



# Non-Surgical Oncology Transformation Programme

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Briefing Slides for Rotherham Health Select Commission  
Thursday 26 March 2026



# Introduction

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## Purpose:

- Recap on the phased approach to the NSO Transformation Programme
- Provide a progress update on the Stabilisation Phase of the programme, including an initial outline evaluation of the **temporary fourth Lung clinic**
- Provide assurance on the mitigations in place as part of the Stabilisation phase

## The ask of Rotherham HSC Members:

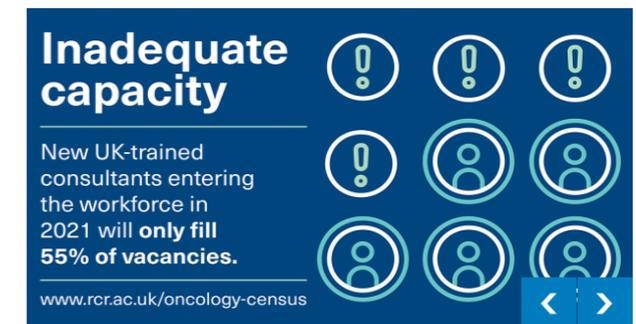
- 1) **Note** the approach to the NSO Transformation Programme
- 2) **Note** the implementation and initial appraisal of the NSO joint Lung Clinic for Rotherham and Barnsley patients
- 3) **Note** a formal clinic evaluation will be undertaken 12-months post go-live, which will enable more meaningful data analysis to influence recommendations for future service provision
- 4) **Endorse** the recommendation to review public and community transport needs for Barnsley patients travelling to Rotherham Hospital following the formal 12-month clinic evaluation



# Why do we need to change?

- **Workforce:** There is a **national shortage** of Consultant Oncologists with insufficient trainees to bridge the gap
- **Increasing demand:** Many new treatments and therapies are becoming available. Patients are living longer and as a result their management is becoming more complex.
- **Variation** : there is variation in the delivery of the commissioned model across South Yorkshire, Bassetlaw and North Derbyshire
- **Advancing roles** allow for a “Consultant Led: Team Delivered” approach” which is less reliant on the oncologists
- **Technology Advances:** there are significant advances in technology offering more patient-led opportunities to feed into care planning , remotely and face to face

## The Workforce Challenges





# The NSO Transformation Programme

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The NSO programme includes Outpatients, Inpatients, day case treatment, referred to as Systemic Anti-Cancer Therapies (SACT) and Acute Oncology services.

The purpose of the NSO Transformation Programme is to:

- Improve clinical safety and reduce clinical risks
- Tackle inequalities to access: not just geographically, but equally to the full range of treatment modalities and access to research and clinical trials
- Address sustainability challenges including workforce sustainability

We are doing this in a phased way to develop, test and learn as an approach to change





# Stabilisation Phase Changes

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- We have **taken the feedback from patients/public and staff** to build into the proposed clinical models
- We know that **patient safety and outcomes , continuity of support, travel and access** are all important
- For the stabilisation phase we are focussing on further development of the clinical teams so that **cross cover can be provided and will be more resilient**
- We are **consolidating the number of sites that offer face-to-face appointments** to ensure that a safe service can be provided but still offering choice
- We are exploring different ways of working e.g. **enhanced virtual clinics** for Barnsley and Rotherham patients



# The Opportunities

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- A **more resilient service** with increased consultant cover, enhanced team working that supports continuity of care
- **Redesigned clinic** that has increased standardised pathways so that both Rotherham and Barnsley patients receive the same quality of care. Clear protocols and information for patients for in-hours and out of hours support.
- Patients continue to have SACT **treatment closer to home** and are not travelling to Weston Park : the health centre at Burleigh offers treatment alongside the BDGH
- Testing of **virtual clinics** : supported by patient feedback: during the past 2 years we have continued to engage closely with patient groups who have told us consistently that they want to travel less for appointments, are supportive of telephone and virtual clinics



# Mitigating the impact

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- ✓ Increased access to **charitable transport**
- ✓ Developed a **supportive care pathway** – initially in breast providing additional nursing to support continuity of care
- ✓ Identifying sites with **good parking** e.g. Breathing Space
- ✓ Adoption of **non-face to face** appointments to reduce patient requirement to travel
- ✓ Repatriation of treatments – *more patients are getting their chemotherapy closer to home*
- ✓ **Recruitment** and workforce development strategies
- ✓ Ensuring **Oncologists are only doing what only they can** do by maximising utilisation of **non-medical** workforce e.g. development of Advanced Clinical Practitioner roles, Cancer Nurse Specialist development
- ✓ **Improving operational working**: regular system-wide operational meetings focussed on enhancing patient experience, service improvement plan



# Fourth Lung Clinic



# Lung Outpatients: Why Change?

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- Demand and activity have been increasing significantly since Covid, for example over the past 12 month rolling period treatment activity for Systemic Anti Cancer therapy (SACT) increased by 48%.
- Single consultant working for Lung Outpatients for Barnsley and Rotherham populations.
- No resilience: periods of leave/sickness/staff stress with no consultant cover had made the service very vulnerable , with a reduced service to Barnsley patients.
- Telephone outpatient service provided on a temporary basis and Barnsley patients having to travel to Weston Park for face-to-face outpatient appointments since 2023.
- National shortage of Oncologists so recruitment environment is challenging: locally for lung services we have 8 but WTE equivalent needed consultants covering the whole of South Yorkshire, Bassetlaw and Chesterfield.
- NSO Transformation Programme established to support changes in a phased approach. The Lung clinic is part of the stabilisation phase and not a permanent change.



# Lung Outpatients: The Process

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Establishment of the fourth Lung Clinic was the final part of the stabilisation phase to secure safe services. An agreed evaluation process was established to ensure that:

- Patient engagement feedback was incorporated into the requirements
- There were clear clinical safety and quality requirements
- The incidence for lung cancer and annual demand for outpatients was considered
- The workforce model was identified and implications for staff considered
- Infrastructure requirements were considered
- Timelines for implementation were considered
- The Equality Health Impact Assessment (EHIA) recommendations were fed into the process



# Lung Outpatients: The Process

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- A requirements letter (15 February 2024) was sent out to Rotherham and Barnsley Place Leads and Providers with a template for completion.
- Lung Cancer incidence data and clinic activity data was shared as part of the process with focus on areas of highest incidence and deprivation.
- The inclusion of the Montagu site was also included in recognition of its location being halfway between Barnsley and Rotherham, a proposal was submitted by Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust.
- Evaluation criteria were agreed and developed in support of the evaluation of the proposals.
- An Evaluation Panel was convened with agreed Terms of Reference, briefed on 12 August 2024 and met again on the 9 September 2024 to moderate the results from the evaluation and consider any additional comments/feedback.
- Representatives from all organisations were on the panel including lay representation.
- At the Moderation meeting on the 9 September 2024 a recommendation was made to support the Rotherham proposal for the temporary NSO outpatient lung clinic at the Rotherham District General site.



# Lung Outpatients: Implementation Update

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- A multi-disciplinary Working Group, comprising Sheffield, Barnsley and Rotherham clinical, managerial and support staff, has been meeting on a weekly basis to focus on practical implementation.
- Notable delay to implementation was due to ensuring the required workforce was in place; the impact of the new STH Electronic Patient Record (EPR) system implementation; the impact of changes taking place within the Pharmacy Unit at BDGH; the need to address issues resulting in overrunning of existing clinics; the lack of dedicated resource to drive this work forward.
- The clinic went live on **27 November 2025**. This has involved changing job plans for the consultants and changing Barnsley SACT delivery days to line up with the day the clinic can be supported.
- Patient Information Leaflets were developed and handed to relevant patients prior to the change.
- A Standard Operating Procedure (SOP) has been developed to support the safe running of the clinic, along with specific documented processes/Action Cards.



# Lung Outpatients: Implementation Update

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- In response to patient input, separate lists run for Barnsley patients and for Rotherham patients to maximise continuity of care and access to support.
- Patient and clinical safety has been improved through enhanced clinical cover and team resilience, with honorary contracts established where appropriate to support the new staffing model.
- Treatment is still being provided locally at Barnsley District General, at Burleigh Medical Centre in Barnsley and Rotherham District General Hospital
- Rotherham Lung patients continue to attend Rotherham Hospital on a Thursday for their outpatient consultation, with no changes to the day or location of their blood tests or treatment.
- Barnsley Lung patients have continued to have telephone clinics on a Tuesday. However, face-to-face outpatient consultations have transferred from Wednesday afternoon at Weston Park Hospital to Thursday morning at Rotherham Hospital.
- Barnsley Lung patients continue to have their blood tests, other investigations, and treatment locally at Barnsley Hospital, although bloods test days have shifted and chemotherapy treatment days moved from a Thursday to a Monday.



# Lung Outpatients: Initial Evaluation

- The Working Group has continued to meet weekly to ensure the effective running of the clinic and monitor intended and unintended consequences. Meetings will cease at the end of March 2026.
- An initial patient and staff evaluation has been undertaken to assess the impact to date and provide early feedback for this Committee. A formal evaluation report will be produced at 12 months once more comprehensive information is available.

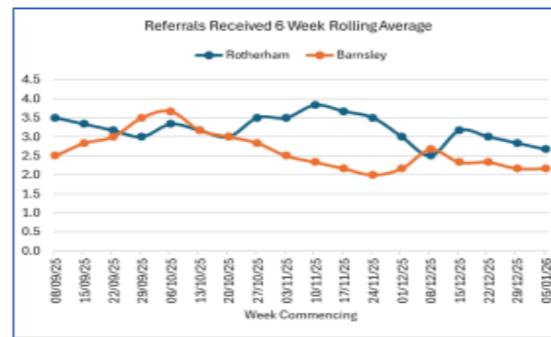
## Patient Numbers

- No. of lung patients attending appointments 24/11/25–28/02/26:

Patient cohort	Clinic location	Appointment Medium		
		Face to Face	Telephone	Total
<b>Barnsley patients</b>	Earl of Scarb TRFT	33	16	49
	WPH Sheffield	23*	196	219
	<b>Total</b>	<b>56</b>	<b>212</b>	<b>268</b>
<b>Rotherham patients</b>	Earl of Scarb TRFT	122	17	139
	WPH Sheffield	47	74	121
	<b>Total</b>	<b>169</b>	<b>91</b>	<b>260</b>

*\*All Radiotherapy patients*

- Reduced referral numbers from Barnsley due to **natural variation**
- Reduction not being attributed to the change in clinic location & expected to rise again
- Longer term evaluation will show true performance impact



## Patient Feedback

- **Care** – overwhelming volume of positive comments towards clinic & reception staff
- **Location & transport** – 47% reported more accessible than WPH (33% no preference); no reflections provided on public transport
- **Parking** – key frustration, especially shortage of spaces dedicated to blue badge holders
- **Communication** – 93% made fully aware when & where to attend their appointment
- **Time efficiency** – varied responses: “much better than last time” & “worth the delay” Vs frustration from lengthy waits and not informed of delay
- **Environment** – very positive about cleanliness, friendly atmosphere, calming environment

## Staff Feedback

- **Clinic set up** – helpful SOP and action cards. Identified local IT issues unrelated to clinic change – being addressed internally at TRFT
- **Patient impact** – mixed response from staff. Main concerns identified relate to impact of new STH EPR system as opposed to clinic change – being addressed internally at STH
- **Personal impact** – mostly positive relating to job satisfaction, team morale & welcome from Rotherham. Drawbacks related to additional travel, difficulty parking & recurrent IT issues



# Concluding Recommendations

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Rotherham HSC Members are asked to:

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