

Brighton & Hove City Council

Scrutiny Report Template

Health Overview & Scrutiny Committee

Agenda Item 23

Subject: Colorectal Cancer Surgery Potential Service Change

Date of meeting: 20 November 2024

Report of: Chair of the Health Overview & Scrutiny Committee

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Ward(s) affected: (All Wards);

Key Decision: No

For general release

1. Purpose of the report and policy context

1.1 This report provides information about plans by University Hospitals Sussex NHS Foundation Trust (UHSx) to make changes to the provision of elective colorectal cancer surgery across their Sussex hospital sites. More details of the planned changes are included as Appendix 1 to this report.

1.2 When planning to make significant changes to services, NHS organisations are required to inform local Health Overview & Scrutiny Committees (HOSCs). Should a HOSC consider that the plans constitute a Substantial Variation in Service (SViS) with the potential to have a negative impact on health services for local residents, it may wish to explore the change plans in greater detail.

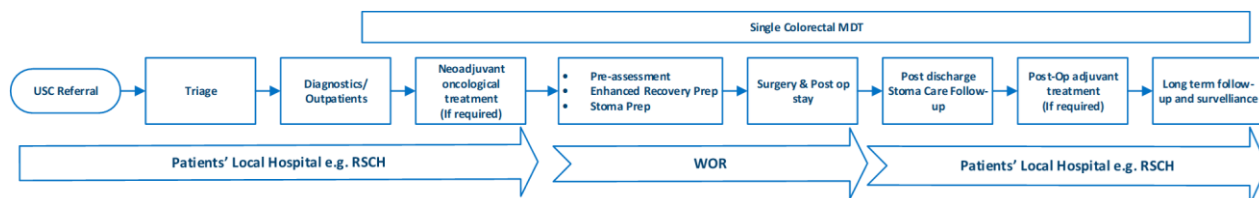
2. Recommendations

2.1 Health Overview & Scrutiny Committee notes the information provided by University Hospitals Sussex NHS Foundation Trust on plans to create a centre for excellence for colorectal cancer surgery in Worthing. (Appendix 1); and if

2.2 Health Overview & Scrutiny determines whether it considers the change to be a Substantial Variation in Services (SViS) requiring further scrutiny.

3. Context and background information

- 3.1 Colorectal (bowel, colon or rectum) cancer is a relatively common form of cancer. Treatment is varied, but in some circumstances may include surgery.
- 3.2 University Hospitals Sussex NHS Foundation Trust (UHSx) manages seven hospitals: Royal Sussex County (RSCH), Royal Alexandra Children's (RACH) and Sussex Eye Hospitals (SEH) in Brighton, Princess Royal Hospital in Hayward's Heath, Worthing General Hospital, St Richard's Hospital in Chichester and Southlands Hospital in Shoreham.
- 3.3 Currently, elective colorectal cancer surgery is delivered at the RSCH in Brighton, as well as Worthing and Chichester. However, UHSx plans to concentrate all elective colorectal cancer surgery at centres of excellence at Worthing and St Richard's. Patients from Brighton and Hove would be offered surgery at Worthing.
- 3.4 All emergency general surgery will continue to be delivered on the RSCH site, as well as elective benign (non-cancer) colorectal and lower GI surgery.
- 3.5 For RSCH patients, everything except the surgery would continue to be provided at their local hospital in Brighton. Referral triage, diagnostic services, outpatient services and oncology treatments for people with suspected and confirmed colorectal cancers will continue to be delivered locally, as well as long term ongoing surveillance and follow-up.



- 3.6 The aim is to improve patient care, experience and outcomes by providing more timely access to elective colorectal cancer surgery, reducing length of stay in hospital for these patients after surgery, reducing time to receive stoma reversal surgery (where appropriate) and to improve their overall experience.

Due to the number of available operating theatres at RSCH and rising demand for this type of surgery, the current service provided at RSCH is less than optimal.

- Although the quality of surgical care is good, RSCH is a very busy hospital dealing with lots of emergency surgery. This can negatively affect the number of operating theatres, ward beds and surgical teams available for elective (non-emergency) surgery, leading to a relatively high rate of on-the-day and late notice cancellations.

6.1.1. Moving elective colorectal surgical activity to Worthing, a hospital which is quieter in terms of emergency demands for surgical capacity,

would lead to fewer cancellations, better patient experiences and timelier access to surgery.

- 3.7 The transfer of elective colorectal cancer surgical activity would impact a relatively small number of patients, but to this cohort it would offer significant improvements (as above). On average, this would affect seven patients a week; five new colorectal cancer patients and two returning for temporary stoma-bag reversal procedures.
- To meet this increased elective colorectal cancer surgical volume on the Worthing site, additional theatre capacity will be funded and opened.
 - A new ward will provide the necessary beds on the Worthing site.
 - This increased capacity will help reduce late notice cancellations due to capacity issues, improving patient experience.
- 3.8 Under this model, surgeons would conduct higher numbers of this type of surgery. There is typically a positive correlation between the volume of procedures undertaken by surgical teams and better clinical outcomes. Therefore, it is anticipated that concentrating surgical expertise into a single specialised team at Worthing and St Richard's would improve quality of provision.
- National guidance for colorectal cancer encourages a minimum of 10 – 20 procedures per surgeon per year.
 - Moving to this model, with colorectal cancer specialist surgeons focusing on this type of surgery, would mean each surgeon will be delivering between 30 – 35 procedures per year.
 - There are also recruitment benefits for specialist centres with high levels of activity
- 3.9 However, the planned changes would mean that elective colorectal cancer surgery for Brighton & Hove residents would no longer be delivered within the city. Although there are good private and public transport links to Worthing, there would be some additional travel for some patients, and their families and carers, and there will be some people who will struggle with this, either because of their frailty or for cost reasons. Colorectal cancers are most commonly diagnosed in older people, with the highest rates of new diagnoses in people aged 85-89. Older patients are likely to have older family and carers and are the group most likely to be reliant on public transport.
- 3.10 This potential area of concern was discussed at the last Patient Focus Group held in September, where it was highlighted that the Trust has a robust Transport Policy which offers patient transport support. The accessibility of this policy will be reviewed as part of implementation, as well as ensuring patients are clearly and consistently signposted to the policy throughout their pathway.
- 3.11 The Carers Association also noted the Healthcare Travel Costs Scheme may benefit some patients.
- 3.12 By relocating this surgical activity to Worthing, it is anticipated that length of stay in hospital will be halved, due to investment in the existing service's Enhanced Recovery Model and more timely access to surgery. And so, in turn, halving the time relatives / carers would need to travel.

8. Equalities implications

- 8.1 Bowel cancer rates are higher in older people, with more than 90% of new cases diagnosed in people over 50, and more than 40% of new cases diagnosed in people over 75. Rates are highest in white ethnic groups and lower in black or Asian groups and in people of multiple or mixed ethnicity. There is evidence of a link to deprivation in the incidence of bowel cancer in men, but no clear evidence for women.
- 8.2 See Appendix 2 at the end of this document for the Trust's full EIA (Equality Impact Assessment)
- 8.3 Relocating colorectal cancer from the RSCH site to the Worthing site will affect the travel footprint for some patient journeys if they live to the East of Brighton. To understand the potential impact, analysis of the residential addresses for patients diagnosed with these types of cancers over the past 12 months took place to understand the geographical range of this snapshot of patients.
- The findings from the analysis demonstrates that up to 63% could have been impacted to varying distances by the proposal to relocate colorectal cancer surgery from RSCH to Worthing.
 - However, it should be noted that not all diagnosed patients are treated by surgery, and so only a percentage of this group would be impacted.
 - It is also noted that on sharing this review with the NHS Sussex Integrated Care Board (ICB), the ICB consider only 45.5% of patients will have to travel further as they consider those living north of Brighton are minimally or not impacted.

Short postcode addresses	Number of patients living in postcode	Percentage of in postcode (%)
BN10	18	5.98
BN2	48	15.95
BN25	4	1.33
BN6	12	3.99
BN7	14	4.65
BN8	14	4.65
BN9	11	3.65
CR3	1	0.33
HS1	1	0.33
NG11	1	0.33
RH15	21	6.98
RH16	15	4.98
RH17	11	3.65
RH18	1	0.33
RH19	2	0.66
TN22	13	4.32
TN33	1	0.33
TN38	1	0.33
TN40	1	0.33

Total	190	63.12
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There are three typical road routes from Brighton to Worthing. The distances are:

- A27 – 16.1 miles
- A23 & A27 – 14.8 miles
- A259 – 11.6 miles

The connection between Brighton and Worthing is very well served by both bus and train services. Parking at Worthing Hospital is more plentiful and easier to navigate than that in Brighton, with similar terms and conditions for users.

To counter any potentially negative impact for some patients, the preferred option delivers significant benefits to the wellbeing of patients. Patients would benefit from:

- Significant reduction in short notice surgery cancellations
- Reduction in length of stay in hospital for colorectal cancer surgery from an average of 13 days in Brighton to an average of 6.7 days in Worthing due to enhanced recovery model employed in Worthing
- Reduction in length of stay for stoma reversals by an average of two days from 7.6 days to 5.6 days.
- More timely stoma reversals – average 6 months for Worthing patients compared to 12-18 months at RSCH

9. Sustainability implications

- 9.1 The plan to concentrate colorectal cancer surgery across the two sites, with patients who would have previously received their surgery on the Brighton site, now receiving it in Worthing, is likely to result in longer journeys for Brighton & Hove patients and their families and carers. However, there are relatively low numbers of journeys involved and the impact is not significant.

10. Health and Wellbeing implications:

- 10.1 The planned changes aim to improve outcomes for colorectal cancer surgery in Sussex, particularly in terms of reducing the relatively high level of cancelled operations currently experienced by services based at RSCH, providing timelier access to surgery and reducing length of stay. In addition to this timelier access to stoma reversals would be offered. All patients would benefit from the enhanced recovery model in place at ST Richard's Worthing which directly impacts the length of stay, recovery and rehabilitation time.

11. Conclusion

11.1 The committee is asked to note plans to develop a UHSx centre of excellence for elective colorectal cancer surgery which would concentrate the expertise across two sites, and improve care, experience and outcomes for this small patient group as described above. The Trust's Chief Medical Officer, Professor Katie Urch, and Chief Executive Officer Dr Goerge Findlay are both available to the committee to answer any questions you may have.

Supporting Documentation

Appendices

1. **Appendix 1** Supporting slide deck with information on the plans to create the centre of excellence for elective colorectal cancer surgery provided by University Hospitals Sussex NHS Foundation Trust
2. **Appendix 2** Equalities Impact Statement

