

## HOSC Briefing Paper – 8 February 2018

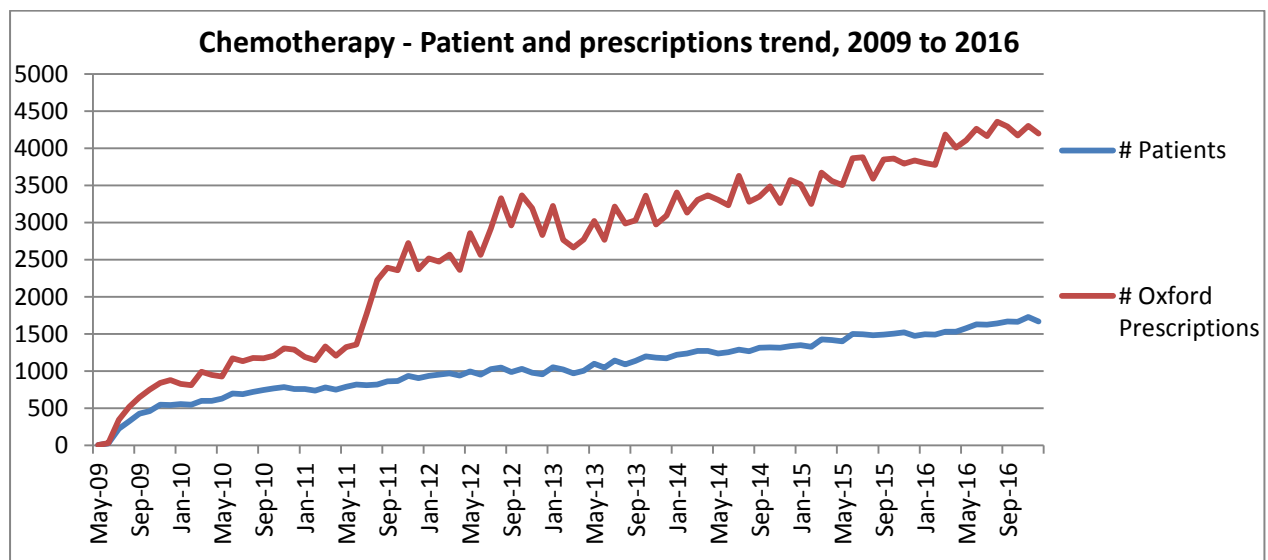
### Chemotherapy services at Oxford University Hospitals NHS Foundation Trust

#### Increasing demand for chemotherapy treatment

Over the past 5 years, the number of patients receiving chemotherapy locally has increased by 10-12% each year. This increase in demand has been driven by:

- Increasing incidence of cancer, particularly within an ageing population.
- Improved survival of cancer patients (both as a result of treatment improvements and of screening and symptoms awareness), resulting in the disease becoming a chronic condition for some, with a corresponding requirement for ongoing treatment and an increased number of cycles per patient.
- The introduction of new treatments – this can happen quickly with significant implications, particularly if a tumour site with a large number of patients is involved, eg breast cancer.
- An increase in novel immunotherapy treatments licensed for use for treatment.
- A significant amount of work which has been undertaken so that more patients previously treated as inpatients are now treated as day cases.

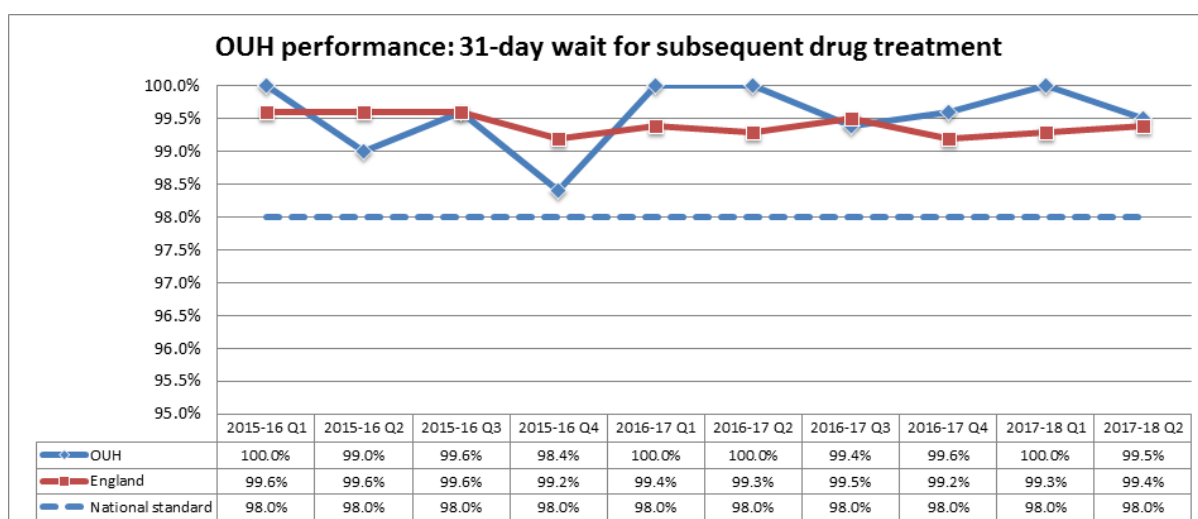
The table below outlines the growth in both patient and treatment numbers for chemotherapy



#### Performance against national performance standards for chemotherapy treatment

Oxford University Hospitals has consistently met the national performance standard that at least 98% of patients will start administration of chemotherapy within 31 days of a clinician making the decision that chemotherapy is the appropriate course of treatment.

The table at the top of page 2 summarises performance against the 31-day target since 2015.



## Chemotherapy services in Oxford and Banbury

The OUH Chemotherapy service is currently provided from:

- The Day Treatment Unit (DTU) at the Churchill Hospital in Oxford which has 30 chemotherapy treatment chairs and 12 chemotherapy treatment beds. Treatment beds enable patients to receive treatment lying down. They are not inpatient beds to which patients are admitted.
- The Brodey Cancer Centre at the Horton General Hospital in Banbury which has 8 chemotherapy treatment chairs.

The Day Treatment Unit at the Churchill Hospital is open 6 days a week, from 8am to 7pm Monday – Friday and from 8am to 4pm on Saturday. The Brodey Cancer Centre is open from 8am to 6pm Monday – Friday.

In addition to intravenous and subcutaneous chemotherapy treatments, the two hospital units also provide other treatments including blood transfusion, line insertion and venesection. This includes treatment for some patients with benign disorders.

In 2017, on average, the two unit combined saw 90-95 patients per day, approximately 60 with chemotherapy and 30 receiving blood transfusion or other supportive treatments.

In addition, some patients receive chemotherapy at home through a contract with an external provider. These patients remain under the care of the NHS and their treatment is free at the point of delivery.

## Clinical leadership of chemotherapy services

The Trust has a Chemotherapy Operational Group (COG) which includes key staff involved with the delivery of chemotherapy services at OUH.

This group:

- Meets monthly to discuss operational issues – it also has a monthly sub-committee which discusses strategy for chemotherapy delivery.
- Leads discussions and implements changes in order to ensure the provision of an efficient and safe chemotherapy service.
- Is responsible for ensuring that cancer drugs within OUH are being delivered and monitored utilising consistent, evidence based and appropriate clinical protocols and guidance.
- Reports to the Trust's Medicines Management Therapies Committee (MMTC) and feeds into directorate management meetings.

The group is well established. It has been in existence since 2007 with the same chemotherapy lead clinician, nurse and pharmacist. There is representation across the different staff groups within both Oncology and Haematology.

### **Nursing vacancy rates in the Day Treatment Unit**

The chemotherapy service proactively sought additional funding to resource the level of chemotherapy staff required to meet the increasing demand for treatment.

The Trust provided additional investment in the service in October 2017 to support the growth in chemotherapy activity. The Day Treatment Unit received just over £200,000 to support the development of the acute chemotherapy team, who work between the wards and the Day Treatment Unit. The team consists of a Band 7 senior specialist nurse and 4 Band 6 specialist nurses.

This has resulted in an increased nurse staffing establishment and a vacancy rate of 29% as of 11 January 2018. The vacancy rate in September 2017, before the nurse staffing establishment was increased, was 21.9%.

The high overall nursing vacancy rate in the Oncology & Haematology directorate (including the chemotherapy service) is on the directorate risk register and has been escalated to both the Surgery & Oncology division risk register and the overall Trust risk register.

### **Ongoing initiatives to increase the capacity of the chemotherapy service**

A number of initiatives have been undertaken to increase capacity – these include the following:

**1. Providing chemotherapy in people's homes**

Where suitable, chemotherapy is provided in patients' homes so they don't have to come to the Day Treatment Unit at the Churchill Hospital. We work in partnership with a private provider, which has its own chemotherapy trained nurses who can administer chemotherapy, in order to provide this service. Treatment remains free at the point of delivery and patients remain under the care of the NHS.

**2. Dedicated focus on nursing recruitment**

There is a dedicated national recruitment campaign for Oncology & Haematology nursing, including a Facebook advert and regular open days. The service runs weekly adverts and shortlisting to proactively recruit staff.

**3. Better access to training**

For new nurse starters at OUH, there is rapid access to chemotherapy education and training. In 2015, a new initiative with the Royal Marsden Hospital collaborating with the OUH resulted in an in-house chemotherapy course, in addition to the established course run by Oxford Brookes University. This has resulted in an additional cohort of 4 nurses twice per year receiving chemotherapy training.

**4. Increased recruitment of support staff**

The directorate has reviewed the workforce plan and proactively recruited nursing assistants in the Day Treatment Unit and in Outpatients so nurses can focus on nursing responsibilities. In addition, administrative and clerical staff support is being reviewed so that, if suitable, further tasks can be delegated to this staff group.

**5. Expansion of the Brodey Cancer Centre at the Horton General**

There are a number of patients currently receiving chemotherapy treatment in the Day Treatment Unit at the Churchill Hospital in Oxford who could be treated closer to home in

the Brodey Cancer Centre at the Horton Cancer Centre in Banbury. Historically, recruitment of chemotherapy trained nurses has been easier in Banbury than in Oxford. Therefore the Trust plans to increase the number of chemotherapy treatment chairs in the Brodey Cancer Centre in 2018 to accommodate more patients. This will result in 3 additional chairs and approximately 7-8 extra patients a day receiving chemotherapy treatment.

### **Recent media coverage – background**

The Chemotherapy Operational Group was provided with a report on 3 January 2018 reiterating the ongoing nursing recruitment challenges and increased demands for chemotherapy in the Day Treatment Unit at the Churchill Hospital – the report aimed to generate discussion among clinicians and proactive plans to manage this demand in order to maintain high quality services to patients.

The report was discussed on 3 January 2018 with consultants and registrars at both the Oncology Mortality and Morbidity meeting and the Oncology Clinical Leads meeting.

Following the discussion at the Oncology Clinical Leads meeting, Dr Andrew Weaver (Clinical Lead for Chemotherapy) was tasked with sending an email to oncology and haematology clinicians to ask for clinical teams to review practice in their own specialty groups.

The aim of Dr Weaver's email was to generate ideas from staff and for these to be presented at February's Oncology Clinical Leads meeting.

Dr Weaver's email was leaked by one of its recipients to *The Times* newspaper. The Trust press office issued a media statement to *The Times* on 8 January which stressed that no decisions about delaying chemotherapy treatment or reducing the number of cycles of chemotherapy treatment had been made. The statement categorically stated that changes to treatment had not been made.

*The Times* published a front page story on 10 January under the headline 'Top hospital cuts cancer care due to lack of staff' which inaccurately suggested that OUH had reduced treatment for cancer patients.

This story was followed up by a wide range of national and local media outlets on 10 January. Also on this date the Prime Minister answered a question about the issue in the House of Commons.

### **Reassuring cancer patients – communications to patients, the public and staff**

Following the misleading headline in *The Times* on 10 January, our priority was to reassure cancer patients that their treatment was not affected – a number of patients called the Day Treatment Unit at the Churchill Hospital that morning to ask if they should still come in for their chemotherapy.

The following operational actions were taken on 10 January:

- All leads in the directorate were briefed and staff informed of the headline so they could support patients and answer any questions or queries
- All senior nurses in the directorate ensured they were visible in the clinical areas
- Phone lines were managed by these senior nurses, with support and guidance provided to concerned patients and relatives
- Email enquiries from patients were monitored and responses promptly provided
- Information was put on digital screens in patient waiting areas
- Information was also provided to switchboard operators, our PALS service and the Maggie's Centre on the Churchill Hospital site in case they had contact with concerned patients

Since 10 January, the following operational actions have been taken:

- Patients who have a definitive start date for chemotherapy treatment have been reassured that this date will not be cancelled or deferred, unless there are clinical reasons to do so or a patient indicates they would like their treatment start date to be delayed
- All Day Treatment Unit referrals received up to 10 January were scheduled with start dates between 17 and 29 days from the referral date – patients were informed.

The Communications team undertook the following activity on 10 January to reassure patients and the public, and also to brief key local stakeholders:

- Supported Dr Claire Hobbs (Clinical Director for Oncology & Haematology) who did a series of national and local media interviews – including 7 TV and 2 radio interviews – to reassure patients that their treatment would not be cut, as *The Times* headline had suggested
- Proactively contacted local journalists (TV, radio and newspapers) to issue our media statement to ensure that follow-up coverage was accurate
- Posted a news story on the Trust website <http://www.ouh.nhs.uk/news/article.aspx?id=711>
- Linked to this on our social media accounts (Twitter and Facebook)
- Sent briefings to key stakeholders including:
  - Oxfordshire MPs
  - Elected representatives of patients, members of the public, and staff on our Foundation Trust Council of Governors
  - Healthwatch
- Sent briefings to the Communications teams of key NHS organisations including:
  - Oxfordshire CCG
  - NHS Improvement
  - NHS England

The result of the media relations activity was that by the end of the day on 10 January the media coverage was much more balanced and accurate, with almost all reports stressing that no decision to delay or reduce chemotherapy treatment at OUH had been made.

Most importantly for us, this message was strongest in local and regional media – radio, TV and online/print – because our key audience was current patients who may have been concerned to read *The Times* headline.

The result of the stakeholder engagement activity was that these briefings ensured that the Prime Minister had accurate information with which to answer a question about the issue in the House of Commons on 10 January.

A week after the initial flurry of media coverage, a personal message from the Chief Executive was sent to all staff at OUH to remind them of the various channels available to staff who wish to raise concerns about issues of patient safety and quality.