

RESPONSES REGARDING CHEMOTHERAPY SERVICES

INTRODUCTION

Following a service change in October 2018 which saw all chemotherapy services delivered from Queen's Hospital and the Living With and Beyond Cancer Hub established at King George Hospital, Healthwatch carried out an engagement exercise to gather the views of patients to understand if the changes had impacted on their care and experiences.

Prior to the move we presented at the Joint Health Overview Scrutiny Committee (JHOSC), where we highlighted the benefits of the changes. These included:

- improved patient care and immediate access to specialists if needed
- increased ability to deal with growing future demand
- better work patterns for staff, and
- reduced delays

JHOSC agreed no formal consultation was required. The changes in general were supported by stakeholders, including the Public Health team at Redbridge.

We had plans for engaging widely with patients, however due to unforeseen circumstances the moves were brought forward and this was not possible. We did ensure however, that every patient affected was contacted and given a named contact for any questions or concerns.

It was therefore agreed we would work with Healthwatch to run a focus group retrospectively to see how patients felt about the move – this was conducted in March 2019.

Following the publication of the Healthwatch report in April 2019 we were very pleased to hear that our patients were happy with the quality of their care, and that no significant problems or concerns were raised as a direct result of the chemotherapy services move.

However, concerns were raised at the focus group that were outside the original scope of work about wider service issues, which Healthwatch then made recommendations against. This kind of valuable insight is helpful as it allows us to continually adapt and improve our services.

This report includes:

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HEALTHWATCH RECOMMENDATION RESPONSES

Accident and Emergency

The main concern to emerge from the event was the apparent lack of familiarity of staff in both Urgent Treatment Centre and the mainstream Emergency Departments, with the specific healthcare needs of patients undergoing treatment for cancer.

We recommend as a matter of urgency, clinical leads from urgent and emergency care meet their counterparts in oncology to agree protocols for dealing with cancer patients who hold red cards and require urgent or emergency treatment to ensure that their cancer treatment is not compromised in any way.

Since the Healthwatch report was published we have taken the following actions:

1. Trust colleagues have met with the Partnership of East London Cooperatives (PELC) who provide the Urgent Treatment Centre service. They are now displaying clear notices in waiting areas to ensure our cancer patients know to identify themselves.
2. Staff who carry out the streaming of walk-in patients to our Emergency Departments (EDs), have been briefed to flag to the appropriate department that the patient has a red card when directed there.
3. Signs have been placed in clinical areas to remind staff to prioritise these patients.
4. We have refreshed our system and have clear protocols in place and flags on our patient record system.

It is worth noting that whilst our ED staff are highly skilled and trained, there may be a need to refer to a specialist on call for cancer patients, in order that the best possible care and treatment is provided.

Red cards

When they first present in our EDs, patients with a red card are fast-tracked to find out what is wrong, and to assess their risk for infection (alerting staff to the increased risk of neutropenic sepsis).

However, it does not necessarily mean they will be fast-tracked to immediate treatment. Once the assessment has been made they will then be prioritised based on their medical need.

We will review how the red cards are explained to patients as the report has highlighted the potential for miscommunication or misunderstanding.

Sunflower Suite (Queen's Hospital)

The lack of privacy, cramped space and lack of natural light needs to be addressed by the Trust. Patients are undergoing treatments which can be quite traumatic. Having conducive surroundings has a huge impact on the wellbeing of patients undergoing lengthy treatments.

There has been no increase in beds or chairs on the Sunflower Suite to accommodate extra patients. The move from Cedar Ward at King George Hospital has resulted in treating an additional 10 patients per week on Sunflower Suite and there has been no impact or increase of the number of patients being treated at any one time.

With 24 to 27 days available each month to spread the activity, the growth on any given day is minimal, and this current increase in demand has been comfortably accommodated by extended hours and Saturday opening.

Should further capacity be needed, the option to extend the service to seven-day working is possible, opening on a Sunday should demand require it.

It is worth noting that due to the increase in the number of patients presenting with more complex cases, the number of patients being treated at Cedar Ward was naturally reducing over time and correspondingly the number was increasing at Sunflower Suite; see following table.

| Number of chemotherapy treatments | | | | | | | | | | | | | |
|-----------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| 2018 | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total |
| KGH | 225 | 195 | 202 | 155 | 147 | 72 | 49 | 52 | 28 | 35 | 7 | 0 | 1167 |
| QH | 524 | 498 | 504 | 548 | 591 | 659 | 717 | 708 | 696 | 754 | 777 | 705 | 7681 |

Sunflower Suite does have three skylights, however, we appreciate there are no windows letting in natural light. At the current time there are no other available options.

Patient Transport & Parking Facilities

Patients and carers should have access to parking when they need it. If the car park is required for other purposes, we would recommend the Trust identify how they could ensure patients can access other parking facilities free of charge.

All patients should be assessed for patient transport.

Parking

We do provide free parking for cancer patients whilst receiving treatment at Queen's. However, we acknowledge the dedicated oncology parking was reduced at the time as a result of two temporary units (a mobile decontamination unit (EMS) following a fire in our endoscopy suite and an MRI scanner) being placed in the car park.

However, the decontamination unit was removed on 16 April and has improved the availability of parking spaces considerably.

As part of our ongoing review of services, should parking for chemotherapy patients become a significant problem at any point in the future due to an increase in demand we will reassess the current arrangements, and consider other options.

Patient transport

Consultants assess all our patients prior to their first treatment, and authorise transport if the criteria are met.

If, over the course of a patient's treatment, nurses notice changes in their condition and their ability to attend our hospitals, they are reassessed and transport is booked where appropriate.

Oncology Appointments

We recommend the system for booking patient appointments is reviewed. Patients should be able to confirm their next appointment before leaving the department.

The direct booking at reception for oncology appointments was stopped due to the large number of appointments requiring overbooking into clinics which cannot be done by the reception team.

There were also issues with long queues for patients waiting to book their appointments.

We are currently considering what options are available to help improve the current process.

Chemotherapy Appointments

We recommend the system for booking chemotherapy appointments is reviewed to ensure patients are booked in appropriately and not made to wait unnecessarily. Patients should not have to wait for long periods of time when they could be booked in later in the day.

If appointments are being offered before 9.30am, medication should be ready to be administered.

This is a very complex issue that we constantly strive to improve, and is a topic frequently discussed at our Chemotherapy Working Group.

Changes to the scheduling of the system have been made over the last few months, and templates have been provided to assist both the nursing and booking teams.

However, chemotherapy being dispensed on time is dependent on a number of factors, including the prescription being completed, the health of the patient, and bloods being within set parameters. Anything that requires further review or escalation to consultants will naturally slow the process down to ensure the continued safe treatment of our patients.

We try to accommodate requests for specific times as much as possible. Appointments at 9.30am are offered to patients who require at least 30 minutes pre-medication to try and prevent delays if the pharmacy has been unable to dispense the medication the night before.

Questionnaire

Information and issues identified through surveys and questionnaires should be addressed. Patients should feel listened to and valued for their opinion.

Feedback from our patients is invaluable as it helps us to make improvements to our services. For example following patient comments regarding staffing levels in oncology, we held a recruitment drive and have increased our staffing numbers. We also extended our hours to include Saturdays.

There are a number of ways patients can give feedback, share their suggestions, and raise issues or concerns. This includes our Friends and Family Test, which every patient is encouraged to complete, and is where we ask them 'how likely are you to recommend our ward/service to friends and family if they needed similar care or treatment?'

As well as patients raising things locally with staff on the wards, our corporate teams such as our Patient Experience team, support, listen and respond to patient feedback aiming to improve the overall experience.

Our Patient Advice and Liaison Service (PALS) is also available to help patients and their relatives or carers with any advice or concerns.

Reviewing our services and continuously improving is a priority for us, and looking at new ways to incorporate the views and feedback from patients and visitors is vital to this.

Phlebotomy

We would recommend that phlebotomy services are reviewed to understand where a better service could be initiated.

We recognise the opportunity for improvements in our Phlebotomy service (blood tests), and this has been a focus for the Trust over the past 12 months.

Based on feedback and data we are currently rolling out new initiatives such as an electronic appointment booking system, and a pilot of Saturday working at Queen's Hospital with a view to migrate to a seven day Phlebotomy service in the future.

Our patient partners are working closely with the division.

In addition, we are working closely with our system partners (NELFT and the CCGs) to improve services.

We are also looking into the possibility of a dedicated service for cancer patients.

Clinic services

Patients should be able to ask for additional clinical support when they are attending clinics and not be sent to Accident and Emergency or Urgent Treatment Centre.

As previously stated, patients have raised concerns that Emergency Department clinicians do not always have the right level of experience to respond to the specific healthcare needs of patients undergoing treatment for cancer.

The most important thing is that our patients get the right advice and the right treatment from the right clinician. Whilst this may feel like an inconvenience by patients who are directed to another department, ultimately our key concern is their health and ensuring their needs are being met by the most appropriate person and service.

If required, patients from the clinic can be considered for direct admission to the ward but the safety and comfort of the individual patient dictates the option chosen.

Cedar Centre

Patients who have used the new 'Living with Cancer and Beyond Hub' have rightly praised it, however we recommend that more patients need to be made aware of the opportunities. More publicity and information should be made available to patients attending Queens Hospital.

We were however, concerned that the diversity figures presented by the Trust are not representative of the local populations particularly in Redbridge and Barking & Dagenham. Although we are aware a patient has the choice to use these services, we would recommend the Trust review the types of services being offered to identify why they are not being used by particular community groups.

Health and wellbeing services are part of a major programme of work, formerly known as the 'recovery package' for cancer patients, and now referred to as 'personalised care.'

We have been working on the delivery of health and wellbeing groups for the past five years. There is national guidance on the core content of health and wellbeing information that should be available for cancer patients; we ensure we always follow this guidance when planning any groups.

The first stage of delivering personalised care is about ensuring our patients have had a Holistic Needs Assessment (HNA) which enables them to identify their main concerns at various points throughout the pathway of diagnosis and treatment.

Our clinical nurse specialists have been conducting HNAs with our patients for approximately two years. From these we have been able to run reports to evidence the top four concerns of our patients which in turn helps us to plan services to meet their needs. Finance and worry, and fear and anxiety, are consistently rated in the top four concerns; we have therefore increased our complementary therapy service to help address anxiety and are in the process of increasing our welfare benefits service.

Our group sessions are designed to meet people's information and support needs both pre and post treatment.

The first session was initiated over five years ago, which is a one day post treatment health and wellbeing event. This is evaluated from written feedback from patients and carers who attend, and a patient partner also contributes.

Patient feedback from this event highlighted they would have found the information more useful before they started treatment, so in direct response we devised the EMPOWER session (a highly-commended service) which is a two-hour weekly workshop open to all patients recently diagnosed with any cancer.

Patients and carers complete feedback forms at every session. Weekly huddles are also held to review the attendance and comments of groups from the previous week, the information from which is used to build on and improve services.

In terms of signposting patients to the Cedar Centre service, our main form of communication about the range of activities on offer is via our newsletter, which is shared in the following ways:

- Oncology outpatient reception
- Receptions and waiting rooms in both Radiotherapy and Chemotherapy
- Macmillan information room
- Copies inserted in every new patient pack
- Promoted by all clinical nurse specialists (the keyworker for each patient) who signpost direct to services

We plan to expand this, by offering patients the option to sign up to this electronically to receive the newsletter by email – something already offered to those attending EMPOWER.

All the services available at the Cedar Centre (including complementary therapies and psychological support) are listed on our website, including contact details and how to book, plus a video to help people feel at ease for their first visit,

and we hope to produce more videos about the services available in the coming months – more information can be found at www.bhrhospitals.nhs.uk/cancer-services

We have also begun issuing letters to all newly diagnosed patients inviting them to attend EMPOWER. It is expected that once people access this session they will take up more of the other services we offer.

For those who prefer social media, we have a cancer Twitter account (@BHR_cancerinfo) that regularly publicises activities taking place, so we have a range of ways for patients to hear about our services and engage with us.

All services are available to all patients having chemotherapy or radiotherapy treatment – however it's worth noting that accessing these additional services is optional.

Demographics

The important point to note in regards to demographics is that the diversity of patients accessing our health and wellbeing services is largely reflective of our patients receiving treatment. We believe this to be a more appropriate measure than local populations.

We will continue to monitor and analyse the uptake of services.

See Appendix 1 for tables and charts showing a breakdown of ethnicity data between 1 December 2018 and 31 March 2019 for both the number of patients receiving treatment and those attending health and wellbeing services.

Pharmacy

Patients should be given better information and support to access pharmacy services. No patient should be asked to wait for a prescription if it will take over four hours to prepare. Better systems should be in place to allow patients to return to collect their prescription at a suitable time.

If patients are required to contact the pharmacy, the Trust must ensure contact details are continually reviewed and updated.

Some cancer patients are required to pick up prescriptions following appointments in Oncology outpatient clinics and due to the complexities of their conditions, these can take longer to prepare than standard medication, and need a number of checks completed.

However patients are provided with an approximate timeframe so they can leave and return to the Pharmacy later to pick up the drugs.

It is rare for a patient to have to wait four hours to have chemotherapy prepared, however chemotherapy for many patients cannot be pre-prepared as it has to be confirmed on the day after consideration of their physical condition; time then needs to be allowed for the preparation and administration to occur. Unfortunately this can cause a delay however it is necessary to safeguard our patients.

For outpatient prescriptions it would be very rare that preparation would take four hours, unless there was an issue that had to be checked with the prescriber. In this case Pharmacy would advise the patient and ask them to come back later.

Pharmacy details have not changed and we accept on this occasion we may have given out the wrong number.

The provision of the chemotherapy medication for patients at the Cedar Centre was not ideal in that medication often could not be prepared until patients arrived at Cedar on the day of treatment and the distance between the hospitals inevitably caused some delays for the patients while they waited for the drugs to be delivered from Queen's Hospital.

This delay has been removed and although we cannot eliminate delay from the system completely, the movement to Sunflower Suite has made the system more efficient for patients.

Patient Engagement

We recommend the Trust review the way patients and carers are involved in the development of the service. The Trust told us they had engaged with some patients who were previously using cancer services but we were not able to confirm whether they were recent users of current services.

Most patients and carers we spoke with told us they were not actively engaged with during the service change and would welcome the opportunity to have an input into the proposals.

We acknowledge that on this specific occasion we were unable to engage with patients as we had planned due to unforeseen circumstances which meant the service had to be moved much quicker than had been expected.

Whilst we regret patients and their families or carers were not able to input into the changes on this occasion, we strongly believe the move was in the best interests of patients and are pleased the Healthwatch findings did not highlight anything to the contrary.

As is standard practise, we will continue to review the service, and engage with all relevant stakeholders as appropriate.

We have very good engagement with our Patient Partner for the service, whose views and opinions are routinely taken on board, whether on general opportunities to improve or develop, or on specific proposals.

We also listen to views and suggestions, and ensure ideas are followed through, from the Cancer Patient Public Advisory Group (CPPAG).

APPENDIX 1

Table 1 and Chart 1 – Ethnicity of patients receiving treatment, 1 December 2018 to 31 March 2019

Table 2 and Chart 2 – Ethnicity of patients attending health and wellbeing services, 1 December 2018 to 31 March 2019

Table 1

| Ethnicity of patients receiving treatment 1 December 2018 to 31 March 2019 | |
|---|------------|
| Ethnicity | Count |
| White British | 541 |
| Any other White background | 53 |
| Indian or British Indian | 45 |
| Black African or Black British African | 37 |
| Asian – other | 23 |
| Black Caribbean or Black British Caribbean | 17 |
| Any other ethnic group | 16 |
| Pakistani or British Pakistani | 16 |
| Bangladeshi or British Bangladeshi | 10 |
| Not stated / refused | 10 |
| Any other Black background | 9 |
| White Irish | 6 |
| Chinese | 5 |
| Any other mixed background | 3 |
| Mixed White and Black African | 3 |
| Mixed White and Black Caribbean | 3 |
| Unknown | 3 |
| Mixed White and Asian | 1 |
| TOTAL | 801 |

Table 2

| Ethnicity of patients attending health and wellbeing services 1 December 2018 to 31 March 2019 | |
|--|------------|
| Ethnicity | Count |
| White British | 181 |
| Black African or Black British African | 11 |
| Indian or British Indian | 10 |
| Any other White background | 8 |
| Asian – other | 4 |
| Black Caribbean or Black British Caribbean | 4 |
| Not stated / refused | 4 |
| Any other Black background | 3 |
| Bangladeshi or British Bangladeshi | 2 |
| White Irish | 2 |
| Any other ethnic group | 1 |
| Chinese | 1 |
| Mixed White and Black African | 1 |
| Mixed White and Black Caribbean | 1 |
| Pakistani or British Pakistani | 1 |
| Unknown | 1 |
| TOTAL | 235 |

Chart 1

**Ethnicity of patients receiving treatment
1 December 2018 to 31 March 2019**

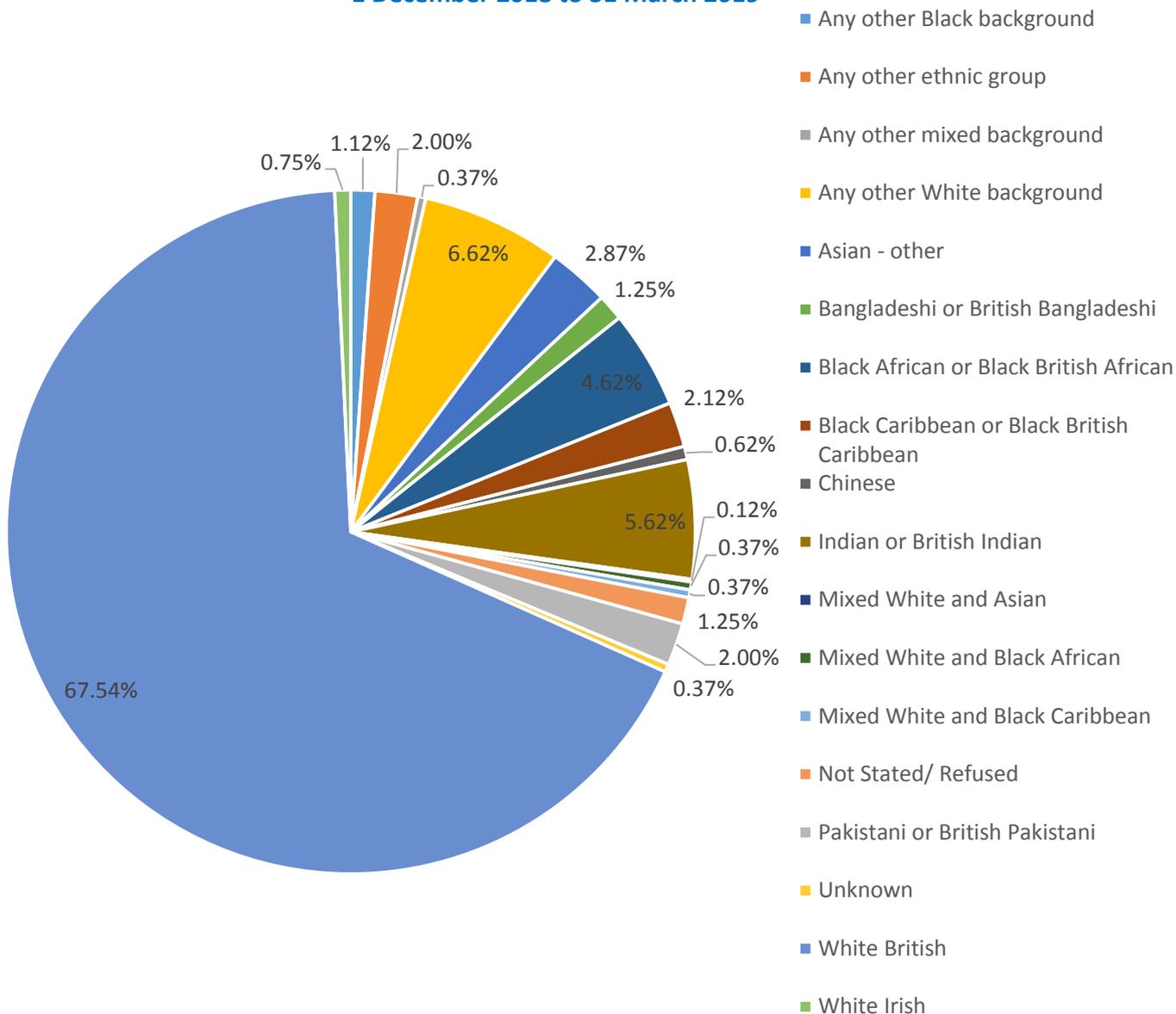
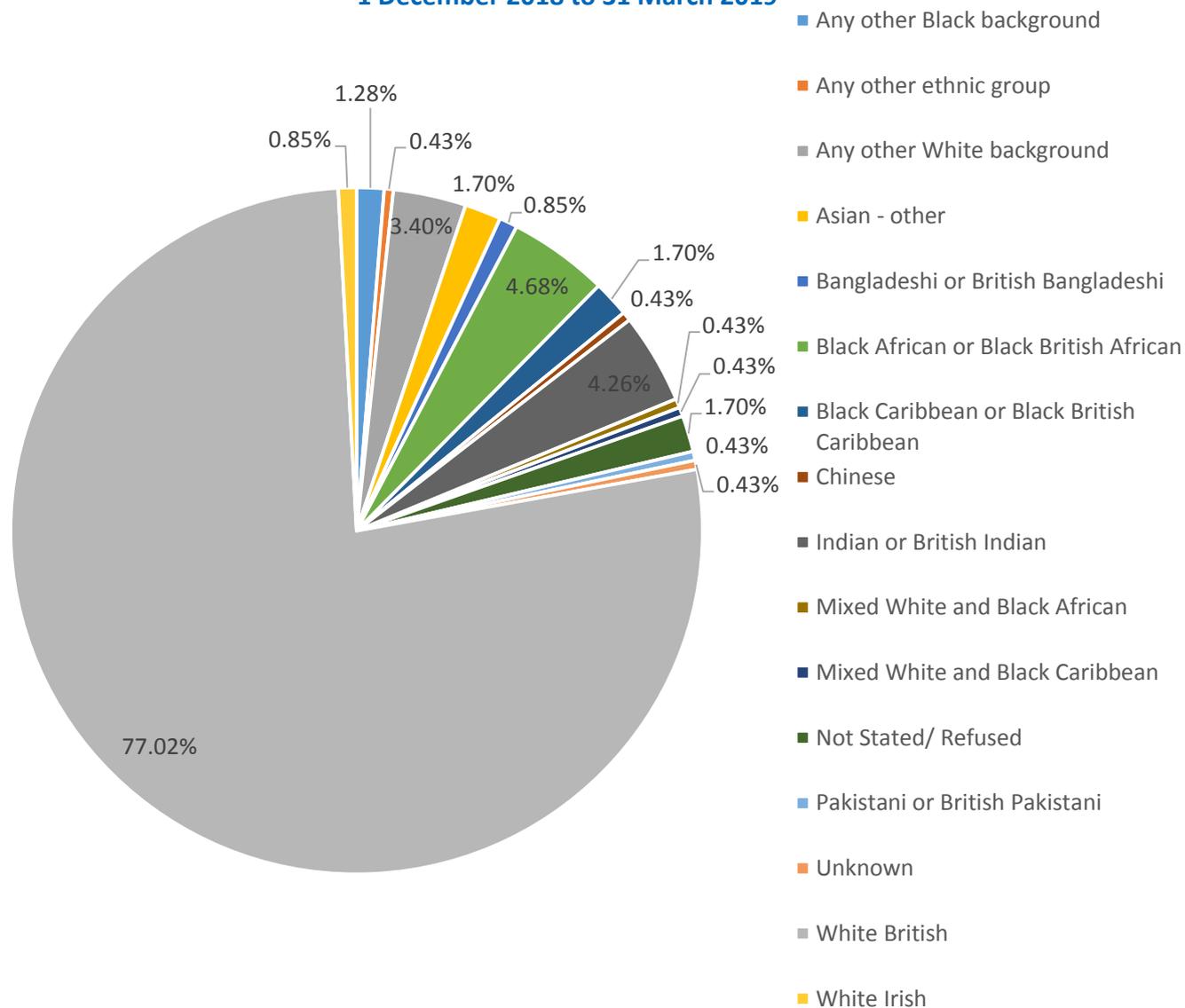


Chart 2

**Ethnicity of patients attending health and wellbeing services
1 December 2018 to 31 March 2019**



BHRUT STATEMENT REGARDING ANY FINAL DECISION TO CLOSE CEDAR WARD AT KING GEORGE

We would like to keep the Cedar Centre open so it can continue to be used as a dedicated space for our Living With and Beyond Cancer hub.

We opened the hub because of the increasing need to expand and enhance health and wellbeing support for our cancer patients, a crucial element for them both during and after their treatment. There are also psychological benefits of receiving this support at a different location to where they receive their treatment. In addition we are able to continue to improve the quality of care and patient experience, and manage future demand, because we have consolidated chemotherapy services at Queen's. Feedback from our patients supports this position.

JOINT STATEMENT FROM BHRUT AND CCG ON THE MANAGEMENT OF INCREASED DEMAND OVER THE COMING YEARS

As reported to the JHOSC in January 2019 and based on trend analysis, the BHR system anticipates a likely increase of up to 6 per cent year-on-year in terms of patients requiring chemotherapy due to a range of factors, including population increase, improvements in screening, subsequent earlier diagnoses and people living longer.

The current service at Queen's Hospital has comfortably accommodated the additional patients from the Cedar Centre at King George Hospital (approximately ten per week) through extended hours and the move to a six day service.

A further increase in demand can still be accommodated within the current available capacity which could be further extended to a seven day service as and when appropriate.

The way BHRUT treats its cancer patients is constantly developing. For example, and where clinically appropriate, the Trust can now provide chemotherapy to patients at home.

The Trust will also continue to look at further collaborative working across the health care system and not treat patients in isolation. BHR already has a Cancer Collaborative working across the system and this is also helping drive forward how we commission, provide and manage cancer care services in the future.

Within London, early diagnostic centres are being developed, with one planned to support care for patients from BHR. These will start to impact on the number of patients being screened and thus presenting earlier to hospital and starting their care and treatment sooner. This may also alter the types of treatment for patients both within acute trusts and community settings.

BHRUT has been fortunate in having the opportunity to be involved in the Grail trial in partnership with University College Hospital, with an additional CT scanner placed in King George Hospital to facilitate an increase in screening for Lung Cancer patients from our local community. This project will contribute hugely to the early diagnosis of lung cancer.

Medical technology is constantly developing and local Radiotherapy services will continue to play an increasingly important role in caring for cancer patients and managing future demand. The Trust has benefited from significant investment in its Radiotherapy department including three state-of-the-art machines offering top-class treatments for patients at Queen's Hospital.

Queen's is the only hospital in the world to have two Halcyon machines, offering high quality, high speed, fully image-guided radiotherapy in a more patient-centred way. Treatment times are reduced, while still delivering the same level of radiotherapy treatment, making it a much more comfortable experience for the patient. Queen's also boasts The Edge, a specialist machine with enhanced precision and accuracy used in the treatment of complex cancer cases.

The BHR system is also focused on recruitment and retention of staff. The Queen's chemotherapy unit has a training model for the development of specialist chemotherapy nurses which both patients and the Trust has benefited from over a number of years.

The Trust plans to continue to 'grow its own' staff while attempting to recruit into vacant posts. Staffing levels and new models of working are constantly assessed and considered, so that rotas are resilient and provide the best possible patient care.

As patients benefit further from advances in technology and care, the development of local chemotherapy services will remain clinically-led and will be part of the wider BHRUT clinical strategy which will be developed in the context of an integrated care system. The development of this strategy has already begun and includes an independent review of the future demand and population need for the BHR system as a whole.