



**AGENDA ITEM**

3.1.7

**CTM BOARD**

**REQUEST FOR SUPPORT: WHSSC PET PROGRAMME BUSINESS CASE**

<b>Date of meeting</b>	29/07/2021
<b>FOI Status</b>	Open/Public
<b>If closed please indicate reason</b>	Not Applicable - Public Report
<b>Prepared by</b>	Chris Coslett, Assistant Director of Planning (Interim)
<b>Presented by</b>	Linda Prosser, Director of Strategy and Transformation
<b>Approving Executive Sponsor</b>	Executive Director of Strategy and Transformation

<b>Report purpose</b>	ENDORSE FOR BOARD APPROVAL	
<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)</b>		
<b>Committee/Group/Individuals</b>	<b>Date</b>	<b>Outcome</b>
Management Board	21/07/2021	ENDORSED FOR APPROVAL

**ACRONYMS**

PET	Positron Emission Tomography
PBC	Programme Business Case
OBC	Outline Business Case
NIPSB	National Imaging Programme Strategy Board
CEG	Chief Executives Group

**1. SITUATION/BACKGROUND**

- 1.1 Positron emission tomography (PET) is a scanning technique that produces detailed 3D images inside of the body and allows for more accurate identification of the location, size and shape of tumours.
- 1.2 Welsh Government (WG) published the 'Imaging Statement of Intent' in March 2018. The All Wales PET Advisory Group (AWPET) and the Welsh Scientific Advisory Committee (WSAC) then produced a report 'Positron Emission Tomography (PET) in Wales – Overview and Strategic Recommendations' in November 2018. One of the recommendations was that Welsh Health Specialised Services (WHSSC) be commissioned to produce a Programme Business Case

(PBC) for PET-CT capacity in Wales, considering demand projections, estates, staffing and research.

- 1.3 WHSSC has therefore led the All Wales PET Programme and produced the attached PBC (Appendix 1), which justifies investment in the All Wales PET service. There has been wide engagement on the Programme with representation from each Health Board and Velindre on the PET Programme Board, in addition to regular updates at the National Imaging Programme Strategy Board.
- 1.4 The PBC sets out that demand for PET-CT is growing, with England realising an approximate 18% rise in demand per annum, but Wales lower by comparison, estimated to be performing approximately 40% of the PET scans per head of population compared to England in 2020. NHS Wales has a limited list of funded indications for PET-CT when compared to England and Scotland. The picture is bleaker when comparing performance with the rest of Europe and beyond.
- 1.5 The PBC projects are continuing to meet growing demand by relying on external providers will cost an additional £25.6 million per annum by 2031/32. This approach is expensive and delivers no improvements to existing services, likely relying on expensive external providers, using mobile scanners, losing the opportunity to build a future-proofed network of centres of excellence.
- 1.6 The PBC provides a ten-year strategic view of service delivery and identifies a preferred way forward, which involves investing in four fixed PET-CT scanners with projected reduction in future cost pressure by £6.8 million per annum, by providing sufficient capacity for NHS Wales and the Wales Research and Diagnostic Positron Emission Tomography Imaging Centre (PETIC) to meet demand. The PBC seeks capital funding of £24.881 million from WG over five years to invest in equipment and building works to deliver this.
- 1.7 The Chief Executive Group (CEG) of the NHS Wales Health Collaborative confirmed their support for the PBC on 18 May 2021. At this meeting, the Chief Executives agreed to a request for letters of support from their organisations to accompany submission of the PBC to WG.

## **2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)**

- 2.1 The location of 3 of the proposed 4 fixed scanners are confirmed as Swansea, Cardiff and North Wales, with the fourth 'to be confirmed'. There may, therefore, be future opportunity to pitch to host in CTM,

however geography may make Aneurin Bevan Health Board (ABHB) a preferable option.

- 2.2 The request is for Health Boards to confirm support for the PBC to proceed to WG for consideration for capital investment. In relation to revenue, the PBC assumes that the funding for the future increase in demand will be managed through the annual WHSSC Integrated Commissioning Plan (ICP) process. The preferred option is projected to reduce the future cost pressure by £6.8m per annum. It should be noted, however, that a large part of the reason for the projected cost per scan under the new model (£577) being lower than current costs per scan (£850-£900) is due to capital charges not being reflected in the tariffs in Wales.
- 2.3 It is important to note that this case has not been approved through the usual WHSSC processes e.g. Management Group, meaning that there has not been the usual opportunities to scrutinise and feedback. A review of the PBC has identified a number of areas where further scrutiny will be required as this progresses. These can be broken down into those that relate to the PBC and further points in relation to the subsequent Outline Business Cases that are anticipated will need to be developed.

#### **Regarding the PBC-**

- The revenue cost and Value for Money benefits of the purchase of NHS PET scanners identified in the business case are recognised. However, given the known capital constraints identified across Wales, the preferred option may not be deliverable. In this context, it was noted that the alternative option of longer term contracts with commercial providers for fixed units was not explored. However, this could be further considered as necessary depending on WG support for the capital case.
- It was not clear from the case why, given the greater value for money and lower cost of NHS run units, the much higher existing PETIC pricing is assumed to continue for the Cardiff unit, even after NHS capital investment in replacing the equipment. Why would the pricing then not be much more comparable with the estimated £577 per scan for the other units?

#### **Regarding the anticipated OBC-**

- Can WHSSC confirm that this OBC or OBCs will come through the WHSSC scrutiny process (Management Group etc.), recognising this PBC has not gone through that process?
- Particular aspects flagged for the further development of the case as it proceeds to OBC (subject to WG approval of the PBC), are as follows:-
  - Is the staffing model proposed robust and deliverable, noting the reported variation across the existing sites?

- Are there any additional costs that need to be included e.g. integration of ICT / existing systems?
- Assurance of costs for Radiopharmaceutical costs which are currently estimated and comparative information to support any other estimated costs within the PBC.

### 3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 To note projected future growth in demand for PET and associated revenue costs, to be managed through the WHSSC ICP process.
- 3.2 To note the areas highlighted above that will require greater scrutiny as the PBC and associated OBC(s) progress.

### 4. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	Yes (Please see detail below)
	PET is a key diagnostic tool therefore increased availability and enhanced provision would have positive implications for quality, safety and patient experience
<b>Related Health and Care standard(s)</b>	Staff and Resources
	If more than one Healthcare Standard applies please list below:
<b>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</b>	No (Include further detail below) If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below.
	All such assessments will be undertaken by WHSSC as part of their role in leading this Programme
<b>Legal implications / impact</b>	There are no specific legal implications related to the activity outlined in this report.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	Yes (Include further detail below)
	This does not commit resource but supports this case progressing
<b>Link to Strategic Well-being Objectives</b>	Provide high quality, evidence based, and accessible care

### 5. RECOMMENDATION

- 5.1 **APPROVE:** the attached letter of support for the PBC (see appendix 2), to be sent to WHSSC and WG, noting the areas identified for

further review and scrutiny as part of the assessment process.