

Visit to the Basing Unit by Frankie Webb and Peter Humphreys of the NHS HHFT Cancer Services Partnership- Wednesday 29 March 2017.

1. Introduction and purpose of visit

The purpose of our short visit to the Basing Unit was to place in the waiting room of the Day Chemo Centre a new banner to recruit new members to the Cancer Services Partnership. Nicolette Blan, the Matron for the day care chemo centres both in Basingstoke and Winchester accompanied us and showed us around. The Basing Unit is situated on Floor F of the main Basingstoke hospital building. We were able to make some comparisons with the facility as it now is compared to an earlier visit of July 2015, and Peter Humphreys memory of the Unit in 2013.

What we hoped to do was to compare how things were now with how they were from the visit and report of July 2015 and the memory of 2013. What was the same, what was better, what was worse and what could be further improved.

2. The visit

2.1 Personnel

We are sure main strength of the Basing Unit, the caring, friendly, compassionate and professional staff, remains the same. The chemo 'hotline' remains in service and we are sure it will continue to be excellent. Some of the staff have been in the unit a long time. The lady from administration we talked to had been there sixteen years.

2.2 Facilities

General

The overriding factor about the existing facilities is that no great deal of money is going to be spent on them while the new cancer treatment centre is due to be built. This has been in the development stage for some years and even more consultation is now being undertaken with the county Clinical Commissioning groups, with no end in sight and costs spiralling.

However, today's cancer patients need treating today and 'jam tomorrow' is no good for them. Therefore the nature and quality of today's treatment and facilities and the whole experience of cancer patients, their carers and families today and for the foreseeable future, remains as important as ever.

The physical layout of the unit hasn't and we guess can't be changed much while housed on Floor F of the present building. As you come out of the lift and turn right into the long corridor, it seemed to look and feel less depressing than in 2015 and 2013. The walls seemed brighter and cleaner.

Some of the improvements identified in 2015 have been maintained i.e. two locations for administration, tea and coffee making facilities in the waiting room, patient Wi-Fi, the patient handbook and the use of artwork to brighten the place up.

Administration

The 'rabbit hutch' little office is still there on the left, with administrative staff and records. The aim of staff back in 2015 was to get this changed by knocking out the small front wall and having a nice desk, so that it looks friendlier and welcoming. This has not been achieved.

The main administration contact for patients is at the end of the corridor on the left. This used to be purely a nurses station. This remains as it was in 2015 and its use is much friendly and accessible for patients than the 2013 situation when everything centred on the 'rabbit hutch'.

Waiting Room

The waiting room has considerably improved since 2015. The chairs have been completely changed to be matching blue chairs that take up less room than the old arm chairs, yet are still just about ok from a comfort point of view. They are more upright than the previous armchairs, so many more can be fitted into the room, which looked considerably bigger than previously. The walls had been tidied up with notices concentrated just on one wall, with the other walls looked like they have been painted and have artwork on them. The old tea and coffee vending machine has been removed, creating space.

They now have a kettle and supply coffee tea, milk and sugar, so that you can make you own.

The Basing Unit was virtually empty when we were there. However, we spoke to the one person who was waiting, who said they had been in the waiting room at very busy times and even then nobody had to stand. We had received unconfirmed reports of people having to stand in the waiting room. However, there was limited space for those in wheelchairs and if there were to be more than two wheelchairs in the room at one time there would be a problem.

Day Care Rooms

The two day chemo rooms seem more crowded and less comfortable than in 2015 or 2013. The day room at the end of the long corridor had effectively a staff work station with two staff working on tables put in centre of the room close to the entrance and boxes of patient records were lying around. This detracted from both the space and the general ambiance of the room.

The other chemo room now has three beds in it. It was surprising that there was this number of beds in a day unit. These took a considerable amount of space out of the room and it became more akin to a traditional hospital ward and not ideal for a day care chemo room.

Nicolette Blan, the Clinical Matron for the Day Care chemo centres both in Basingstoke and Winchester was invited to comment on this report and made the following comment re the hospital beds in the Day Care chemo room:

“The reason we now have those are:

- 1) The Acute Oncology Team will review patients who have phoned in to say they are feeling unwell, very often these patients need to lie down and receive iv fluids etc.*
- 2) Patients who require fluid to be drained from their abdomen attend the unit for this procedure and need to lie on a bed during this.*
- 3) Patients receiving their first dose on Rituximab nursed on a bed as there is the potential for them to react and it is much safer for them to be reclining or lying on a bed if this occurs.*
- 4) If patients are having a venesection the haematology CNS’ prefer the patients to be lying down.*

I hope this helps your understanding for the need for the beds within the bay.”

The design and ambiance of these rooms is important in a way that is different from other facilities being used at the hospital by day patients. The central outpatients unit on the ground floor is small, crowded and a bit grotty, but it doesn’t matter. People are in and out relatively quickly and many are having treatment and care for conditions they will get over, some quickly, that may non-recurring and non-life threatening. Cancer can be life threatening, chemo treatment is long both in duration of individual treatments and the extended period of time to complete the course. Cancer can and does recur.

Wessex Ward

We weren’t able to visit the Wessex Ward on this occasion, but hope to be able to do so shortly.

Wi-Fi

The Hospital now has patient Wi-Fi. This is a huge improvement on 2013. It means patients can do emails, access the web, talk to people through Face Time, Skype and Messenger, at no cost and if they have the BBC, ITV or Sky apps, can watch television. The only younger person we have had on the CSP in our time commented that Wi-Fi was the single biggest improvement they could bring in as far as young people were concerned. When you are sat for hours having infusions or with someone having infusions, good Wi-Fi can improve the whole experience.

Peter Humphreys used it on his iphone while sat in the Arc café and it seemed to work very well.

Decoration and appearance

There is a lot more artwork around decorating the walls than in 2013 or 2015. BCOT were just beginning then to donate/loan artwork. A lot of space has been cleared on the walls to show the art and it looks very good and brightens the place up.

Back in both 2013 and 2015 many walls were a mess and mass of different notice boards and separate signs and notices. It looked as if a kid has come in with a splatter gun and put them up. This has been rationalised and co-ordinated. This makes the whole unit look much better.

3. Other items

Patient personal information recording

We didn't have the time or opportunity to look at the system for patient information recording. Back in 2015 the patient was asked to give details to enable a nurse to complete a 'Holistic Common Assessment -Chemotherapy' Form. This covered both medical and personal issues, what they know about their illness and treatment, their key contacts, questions about their spiritual and psychological well being and an assessment of the patient by the chemotherapy nurse. This form was kept securely on the Basing Unit.

Patient information

A patient handbook for the Basing Unit was introduced in 2015. It is given to the patient at the start of their course of treatment. This consists of an attractive small A5 sized ring binder and hence will be easy to update. The cover is provided by the Wessex Cancer Trust. This contains a lot of very useful information in one place. This didn't exist before 2015, when a random ad hoc bunch of leaflets were given to new patients. Included within the binder was a very helpful staff list, plus provision for keeping a record of blood test results, very useful if admitted to A and E or seeing the emergency doctors service who won't have access to patient records. Also in the handbook is a description of what chemo is and potential side effects.

The production of this handbook was a big step forward. The present version was dated January 2016 and seemed to have changed hardly at all from the original version of June 2015. A bigger font is now used on a light blue paper, which makes it easier to read. Further work should be done to develop it and maintain it. Information on young carers should be added as soon as possible. Evidence from other NHS Hospital trusts and their CSP equivalents shows what can be done. If HHFT don't have the resources this is something that the CPS could consider helping with.

We have recently asked again for an organisation chart for cancer services. We recommend that the staff list be reproduced in the patient handbook be shown in the form of an organisation chart, with links shown to the wider hospital organisation and also the organisation chart for the cancer doctors/consultants. An explanation in the handbook of the hospital colour coding of uniforms would be helpful, as this was always a mystery to us.

Chemo Hotline

There still exists the chemo hotline. This used to and still does operate 24x7. It is for people undergoing chemo who have problems and difficulties that can't wait until their next scheduled appointment. All patients are encourage to use it as a first resort rather than A and E or their own GP or the 111 service.

Parking

This was the biggest cause of stress among cancer patients and their carers back in 2013. Not their cancer, not their treatment, not having to wait for ages to see a consultant, but parking. We arrived around 9.30 a.m. and there was only a small

queue to get in the visitors car park and there were plenty of spaces. However, from time to time the Basingstoke Gazette has stories about horrendous difficulties with parking, particularly around 2.00 pm. on Tuesday, Wednesday and Thursdays, when afternoon ward visiting starts and the afternoon day clinics got going.

4. End note

We are very grateful to Nicolette Blan for hosting this short visit to the Basing Unit. The opinions and judgements expressed in this report are entirely ours and not necessarily representative of the views hospital management, any of its staff or other members of the Cancer Services Partnership. The responsibility for any errors or omissions is entirely ours.

Frankie Webb - Chair
Peter Humphreys –Treasurer
NHS HHFT Cancer Services Partnership
31 March 2017