a view that the scanner if at BTUH would be of superior quality than the one currently located at SUH</li> <li>• There was a view that patients and users views should be taken into consideration and that the group appealed to NHS England to leave the service at BTUH</li> <li>• Considerable stress and emotion in having to travel and then wait for results. Anything that increases the time that this takes, at the pre diagnosis stage, is an unacceptable part of the prospective cancer patients journey; especially if there is no need</li> <li>• Hundreds of patients go through Basildon and far more than go to Southend. This also includes patients from outside our area</li> <li>• The geographical element of patients travelling from Brentwood to Southend was taken into consideration. Patients will find it more difficult travelling to Southend. The decision to maintain the PET-CT scanner for diagnostic should remain at Basildon Hospital with the trained professionals.</li> <li>• Patients views are paramount</li> <li>• Most patients needing a PET-CT scan for diagnosis get it at Basildon without any problems. Most such patients do not go on to get radiotherapy</li> <li>• Concern was expressed that the EoE team have misrepresented expert opinion. They have said there are advantages to be gained from co-location with radiotherapy but that is not the consensus of expert opinion and the Royal College of Radiologists (the most appropriate experts have not expressed this view.</li> <li>• The quality of data put forward in the proposal by NHS England. The data confused radiotherapy and screening, apart from the inaccuracies</li> <li>• NHS England use too much ‘jargon’ and acronyms in their papers and presentations to members of the public</li> <li>• Action: NHS England to be contacted to confirm that the PCRG feel very strongly that the scanner should remain at Basildon listing all reasons raised above and to include any further comments received from the group post meeting</li> </ul>

# Face to face – Patients and Public (2)

Meeting	Feedback
<p>Basildon and Brentwood CCG – Patient and Community Reference Group meeting</p> <p><i>Continued from previous slide</i></p>	<p>Post meeting a further letter was received from patient/public who was in attendance at the meeting and a summary of the key points are shown below:</p> <ul style="list-style-type: none"> <li>• Concerned that the EoE team have misrepresented expert opinion. Have said there are advantages to be gained from co-location with radiotherapy but that is not the consensus of expert opinion and the Royal College of Radiologists</li> <li>• The EoE team are confused about the role of PET in radiotherapy planning as they misquote expert guidance. I have brought this to their attention with this email following the Chelmsford Roadshow.</li> <li>• No need to co-locate as the current service is functioning satisfactorily as are other services which are distant from radiotherapy units. The amount of information required from the PET scanner to the radiotherapy planning equipment can easily be transferred by simple IT connections or by a CD</li> <li>• National Cancer Strategy Recommendation 30 – response – South Essex is not a major treatment centre furthermore they specifically state that the funding should come be “as part of the national radiotherapy capital fund which means it should not be part of this contract</li> <li>• You consider PET-CT planning for radiotherapy is considered by experts to be superior to CT planning – response – it is clear to me that there are divided opinions on the subject and as research has been taking place for around 10 years with a clear conclusion it would be surprising if there were to be a major change in the existing position of NHS England. Which as explained to me by the specialist commissioning team at Skipton House which was they were not considering this at present. Therefore I do not see it as essential to see the material provided by the experts for further evaluation. I have also read the guidelines from the Royal College of Radiologists and the report from the Department of Health Cancer Policy Team on ‘Radiotherapy in England’ and I cannot find recommendations for colocation.</li> <li>• You state that the South Essex Scanner is the only one not co-located with radiotherapy. My response is that reflects the distribution of the population and the decentralised nature of cancer services here.</li> <li>• You state that a scanner at Basildon would mean no scanner at Southend for the next 10-15 years – response – Phase 2 procurement is underway and it is not possible to make such a definite prediction.</li> <li>• Argument for co-location is based on the theory that it could be useful in the future but we will not know how much benefit nor to how many patients nor the detail of the equipment that would need to be used or even if the scanner currently in place would be suitable. We simply do not know if any patients would benefit from co-location with radiotherapy.</li> <li>• In respect of physics services there is little benefit as the physics team have little to do with scanning and they can easily travel to the scanner wherever it is located. There is no advantage to patients.</li> <li>• Therefore I suggest the section ‘why might moving the scanner to Southend be better for patients?’ be replaced by the statement that it will benefit those patients who can access Southend more easily than Basildon. You may also say that it would be the cheapest option. You could consider saying that it is because unpublished research may provide a reason in the future but I think most people would rather have a more definite reason.</li> <li>• It is also worth considering that patients being scanned in South Essex could have radiotherapy elsewhere, including London, Romford and Chelmsford</li> <li>• Since then I attended the 19<sup>th</sup> annual PET-CT conference to hear the leading European experts and they presented papers to show that PET-CT for radiotherapy planning remains a minority interest and having questioned many of them it is clear that all services can be provided at sites distant from radiotherapy.</li> <li>• In short there is no clinically valid reason for moving the service.</li> </ul>



# Feedback from Clinicians

# Clinical Survey

- ❑ Clinical questionnaire developed to:
  - Understand impact on patients
  - Provide information on whether there is an impact on clinical pathways
  - Seek clinicians views on the two options for implementation of the permanent PCT-CT scanner
  
- ❑ Online questionnaire
  
- ❑ The link to the questionnaire was sent to the Medical Directors of the three main referring Trusts for cascade to clinical stakeholders. And to the Essex Strategic Clinical Network Groups by the Strategic Clinical Network – cancer.
  
- ❑ 19 responses received in total

# Clinical Survey Responses

## Question 1

PET-CT is currently used to support the diagnosis and staging of some cancers how would a change of location of the existing PET-CT service in South Essex affect your patients?

### Advantages

Centralisation - avoiding unfilled slots

Dependent on location – fast improved access, improved diagnosis, rapid throughput reducing patient journey time through process, safer outcomes

### Disadvantages

#### Clinically:

- Cardiothoracic Centre where all lung cancer Surgery is done for Essex
- Only centre in Essex where medical thoracoscopy for malignant effusion, endobronchial cryotherapy and endobronchial stenting is carried out
- Tertiary centre for thoracic and cardiac surgery
- Only centre to do Radial EBUS in Essex
- Bowel cancer screening service
- Large haematology unit
- PET-CT mostly used for cancers of the lung and hematological malignancy and therefore on site with tertiary referral thoracic surgery and haemoncology
- Used in diagnosis and monitoring of response to therapy for majority of lymphoma patients (one of largest users of scans)
- As a rheumatologist often see patients who require PET-CT scan to investigate for large vessel vasculitis and exclude cancers
- One of few accredited radiologists is based at BTUH (hematological)
- Active and busy upper and lower GI cancer MDT
- Clinical risk to patients if moved
- Delay a patients pathway
- Adverse impact on RTT outcomes
- Colorectal (liver mets) – patients would have to attend Basildon, Southend and Royal London
- Better for clinicians to have close working relationships with the radiologists reporting the PET-CT scans

#### Geographically:

- Centrally located - between Chelmsford and Southend – convenient for patients
- Good road access
- If moved patients will have to do multiple visits at long distances
- If service continues to be provided in South Essex, Mid Essex patients will still have to travel
- Population served by Basildon Hospital/Thurrock patients (one of poorest populations in the country) would be impacted due to inadequate transport links to Southend.
- Central location logical for patients
- Patients who lived on western side of Essex would need to travel further to the scanner site and may result in reduced equity of access
- Difficult for Rheumatology patients to travel further

## Question 2

If the location of the PET-CT scanner in South Essex were to change how would the diagnostic and treatment pathways for your patients change?

### Clinically:

- Might affect staging of lung cancer before and after surgery and EBUS, mediastinoscopy
- Cardiothoracic Centre for Essex is the Hub for MDT as all lung cancer cases in Essex have to be discussed with Basildon
- If patients choose to travel to London - scans at London Trusts with higher market forces factors will cost more and reduce income to the South Essex regional healthcare economy
- If changes expect delays in getting scans and scan results – detrimental effect on patient care
- Potential delays in overall pathways of patients
- Mid Essex pathway would change
- May delay the timely staging to initiate treatment
- Relocating would further fragment regional cancer pathways, an unnecessary extra step for the majority of patients
- 62 day cancer pathway could be impacted. As have Bowel Cancer Screening Programme at Basildon would have impact on this pathway
- Would have adverse delay in diagnosis and treatment, causing undue anxiety for patients and their families
- Increased fragmentation of care
- If compliance were to fall, may delay the pathways that are in place and could result in treatment delay.
- Do not envisage diagnostic and treatment pathways changing
- Pathway would stay the same

### Geographically

- Patients may choose to go to London as better travel links
- Patients unable to travel may not be able to access the PET-CT scan.
- Majority of patients based around Basildon and would be too far to travel particularly if unwell and require urgent investigation
- Increasing distances from patients will result in reduced uptake, longer treatment pathway times affecting targets.
- Patients traveling further and to a place they are unfamiliar with. If siting of cardiothoracic centre and lymphoma treatment centre not changing patients would have to go to one hospital for treatment and another for their scan and many patients elderly and disabled by their cancers
- Would avoid the need to travel to London and would decrease the delays encountered

# Clinical Survey Responses

## Question 3

Noting that there will be one PET-CT scanner in South Essex where do you think this is best situated and why?

Where	Why
<p>All bar one respondent suggested Basildon</p>	<ul style="list-style-type: none"> <li>▪ Geographically better for the patient – centrally located and easy access to all hospitals in region</li> <li>▪ Patient access is easy, patient facilities are superior and there is enhanced safety</li> <li>▪ Basildon covers a larger population than Southend Hospital (BTUH – 405,000, SH – 350,000)</li> <li>▪ Mid Essex patients currently go to Basildon – minimum change for patients and staff at Broomfield Hospital however travel would still be a problem for some patients</li> <li>▪ Best co-located with services that require currently recommended diagnostic PET (Basildon where lung surgery is or Broomfield (where upper GI and head and neck surgery are performed)</li> <li>▪ Have sufficient experience in providing the service already</li> <li>▪ The South Essex Bowel Cancer Screening Programme covers a catchment of 800,000.</li> <li>▪ Cardiothoracic Centre at Basildon</li> <li>▪ Has the only ARSAC license holder in the region necessary for the administration of the radio pharmaceutical</li> <li>▪ Best location as patients from all three Trusts can get there easily and fair</li> <li>▪ BTUH haematology service is largest in region and due to expand further meaning Mid Essex haematology patients will also be utilising the BTUH site</li> <li>▪ Should be co-located with the specialist clinical pathways which utilise the service most. Highest users are lung and haematology and BTUH is the host site for both. Lung pathways are integrated with the regional tertiary cardiothoracic centre. Future developments for PET-CT include cardiac PET-CT which is currently NICE approved</li> <li>▪ Scanner would be integrated in the main hospital imaging department and would have access to all the facilities and staffing, which are available in the main hospital</li> <li>▪ Continue to see and treat many cancers especially haematology</li> <li>▪ Even when refer onwards the results inform the decision and as such a central location is logical</li> <li>▪ One of very few accredited radiologists able to perform the investigation</li> <li>▪ Less central location will lead to delays in the pathway</li> </ul>
<p>Three respondents suggested Broomfield Hospital as alternative</p>	<ul style="list-style-type: none"> <li>▪ Co-located where services that require currently recommended diagnostic PET – where upper GI and head and neck surgery are performed. Haematology services are delivered on all sites although Basildon/Broomfield is a joint service</li> <li>▪ Recognition that Broomfield may be outside the geographical area and create longer travelling times for significant group of patients</li> <li>▪ Centrally as possible within target region. Ensures all are not too far and increases uptake – Chelmsford most central and good transport links</li> </ul>

# Clinical Survey Responses

## Question 4

### Where do your patients have chemotherapy?

#### Respondents employed by Basildon Hospital

Basildon x 12 responses

Haematology at Basildon

Depends on site and type of lesion

Lung cancer at Southend

Southend

Urological surgery at Southend

Radical ENT surgery at Broomfield, Chelmsford

Liver mets at Royal London

Not involved in cancer care

Not involved in cancer care

Unsure as do not deal with chemotherapy. Our rheumatology patients receive biologics and cyclophosphamide if needed locally at Basildon

#### Respondents employed by Southend Hospital

Southend for solid tumours

Basildon for haematological cancers

Queens Romford for some brain tumours

UCLH for sarcoma

#### Respondent employed by Mid Essex Hospital Trust

Broomfield, Chelmsford

Volunteer at Mid Essex Hospital

Broomfield, Chelmsford



# Clinical Survey Responses

## Question 5

### Where do your patients have their inpatient care?

#### Respondents employed by Basildon Hospital

Basildon x 9 responses

Haematology at Basildon

Lung cancer at Southend

Depends on site and type of lesion

Depends on admission diagnosis except for chemotherapy admitted to Basildon

Southend

Basildon DGH and CTC

Radical gynaecological surgery at Southend

Radical ENT at Chelmsford

Surgery liver mets at Royal London

Not involved in cancer care

All other cancer related complication are dealt with at Basildon like post chemo neutropenia, sepsis, chest drains, medical thoracoscopy, senting, endobronchial, cryotherapy and debulking

#### Respondents employed by Southend Hospital

Majority at Basildon

Some at Southend

Few at Broomfield, Chelmsford

#### Respondent employed by Mid Essex Hospital Trust

Broomfield, Chelmsford

Volunteer at Mid Essex

Broomfield, Chelmsford

# Clinical Survey Responses

**Question 6 : Is your hospital considered the lead hospital in South Essex for the following cancer types: If not which is the lead hospital?**

Respondent's hospital (total)	The number of respondents identifying each hospital as the lead for the stated cancer :				
	Lung	Lymphoma	Upper GI	Head & Neck	Colorectal
Basildon (16)	Basildon (13)	Basildon (13)	Mid Essex (8)	Mid Essex (8)	Basildon (10)
			Basildon (1)	Southend (1)	Southend (1)
	Southend (1)	Southend (1)	Southend (1)	Southend (1)	Southend (1)
Southend	These are diseases that often require multi-modal treatment with care at more than one site				
Mid Essex			Mid Essex (1)	Mid Essex (1)	
Other Mid Essex Volunteer			Mid Essex (1)	Mid Essex (1)	

# Clinical Survey Responses

Question 7: For patients requiring surgery for the cancer listed, where does the surgery take place?

Respondent's hospital (total)	The number of respondents identifying each hospital as the lead for the stated cancer :				
	Lung	Lymphoma	Upper GI	Head & Neck	Colorectal
Basildon (15)	Basildon (13)	Basildon (13)	Mid Essex (8)	Mid Essex (8)	Basildon (10)
			Basildon (1)	Southend (1)	Southend (1)
Southend	These are diseases that often require multi-modal treatment with care at more than one site				
Mid Essex			Mid Essex (1)	Mid Essex (1)	
Other Mid Essex Volunteer			Mid Essex (1)	Mid Essex (1)	

# Clinical Survey Responses

**Question 8: Are joint cancer multi disciplinary team meetings held for any of the cancers below? If so what is the lead hospital?**

	Basildon	Southend	Mid Essex	Other (Volunteer) Mid Essex
Lung	Yes (12)	None	Yes (1)	None
Lymphoma	Yes (9)	None	Yes (1)	None
Upper GI	Yes (3)	None	Yes (10)	Yes (1)
Head and Neck	None	Yes (1)	Yes (10)	Yes (1)
Colorectal	Yes (8)	None	None	None

**Question 9: Does your Trust host the specialist cancer MDT for any of the following?**

	Basildon	Southend	Mid Essex	Other (Volunteer) Mid Essex
Lung	Yes (12)	Yes (1)	None	None
Lymphoma	Yes (12)	Yes (1)	None	None
Upper GI	Yes (5)	Yes (1)	Yes (1)	Yes (1)
Head and Neck	Yes (1)	None	Yes (1)	Yes (1)
Colorectal	Yes (9)	Yes (1)	None	None

# Clinical Survey Responses

**Question 10: Do you have shared hospital pathways of care for the following cancers and if so with which Organisation/Trust**

	Basildon	Southend	Mid Essex	Other
Lung	No (1) Yes Southend (3)	Yes Colchester (1)	No (1)	No (1)
Lymphoma	No (10) Yes Southend (2) Yes Mid Essex (1)	No (1)	No (1)	No (1)
Upper GI	No (9) Yes Mid Essex (5)	Yes Mid Essex (1)	No (1)	No (1)
Head and Neck	No (6) Yes Mid Essex (6) Yes Southend (1)	Yes Mid Essex (1)	No (1)	No (1)
Colorectal	No (11) Yes Southend (2)	No (1)	No (1)	No (1)

# Clinical Survey Responses

Question 11: Where do your patients have radiotherapy (with curative intent)?	
Respondents Hospital Trust	Hospital patients are sent to for radiotherapy
Basildon	Southend (13)
Southend	Southend (1)
Mid Essex	Colchester (1)
Other (Mid Essex Volunteer)	Colchester (1)

Question 12: What proportion of patients that you refer for a PET-CT scan go on to receive radiotherapy by %?			
Basildon	Southend	Mid Essex	Other (Volunteer Mid Essex)
Up to 5% (5) 10-20% (5) 40-50% (1)	Not answered	Not answered	Don't know

# Clinical Survey Responses

Question 13: How many patients per month do you refer for radiotherapy?				
	Basildon	Southend	Mid Essex	Other (Volunteer at Mid Essex)
Lung	5 patients (1)	1 patient (1)	None	Don't know
Lymphoma	Less than 1 (2)	None	None	Don't know
Upper GI	None	1 patient (1)	None	Don't know
Head and Neck	None	None	None	Don't know
Colorectal	None	None	None	Don't know

# Clinical Face to Face Feedback

The Clinical Directors were given the opportunity to advise how best to engage Clinicians and as a result face to face meetings were held with:

- The three main referring Trusts:
  - Basildon
  - Southend
  - Mid Essex
  
- A Face to face meeting was held with the Mid Essex Primary Care Forum
  
- A summary of the feedback from this activity is included on the following slides



# Clinical Face to Face Feedback

Feedback			
Meeting	Clinical	Location and Transport	Other
Mid Essex Primary Care Forum	<p>Noted and understood co-location with radiotherapy long term strategy</p> <p>If radiotherapy planning using PET-CT can be made available it should be taken advantage of</p> <p>If there was not access to RT planning using PET-CT in South Essex, patients would likely flow to Colchester. Advantage if scanner relocated to Southend due to co-location of radiotherapy and future opportunity to use PET-CT for radiotherapy planning.</p>	<p>50% of patients attend Colchester scanner so potential move not as significant as for patients in other areas</p> <p>If relocated to Southend, some of their patients may choose to attend Colchester scanner as travel/access easier</p>	<p>Email follow up to meeting – case presented effectively and happy to work with team to understand if there will be any change in patient flows</p>

# Clinical Face to Face Feedback

## Feedback

Meeting	Clinical	Location and Transport	Other
<p>Southend Hospital - Clinicians</p>	<p>SUH treats in excess of 220 lung cancers per year, all noted as radical receive a PET-CT. All with pulmonary nodules found on CT receive a PET-CT. More than 50% that have a CT go onto to have a PET-CT with careful triage of referral and GP x-ray could negate the need to do a CT and bring PET-CT further forward in the pathway, improving the experience and timing for patients reducing cost of CT as well as reduce demand on CT capacity which is already stretched</p> <p>Pilot of 10-15 patients under IHMI contract of above carried out – worked well. Not able to continue due to capacity and waiting time limitations of current PET-CT service</p> <p>Work carried out by Local Lung Cancer Network considering breaches last year. PET-CT earlier in pathway would vastly improve breach status for all referring trusts in South Essex.</p> <p>SUH see and treat more lung cancer patients than BTUH, BTUH provide thoracic surgery but not RT or chemo for solid tumors. Lung cancer resection rate at BTUH is low, SUH are sending some patients to London who have been denied resection at BTUH but are successfully operated on in London. 20% of resected patients referred by SUH for surgery in 2015 were operated on in London</p> <p>BTUH undertaken hematological chemo, not for SUH patients they are cared for at SUH and attendees not aware of any imminent plans to change this – however noting that Success Regime may change pathways of care, but not radiotherapy. Also approx. 10% of lymphoma patients have radiotherapy following their final response to therapy PET-CT this would continue to be at SUH, no plans to change.</p> <p>PET-CT is usually, in England and in Europe, located with other pertinent services as part of the cancer pathway i.e. radiotherapy</p> <p>Concern lack of capacity at present limiting patient experience and impacting negatively on waiting times – scanner breaks down regularly and has limited image quality – the SUH scanner which is a purpose built facility would be able to provide capacity more quickly than a build at BTUH.</p> <p><i>Continued on next slide</i></p>	<p>Situation of PET-CT not of significance to population of South Essex as already travel for services in regards to cancer, often to two or more Trusts</p> <p>Of consideration is colocation of other cancer services i.e. SUH undertake much more chemo than BTUH and radiotherapy patients are already travelling to SUH.</p> <p><i>Continued on next slide</i></p>	<p>No further comments recorded</p>

# Clinical Face to Face Feedback

## Feedback

Meeting	Clinical	Location and Transport	Other
<p>Southend Hospital – Clinicians</p> <p><i>Continued from previous slide</i></p>	<p>RT planning could be developed with PET-CT on site – currently are using PET elements but are having to fuse manually to align to planning CT but if co-located equipment could be aligned with no need to undertake manual process meaning that the diagnostic CT element of the PET-CT could be used much more efficiently to shape the RT. RT planning using PET could then be applied to H&amp;N patients, brain patients, rectal patients and oesophagus patients requiring RT with much better effect than just CT as now. RT planning using PET element could also be applied to lymphoma patients but minority due to small numbers experiencing RT. Would also save on radiation exposure to both staff and patients. Also potentially reducing patient attendances and improving patient experience. Could start RT planning using PET-CT for a defined group of patients now, with no additional cost and without the need to undertake a specific RT planning PET-CT meaning the target area for RT much more defined therefore better outcome and experience longer term for patients if colocated so lasers and set up could be co-aligned, have a flat bed and have all facilities required for RT and planning. Lasers can't be aligned if PET-CT not on site.</p> <p>Med Physics and Nuclear Medicine at SUH, provide support in this regard to BTUH. Evidence to support use of PET-CT much earlier in the pathway for lung and Head and neck and probably oesophagus but more flexible capacity is required to meet cancer pathway times, current service cannot deliver sufficiently to allow this</p> <p>Lung cancer outcomes better than BTUH and can be evidenced</p> <p>SUH and BTUH have a joint lung cancer MDT weekly so services are already co-aligned, location of PET-CT immaterial in this regard</p> <p>Cancer patient traffic to PET-CT increasing and will continue to do so, efficiencies need to be built into the system to ensure can cope and manage demand. PET-CT co-located with chemo and RT will assist.</p> <p>Cardiac MR is preferred for cardiac perfusion scanning and is the model that has been followed by BTUH as opposed to PET-CT and although NICE note use of PET-CT as well as MR, MR is used alongside SPECT, do not see demand for PET-CT for cardiology increasing as BTUH have chose to follow MR route</p> <p>The Cardiologists who run CTC also based at Southend, Harlow and Basildon. Oncologists are also based at all three hospitals.</p> <p>Dementia – PET-CT not commissioned as main barrier no treatment – international trial will be announced in Autumn which could lead to more people using PET-CT but would need commissioning.</p>	<p>Patients have to travel round Essex for elements of care i.e. H&amp;N and esophageal surgery at Mid Essex but all have a PET-CT and there is not a PET-CT at Chelmsford i.e. ENT patients attend 3 hospitals already i.e. Chelmsford on referral, BTUH or Colchester for PET-CT, Mid Essex for surgery and SUH or Colchester for Radiotherapy.</p>	<p>No further comments recorded</p>

# Clinical Face to Face Feedback

## Feedback

Meeting	Clinical	Location and Transport	Other
<p>Mid Essex - Clinicians</p>	<p>Issues with the performance of the current service – not getting reports within timescales. Sometimes do not get the appointment for 2 weeks and then wait further for results            Radiologist – not sure would have enough numbers to report PET-CT (advised report minimum 300 a year and would discuss out of meeting if wanted to report)            Imperative that there is access to fixed site scanner which will allow more capacity and relieve issues with waiting times, should be located with radiotherapy            Diagnose approximately 200 patients per year in lung and approximately 100 a year have a PET-CT scan for lung. Having a fixed site will increase capacity and it doesn't matter that it is based at Southend – makes much more sense to locate the scanner where the fixed site is now            Mid Essex Clinicians will send their patients wherever they need to for a PET-CT scan – the decision that is being made is based on politics rather than on clinical evidence.            Success Regime is focusing on Emergency/Urgent care and not on cancer where diagnostics are key and should be a priority area.            Oncologists are employed across the three trusts. The concept of the cancer centre is virtual.            Urology won't fit with the Essex Success regime if it goes to Colchester. Mid Essex hasn't had strong cancer leadership historically.            Mid Essex has a very busy chemotherapy unit for lymphoma, this will continue, it is not envisaged that all lymphoma patients requiring chemo will go to Basildon—patients having chemotherapy on occasions need to be admitted via or attend A&amp;E, they do so at their nearest site and usually where the chemo has been delivered, therefore chemo and A&amp;E is helpful if on same site and easy to access by patient.            The document presented by Basildon re the location of the scanner is riddled with political posturing – it is not a lung cancer centre, but provides lung cancer surgery only, from data about 20% of lung cancer patients have surgery, only 12% of those have it at Basildon the rest attend other sites i.e. Addenbrookes/London due to different approaches to surgical resection</p> <p><i>Continued on next slide</i></p>	<p>Doesn't matter where scanner is located as patients will still have to travel and do travel all over Essex for elements of care i.e. large skin cancer practice at MEHT (melanoma) they travel to either Basildon or Colchester for PET-CT, could easily travel to Southend</p> <p>Doesn't seem to matter to the patients where the service is delivered as they have to travel from mid Essex. What is important is speed of access</p> <p><i>Continued on next slide</i></p>	<p>Listening is not happening, decision has already been made</p> <p>Claire Panniker should have a view and be involved – should arrange a meeting with her</p> <p>The decision making process should be independent of Claire as she has conflict of interest as Chief Executive of Basildon, Mid Essex and Success Regime</p> <p><i>Continued on next slide</i></p>

# Clinical Face to Face Feedback

Feedback			
Meeting	Clinical	Location and Transport	Other
<p>Mid Essex – Clinicians</p> <p><b>Continued from previous slide</b></p>	<p>Most radiotherapy for Mid Essex is carried out at Colchester but could go to Southend                      All oncology for Basildon and Mid Essex go for radiotherapy elsewhere                      Patients with haematology who live in mid (e.g Braintree) would come to mid Essex irrespective of haematology provision at Basildon                      Clinicians have overplayed the reasons for keeping the scanner at Basildon. Basildon is unwilling to see all three sites – they want everything at their site. Requires strong leadership as a whole                      Need permanent facility to allow research and trials PET-CT specific, and cancer using PET-CT                      If want to be able to do research need to have one site for all diagnostics – looking at out centres – could be in Wickford – outside of the acute hospital                      Where the location of the scanner is put should be more about systems available and how they talk to each other                      Infrastructure within the NHS is not in place – if IT systems worked better it wouldn't matter where the scanner was                      In US Centres don't do MRI but do PET for radiotherapy planning – we are not doing it this way because of logistical problems and lack of access, are overlaying MRI on CT planning scan but could access PET-CT for planning if it were available can't move forward with PET-CT radiotherapy planning due to current position which would have benefits for H&amp;N, Lymphoma – mediastinal masses                      If carrying out a registration need alignment of radiotherapy and PET-CT talking to each other – better long term outcome for patients – head and neck cancer                      Probably not treating as many lung patients with radiotherapy as could be but this could change                      Imaging should be linked with research and should marry with Anglia Ruskin – radiology/Academy type school in Essex</p> <p><b>Continued on next slide</b></p>	<p>Need to see the three sites as one rather than individual sites going forward. When PACs contract ends in 2017 there will be a joint service where all sites will have access to all imaging.</p> <p>Should be thinking of the Success Regime in relation to location and should think of triangle and put diagnostic services within the centre of this – Hanningfield, Wickford etc.</p>	<p>Tribalism in Essex is an issue however this is political and beyond individual clinicians as there are joint and shared posts across the whole of Essex such as Oncology and most work very well together</p>

# Clinical Face to Face Feedback

Feedback			
Meeting	Clinical	Location and Transport	Other
Mid Essex – Clinicians	<p>Using logic should use the static service at Southend – if another decision is made it is not clinical it is political and would take longer to implement, need better and quicker access to PET-CT now Should be either supporting the Success Regime or not.</p> <p>Basildon patients are suffering on a weekly basis because issues with the PET-CT service Southend should go it alone and turn on the service</p> <p>If the scanner at Southend is not turned on within a month the Success Regime is blown out of the water – logic tells you it is the best site</p> <p>All three sites should be thought of as one site</p> <p>Irony that some Basildon patients go to Southend for their treatment</p> <p>Complex lung cancer patients requiring surgery sent to Brompton/Guys etc. not to Basildon</p> <p>Basildon do not have the infra structure – junior doctors to support all of the lung cancer surgery requirements</p> <p>In UK there is no lung cancer screening trial as it has stopped – data is coming from America and others, no firm plans to start lung cancer screening and if it were to happen more patients would require PET-CT so another scanner would be needed anyway</p> <p>No one is going to be the central base for a lung cancer screening in Essex without a national decision, it will be nationally led</p> <p>Lung cancer trial for potential screening is not going to expand in UK as haven't got the funding to carry on</p> <p>Cardiothoracic Centre currently does not meet the service specification</p> <p>When service specification finalised will do more thoracic service</p> <p>Send all complex thoracic surgery elsewhere as not able to do in Basildon</p> <p>Should look at the clinical strength in where services are delivered</p> <p>Note that physics team are located at Southend, physics are needed to support PET-CT generally and its use in radiotherapy planning</p>		

**Continued from previous slide**

# Clinical Face to Face Feedback

Feedback			
Meeting	Clinical	Location and Transport	Other
Basildon – Clinicians	<p>Upper GI rep – From a clinical perspective it doesn't make that much difference but it is in the interest of patients. The positioning of the static unit next to the existing urology unit makes sense</p> <p>Key role for upper GI treatment/maybe an evolving role using PET-CT to monitor early response to treatments – future role</p> <p>Chemo available here so if there is a protocol where PET would be beneficial we have those patients here as does Southend – argument is from pragmatic position. Use of PET will increase, demand will go up and may be a time when patients need more than one scan</p> <p>Significant increase in demand over the last year</p> <p>Issues with scanner at the moment is because the static is not installed – a static would provide a longer working day and more days of the week</p> <p>BTUH need to not be using PET too early or at least manage patients that are not appropriate for it. Hospital would need to look at the ratio as to how many patients need the PET – areas of uncertainty</p> <p>From lung cancer surgery point of view and from a staging point of view for lung cancer it is critical to have scanner at BTUH – widest experience center in the region.. The use of PET-CT for screening for lung cancer has been approved in America – this is likely to come to us in the next year or so – important to have scanner on site to deal with these developments</p> <p>Surgical rates for lung surgery are 20%. All of the sites see a lot of lung cancer patients we get 600 referrals each year. PET-CT is now coming in much earlier before a biopsy. Patients do receive chemo at Southend but treatment (surgery) at BTUH</p> <p>Role of PET-CT in relation to screening (lung nodules) – screening here would be a certain criteria anyone over 55 with significant smoking history would be screened and my go on to have PET-CT scan. Aim to increase the detection rate which is currently 20%. Any nodes over 8mm would be scanned. If BTUH are to have a lead role with the Success Regime we will need the scanner on site to support lung cancer screening service.</p> <p><i>Continued on next slide</i></p>	<p>Patients do not want to be moving further when the test can be done locally, strongly believe the service should remain at BTUH</p> <p>Basildon is the most central point, the journey to SUH is difficult.</p> <p>Upper GI Network – majority felt that having the base at BTUH makes geographical sense as it is in the center of the patch.</p> <p><i>Continued on next slide</i></p>	<p>Argument two fold, good service, demand is going up so keen to see a static unit rather than a mobile unit.</p> <p>Patient feedback that the timeliness of the service is most important to patients</p>

# Clinical Face to Face Feedback

## Feedback

Meeting	Clinical	Location and Transport	Other
<p>Basildon – Clinicians</p> <p><b>Continue d from previous slide</b></p>	<p>Plans for BTUH to merge with Mid Essex team to provide a more robust service for patients with lymphoma, the patients will be receiving chemo at this site so would make sense to have the PET-CT scanner here as it is easier to get here and they are already coming here for lymphoma care. Currently patients have their chemo at Broomfield, in a few months time they will have their entire lymphoma cancer pathway delivered at BTUH</p> <p>Haematology pathway – CCG due to sign off this next week. BTUH in process of appointing 2 new consultants to cover expected increase in Lymphoma patients from Mid Essex BTUH also support harlow haematology patients</p> <p>Once amalgamation of haematology service takes place opportunity for the Chelmsford patients to be placed at BTUH for relapsed lymphoma. Lymphoma is using PET-CT for that , increasingly realising there is a role.</p> <p>Opportunity for research if all in the pipeline. Alliance Medical have contract with GE and they want to call a national research programme.</p> <p>Trust is embarking on 2.5m rebuild in August which will involve redesigning the unit. It will have a reporting hub as part of success regime from an imaging point of view and want to be best in the region. Greatest number of registrars, two will align perfectly which will be seamless</p> <p>Cardiologist – clinical imaging specialised scans – moving towards cardiac PET and would be very useful if on site. Only reason not using because it is not available.</p> <p>Consultant Rheumatologist – lead for research and medicine BTUH is the highest recruiter for research.</p> <p>Have chemo at Southend for the age group they question whether would be bothered to do the treatment. For the stage and test and where we can keep them in house we go to mid Essex. Head and neck cancer patients travel all over the region.</p> <p>Bowel screening – have put in bid to be Essex Centre which will mean bowel scoping – when get it BTUH will be the host.</p> <p><b>Continued on next slide</b></p>	<p>Travelling to the centre is much easier for patients Southend patients don't want to travel either. BTUH most accessible area, because of rail, road, public transport</p> <p>Demographic and accessibly close to 1m patients are closer to Basildon – geography for all patients is that this is the closest site, have links with Queens hospital, so if had a PET-CT the unit here would have patients from London.</p>	



# Clinical Face to Face Feedback

Feedback				
Meeting	Clinical		Location and Transport	Other
Basildon – Clinicians	<p>Cancer network the priority is to have a resolution to this it is impacting our diagnostic pathway. Need to think about bringing the PET-CT n earlier to lower bowel diagnosis for the 28 days. Looking Essex wide for accessibility thinking where the greatest use of PET-CT will be</p> <p>Trying to reduce fragmentation in the framework when patient is travelling outside of the area, it swings even further to delivering this and ensuring appropriate access</p> <p>Clinical contact is clear with current service for all, slightly superior for Basildon due to pathways. The only reason it has changed is because of a commercial interest</p> <p>Cardiothoracic we have a lot of need for PET-CT, there has been a lot of information published for PET-CT in relation to infections</p> <p>Patients need continuity they come here have their PET-CT scan, it is important to be able to offer this all under one roof. With regards to 2 week wait – patients are referred directly into the service and BTUH currently have 100% compliance for hematology pathway, no breaches, by changing location there would be a fragment within the service. Broomfield patients would be going to three sites if scanner moved</p>			

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# Letters, emails, telephone calls and petitions

# Summary of letters/emails/telephone conversations

Broken down into the following themes:

- Geographical and transport
- Location of the scanner
- Clinical
- Engagement exercise; and
- Other

Theme: Geographical and Transport	From
Feedback from meeting with Mid Essex GPs: If scanner were to relocate to Southend some of their patients (i.e. South Woodham Ferrers) may choose to attend the Colchester scanner because travel and access is easier than getting to Southend.	Mid Essex GPs
Journey time adds to stress as patient so having PET-CT scan close to home is essential as a patient for diagnostic purposes	Patient/Public

# Summary of letters/emails/telephone conversations

Theme: Location of the scanner	From
Enquiry about location of PET-CT scanner following letter from constituent	James Duddridge MP
Enquiry from constituent to Jeremy Hunt MP – concerns re unused scanner at Southend and experiences of having a PET-CT scan carried out by Alliance Medical	Patient/Public
Letter sent to Jeremy Hunt MP on behalf of full Council meeting of 27.1.16 expressing concern over proposals (also included within engagement process)	Cllr J Kent, Leader of Thurrock Council
Response to request to provide feedback on proposed questionnaire presented at Essex Local Cancer Forum - having accessible diagnostic services on site is of huge benefit to patients locally. Questionnaire misleading in focusing on use of PET-CT for treatment when contract is for diagnostic purposes - Basildon is the Cancer Unit required to provide diagnostic investigations. Questionnaire does not address access for patients & keen to see how patients/service users will be involved in the consultation process	MacMillan Lead Cancer Nurse, Basildon & Thurrock NHS Trust
“Where do mid Essex patients go for PET-CT scans at present? “ & “If new scanner is at Basildon, will provide increased capacity so that is preferred, as travel distance is shorter-queries if that is correct” & “How did Southend get selected as an option for scanner? Mid Essex patients currently go to Basildon or Colchester, but not Southend. Surely Broomfield should be an option?” & Notes J Hubert's comment "that there is insufficient activity to justify 2 scanners in South Essex, but of course I am suggesting a scanner in mid Essex	Patient/Public Mid Essex Cancer Services User Group
I am supporting the campaign to keep the PET-CT scanner at Southend Hospital	Patient/Public
Had lung cancer & had a PET-CT scan at Basildon. Would have gone anywhere for treatment. Very angry that scanner has sat unused & Councillors have not made a decision	Patient/Public
Attended the Royal Society of Medicine PET-CT education event 14/15th March as a patient representative & provided a report of the event & circulated to clinical & management representatives at Southend Hospital on 30/03/2016. Patient Rep states in cover email that as he lives in Suffolk he has no preference for either site but "spending 2 days listening to the experts, there should be no argument and it must be located in Southend close to the RT facility".	Patient/Public
I looked at the form at the end of the notice. I wanted to respond, but realised that what I wanted to say is likely to favour the service being nearest to where I am. But these things have to be decided by considering, costs, availability of space, cost to users, ease of transport etc to help the maximum number of people. So I would rather leave it to those who know these facts”	Patient/Public
"I think this should be situated at Basildon as it is the most centrally situated hospital, covering people coming from Colchester, Thurrock, Basildon & Southend. My Daughter's experience using this scanner over the last 20 months has been good and we have travelled to Colchester on more than one occasion to get a scan done"	Patient/Public

# Summary of letters/emails/telephone conversations

Theme: Clinical	From
<p>I note that you stated “and all the independent experts advised us that the co-location of the two services was ideal” but I do not consider that to be a fair summary of expert opinion in respect of the issues in South Essex. It may represent the views of experts involved in research in respect of the utility of PET in radiotherapy planning but not those experts involved in delivering the service to the people of Essex”</p> <p>How many patients who have PET-CT go on to have DXT?</p> <p>Remains concerned that Q&amp;A paper speaks of the benefits of co-location without giving any evidence. "South Essex needs a clinical service for cancer staging, the arguments for co-location are separate &amp; should not be used in this discussion”</p> <p>Further questions – in summary: 1) No need for co-location 2) Challenges statement that PET-CT planning for radiotherapy is superior to CT 3) Not possible to be sure location at Southend would mean no provision at Basildon for next 10-15 years</p>	Patient/public
<p>Supportive of hub &amp; spoke method developed since 2005 in the UK for delivery of PETCT services, that construction has largely been based around cancer centres with fixed site PETCT facilities. Not aware of sufficient evidence to date from the UK or Europe that demonstrates the need for co-location of PETCT with radiotherapy planning &amp; is not aware that PETCT is widely used in radiotherapy planning at the moment, although recognises that should this approach develop, co-location may be of use from a staffing &amp; resource viewpoint, noting however that with advances in fusion software and image presentation it may not be entirely necessary, what is important is that images can be retrieved &amp; used to guide radiotherapy planning if required</p>	Tel. Conv. with Dr B Neilly, from the British Nuclear Medicine Society
<p>Feedback from meeting with Mid Essex GPs:</p> <p>50% of their patients attend the Colchester scanner therefore the potential move is not as significant to their patients as others. If radiotherapy planning using PETCT can be made available it should be taken advantage of. If there were not to be radiotherapy planning using PETCT made available in South Essex their view was that it was likely their patients would flow to Colchester where both are co-located. If the scanner were to relocate to Southend it would be an advantage due to the co-location of radiotherapy planning &amp; future opportunity to utilise PETCT for radiotherapy planning.</p>	Mid Essex GPs
<p>Re: draft clinical questionnaire: “It appears the focus of the questionnaire is tilted more towards treatment planning and not sufficiently towards use of PETCT- an important tool in diagnostic/imaging of the most common cancers referred towards hospital. Increasing capacity for diagnostics &amp; imaging for earlier diagnosis of cancer has been emphasised in the report of independent cancer task force “Achieving World Class Cancer Outcomes – Strategy for England 2015-2020” BTUH have noted significant increase in 2WW referrals in last 2 years which will put immense pressure on diagnostic/imaging services in future. Thurrock CCG serves some of the most deprived localities in Essex &amp; England. Access to diagnostic/imaging services is important service for Thurrock residents. Having accessible diagnostic capacity on site at BTUH will be beneficial for cancer patients referred by Thurrock GPs. Submission from AML had specified that they would install a permanent fixed site facility for PETCT at BTUH to replace the mobile scanner service (visiting twice a week). Approximately 1200 patients per year currently use this facility. All of the information asked in the questionnaire relate to cancer pathways and should be available at network/trust level.”</p>	Dr K Padki Thurrock CCG

# Summary of letters/emails/telephone conversations

Theme: Clinical	From
<p>“Likely to be increased local need for service based at Basildon in response to pressure to have "2 week" wait discussion at GP level, most patients who go through haematology for PET-CT diagnosis do not need radiotherapy - why add to their stress by making them take an unnecessary journey?”</p>	<p>Patient/Public</p>
<ol style="list-style-type: none"> <li>1) Wish to share clinicians views at Basildon for clarity</li> <li>2) Seeking best outcome for population affected by the decision</li> <li>3) No clinical case to change location of PET-CT scanner at Basildon, Basildon most appropriate site, to locate at Southend to facilitate radiotherapy planning will be wrong decision &amp; will disadvantage the vast majority of patients using service for desinated purpose of cancer diagnosis</li> <li>4) Re: static PETCT provision-contract was awarded on basis of location at Basildon in a permanent suite within existng imaging dept.</li> <li>5) Many advantages to permanent accommodation inc. co-location with clinical radiology support</li> <li>6) Cost will be borne by provider(built into their bid)- would be in place if provider had not requested a review</li> <li>7) Delivery possible in 3-6 month timescale - current delay is 9 months due to review</li> <li>8) ARSAC licence holder (Dr Anil Kumar) successfully led services at Basildon for last 8 years with ongoing support of other clinicians who report under his licence</li> <li>9) Current contract is specifically for diagnostic PETCT, review requested by provider for move due to radiotherapy planning being potential growth area for PETCT 1</li> <li>10) No advantage to co-location at site of radiotherapy for planning, seperaste location does not preclude ability to use PETCT for planning, Basildon well paced to deliver service as in other locations where radiotherapy &amp; PETCT not co-located</li> <li>11) Patient access remains primary consideration for location, your own analysis shows minority from Southend area - 39% v 61% from Basildon &amp; further afield</li> <li>12) Have alerted you to planned integration of Mid Essex &amp; Basildon clinical haematology services, which must be considered</li> <li>13) Challenges for cancer treatment in Essex well documented, imperative that diagnosis pathways are not further fragmented. Location at Basildon supports diagnosis of lung &amp; haematology patients appropriately with better outcomes</li> </ol> <p><b>Continued on next slide</b></p>	<p>Clare Panniker - Chief Executive, Basildon University Hospital</p>

# Summary of letters/emails/telephone conversations

Theme: Clinical	From
<ul style="list-style-type: none"><li>14) Mobile scanner at Basildon available 7 days a week, regularly used by AML 4 days &amp; extra added when needed &amp; more frequent than other centres in East of England. Service highly rated by patients &amp; clinicians</li><li>15) New contract requires AML to install static scanner at Basildon - site identified, made available well in advance, in main radiology dept, next to general nuclear medicine dept, good for patient safety as trained staff available as well as all patient amenities</li><li>16) Scanner will be latest generation, will deliver less radiation than older machine, installation would usually take less than 3 months (no more than 3-6 months as per original consultation with Alliance Medical) and plans further advanced than other East of England centres will be superior to modular build</li><li>17) Cardiac PET a potential growth area, unlike radiotherapy planning has been part of national clinical indications list since 2013, have strong case for introducing at tertiary cardiothoracic centre in Basildon – superior technique, more accurate, delivers substantially reduced radiation dose compared to existing SPECT service, NICE estimate demand for non invasive cardiac imaging to be 4000 studies per million every year – 70% of this met by Nuclear Cardiology and 30% Cardiac MRI.</li><li>18) Physicists not needed on site for a diagnostic and staging service (required for set up but not routine operation) Alliance Medical will have own physicists to provide support when needed</li><li>19) Will continue to try and minimise press exposure and will support PET-CT service whatever the outcome</li></ul>	<p>Clare Panniker - Chief Executive, Basildon University Hospital</p> <p><i>Continued from previous slide</i></p>

# Summary of letters/emails/telephone conversations

Theme: Engagement Exercise	From
<p>Re: draft clinical questionnaire: “We are very concerned that the focus of the questionnaire appears to relate only to treatment and not as PET as a diagnostic. This appears to be a narrow focus. It is also unclear how the questionnaire will add to the detailed demand information that is readily available:-</p> <ol style="list-style-type: none"> <li>1. All of the questions relate to pathways. All of this information is readily available via the trusts and the Cancer Network- No questions facilitate expression of a preference or clinical opinion regarding location.</li> <li>2. The questionnaire is biased; immediately focused upon treatment and not on diagnostic PET-CT which is the basis of the contract</li> <li>3. No issues regarding patient access are addressed</li> <li>4. The identification of patients requiring Diagnostic PET-CT only (not referred out for treatment) is not addressed</li> <li>5. The percentages requested will not be readily available to clinicians – this does not support a good response rate</li> <li>6. The supporting information should specify that radiotherapy planning is possible at any location although logistically easier to deliver if co-located”</li> </ol>	Dr C Skinner-BTUH
<p>Re: draft clinical questionnaire: “Is it the intention that this will go out to individual hospitals to be completed as one submission or to individuals? The latter may only be able to comment on their own cancer sites. The problem I see is that it is an information gathering tool rather than a consultation document. The questionnaire does not canvas the opinion of the clinicians it is simply asking for data that could be obtained from the trusts in one submission. There is no question asking where they think the scanner should be located and the reasons why. We do not ask what the patient benefits would be.”</p>	Dr N Rothnie-Southend
<p>Will clinical team from Basildon hospital be included?”</p>	Patient/public
<p>Issues &amp; concerns formally raised around Communications &amp; Engagement plan for South Essex PET-CT Service Review at HOHS meeting on 09/12/15</p>	Cllr. J Reeves, Chair HOHS
<p>Request for update on public engagement timetable</p>	Patient/public
<p>Letter sent to Jeremy Hunt MP from Cllr J Kent, Leader of Thurrock Council on behalf of full Council meeting of 27/01/16 expressing concern over engagement process (see also above ‘location’ re: proposals)</p>	Cllr J Kent, Thurrock



# Summary of letters/emails/telephone conversations

Theme: Engagement Exercise	From
<p>“Feedback on structure/content of questionnaire - wholly concerned with treatment, diagnosis not referred to. Geography ignored, seems decision already made that diagnosis &amp; treatment must be on same site, states that scanner at Basildon twice a week - not true, often 3 or 4, how do you get meaningful data on diagnostic use from this questionnaire.” Finds questionnaire overall biased towards final sentence on page 3. “It does not seem fair and transparent.”</p>	Patient/Public
<p>Thanks for email &amp; discussion at Southend Library event on 9/03/2016. Attachments sent helped to clarify some extra issues. Thinks consultation process is fair</p> <p>Believes NHS England recommended co-location of PET-CT with RT in Southend as part of national plan. Feels survey suggests recommendation has been ignored. Suggests current survey is flawed - not attracted enough people to roadshows to make a decision on behalf of patients &amp; the public, judging by response rate to survey. Aware of patient benefits at Basildon, aware currently higher demand at Basildon than Southend. Seeks assurance that the "Success Regime: A Whole System Intervention" will be fully taken into account &amp; technical reasons for recommendation to install at Southend will be published online</p> <p>“Is the process that is being undertaken by NHS England regarding the location of PET-CT scanner in South Essex a consultation or a survey? What is the difference between a consultation and a survey as far as NHS England is concerned?”</p>	Patient/Public
<p>Expresses concerns about the quality of the information provided through the engagement process to which he states he has sought clarification. Has not had a clear reply to question of which services are being commissioned. States NHS specification does not include PET-CT scans for radiotherapy planning but that documentation provided refers to advantages of co-location &amp; this could mislead, also that it refers to expert opinion but does not detail which experts or the strength of the recommendations - believes engagement information does not represent a consensus view of experts. Mr Watts complains that the information provided is biased &amp; that this bias be considered when evaluating the public response, alternatively an unbiased fact sheet could be sent to the respondents that they may re-evaluate their views</p>	Patient/Public
Theme: Other	From
<p>Concern expressed that procurement choice &amp; competition operating in patient's best interests</p>	Patient/Public

# Summary of Petition

Petition started by The Echo newspaper registered on [www.change.org](http://www.change.org) titled <https://www.change.org/p/nhs-england-get-southend-hospital-s-vital-cancer-scanner-up-and-running>

- A vital piece of cancer fighting equipment, worth £2.5million, has been sitting idle and unused for almost 18 months.
- The Echo has launched a campaign urging NHS England to get the hi-tech PET-CT cancer scanner up and running now.
- Patients are being forced to travel from south Essex to London for treatment because of a row over where the scanner, which has been sitting at Southend Hospital since November 2014, should be based.
- The row broke out after Councillors and clinicians in Thurrock argued the equipment should be based at Basildon Hospital, so it is in the middle of south Essex.
- The Echo says enough is enough, and it doesn't matter where the scanner is based- just get it working.

The petition has 1367 supporters at the 14<sup>th</sup> June, 2016 however has not been presented to NHS England as yet.

There are over 350 comments of which the majority ask that the scanner that is at Southend Hospital is used as soon as possible.