

# IMPROVING CARE FOR OUR CANCER PATIENTS

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TAKING **PRIDE** IN OUR CARE

Barking, Havering and Redbridge  
University Hospitals **NHS**  
NHS Trust

# INTRODUCTION

- One of the busiest oncology departments in the country
- We are constantly focused on:
  - looking for new ways to improve our patients' care and experiences
  - improving efficiencies across the service
  - a holistic approach to caring for patients both during and after their treatment
- 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



# WE'VE GOT A LOT TO BE PROUD OF...

- Met the national 62 day cancer standard for 13 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 RADIO THERAPY...

- State of the art radiotherapy centre at Queen's Hospital
- Three brand new machines – Halcyon (x2) and the Edge (x1)
- 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



# CONTEXT

- 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 1million people from our three boroughs and across the whole of Essex (referred through our regional Neurosciences Centre)
- We expect a 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 in cases

Year	Chemotherapy patients treated
2015/16	1,695
2016/17	1,809
2017/18	1,905

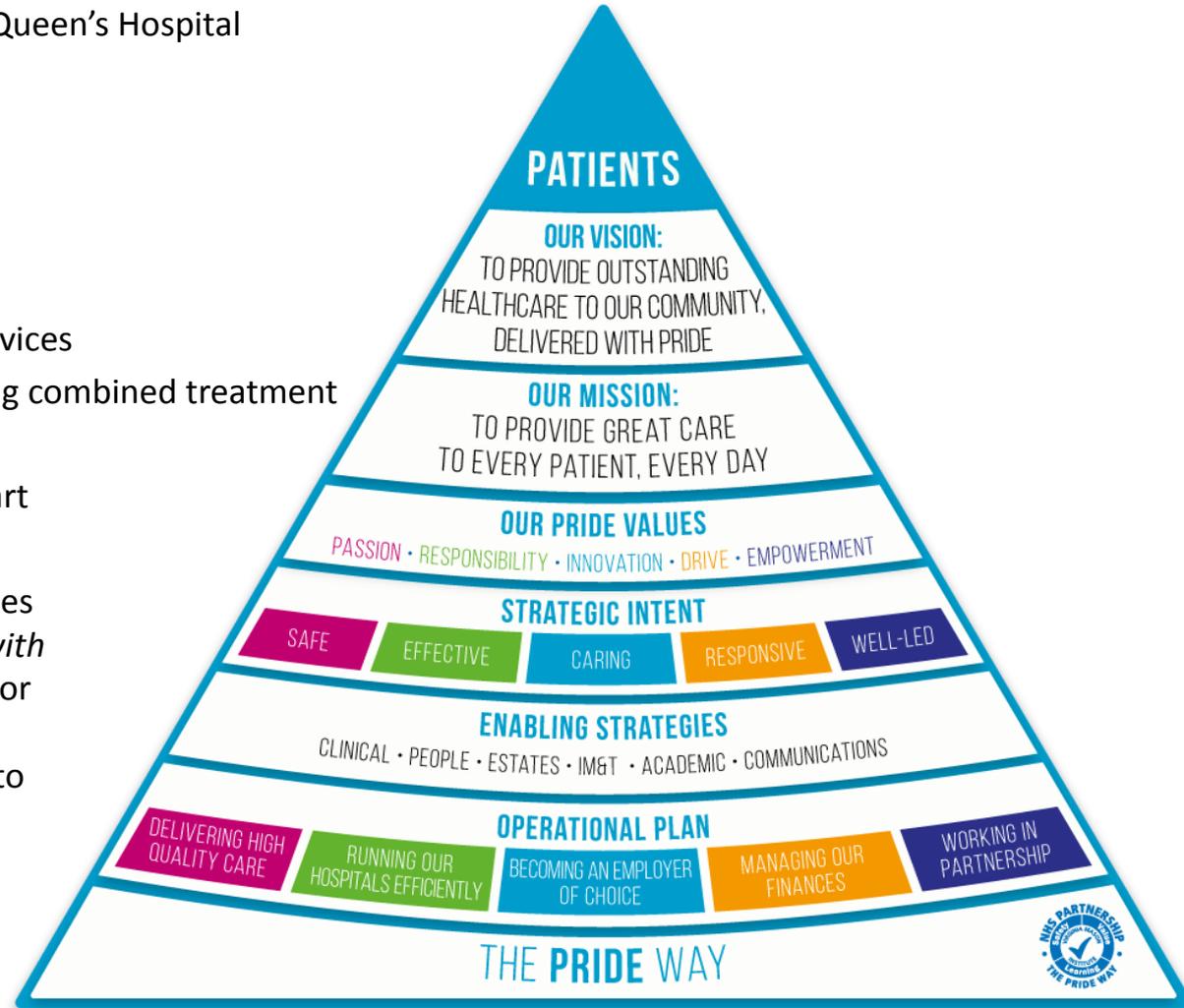
# OVERVIEW OF OUR SERVICES

- Provide treatment and health and wellbeing services across both King George and Queen's hospitals
- Essex Neurosciences Centre
- Cancer centre
  - Radiotherapy (Queen's)
  - Chemotherapy
  - 30 bed inpatient ward (Queen's)
  - Outpatient facilities
- Clinical trials unit (Queen's)



# OUR PROPOSAL TO IMPROVE CHEMOTHERAPY SERVICES

- Centralise chemotherapy services at Queen's Hospital
- Brings this on-site with:
  - specialised medical cover
  - inpatient services
  - outpatients services
  - state of the art radiotherapy services
    - easier for patients requiring combined treatment
  - cancer clinical trials
    - improved ability to take part
- Review of health and wellbeing services
  - exploring Cedar Centre as a *Living with and beyond cancer* hub as beneficial for patients to receive their health and wellbeing care at a different location to their treatment



# CURRENT TREATMENT PATHWAY

- All patients' pre-assessment at Queen's Hospital
- Treatment location decided by type of chemotherapy needed to give safest care
- Complex cases treated at Queen's – access to inpatient facilities and medical cancer specialists eg for drugs with high risk of anaphylactic shock; chemotherapy given together with radiotherapy
- Nursing staff rotate across both hospitals
- We treat on average 600 patients a month in Sunflower Suite at Queen's and average 150 per month in Cedar Centre at King George
  - Two years ago we saw on average 450 and 200 patients per month respectively
- Sunflower Suite – six day a week service
- Cedar Centre – consolidated treatments from four to two days a week due to lack of demand and increase in complex cases



# CLINICAL CASE FOR CHANGE

## Quality and safety

- King George Hospital – no medical cover in Cedar Centre
- Queen's Hospital– hub of medical expertise with facilities on one site
- Centralising nursing staff provides better training and mentoring; opportunity to 'grow our own' – staff prefer this approach

## Efficiency and productivity

- Our pharmacy teams make all cancer treatments at Queen's – then transport
  - This can cause delays at Queen's – reflected in patient feedback
  - Unable to fulfil additional prescriptions at King George
- New proposals mean Pharmacy can dispense drugs earlier – can start giving treatments earlier

## Future vision

- Centralising chemotherapy fits into our longer term ambitions to improve patient care
- Currently oncology patients who come in as emergencies go through our Emergency Department
- Longer term vision – telephone triage service as first port of call; ability to bring patients straight to acute oncology service to be cared for by our cancer team





# PATIENT NUMBERS

- 22% patients currently affected by the proposed change
- Expected to decrease over time due to increase in complex cases

CCG	QH	KGH	Total
Barking & Dagenham	433	149	582
Basildon & Brentwood	138	23	161
Havering	972	163	1135
Redbridge	314	167	481
W. Essex	45	22	67
Others	83	25	108
<b>Total</b>	<b>1,985</b>	<b>549</b>	<b>2,534</b>

Postcode	QH	KGH
IG1	128	72
IG4	26	4
IG5	44	30
<b>Total</b>	<b>198</b>	<b>106</b>

# IMPACT

## Travel

- Some impact on patients as reflected in numbers
- However reduced clinical risk, safer service, and improved care and experience
- Follows national practice for better outcomes eg stroke
- Consultants will continue to assess the need for patient transport
- Transport will continue to be provided wherever necessary, as is current practice

## Parking

- Dedicated oncology car park next to Sunflower
- Free parking during treatment; £2 at other times
- Capacity not anticipated to be an issue



# TIMELINES

- Implement improvements to delivery of chemotherapy services by end of October
- Allows us to be ready ahead of the increased demand of winter pressures
- Ongoing improvement of health and wellbeing services



# COMMUNICATIONS AND ENGAGEMENT

- Involve and engage our patients, public, partners and stakeholders throughout implementation and delivery
  - Messaging through range of channels eg website, plasma screens, stakeholder and GP newsletters
  - Comprehensive leaflet outlining plans available digitally (printable) and in hard copy across both our hospitals
- Work closely with partners eg local authorities and Healthwatch organisations to help inform and engage
- Dedicated patient partner to ensure information is relevant and easy to understand
- Feedback developed into FAQs and housed on our website
  - Dedicated email address for comments and queries
- Continue to listen to patient feedback and liaise with Cancer Patient and Public Advisory Group (CPPAG) post-implementation

**healthwatch**



# WHAT DO OUR PATIENTS THINK?

- Shared our proposals with our Patient Partnership Council (PPC) and CPPAG
  - All PPC members thought this would be a good idea to have the chemotherapy services on one site
  - It was queried if there would be sufficient capacity at Queen's – it was noted capacity will be available as treatments would be better spaced throughout the day and with potential treatments being delivered as part of a Saturday/Sunday for chemotherapy only
  - It was noted that PPC members were all in agreement with the proposed changes to our chemotherapy services

