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Mr Joe Fielder, Chair
Mr Chris Bown, Interim Chief Executive Officer
Barking, Havering and Redbridge University Trust
Queen's Hospital
Rom Valley Way
Romford, Essex RM7 0AG

6 September 2019

Dear Mr Fielder and Mr Bown

BHRUT Response to the Healthwatch Report to JHOSC 9 July 2019

At the Joint Health Overview and Scrutiny Committee (JHOSC) meeting in April 2019, the Healthwatch organisations from Barking & Dagenham, Havering and Redbridge published their joint report regarding the impact of the recent changes to chemotherapy services at BHRUT. At the meeting, officers from BHRUT accepted the recommendations within the report and were asked to provide further responses at the JHOSC meeting on 9 July 2019.

Colleagues from all three Healthwatch have now had the opportunity to meet and review your response and we would like to make some additional comments based on our original recommendations.

We feel it might be helpful if we were also to arrange a meeting to discuss our response in order to identify where additional concerns were raised and to ensure patients and carers are provided the best care and support possible at Queens and King George's Hospitals.

It would be helpful if the meeting could be arranged before the next JHOSC meeting (15 October 2019) as we will be sending a copy of our response to the committee for information and comments. We will also be raising our additional comments at the committee meeting.

To ensure clarity, we have updated your responses to each of the original Healthwatch recommendations.

Yours Sincerely

Cathy Turland

For and on behalf of Barking & Dagenham, Havering and Redbridge Healthwatch

Healthwatch Redbridge
Cathy Turland - Chief Executive Officer

Healthwatch Barking & Dagenham
Richard Vann – Healthwatch Officer

Healthwatch Havering
Ian Buckmaster – Executive Director

Cc: Anthony Clements, JHOSC

HEALTHWATCH RECOMMENDATION RESPONSES

Accident and Emergency

HW Recommendation

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.

BHRUT Response

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 (chemotherapy alert card)

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.

HW Additional Response

- *Healthwatch Havering recently carried out a visit to the Urgent Treatment Centre at Queen's Hospital and were pleased to observe a number of notices for patients and staff.*
- *We would however, request a copy of the protocol be forwarded to us.*
- *We will continue to monitor UTC's and Emergency Departments across the region to ensure this remains consistent.*
- *Healthwatch Redbridge have recently been made aware that a patient at another*

hospital has raised concerns as they were not triaged appropriately. This will be followed up in due course.

- *We understand that a patient's treatment is prioritised on their need however, we would question how a patients' needs are affected (such as their possible low immune systems) by other patients presenting with possible contagious conditions.*

Sunflower Suite (Queen's Hospital)

HW Recommendation

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.

BHRUT Response

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.

HW Additional Response

- *At the focus group, patients and carers at all tables stated they felt the suite was cramped. We would ask why there is this perception.*
- *In what way were the hours extended? What are they now?*
- *It also appears from the figures presented that there was a reduction in patients attending since June 2018, a long time before the consultation took place. Could this be explained please?*

Patient Transport & Parking Facilities

HW Recommendation

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.

BHRUT Response

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.

HW Additional Response

- *The decontamination unit was in place for over a year. The endoscopy unit is still taking up car parking spaces.*
- *At what point are patients and carers made aware they can park for free in the multi-story car park or other bays? Is there a leaflet within the ward or outpatients department?*
- *We found little evidence that patients (attending the focus group) were asked or indeed knew that they could get free parking or transport.*

HW Recommendation

All patients should be assessed for patient transport.

BHRUT Response

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.

HW Additional Response

- *We found little evidence that patients (attending the focus group) were asked, or indeed knew that they could get free parking or transport.*
- *How is patient transport actually assessed? Does the consultant make an assessment without asking the patient or carer?*
- *Is the reassessment assumed by nursing staff or are patients provided with this information when they attend future appointments?*

Oncology Appointments

HW Recommendation

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

BHRUT Response

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.

HW Additional Response

- *Regarding your comment on overbooking - could you clarify what you mean?*
- *Where you say you are considering options, could you explain how, and with whom you are consulting*

Chemotherapy Appointments

HW Recommendation

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.

BHRUT Response

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.

HW Additional Response

- *Who are the members of you chemotherapy working group?*
- *Are any recent users of your chemotherapy services on it?*
- *If the suite is open from 8am, could you perhaps explain why the first appointments are not scheduled until 9.30am?*

Questionnaire

HW Recommendation

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

BHRUT Response

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.

HW Additional Response

- In regards to your comment about staffing levels; when were these comments received?
- Recruitment was already required before the move took place. Was this for additional resources?
- Could you also confirm whether student nursing placements are counted within your establishment figures, or super-numery?
- Are you now at full complement for chemotherapy nurses?

Phlebotomy

HW Recommendation

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

BHRUT Response

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.

HW Additional Response

- *Thank you for your response. We have no further comments.*

Clinic services

HW Recommendation

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.

BHRUT Response

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.

HW Additional Response

- *Thank you for your response. We have no further comments.*

Cedar Centre

HW Recommendation

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.

BHRUT Response

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.

HW Additional Response

- *Many patients and carers (at the focus group) said they were not made aware of the services available at the Cedar Centre.*
- *How do you make patients and carers aware of the services?*
- *Is the information available in other formats (other languages, easy read, large print etc).*

Demographics

HW Recommendation

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.

BHRUT Response

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.

HW Additional Response

- *We remain concerned that the tables provided are not representative of the population served by the hospitals.*
- *National figures for cancers[1] do reflect some indications that demographics play a part in cancer diagnoses, however we remain concerned that the figures suggest that most patients receiving treatment at Queens (75%), and those accessing the Cedar Centre (81%) are not from BME populations, which is very different to the overall balance of the population across BHR.*

Pharmacy

HW Recommendation

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.

BHRUT Response

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

[1] https://www.cancerresearchuk.org/health-professional/cancer-statistics/incidence/ethnicity

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.

HW Additional Response

- *Other hospitals such as Whipps Cross Hospital for example, still use this system of a 'satellite service' whereby chemotherapy medication is transported from a central hub.*
- *We are concerned that, as there was no proper consultation, the impact of this change has not been reviewed appropriately. When services are moved, there is a possibility that the cost burden is externalised and sits with the patient (in terms of additional travel costs for example).*

Patient Engagement

HW Recommendation

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.

BHRUT Response

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).

HW Additional Response

- *We do feel the report highlighted a number of areas of concern. Your response seems to suggest the opposite.*
- *Many people were really positive about being engaged with in the future but are not Patient Partners (either by choice or because they do not know about the group).*
- *We remain concerned that not enough cancer patients and carers currently receiving treatment are involved in the service changes.*
- *We previously suggested that patients and carers who attended this focus group might be formed into a current patient user group to support the Trust to develop the service. Indeed, this was fully supported by BHRUT's Professional Lead for AHP's & Nursing | Cancer and Clinical Support.*

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
Any other White background	8
Indian or British Indian	10
Black African or Black British African	11
Asian – other	4
Black Caribbean or Black British Caribbean	4
Any other ethnic group	1
Pakistani or British Pakistani	1
Bangladeshi or British Bangladeshi	2
Not stated / refused	4
Any other Black background	3
White Irish	2
Chinese	1
Any other mixed background	0
Mixed White and Black African	1
Mixed White and Black Caribbean	1
Unknown	1
Mixed White and Asian	0
TOTAL	**235**

Chart 1

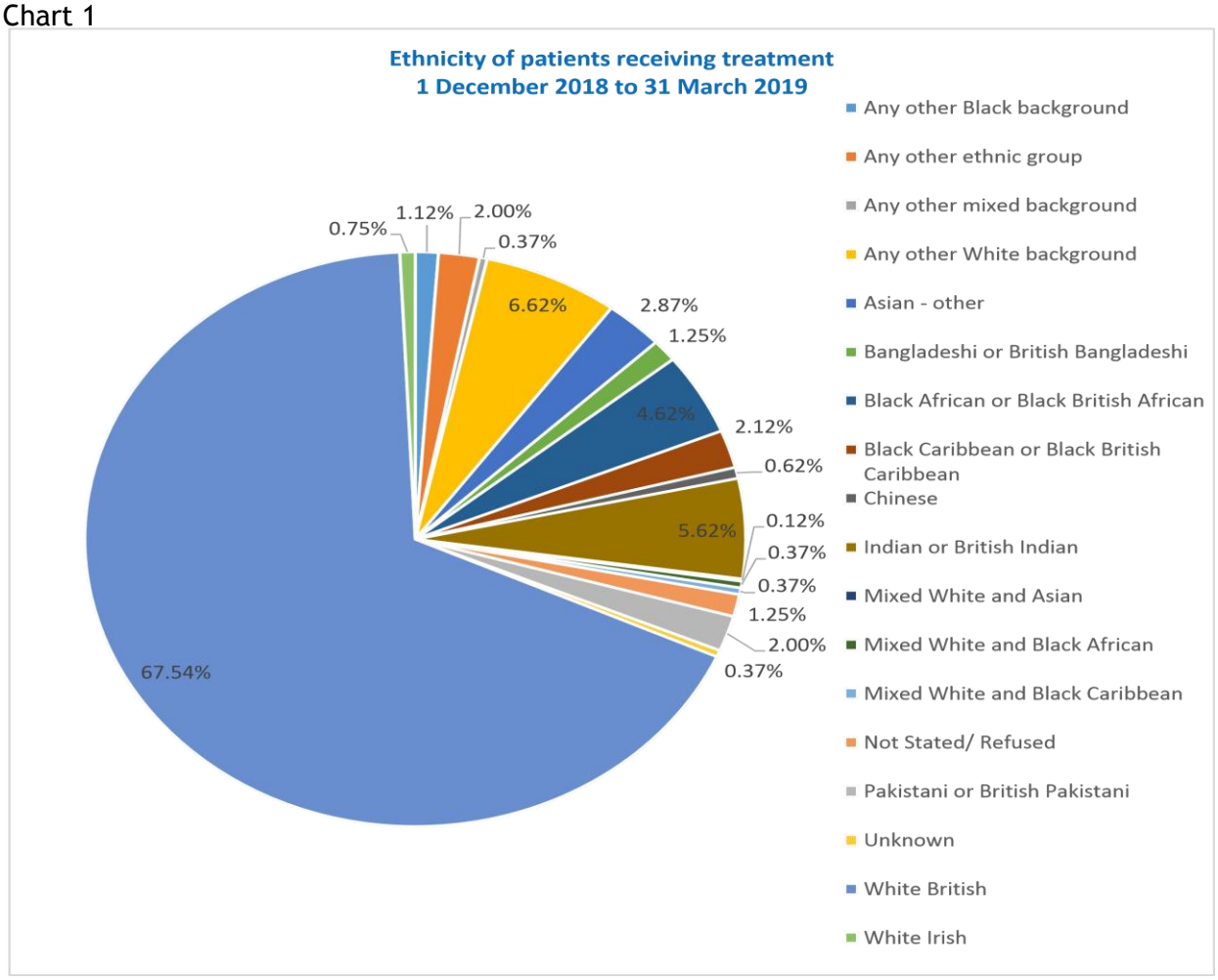

Chart 2