



# Oxford University Hospitals

## NHS Foundation Trust

**REPORT FOR OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE  
THURSDAY 4 APRIL 2019**

**OXFORD UNIVERSITY HOSPITALS (OUH) NHS FOUNDATION TRUST REQUEST FOR HOSC SCRUTINY OF FUTURE PROVISION OF THE THAMES VALLEY REGIONAL PET-CT SERVICE, CURRENTLY PROVIDED BY OUH AT THE CHURCHILL HOSPITAL**

### **Background**

Oxford University Hospitals (OUH) NHS Foundation Trust currently provides the Thames Valley regional Positron Emission Tomography and Computed Tomography (PET-CT) service in the Cancer & Haematology Centre at the Churchill Hospital in Oxford.

This service is commissioned by NHS England – this means that NHS England is responsible for any decisions about the contract to provide this service.

OUH has held the contract since 2005 and carries out 5,000 scans per year on 2 PET-CT scanners which are owned by the Trust.

### **OUH request for HOSC scrutiny**

OUH Chairman, Dame Fiona Caldicott, wrote to the HOSC Chairman on 24 January 2019 because we understood that he was likely to be contacted by NHS England in connection with its intention to award the contract for the regional PET-CT scanning service to a private healthcare company, InHealth.

NHS England had indicated that it would be contacting HOSCs in Oxfordshire, Berkshire, Wiltshire and Buckinghamshire about this significant change in treatment for patients with cancer.

We requested an opportunity to give evidence at the next available Oxfordshire HOSC meeting about the implications of this decision for the quality and safety of patient care.

We are grateful to be given this opportunity at the HOSC meeting on 4 April 2019.

In her letter to the HOSC Chairman on 24 January 2019, Dame Fiona Caldicott wrote:

*“We are concerned about the impact of this proposed change on the quality and safety of PET-CT treatment for cancer patients for a number of reasons.*

*“For example, it would mean that very sick patients at the Churchill would need to travel off site for a scan which could have a negative impact on their health.*

*“And it would have a negative impact on multi-disciplinary working because the reporting radiologist would not be attending multi-disciplinary meetings where patients’ care and future treatment plans are discussed.*

*“As a regional centre of excellence for cancer treatment, our clinical teams take a holistic and individual approach to their care of people living with cancer – treating the whole person and taking a broad overview of each patient’s care pathway – and this would be put at risk by separating PET-CT treatment from the rest of the pathway.”*

**Our concerns for the quality and safety of patient care – and for training and research – if the PET-CT service is no longer provided at the Churchill Hospital**

Our Trust Board, Council of Governors, clinicians and patients are all concerned about the impact on the quality and safety of patient care if we no longer provide the PET-CT service.

We have raised these concerns with NHS England which commissions this service.

The Trust Board is committed to working collaboratively in partnership with both NHS England and InHealth in order to maintain and improve the quality and safety of care for patients requiring PET-CT scans in the Thames Valley region.

This commitment includes face-to-face meetings involving the Trust’s Chief Executive and Medical Director – and other Directors as required – as well as senior clinicians from the PET-CT service.

We asked our senior radiologists, oncologists and surgeons to summarise their concerns in order to provide clinically-led evidence to HOSC.

These concerns are grouped under the 3 headings of quality, safety, and training and research.

**1. Quality issues**

- OUH is at the leading edge of PET-CT imaging quality and has led the world in defining the role of PET-CT scans for sarcomas and oesophagal cancer
- OUH provides a longer uptake of FDG (the radioactive drug, or tracer, used in scanning to show differences between healthy and diseased tissue), longer scan time and better image reconstruction – in short higher quality scans – than the proposed service
- All Thames Valley scans are currently reported by two consultants whose training and specialist interest is PET-CT – the proposed service would see scans sent out to reporters elsewhere in the country who would not be available in the same way to the multi-disciplinary team (MDT)
- 20% of patients having a PET-CT scan at the Churchill have a CT scan using intravenous (IV) contrast dye at the same time, which reduces patients’ exposure to radiation (and thus their risk of developing a further cancer) and also reduces travel costs because they don’t need to come back to hospital for the CT scan separately – we do not believe the proposed new provider can provide this service
- On average 5 patients a week have their PET-CT scan carried out as part of planning for radiotherapy treatment, which means radiation can be targeted more effectively to cancerous tumours and therefore is safer for patients – using PET-CT for radiotherapy planning is the gold standard in all major cancer centres but we understand the proposed new provider is not intending to provide this service
- If the PET-CT service is no longer provided by OUH at the Churchill Hospital, the reporting radiologist will not be at MDT meetings to discuss and plan patients’ care – this will reduce the effectiveness of these meetings and impact on quality of care
- OUH is installing a new digital PET-CT scanner following a successful bid for funding by the University of Oxford to the Government’s Industrial Strategy Challenge Fund – this would give patients scanned in Oxford access to one of the most advanced PET-

CT machines in the world but this opportunity will be lost if the regional PET-CT service is no longer provided by OUH at the Churchill

## **2. Safety issues**

- Patients having a scan at the Churchill have on occasion fallen ill and required an immediate intervention, for example being transferred to the Emergency Department (A&E) at the John Radcliffe Hospital or to an inpatient ward
- If the PET-CT service is no longer provided by OUH at the Churchill, inpatients would have to be transferred off-site by ambulance for scans
- The PET-CT service at the Churchill is able to scan immobile patients who require a hoist and children (6+) – because the proposed service uses mobile scanners, it will not be possible to scan patients who require a hoist or children
- It is imperative that there is a doctor on site when scanning is performed, if the staff carrying out the scans have queries which require medical input or if patients are ill – the Churchill service has doctors specialising in PET-CT on site but the proposed service does not

## **3. Training and research issues**

- All patients having a PET-CT scan at the Churchill are given the opportunity to take part in world leading research which is improving cancer care – these are technically complex scans, often with new drugs, and this opportunity will not be available if the PET-CT service is no longer provided at the Churchill
- Oxford has led the world in research to push forward PET-CT scanning, for example we helped to develop and optimise a new, improved PET image reconstruction – we were the first centre in the world to do so, it has now been adopted globally
- If the PET-CT service is no longer provided by OUH at the Churchill Hospital, this would have a negative impact on PET-CT research and training in Oxford
- OUH prides itself on being a teaching hospital trust, and indeed has trained many consultants who are now working all over the country – this opportunity will be lost for the future as it is not possible to train consultants outside a recognised and approved centre, using fixed and not mobile scanners

## **Listening to patients**

Following recent media coverage both nationally and locally, there has been significant concern expressed by many different parties including cancer patients past and present; clinicians; publicly elected governors who represent our local communities on our Council of Governors; local MPs who have been contacted by concerned constituents.

While much of this public debate has focused on issues such as the outsourcing of clinical services to private companies – and the lack of consultation or engagement with patients and key stakeholders about a significant change to services – our focus remains our concerns about the impact on the quality and safety of patient care.

These concerns are exemplified by a letter written by a cancer survivor to the *Oxford Times* which he copied to the Trust for information.

*“A few years ago I had the bad luck to contract cancer of the bowel. I had the good luck to be treated at the outstanding Churchill Hospital.*

*“One of the many bad sides of cancer is the time you spend having scans. For me it made a great deal of difference that the PET-CT scans I had were carried out in the Churchill, by highly skilled (and always kindly) staff working closely with the oncologists.*

*“Whatever the other issues are in the proposal to outsource this service in the future, it simply doesn’t take into account the feelings of patients. When you have cancer, it matters a lot to your state of mind to know you are being treated by a single established team.”*

**Dr Bruno Holthof**  
**Chief Executive**  
**Oxford University Hospitals NHS Foundation Trust**

**Mr Nick Maynard**  
**Trustwide Cancer Lead & Consultant Upper GI Surgeon**  
**Oxford University Hospitals NHS Foundation Trust**