

RESPONSES TO FOLLOW UP CHEMOTHERAPY QUESTIONS

INTRODUCTION

During the Joint Health Overview Scrutiny Committee held on 9 July, a number of follow up questions were raised by councillors during our item which covered responses to the recommendations made by Healthwatch following some changes to our chemotherapy services.

Answers to these questions are below.

QUESTIONS AND ANSWERS

1. Data on the waits experienced by cancer patients in A & E

Please note: This information has been drawn from chemotherapy patients with active chemotherapy passports (red cards).

Between March and July 2019 we treated the following number of chemotherapy patients within the Sunflower suite.

March	April	May	June	July	Total
103	100	71	264	205	743

During the same period, from the cohort of patients above, we saw the following number of chemotherapy patient attendances in our Emergency Department (ED).

Month	March	April	May	June	July
Chemotherapy patient ED attendances	38	26	18	55	49
Average time (in minutes) between attending and RAT / triage	28	25	12	27	24
Admissions	21	16	9	21	24
Repeat visits	14	4	5	10	10
Percentage of admitted patients	55	61	50	38	53

The admission rate for active chemotherapy patients attending our ED is considerably higher than other patients attending ED, which to be expected – it is for this reason that the chemotherapy passport is issued, so the patients are triaged early to assess their condition.

The table below shows the total number of patients attending ED, and the percentage of patients admitted.

Month	March	April	May	June	July
Total attendance in ED	16840	16091	16264	16049	16749
Admissions	4563	4314	4340	4271	4360
Percentage of admitted patients	27	26.8	26.6	26.6	26

2. Data on the relationship between chemotherapy and sepsis over the last three years.

Please note: The admission data for 2019 is up to March 2019 only. The information regarding screening and treatment delivery is taken from our monthly Trust sepsis audits for those patients under the care of oncology.

Between 2017 and 2019 the following numbers of chemotherapy patients were admitted with neutropenic sepsis.

Year	Number of patients admitted
2017	63
2018	58
2019	23
Total	144

A further 50 were admitted over this period with another condition as their primary reason for admission but also had neutropenic sepsis.

Year	Number of patients admitted
2017	28
2018	19
2019	3
Total	50

This makes a total number of 194 chemotherapy patients admitted with neutropenic sepsis between 2017 and 2019.

Neutropenic sepsis is an unfortunate side effect of chemotherapy treatment, due to the reduction in white blood cells (neutrophils), and it is therefore expected that a number of patients will unfortunately develop this during their treatment – this the case nationally, not just within our Trust.

For all patients with confirmed or suspected sepsis with a decision to treat, there is an expectation that treatment is delivered within 1 hour.

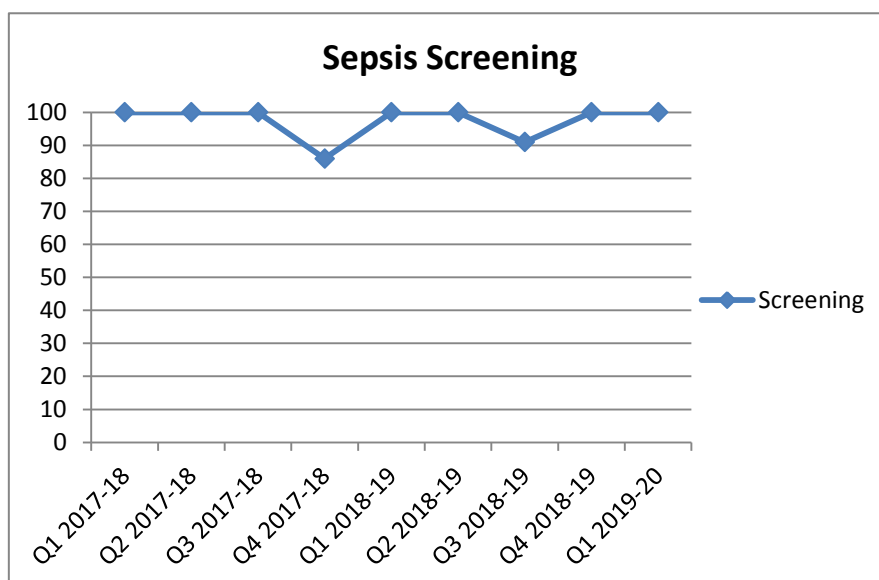
Nationally there are two indicators which must be reported on – these are screening and antibiotic delivery within one hour. Within our Trust we go beyond this, and also monitor a further five indicators – again all within one hour:

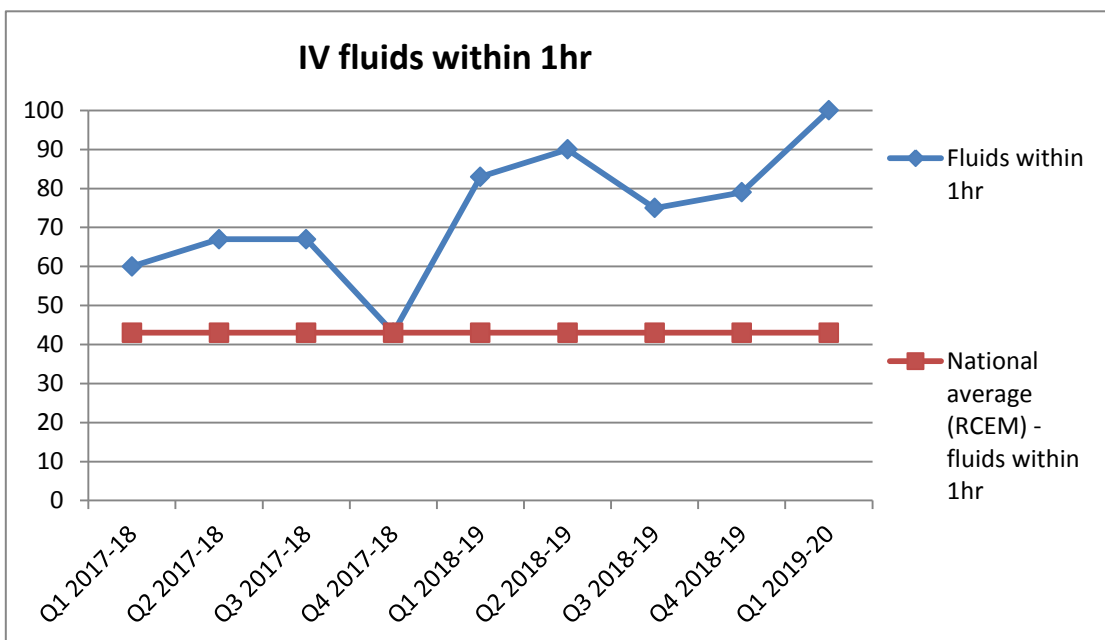
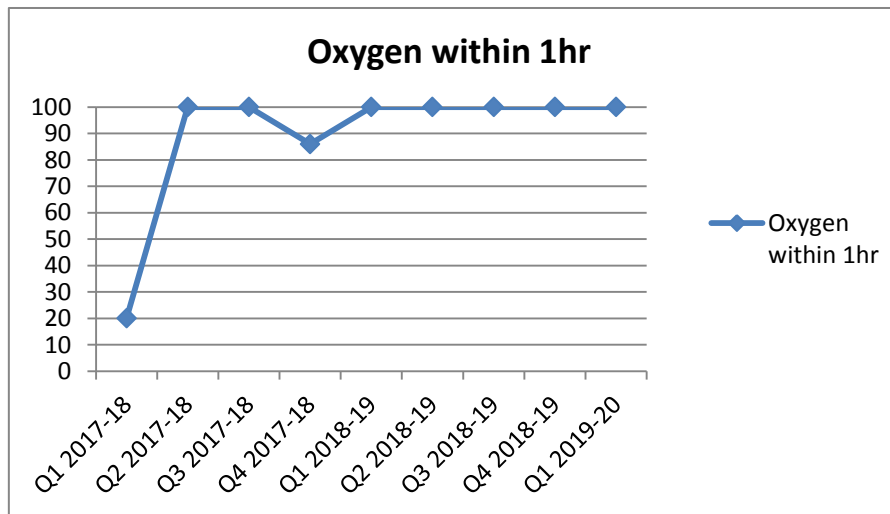
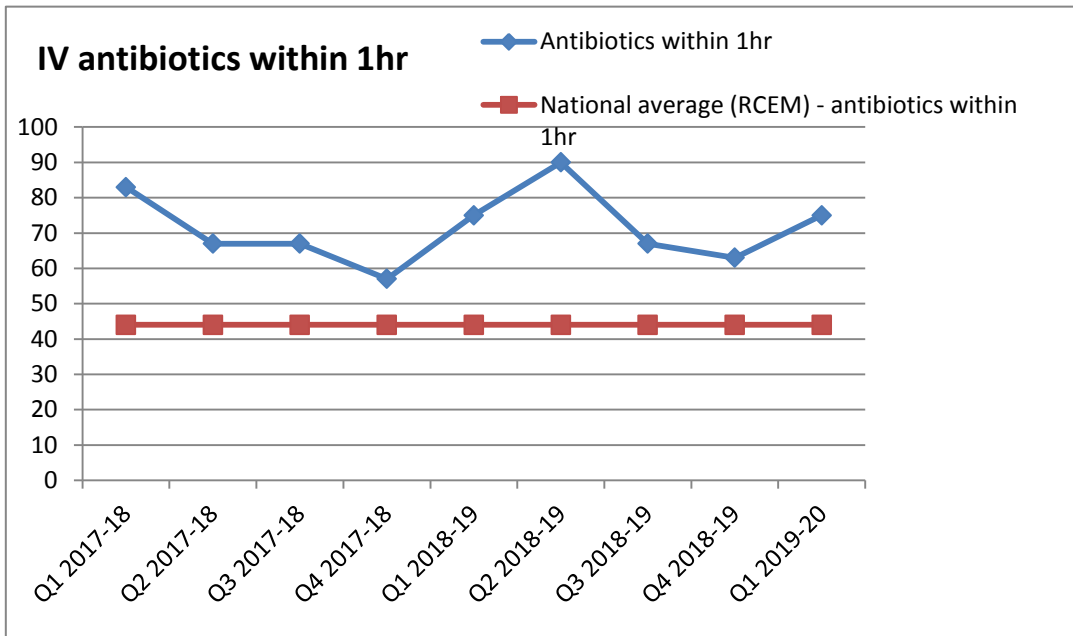
- oxygen delivery
- intravenous fluid administration
- blood culture measurement
- lactate (a blood test) measurement
- urine output

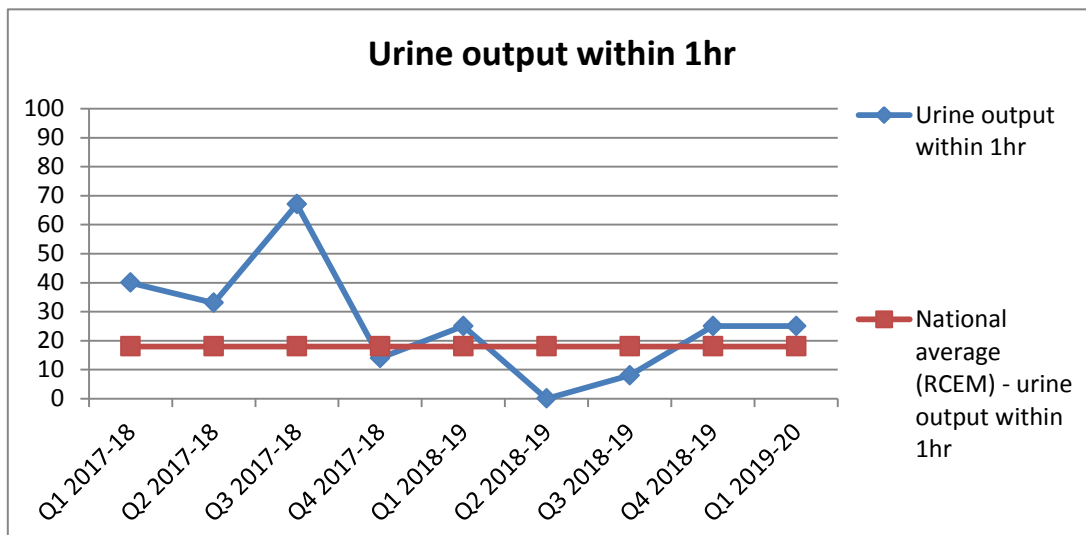
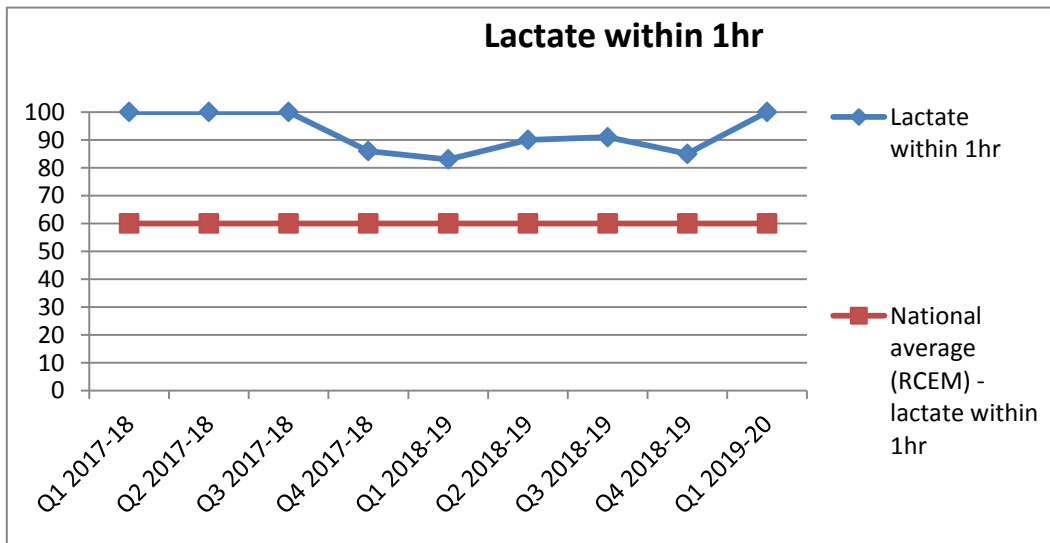
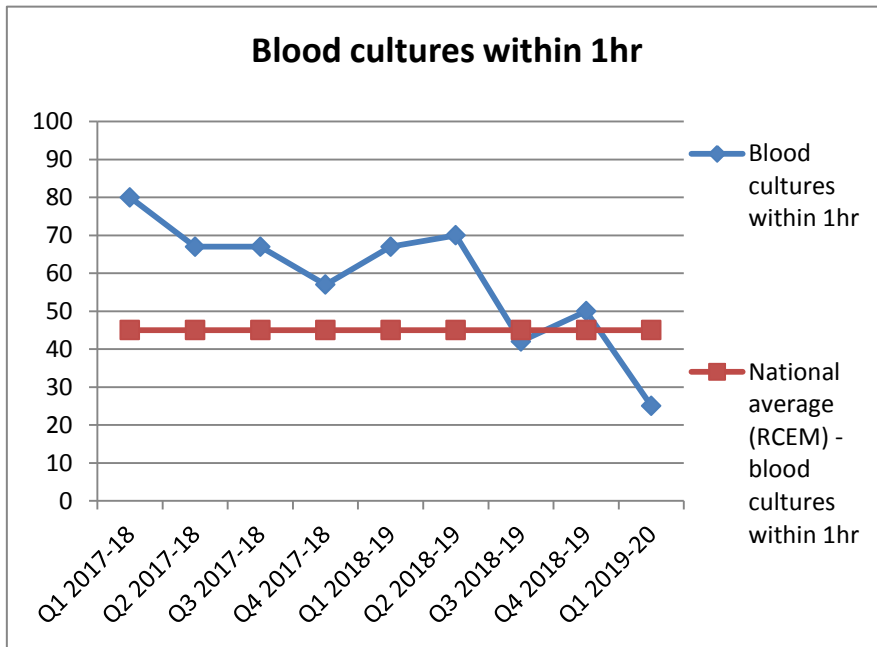
We monitor performance in relation to these standards for patients attending our ED and also for patients who develop sepsis as an inpatient. Nationally, the number of patients who develop sepsis as an inpatient is low and this is reflected in our data as well.

Trust data for the last three years for patients under the care of oncology is summarised and displayed in the graphs below:

- **Sepsis screening** for all patients is above the NHS England average including oncology patients – the national average is 85% and our trust average is 97%.
- **Antibiotic delivery** within 1 hour is between 63% and 100% against a Royal College of Emergency Medicine average of 44%.
- **Oxygen delivery** within 1 hour has improved since 2017 and now ranges between 86% and 100% compliance for oncology patients.
- **Intravenous fluid administration** with 1 hour is between 43% and 100% against a Royal College of Emergency Medicine average of 43%.
- **Blood culture measurement** within 1 hour is between 25% and 80% against a Royal College of Emergency Medicine average of 45%.
- **Lactate (a blood test) measurement** within 1 hour is between 83% and 100% against a Royal College of Emergency Medicine average of 60%.
- **Urine output measurement** within 1 hour has ranged from between 0% to 67% against a Royal College of Emergency Medicine average of 18%.







3. An audit of the study of the demand for chemotherapy over the next 10 years.

When trying to forecast demand on our services we look to a number of sources and areas of data – this is true of all services including cancer services.

As well as looking at local data sets for growth and population trends, we also considered research and strategies from national bodies including:

- Health Education England
- Public Health England
- Cancer Research
- NHS Long Term Plan

The NHS published a document in 2017 ‘Cancer Workforce Plan - Phase 1: Delivering the cancer strategy to 2021’. In this it states: ‘Predicting the number and shape of the future NHS workforce is always difficult but this is especially true for cancer, where the needs of patients and our ability to respond is subject to radical change.’

Following this Health Education England published a ‘Call for evidence’ in relation to workforce challenges as they acknowledged our ability to understand and respond to cancer is continually changing, and they looked to develop a plan beyond 2021 having identified five key global drivers of change:



These key global drivers largely mirror the opportunities and areas we have identified within our Trust and the BHR area when considering and assessing the future provision of cancer treatment.

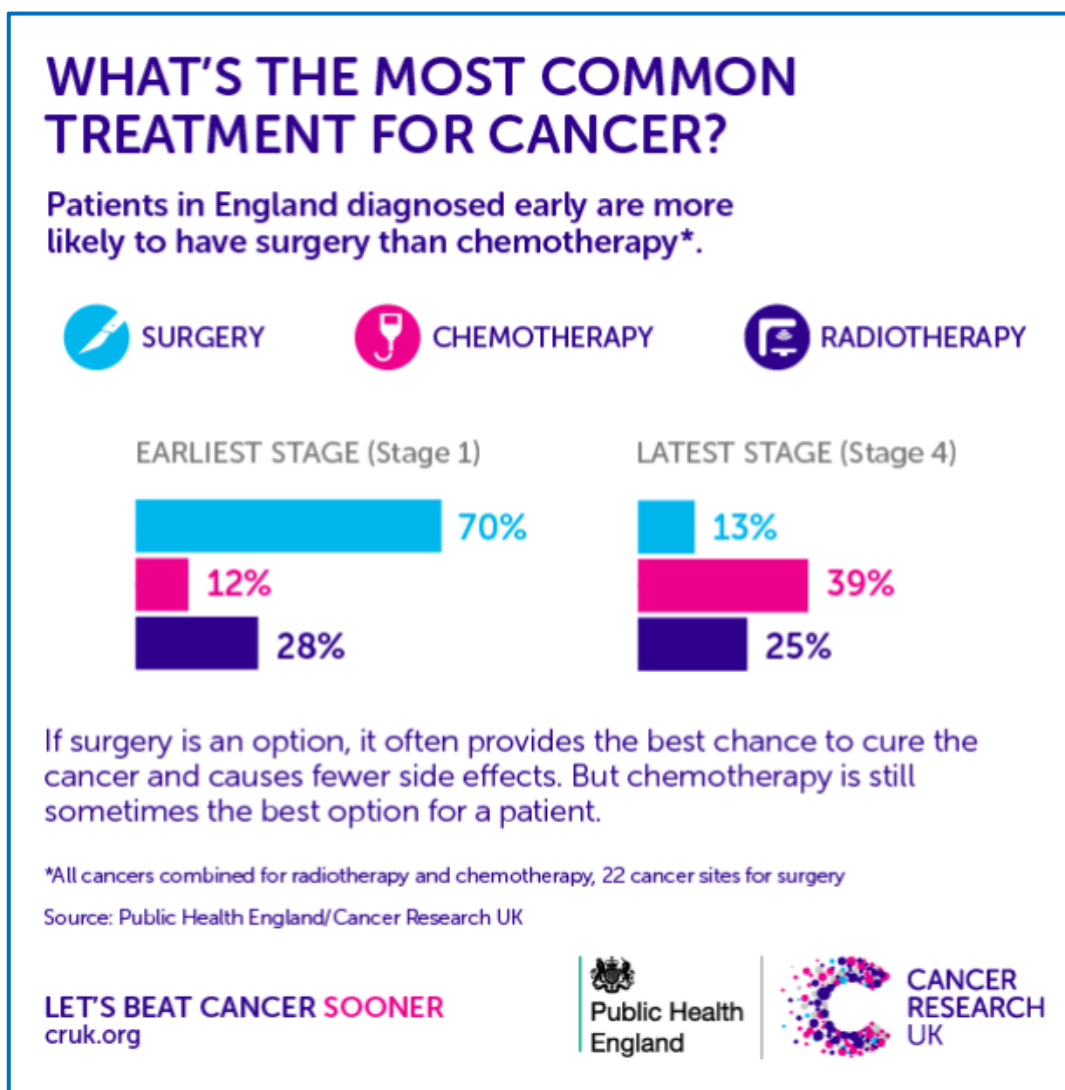
In respect to changing **demographics**, we work closely with our local authority public health partners, our BHR CCG colleagues and other health organisations to ensure we work with the most up to date population growth

projections and demographic changes across all three boroughs, so we can interpret this data and predict how it will impact demand on services.

In terms of **technology and innovation** the below list highlights a number of advances that we know will help in early diagnoses and prevention, which is key in reducing the number of patients needing chemotherapy treatment:

- Improvements in cancer screening services
- New screening services
- New diagnostic techniques
- The genomic medicine plans
- The increased focus on testing for hereditary conditions

Current and future service models are being reviewed all the time, and a key factor in reducing the prevalence of chemotherapy as a first treatment (as outlined in the 'call for evidence') for cancer patients is clearly linked to early diagnoses – as shown in the below illustration provided by Public Health England / Cancer Research UK:



This clearly demonstrates that if cancer can be diagnosed at stage 1, the most successful treatment is most likely to be surgery combined with radiotherapy, and the need for chemotherapy would be reduced. If this model can be better adopted then increased radiotherapy provision would be needed, rather than seeing the continued increase in chemotherapy demand.

We are ideally placed to provide additional radiotherapy resource.

The radiotherapy equipment in our Trust is among the most advanced available to patients in the world. Our LINAC (a medical linear accelerator used for external beam radiation treatments) devices have all been replaced in the last three years to provide the most advanced adaptive radiotherapy available.

We were the first trust in the UK and one of the first in the world to benefit from a Varian Halcyon radiotherapy machine, and are still the only Trust in the UK to have two.

We chose these machines as they offer improved outcomes for patients and also allow them to benefit from reduced times in the machines, which in turn allows extra capacity to be available for any growth in demand.

Chemotherapy capacity is a big issue nationally. We have done a lot of work recently in the Trust regarding scheduling of chemotherapy; this work is continuing.

Should demand on chemotherapy services increase, these new ways of working mean we have the ability to extend the service to accommodate such growth.

It is also worth highlighting that as drugs become licensed for sub-cutaneous administration (injection) we will look at ways of moving patients from the chemotherapy suite into administration in a clinic - increasing capacity further (as was the case for sub-cutaneous SACT for myeloma and breast cancer patients).

Changes in service models, and technological innovations, along with advances in medicines and treatments are likely to continue transforming the cancer services landscape over the coming years. To stay abreast of all developments we share and welcome ideas for good practice by liaising with colleagues across the NHS and with trusts across the UK, and we attend a number of meetings and conferences, often where systemic anti-cancer therapy (SACT) data sets and activity is discussed.

4. Data re the friends and family scores for cancer services.

This provides an overview of the results of the Friends and Family Test (FFT) and patient experience of oncology services during the period September 2018 to August 2019.

Analysis of results shows that there are areas where our Trust is performing above the London average, but there are also opportunities for improvement.

Background

The FFT, introduced by the Government in 2012, is a brief and standardised patient experience indicator. It provides organisations, employees and the public with a simple, easily understandable headline metric, based on near real-time experience. It is comparable from a patient's point of view and can be benchmarked from an organisation's perspective.

The FFT results are shown as the percentage of people that would recommend the hospital to their friends and family as well as a percentage response rate.

Within our Trust, we have a paper-based method of patient survey data collection, including the FFT. This is supported by our external partner, I Want Great Care.

In line with the national guidance, FFT collection for oncology is considered an outpatient service.

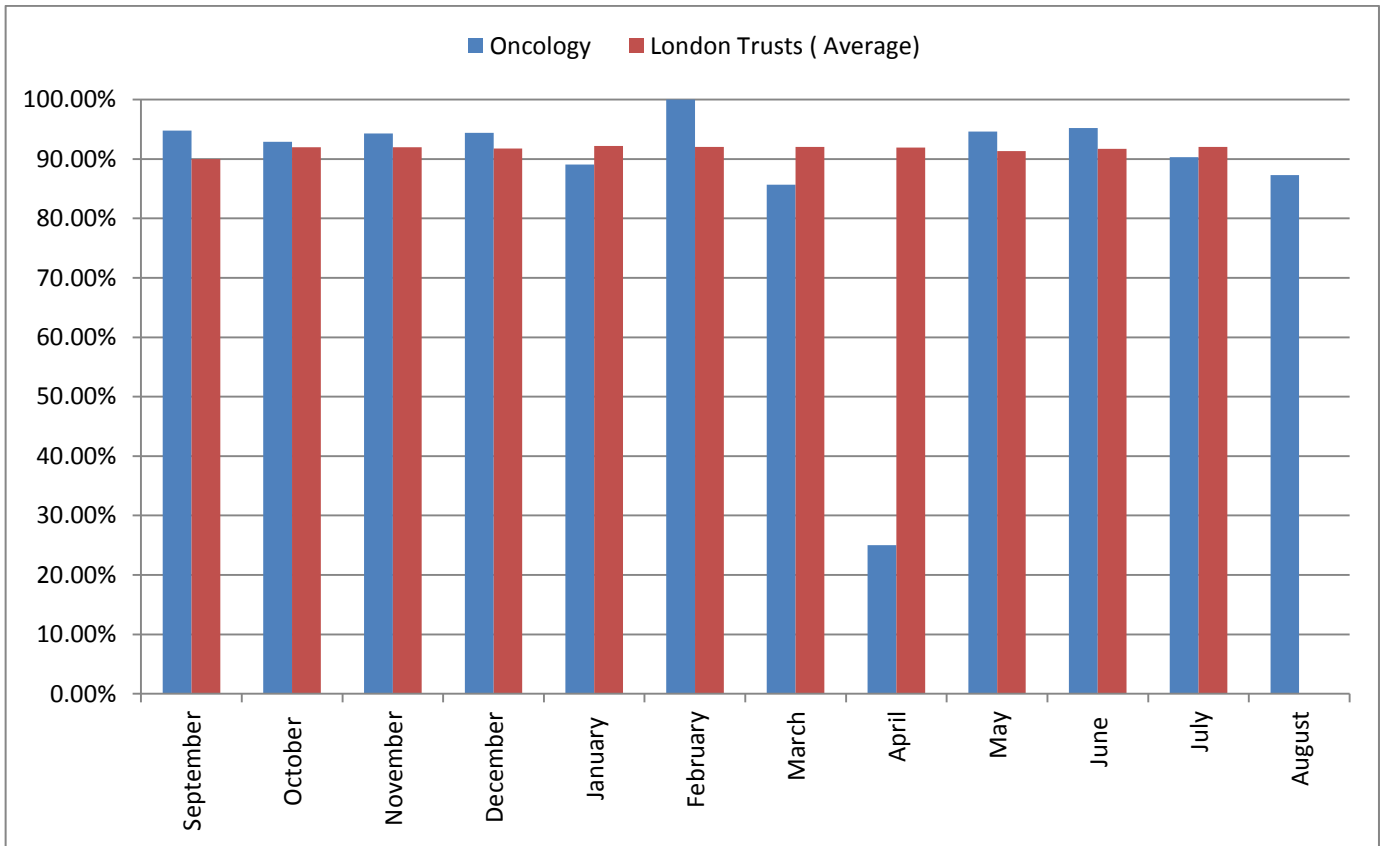
Response rates

As an outpatient service, there is no nationally set target for response rates. Patients are offered the opportunity to provide feedback on their experience at every visit to the hospital and for patients who may be attending on a daily basis; we would not expect them to complete a survey every time. However, patients are always offered this opportunity.

For the period between September 2018 and August 2019, Oncology Services received 610 completed surveys from patients receiving care and treatment.

Positive recommendation

The Trust FFT target for all outpatient services is 95.5%. The graph below shows our performance on a monthly basis for the period between September 2018 and August 2019. The graph shows that our internal target is higher than the London average performance and for seven of the 12 months reported, we performed better than the London average. Of note is the recommendation score of 25% in April, this relates to only four surveys completed this month.



What the feedback tells us

The word cloud below contains the top 100 words mentioned on patient feedback.



The main themes, both positive and negative, related to:

- Staff
- Communication
- Waiting times

The top mentions were:

- **Care** – mentioned 64 times. Patients feel that they have had good/excellent care.
- **Good** - mentioned 56 times. Patients are talking about their good care and the good staff.
- **Explained** – mentioned 20 times. Treatment and care has been well explained by doctors and nurses.
- **Waiting** – mentioned 19 times. Patients felt that their appointment was not on time (delayed).

Examples of comments received are below:

- Waiting time is usually good, when there has been a delay, explanation was given. Nurses are friendly and helpful.
- The waits for oncology appointments are sometimes very long. Up to two hours after the appointment time. While I appreciate that there are all sorts of reasons for this, it would be really helpful if an expectation could be set by staff e.g a long delay come back in 90 mins after the coffee.
- The staff were very welcoming. They answered any questions that we had. The sister in charge for the pre-assessment explained everything very clearly about the forthcoming treatments. She was very patient and attentive. We are very confident that we're getting the best treatment.
- I found the whole process and the care I received to be very good, I felt I was treated as an individual with respect to the situation and friendly attitude by all the staff I met. The only improvement I think of is the waiting time, but appreciated this is often not something easily controlled and everyone need their own time.
- Very friendly staff always polite and smiling. Slight delay in my appointment due to mix up, but staff very nice and sorry about this.
- Being kept informed by an excellent nurse called Michelle. Communication is so very important when you are not feeling so well. You do not feel that you are just a number. Blood test dept could be left open until later in the afternoon.
- The staff are brilliant in the radiotherapy dept from the reception to the people that work on you! They keep you informed totally. The only drawback was the waiting times some days and machinery breaking down, but that can't be helped really.
- A brilliant team - my whole course of treatment has been excellent. The past few years have definitely been helped by the people I have encountered in oncology - seriously a great team - I always recommend them to all my friends.
- All parts of my care have been excellent including advice about my illness and treatment.
- All my treatment was excellent. Very quick to respond never waiting for any length of time for anything. Was treated with respect and kindness throughout.