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
STATE OF THE ART RADIOTHERAPY...

- 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
• 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)

• 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

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<th>Year</th>
<th>Chemotherapy patients treated</th>
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<td>2016/17</td>
<td>1,809</td>
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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 EXPERIENCE CASE FOR CHANGE

Patient feedback
• Negative feedback around waiting times and delays
• Reflected in Barking & Dagenham Healthwatch’s Enter and View visit in September 2017 and in our Friends and Family Test

Living with and beyond cancer
• Currently offer a range of health and wellbeing services across both sites
• Want to improve portfolio of services for patients living with and beyond cancer
• Fulfil National Cancer Strategy - provide required holistic care to our patients
• Moving chemotherapy to Queen’s frees up Cedar Centre
• Exploring the possibility of using this space as a Living with and beyond cancer hub
### PATIENT NUMBERS

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

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<th>KGH</th>
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<tr>
<td>Total</td>
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<td>106</td>
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22% patients currently affected by the proposed change. Expected to decrease over time due to increase in complex cases.
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
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