

# **Visit to the Basing Unit by Peter Humphreys of the NHHFT Cancer Services Partnership- Tuesday 7 July 2015.**

## **1. Introduction and purpose of visit**

The purpose of my visit was to bring me up to date with the present situation on the Basing Unit, Floor F of the main Basingstoke hospital building, to assist me in the contribution I can make as a former carer to the work of the NHHFT Cancer Services Partnership.

I was a very regular attendee at the Basing Unit during 2013 with my wife.

Time moves on, things change, so I asked Beth Norton if a visit could be arranged for me to the Unit to update myself. She readily agreed, and this was arranged with Julie Adams, the Manager in charge of the unit for Tuesday morning the 7 July 2015.

What I wanted to do was to compare how things were now with how they were from my memory of back in 2013. What was the same, what was better, what was worse and if I had a magic wand what would I improve.

## **2. Summary**

The main strength of the Basing Unit, the caring, friendly, compassionate and professional staff, remains the same. The chemo 'hotline' remains in service and I am sure it will continue to be excellent.

Some things have clearly improved since 2013 – having two locations for administration, tea and coffee making facilities in the waiting room, Wi-Fi, the patient handbook and the use of artwork to brighten the place up.

Some things that are not so good haven't changed –the waiting room is too small and the chairs uncomfortable, there looked to be still a lack of overnight facility for families of patients who were seriously ill in the Wessex Ward, parking still looks potentially very difficult at peak times, and the unit walls that didn't have art work on them looked a mess, with a hotch potch of notice boards, notices and signs.

I found nothing that indicated there was any deterioration of services or facilities from my 2013 experience.

## **3. The visit**

### **Personnel**

My visit was hosted by Julie Adams. She is the Chemotherapy Ward Manager, in charge of the day care part of the Basing Unit. She is also in charge of the day care unit at Winchester Hospital. She reports to Nicola Callum-Parry and she had two deputies, one based at full time at Winchester, the other at Basingstoke. Julie works compressed hours on a four day week, normally spending two days a week at Winchester and two days at Basingstoke. She has many years experience in cancer

treatment and was at Winchester full-time, before being appointed to her present post four months ago.

It was the first time I had met Julie and I was very impressed indeed. While at Winchester Hospital in 2014 she was the winner of two WOW!! Awards. One for the Surgical Services Division Overall Winner and the other the winner of the Rotary Club of Winchester Award. I can understand why she won these awards.

I met a number of other staff, including three staff who remembered me from 2013. My general impression of the staff was just the same as in 2013. They are caring, friendly, compassionate and professional and are a credit to themselves and the hospital. This was and is the main strength of the Basing Unit.

### **Facilities**

The physical layout of the unit hasn't and I 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 continues to look and feels depressing.

### **Administration**

The 'rabbit hutch' little office is still there on the left, with administrative staff and records. However, this now only has to be used by patients who are returning for periodic check ups after their treatment. Julie hopes to get this changed by knocking out the small front wall and having a nice desk, so that it looks friendlier and welcoming.

Patients who are continuing patients and having regular treatment now make their appointments and check in for their appointments at the open plan desk at the end of the corridor on the left. This used to be purely a nurses station. This re-arrangement seemed to me an improvement and has apparently reduced the queuing and clustering that used to occur around the rabbit hutch.

### **Waiting Room**

This now has a wall mounted TV, though it wasn't on when I was there. There used to be a free vend tea/coffee machine in 2013, that produced absolutely disgusting products. This was taken out and then everyone had to go down to Costa Coffee and bring stuff up in the lift on a cardboard tray. They now have a kettle and supply coffee tea, milk and sugar, so that you can make you own. Quite reasonably, people who use it are asked to make donations for it. This looked to me a big improvement to me over 2013.

The chairs in the waiting room looked as uncomfortable and back ache inducing as they ever were. The waiting room remains too small either for peak times or when there are a number of people in wheelchairs using it or when both occur.

### **Day Care Rooms**

There are two of these, as there always were. Both are open plan. One consists entirely of chairs, which are recliners, like there used to be in air line business class up to about twenty years ago. They are perfectly comfortable, even if you were sat there all day. If you were a visitor or carer then you had the same standard of chair as in the waiting room.

The other room, was also open plan which is lighter, brighter and larger has half the room taken up with beds. I think both rooms had wall mounted small TVs, though neither were on whist I was there.

### **Wessex Ward**

The in-patient facility is known as the Wessex Ward. This doesn't come under Julie, so she wasn't able to show me round. However I was waiting in the sitting area in the middle of it whilst waiting for Julie so managed to see most of it. It seemed exactly the same as back in 2013. It consists of a bed and a chair for each patient and then there are chairs for visitors. It is just a normal hospital ward. My biggest criticism back in 2013 was that as my wife deteriorated and was close to the end, a family member was with her 24 hours a day. She couldn't be moved for several days to St Michael's Hospice as they had no available room. There was no provision in the ward at all for this. There is a visitor kitchen come sitting room with a small two seater settee that was extremely uncomfortable. This situation remains the same.

This is in stark contrast to St Michael's Hospice who has provision for overnight stays of family/carers, as does one major London hospital we had to use for a different reason.

### **Wi-Fi**

Julie told me that 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 young person we have had on CSP in my time commented that Wi-Fi was the single biggest improvement they could bring in as far as young people were concerned. On my walk round however, I didn't see anyone using an ipad or similar device or portable computer.

### **Decoration and appearance**

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

The other walls are a mess and mass of different notice boards and separate signs and notices. It looks as if as if a kid has come in with a splatter gun and put them up.

This was just the same in 2013. It needs rationalising and co-ordinating. This would make the place look much better.

### **3. Other items**

#### **Patient personal information recording**

The patient is asked to give details to enable a nurse to complete a 'Holistic Common Assessment -Chemotherapy' Form. This covers 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 is kept securely on the Basing Unit.

I don't think there was anything like this back in 2013. I think in principle it is a good idea. The questions are certainly comprehensive and wide ranging. Some patients may question the relevance to them of some of the questions. I think on the form it should be made clear that: (i) the information is confidential and held securely (ii) it is entirely optional and voluntary for the patient whether they answer any of the questions (iii) The patient should be given a copy of the completed form including the nurse assessment. Back in 2013 there was a catch phrase used by the staff 'No decisions about me, without me'.

#### **Patient information**

They now have a patient handbook for the Basing Unit, which is given to the patient at the start of their course of treatment. This consists of an attractive small sized ring binder and hence will be easy to update. This contains a lot of very useful information in one place. This didn't exist before and we were given a few leaflets. 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.

I think that the production of this handbook is a big step forward and further work should be done to develop it and maintain it.

I asked for an organisation chart, but Julie said that there wasn't presently one available. I 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 of the hospital colour coding of uniforms would be helpful, as this was always a mystery to me.

#### **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 there next scheduled appointment. All patients are encourage to use it as a first resort rather than A and E or their own GP. My wife and I used it on quite a few occasions

back in 2013. It was very good service indeed and very responsive and helpful. I have no reason to believe it is not as good today as it was back then.

### **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. I arrived at 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 used to start and the afternoon day clinics got going.

### **4. End note**

I am very grateful to Beth Norton for giving me permission to visit the Basing Unit and to Julie Adams for her time and effort in hosting it for me. The opinions and judgements expressed in this report are entirely mine 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 mine.

Peter Humphreys  
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