

# **JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE SUPPLEMENTARY AGENDA**

**15 January 2019**

The following report is attached for consideration and is submitted with the agreement of the Chairman as an urgent matter pursuant to Section 100B (4) of the Local Government Act 1972

**5      BHRUT - CANCER SERVICES UPDATE (Pages 1 - 10)**

BHRUT presentation attached.

**6      KING GEORGE HOSPITAL OUTLINE BUSINESS CASE - UPDATE (Pages 11 - 14)**

BHRUT presentation attached.

**Andrew Beesley  
Head of Democratic Services**

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# IMPROVING CARE FOR OUR CANCER PATIENTS

Dr Sherif Raouf  
Cancer & Clinical Support

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# INTRODUCTION

- One of the busiest oncology departments in the country
- We are constantly focused on:
  - looking for new ways to improve our patients' care, experiences and outcomes
  - improving efficiencies across the service
  - a holistic approach to caring for patients both during and after their treatment (Cancer Plan)
- We must ensure we can meet the increasing demand now and into the future
- We believe we can best achieve this by:
  - creating a centre of excellence for cancer treatment at Queen's Hospital
  - creating a 'Living with and beyond cancer' hub



# A LOT TO BE PROUD OF...

- Met the national 62 day cancer standard for 17 months in a row
  - Only trust in London to have achieved this
- Member of the UCLH Cancer Collaborative
- Part of the BHR Cancer Collaborative Committee
- Enhanced Supportive Care team shortlisted for national Nursing Times award
- EMPOWER programme shortlisted for Nursing Times and Health Service Journal awards

FOR HEALTHCARE LEADERS  
**HSJ** AWARDS  
**FINALIST**

**Nursing  
Times  
Awards**



# STATE OF THE ART RADIOTHERAPY...

- State of the art radiotherapy centre at Queen's Hospital
- Three brand new machines – Halcyon (x2) and the Edge
- First in world to have two Halcyon machines on one site
  - halves treatment times; more accurate; more comfortable
- The Edge – can treat much more complex cases



# WHY THE CHANGE?

- Need to change how we deliver healthcare nationally
  - best use of resources (people, estate and finance)
  - deliver services in a way that meets changing demands of our population
- We serve more than 1 million people from our three boroughs and across the whole of Essex (referred through our regional Neurosciences Centre)
- 6% increase year on year in patients requiring chemotherapy due to:
  - Population increase
  - Improvements in early diagnosis
  - State of the art treatments means people live longer
- Increases the need for services to be able to meet demand
- Increase in complexity of cases

# SHORT TERM CHALLENGES

- Safety (patients' and staff)
- Staffing shortfall



# LIVING WITH AND BEYOND CANCER HUB

- Good progress made
- Centre being well used
- New group room opened
- HOPE courses now rehoused, along with EMPOWER
- Positive patient feedback



A Make Up Masterclass in action



# MANAGING THE TRANSITION

- Patients successfully transferred to Sunflower Suite for their treatment
- Supporting patients with transport
- Currently, offering chemotherapy 6 days per week, planned to extend to 7 days per week soon
- Generally positive feedback, some isolated issues/complaints
- Staffing situation much improved



# COMMUNICATIONS AND ENGAGEMENT

- Close engagement with cancer patients through nursing team and 1-1 to reassure and support and via dedicated email address
- Continued broader involvement and engagement with patients, public, partners and stakeholders particularly including Healthwatch
- Messaging through range of channels eg website, stakeholder and GP newsletters, leaflets etc.
- Dedicated patient partner
- Continue to listen to patient feedback

healthwatch



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# KING GEORGE HOSPITAL UPDATE

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# CURRENT OPERATIONAL PICTURE

- Performance at KGH continues to be sound despite the challenges
- ED reception and streaming improvement work completed and now working well
- Opening of Living Beyond Cancer Hub at Cedar Centre
- Discharges pre-Christmas at very high levels (buoyed by Red2Green programme) ensuring more patients home for Christmas
- Replacement CT scanner
  - Major capital investment. Work commencing end of the month, with temporary arrangements until launch of new scanner in March

# CONTEXT

- Wide recognition that 2011 Health for NEL plans are outdated
- Need a new fit-for-purpose approach to ensure emergency care is provided across the patch
- Severe shortage of available capital funds (across North East London)

# THE LATEST

- Good open, meaningful discussions locally have set the platform
- New position statement affirming/confirming the picture
  - Working through CCG governance processes this month
- Next steps – Clinical Strategy(ies) – which would look at King George, BHRUT, but also the system as a whole
- Must be clinically-led
- No minor undertaking
- Requires input and support from key stakeholders (including Scrutiny)
- Will need to be aligned to broader system partnership working – Integrated Care System
- Will need to reflect the difficult financial reality and be aligned to system recovery plan (with NELFT/CCGs)