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## KIRKLEES COUNCIL

### HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

**Wednesday 8th May 2024**

Present:

Councillor Beverley Addy  
Councillor Alison Munro  
Councillor Jo Lawson

Co-optees

Helen Clay

In attendance:

Councillor Elizabeth Smaje  
Angie Craig, Cancer Alliance  
Jason Pawluk, Cancer Alliance  
Julie Hoole, Calderdale and Huddersfield Foundation  
Trust

Apologies:

Councillor Bill Armer (Chair)  
Councillor Itrat Ali  
Councillor Habiban Zaman  
Kim Taylor (Co-Optee)

- 1 Membership of the Panel**  
Apologies were received on behalf of Councillor Bill Armer, Councillor Itrat Ali, Councillor Habiban Zaman and Kim Taylor Co-optee.  
  
Councillor Alison Munro was appointed as Chair of the meeting.
- 2 Minutes of previous meeting**  
**RESOLVED:** That the minutes of the meeting dated 22<sup>nd</sup> November 2023 and 28<sup>th</sup> February 2024 be approved as a correct record.
- 3 Declaration of Interests**  
No Interests were declared.
- 4 Admission of the public**  
All items were considered in public session.
- 5 Deputations/Petitions**  
No deputations or petitions were received.
- 6 Public Question Time**  
No questions were asked.

**7 Non-Surgical Oncology**

The Panel received a presentation on Non-Surgical Oncology which advised that demand for services was continuing to increase across West Yorkshire, in line with the national position, due to the increase in cancer diagnoses, increases in treatment options becoming available and cancer patients living for longer and so accessing more care.

Angie Craig, Cancel Alliance advised the Panel that in 2021 the Cancel Alliance was commissioned by the West Yorkshire Association of Acute Trusts to undertake a piece of work to review Non-Surgical Oncology chemotherapy and acute oncology services in West Yorkshire and Harrogate. This followed an extensive period of mutual aid from across West Yorkshire and beyond to maintain the Non-Surgical Oncology services at Mid Yorkshire Teaching Trust due to a significant reduction in its medical oncologist workforce and a protracted inability to recruit staff.

A review took place which provided six high-level recommendations for future service delivery which were:

1. That Non-Surgical Oncology outpatient and chemotherapy delivery for the four main cancers (Breast, Lung, Colorectal and Prostate) continued to be delivered at local units to support care closer to home.
2. That options to repatriate simple chemotherapy for intermediate and some rarer cancers from Leeds to local cancer units were taken.
3. That access to research trials be enhanced in local cancer units rather than patients having to travel to Leeds to access.
4. That each hospital in West Yorkshire and Harrogate had in place robust 24-hour helpline access for patients that were acutely unwell with complications of their current treatment, supported by an appropriately developed non-medical acute oncology workforce.
5. That all appropriate options for skill mix were taken to utilise the wider workforce in patient care, such as Advanced and Consultant practitioners in Nursing, Pharmacy and wider AHP roles.
6. That most patients who required acute care would continue to be seen by their local acute oncology teams and be admitted locally for care when required. For a very small number of patients who required more complex care (estimated at 2-10 per week per sector), they would be admitted to Leeds Teaching Hospital St James site in North Sector (covering Harrogate, Airedale/Craven, Bradford and Leeds) and Calderdale Hospital Foundation, Huddersfield Royal Infirmary site in the South Sector (covering Mid Yorkshire, Calderdale and Huddersfield). During the last 4 years the Mid Yorkshire in-patients had been admitted to Leeds as there was no on-site medical oncologist supported beds due to the staffing position.

Having secured West Yorkshire Association of Acute Trusts approval to proceed to develop detailed target operating models for each sector based on the six recommendations, a programme of public engagement was commissioned to further inform and shape the work.

The programme undertook a broad programme of engagement with communities across West Yorkshire and Harrogate to establish if the proposals had public support and help to further refine the model. Healthwatch Wakefield, an

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independent healthcare charity was commissioned to organise this phase and facilitate each event.

Jason Pawluk, Cancel Alliance advised that he welcomed feedback from the Panel on the proposals, and welcomed guidance around the groups and committees that could be worked with further to enhance the level of engagement and to gain views of working with other similar reconfigurations around what type and scope of public engagement was expected.

Questions and comments were invited from Members of the Panel and the following was raised:

- Open questions to be in the engagement to allow members of the public to provide their own experiences.
- Further engagement with addiction and high risk of homelessness was to take place.
- eProms platform was patient's choice and conversation options were still available to all patients.
- For outpatient appointments, patients with complex treatment or complex symptom would continue to be seen by their consultant. All patients would have discussions with professionals around their follow up treatment and would agree who they felt confident in providing this.
- The helpline that would be available would be 24 hours 7 days a week.
- For inpatients requiring oncology support, that would be provided at Calderdale & Huddersfield Foundation Trust. For medical issues, the patient could be admitted to Dewsbury, however, if a patient at Dewsbury required oncology support there would be remote access to the team, although it may be necessary for the patient be moved to the consultant.
- Engagement had not yet taken place in South Kirklees, Panel Members agreed to provide suitable places for this to take place.
- Record sharing across hospitals was currently difficult, a process was in place to improve sharing of records for cancer patients.
- The only part of the proposal that would negatively affect cancer patients being treated for a common cancer (Breast, lung, colorectal & Prostate) was where a patient presently attended a Mid Yorkshire Teaching Hospital for specialist care and require a medical oncologists oversight the patient would be transferred to Huddersfield.
- A risk of the programme was not being able to expand the need to be able to grow at the pace needed to keep up with development nationally.
- The Teams in Mid Yorkshire Teaching Trust and Calderdale & Huddersfield Foundation Trust were being brought together to provide cross cover and help with recruitment of oncologists.
- There was a specific cancer waiting time standard which was the date from when a decision treatment was made to the date of first treatment which was 96% to occur within 31 days.

**RESOLVED:** That the Non-Surgical Oncology report be noted, and representatives be thanked for their attendance.

**8 Work Programme 2023/24**

A review took place on the 2023/24 work programme.