

NOTES OF AN INFORMAL BRIEFING TO OUTER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY SCRUTINY COMMITTEE RE HEALTHWATCH REPORT – CHANGES TO CHEMOTHERAPY SERVICES AT BHRUT, REDBRIDGE TOWN HALL, 9 APRIL 2019, 5.40 – 6.10 PM

Present

As per minutes of ONEL JHOSC meeting, 9 April 2019

- Healthwatch representatives had recently met with patients who had undergone chemotherapy or other treatment for cancer. The main concern raised had been that the priority 'red card' for cancer patients to show at A & E had not been recognised by staff meaning that cancer patients were not triaged appropriately at A & E. BHRUT offices responded that whilst there was a well-defined pathway for ambulances arriving at A & E, it was accepted that there was insufficient recognition among staff of the 'red card' that is shown by a walk-in patient. Signs would be put up in A & E and other relevant areas giving details and instructions to staff about the meaning and use of the 'red card'.
- Feedback had also been given that the chemotherapy suite at Queen's Hospital was cramped and had a lack of privacy and natural light. There was also a lack of assessment for patient transport and parking, whilst free for cancer patients, was in short supply due to a mobile unit being located on approximately a quarter of the cancer services car park. Patients were also not made sufficiently aware of the parking options at Queen's Hospital.
- Other issues raised included that it was no longer possible to confirm a patient's next oncology appointment whilst they were at their current appointment. The Cedar Centre facility at King George Hospital had been found to be underused with a particular lack of BME users. The proportion of BME patients using the chemotherapy service as a whole (around 25%) had also been found to be lower than expected.
- Patients were very supportive of the cancer service and the staff involved. BHRUT confirmed that the Trust supported the Healthwatch work and had provided input etc and would also feed the findings of the Healthwatch report into the NHS long term plan.
- The Chief Operating Officer at BHRUT thanked the Barking and Dagenham, Havering and Redbridge Healthwatch organisations for their work and confirmed that the Trust wished to work in partnership with Healthwatch.
- Opening hours of the chemotherapy department had been extended but it was not possible to increase the space in the unit. The unit size met the required standards and it was accepted that the general lack of daylight at Queen's remained a problem. The decontamination unit had been placed in the car park due to an earlier fire in the building but this was due to be removed shortly, freeing up additional parking spaces. The Trust was happy to undertake further

work on the use of the Cedar Centre and the diversity of service users. Whilst Trust officers were proud of the Living Beyond Cancer hub at the Cedar Centre, it was accepted that this was not yet being used as much as they would like. Leaflets about the service were being translated into different languages.

- It was also clarified that there were no additional beds or chairs in the unit, and the same number of patients were still being seen at any one time. The unit was however now open longer hours and for six days per week. Some patients needed to have a blood test prior to their chemotherapy session and it was also important that chemotherapy was not made up too early. Some waits for patients on the day of their treatment were therefore unavoidable.
- A Member felt that the Healthwatch report showed that the Committee had been correct to raise concerns that Queen's Hospital would have insufficient parking spaces if cancer services were transferred there from King George. BHRUT officers confirmed that they accepted all the recommendations in the Healthwatch report and reiterated that more parking spaces would be available shortly when the temporary unit was removed from the car park area.
- It was clarified that the carer of a chemotherapy patient had stated that they had not been given any instructions for injections that needed to be administered at home. BHRUT officers agreed that this should not have happened and would share the Healthwatch report with the chemotherapy team. The BHRUT officers also asked for Healthwatch to provide further details of this incident, outside of the meeting.
- The Committee agreed that BHRUT would provide a written response to the Committee covering the following:
  1. A response to all recommendations made in the Healthwatch report.
  2. The Trust's position now on the decision to close Cedar ward at King George Hospital.
  3. How the increase in demand for cancer services in the coming years will be handled by BHRUT.
- It was further agreed that the formal BHRUT response on the above issues should be put on the agenda for the next JHOSC meeting.