

Cancer services repatriation HASC report - June 2021

Purpose

To provide the Committee with an update on the repatriation of cancer services at Hampshire Hospitals NHS Foundation Trust (HHFT), following the impact of COVID-19 and the termination of contracts with the independent sector. This paper updates the briefing provided to the Committee in April 2021.

Context - The COVID effect

In response to the COVID-19 pandemic, the Trust was required to make significant changes to services to enable the safe treatment and management of patients.

As part of HHFT's first response to the COVID-19 pandemic, cancer services along with the infusion services were identified to have high risk patients who would require a level of ongoing care. In order to safely continue to care for this group of clinically extremely vulnerable patients, the service was taken outside of the footprint of the main hospital sites in anticipation of a high number of COVID-19 patients coming onto site. The services previously operational from the Winchester and Basingstoke sites were relocated to the ground floor of the BMI facility, Sarum Road in Winchester.

Haematology inpatients were also cared for in BMI Sarum Road until 6 May when they returned to the Basingstoke site. As part of the second response to the COVID-19 pandemic, the haematology inpatient service was moved from the dedicated ward (Wessex Ward) to the private ward (Candover ward) within the Diagnostic Treatment Centre still on the Basingstoke site, as a designated green area.

The impact upon both patients and staff was assessed and outlined in the previous HASC briefing and feedback from patients attending BMI Sarum Road for their cancer treatment, gathered by the Cancer Partnership was positive and supportive of the way in which cancer services continued to be provided.

Current infection prevention advice for managing this vulnerable patient group

The HHFT Director of Infection Prevention and Control (DIPC) has advised that it is not appropriate to return this clinically extremely vulnerable (CEV) patient group to their usual facilities within either the Basingstoke or Winchester acute hospital sites until the impact of the easing of lockdown on COVID-19 prevalence can be further assessed.

As this timeframe is unspecified and the risk of future surges in viral activity are unknown, it was agreed that the appropriate mitigation for safely returning care of this patient group to Basingstoke and Winchester sites would be for the provision of services from separate buildings, with separate entrance/exits or away from the busy footfall of the main hospitals, facilitating effective infection prevention and control measures and ensuring the safety of those in our care.

Phase 1 repatriation complete

The first phase of repatriation, undertaken in early April 2021, was to return the chemotherapy day admissions unit, acute oncology service and outpatient services from BMI, Sarum Road to the Firs Unit, a separate building on the Basingstoke site.

In order to support patients receiving care as close to home as possible, some limited services including line care, collection of prescriptions and outpatient appointments were provided from a ward area (Colebrook) on the Winchester site.

The impact of this service change is as follows:

a) Patient care

- All chemotherapy patients required to travel to the Firs Unit, Basingstoke for their chemotherapy treatments for an interim period until beginning of July 2021
- Patients who had an adverse reaction to treatments would be transported by ambulance to the main building for acute care under a standard operating procedure
- All patients required to undertake a COVID-19 swab on the day of chemotherapy treatments or outpatient appointments
- Temporary reduction in chemotherapy suite capacity, mitigated by extending working hours, until provision of service reinstated on Winchester site.

b) Staffing

- Staff in the chemotherapy day admissions unit are required to work from the Firs unit, Basingstoke, rather than their usual work location for an interim period until beginning of July 2021
- Administrative/support staff will be accommodated either via remote working, or by working from either the Winchester or Basingstoke sites. However, a limited number of people may be required to travel to a site that is not their usual work location. This is for an interim period until beginning of July 2021.

Proposed phase 2 repatriation

The proposed phase 2 is to reinstate full services on the Nick Jonas Ward on the Winchester site, following capital estates works to upgrade the environment for provision of these essential services. The programme of works commenced on Tuesday 1 June and is due to complete on Monday 5 July 2021.

The impact of this service change is as follows:

a) Patient care

- Ensures provision of a full chemotherapy service on the two main sites of HHFT, supporting delivery of services locally where possible, in line with pre COVID-19 provision.

b) Staffing

- Staff in the chemotherapy day admissions unit are able to return to their usual work location
- Administrative/support staff are able to return to their usual work location, unless they are able to work from home, where they will be supported to do so, in line with national guidance

Proposed phase 3 repatriation

To repatriate haematology inpatient beds from the Candover private ward on the Basingstoke site, to an alternative suitable location on the same site, in line with NICE guidance 2016 specification for intensive inpatient chemotherapy status (Levels of care document).

HHFT is considering options for this facility which is for the provision of very intensive chemotherapy; second line/salvage chemotherapy, intensive chemotherapy and other chemotherapy that cannot be delivered in a day unit.

The impact of this service change on patient care is as follows:

- Haematology inpatients remain in a shared area with planned private patient activity, on a green pathway of care, in single side rooms
- Interim provision does not meet the recommendation for HEPA-filtered side rooms, however agreement from infection control that the use of single side rooms only is sufficient as an interim measure, with no requirement for air scrubbers (only required if patients were to be in a shared room or bay, which is not applicable in this scenario).

Communications and engagement

a) Public and patients

- Notified of the change by their oncology or haematology consultant in outpatient clinics
- Notified of the change by the chemotherapy day admission staff
- Notified by letter from the Clinical Director for Cancer Services, Clinical Matron for Cancer Services and Head of Cancer Services, setting out the proposed changes
- This letter is also shared with the Cancer Services Partnership to share with their members and wider support group members
- Information to be communicated via the HHFT website
- Press release to be sent to the local media if required to inform others of the update to this service.

b) Staff

- Chemotherapy Unit daily safety huddle
- Weekly update from Head of Cancer Services to multidisciplinary clinical and admin teams.

The Health and Adult Social Care Select Committee is asked to:

- Review and comment on the progress to date, and future plans to develop a sustainable model of cancer care within HHFT as COVID-19 continues to shape the future of healthcare.