

Airedale Cancer User Partnership Group
Minutes of the Meeting 18th September 2007 12.00pm till 2.00pm
Ante Natal Meeting Room.

Present: Marion Allinson (Chair), Colin Sloane, Peter M Sale (Vice Chair), Reva Underwood, Barbara Shuttleworth Janet Duerden, Pat Dyminski, Dawn Gulliford, Anne Cuthbert, Debbie Bruniges, David J Howe, Lesley Conti, Pam Whitaker, Jane Hornsey, Jan Richardson, Elizabeth Leigh, Christine Leigh, Chris Whale, Steve Davison, Linda McAlroy.

In Attendance: Adam Cairns (Chief Executive Airedale Hospital Trust)

Apologies: Gwen Moore, Janet Harrison, Lynne Russell, Kathryn Dyer, Richard Pope.

Minutes of the last meeting were accepted as a true record.

Airedale cancer Information Pilot report

The final report is now ready and will be presented at the next Cancer Local Area Network (CLAN) meeting on the 5th October. After approval from the CLAN the report will be widely distributed and it was agreed to put a distribution list together, any suggestions to Colin please.

Airedale/Bradford Oncology Collaboration

Adam Cairns agreed to attend this meeting following on from recent negative reports in the local press. Adam began by explaining to the group that the Oncology Collaboration is an agreed plan endorsed by the Yorkshire cancer network, Bradford Hospitals Trust and Airedale Hospital Trust. The reason for the collaboration is born out of a number of reviews undertaken over recent years which have indicated a need for the service to be made more sustainable and safe. An agreed way forward is to run a shared service jointly delivered across both sites. Adam had prepared a paper which was tabled at the meeting; the following is a copy of the paper:

Cancer Services at Airedale Hospital

Airedale Hospital NHS Trust and Bradford Teaching Hospitals NHS Foundation Trust (BTHFT) are implementing a plan to strengthen and develop cancer services for local people.

The key elements of this plan include:

- Expanding the opening hours of the HODU (Haematology and Oncology Day Unit), the day case treatment centre at Airedale Hospital so that more patients can benefit from this service over a larger part of the day and evening;
- Already more than 90% of all cancer treatments at Airedale Hospital are provided as an outpatient service, and the plan envisages a steady growth in our ability to provide even more treatment in this way in the future;

- Joining the specialist medical staff who work at Airedale Hospital and at (BTHFT) into a single team so enabling doctors to develop more expertise in treating different forms of cancer and at the same time ensuring a more sustainable service for both hospitals;
- Ensuring that the most complex chemotherapy treatments that require patients to be treated in hospital will be delivered in a single specialist bed base where expertise can be concentrated for these very complex treatments, so improving safety;
- This specialist bed base will be located at Bradford Royal Infirmary (BRI). This approach is consistent with the best expert clinical advice locally, regionally and nationally. Whilst this will mean a small reduction of 5-6 beds at Airedale there will be no ward closures.

In order for this new, safer and more sustainable cancer service to operate smoothly the following additional features are relevant:

1. The small number of Airedale patients who receive their chemotherapy as inpatients at Bradford Royal Infirmary (BRI) will when discharged be advised to contact BRI in the event that they experience complications of their chemotherapy once at home. It is essential that complications are assessed quickly and patients will need to follow the advice of their treating specialist very closely.
2. For most Airedale patients they will as now receive their treatment in HODU. For those patients who develop complications of their treatment or their cancer, they will as now be advised to contact HODU during working hours (09:00 - 17:00) and, if necessary come to the unit to be assessed. If their condition warrants an admission to hospital the clinical team will decide whether this needs to be into the specialist unit at BRI, or whether they can be admitted to Airedale Hospital. This decision will be taken on a case by case basis, and will be determined by what is in each patient's best clinical interest.
3. During the weekend and overnight, when HODU is closed, patients will contact the specialist cancer unit at BRI. In the event they need to attend BRI to have their condition assessed, and an ambulance is required this will be arranged by the cancer team at BRI.
4. If any patient is brought into the Accident and Emergency Department at Airedale as a medical emergency they will receive the urgent care they require. Once their medical condition has stabilised then if the patient needs to be admitted a decision will be made by the team responsible whether to admit to Airedale Hospital or to transfer the patient to the specialist unit at the BRI.
5. Where the team believes that admission overnight to Airedale Hospital is appropriate, the patient will be discussed the following day with the specialist oncology team and a decision about whether to transfer to the BRI specialist unit will be made. These decisions will be made based on what is in the patient's best clinical interests on a case by case basis.
6. Patients who do not need the continuing care of the specialist unit at Bradford Royal Infirmary, e.g. if their needs are purely for palliative care, may transfer back to Airedale for this phase of their treatment and care.

Cancer services are highly valued by patients who need to use them, and Airedale Hospital will ensure that first class cancer services continue to be provided at

Airedale. In order to further develop Airedale Hospital's services a number of other developments and new investments are proposed:

1. Work has started on providing state of the art facilities for the preparation of medications used in the treatment of cancer. The Airedale Aseptic Unit brings the very latest in design and state of the art technology to the hospital in a £1M plus development that will open in 2008.
2. The management team is preparing a proposal for the Trust Board to consider at its September meeting for the establishment of three new consultant posts, acute physicians that will strengthen Airedale Hospital's capabilities to treat and care for acutely unwell patients round the clock.
3. The management team is also developing a proposal in partnership with BTHFT to increase the numbers of specialist oncologists available to care for patients across the district. The management team expects that two new specialists will be jointly appointed by the 2 Trusts both working at Airedale and adding to Consultant time on site.

Taken together these changes will:

- Improve the treatment of cancer for all patients;
- Strengthen the service at Airedale by ensuring that all patients can benefit from increased specialisation from the expert clinical teams;
- Ensure that for the great majority of cancer patients their treatment remains local, at Airedale;
- For the small number of Airedale patients who experience serious complications, some of which can be life threatening, they will benefit from the service offered by a specialist unit based at the BRI;
- Facilities at Airedale in HODU, the Aseptic Unit and medical infrastructure will grow to keep pace with the requirements that patients have for cancer to be treated as close to home as possible.

After going through the paper briefly, Adam asked the group for questions, there was a question about timescales for the appointment of a consultant and the extra HODU hours which will require recruitment of 2 nursing staff. Adam indicated that the consultant post would take approx 6 Months to fill and Pat Dyminski indicated that the nursing posts will be advertised internally in early October and subject to recruiting the extended hours should begin before Christmas (December 2007). The extended hours on HODU will probably be 8.00am to 8.00pm 3 days per week, Tues, Wed and Thurs with normal hours continuing on Mon and Fri. This will give scope for further extension in the future. There was a discussion about phone calls to HODU and possible problems if calls are received close to 8.00pm. Pat explained that at present phone calls stop at 4.00pm, 1 hour before HODU closes to allow staff to deal with what can be complex calls. It is anticipated that a similar cut off point will be in place when extended hours is in place. After an agreed time the calls will be re directed to Bradford. ALL agreed that when this happens it is important for the caller to understand that they have been re directed through to Bradford and if asked to attend it is made clear where they have to go.

There was concern over the sharing of patient's case notes and Pat informed the group that with the Haematology collaboration a patient held record is being used successfully. Pat and the HODU team are currently looking at developing the record for use with the Oncology collaboration. Adam said that the standard transfer of hospital records will also continue to be used. Adam also informed the group that small working groups are being set up to ensure everything is in place before the transfer of any patients happens; he encouraged members of this group to become involved.

Transporting patients from Airedale to Bradford is also seen as a difficulty with the collaboration and Adam assured the group that the Trust are aware of this and any problems will be debated and sorted through before the transfer of any patients.

It was pointed out to Adam that Renal patients have a similar problem with transport across to Bradford, Adam was not aware of this but agreed to look into it and feedback.

It was pointed out that on the Hospital Map, HODU is not shown. It would be helpful for those attending HODU if it were clearly marked on the map.

The Start time for the collaboration has not been set as yet and Adam suggested that the steering group and any sub-groups will determine when the collaboration will start. The question as to why the collaboration is needed was once again raised particularly to get an understanding of what the complex treatments are that can't be taken care of at Airedale. Adam assured the group that the type of treatments arising from complications of chemotherapy that need consultant cover as advised by the Department of Health experts can only be delivered in the recommended format by collaboration between the two Hospital Trusts. Adam agreed that there are a number of things that need to be ironed out prior to the collaboration start including the sharing of patient records, patient handovers including hand over to the palliative care teams. These issues will be resolved within the sub groups. Steve Davison (Manorlands) assured the group that in terms of palliative care the teams in Airedale and Bradford are second to none in his experience.

Marion and David have both been on the steering group for the collaboration and have been congratulated for their representation, although over recent months there has been some frustration at the sometimes confusing nature of the project and lack of clarity about why it is happening. David and Marion had met recently with Adam Cairns and David reported to the group that things seem a lot clearer now and that actually the collaboration will provide an improved and safer service.

Adam asked the group if we could issue a press release together to allay any fears that wards are going to close etc and assured the group that there would not be any ward closures at all. Marion agreed to work with Adam on a mutual press statement. Marion also assured Adam and the group that recent press releases had not been submitted by this group and that any members of the group quoted in them were doing so as a matter of personal opinion. Any press releases/statements from the group need to be agreed by the group committee and/or membership.

Manorlands Consultation

Steve Davison attended today's meeting to talk about the current consultation that Manorlands are running concerning the future of the Hospice. Colin had circulated copies of the consultation and some members have already taken part. Steve is keen to get as many views as possible and encouraged those who have not taken part yet to do so. The consultation can be accessed on the Hospice website at http://www.sueryder.com/sampleASP/uploadedfiles/Final%20Manorlands%20Questionnaire_electronic.doc Colin can provide hard copies in needed please ask.

Cancer in the Community event

The date for the event is now set, Thursday 22nd November 2007 at the Victoria Hall in Saltaire, 10.00am to 3.00pm. The planning for the event is progressing well and the steering group will meet for the second time on Thurs 20th Sept. There was a discussion about targeting the harder to reach groups to bring them to this event and it was suggested that local community centres such as the Sangat centre in Keighley and similar ones in Bradford be approached. The Cancer Information centre in Bradford has a list of contacts from the Outreach work they have done, Reva offered to distribute information about the event. Facilitators are needed for the workshops on the day and David Howe, Lesley Conti and Pam Whitaker offered to help.

A.O.B.

Barbara brought to the attention of the group a situation she had seen while at the hospital involving a wheelchair user. The wheelchair user had managed to get into the toilet but was unable to close the door as it did not have a handle on the inside. Marion was also concerned as she has seen this happen on several occasions, a letter will be sent to the chief exec to highlight this problem.

Lesley raised the issue about catering at the hospital which has been featured in the local press recently. The hospital is considering outsourcing the catering for the hospital. Concerns were raised about the implications of this in terms of food quality and it was agreed to raise this issue with the Hospital Trust.

Date of next meeting:

9th October 2007 12.00 to 2.00pm in the Boardroom.