



Update on the Cancer Surgical Hub

Report to the Wessex Cancer Alliance Board				
Title:	Update on the Cancer Surgical Hub			
Sponsor				
Date:	10th March 2021			
Purpose	Assurance or reassurance	Approval	Ratification	Information Y
Issue to be addressed:	To update Board on the current progress and outcomes from the Hub.			
Response to the issue:	The Hub has been a good example of close clinical working across Wessex which has had demonstrable outcomes for patients i.e. quicker surgery times than was otherwise available.			
Implications: (Clinical, Organisational, Governance, Legal?)	Clinical oversight is provided by the Clinical Prioritisation Panel which has representatives from all providers in Wessex.			
Risks: (Top 3) of carrying out the change / or not:	<p>The risks of not enacting the Hub were:</p> <ol style="list-style-type: none"> 1. Patients' surgery being further delayed 2. Patients' clinical condition deteriorating 3. Inequality of access across Wessex. 			
Summary: Conclusion and/or recommendation	To note the progress made and to discuss whether the concept of the Hub could be used for other purposes.			



Wessex cancer surgical hub



In the face of the unparalleled challenge from the Covid-19 pandemic, in March 2020 NHSE published guidance endorsing and promoting the set up of cancer surgery hubs to facilitate and maximise the number of patients able to undergo curative cancer surgery.

The Wessex cancer surgical hub (WSH) has been open since May 2020 to prioritise and coordinate cancer surgical demand and capacity across Wessex trusts. Its aim is to serve our regional patients affected with cancer so that their surgery is not delayed, no matter where in the region they are from.

The WSH received its first referrals in January 2021 and was fully operationalised on 20th January 2021 for P2 cancer patients receiving treatment (not diagnostics). P1a/P3/P4 patients are treated locally. The hub has flexibility to treat P1b patients if necessary.



Wessex cancer surgical hub



- In January 2021 it became clear that there were few, if any, functioning cancer surgical hubs in the region.
- Whilst the hub was originally intended for Wessex, its principles were clear: that no patient with potentially curative cancer should be disadvantaged and therefore the hub accepted out of area referrals.
- 4 patients were referred and treated from outside of Wessex.



Highlights



- Clear and compassionate clinical leadership led by UHS but with all providers in Wessex engaged
- Operationalised with speed and agility by UHS cancer team
- Transparent governance and information control arrangements made between UHS and IS providers
- Collaboration and dialogue between cancer managers across Wessex
- Patients treated on a green (non Covid-19) site



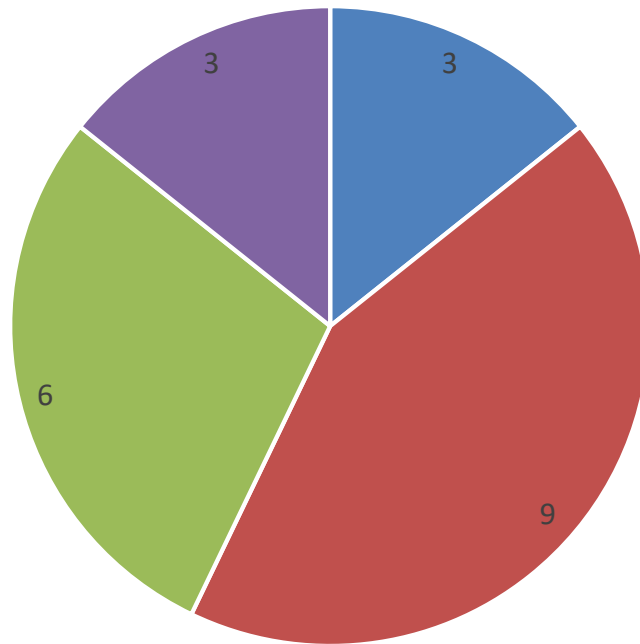
Referral process

- Patients discussed and prioritised at local MDT
- Trust and mutual aid arrangements yield insufficient capacity to treat patient within a reasonable time frame
- Referral submitted on standard proforma for discussion at Clinical Prioritisation Panel (CPP) meeting
- Relevant imaging, reports, pathology, staging information and pre-assessment data included with referral
- CPP members are multidisciplinary and represent every institution in Wessex as well as an ethics chair (see Appendix for names)
- Outcomes communicated following the CPP meeting to a nominated individual / e-mail address at the referring trust
- Plans drawn up for scheduling the case and the referring surgeon invited in for joint operating



Hub numbers 20/1/2021-5/3/2021

Referrals $n = 25$

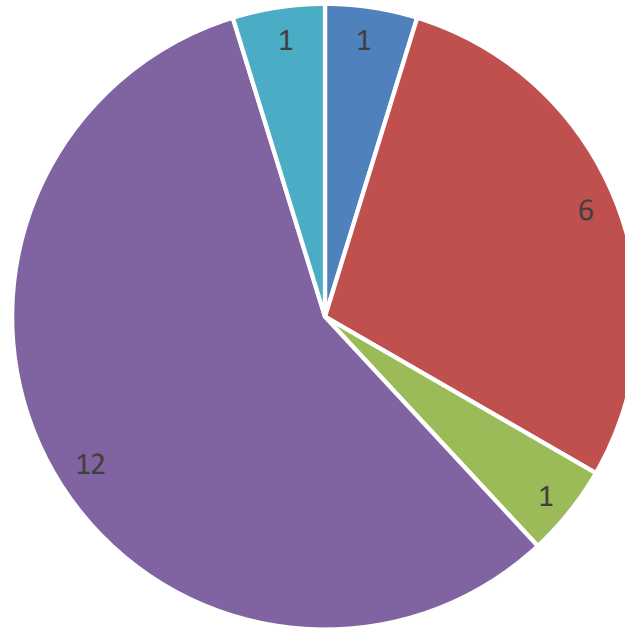


- Operated on by referrer
- Operated on by hub
- Awaiting hub operation
- Returned to referrer



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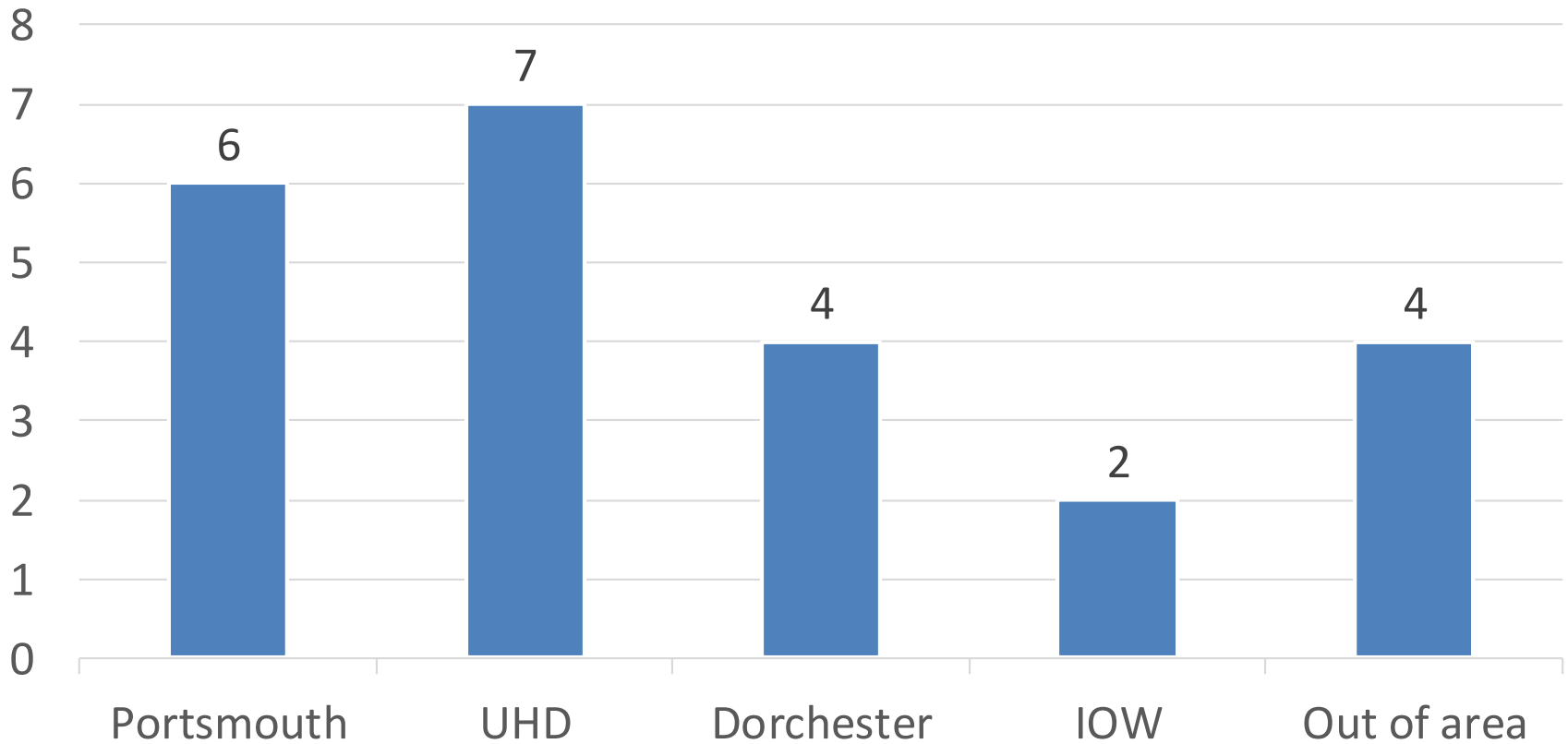


■ Gynaecology ■ Upper GI ■ Colorectal ■ Urology ■ Head & Neck



Hub numbers 20/1/2021-5/3/2021

Referring institution





*The clinical
prioritisation panel
was a masterclass
in ethical clinical
decision making.*

Wessex Cancer Alliance
representative

*All [hub] staff (ward,
theatre, medical...) have
been friendly, helpful,
and accommodating.
Operating there has
been a pleasure.*

Visiting surgeon

*The patient was
extremely
grateful to be
offered surgery
at the hub.*

Theatre manager

*What an
amazing option
to have for our
patients!*

Cancer manager

*I caught up with our
patient last week. He was
doing well and remained
very grateful for our
collaborative efforts.*

Hub surgeon

*Discussing the patient
at the clinical
prioritisation panel
provided the local MDT
with useful peer review.*

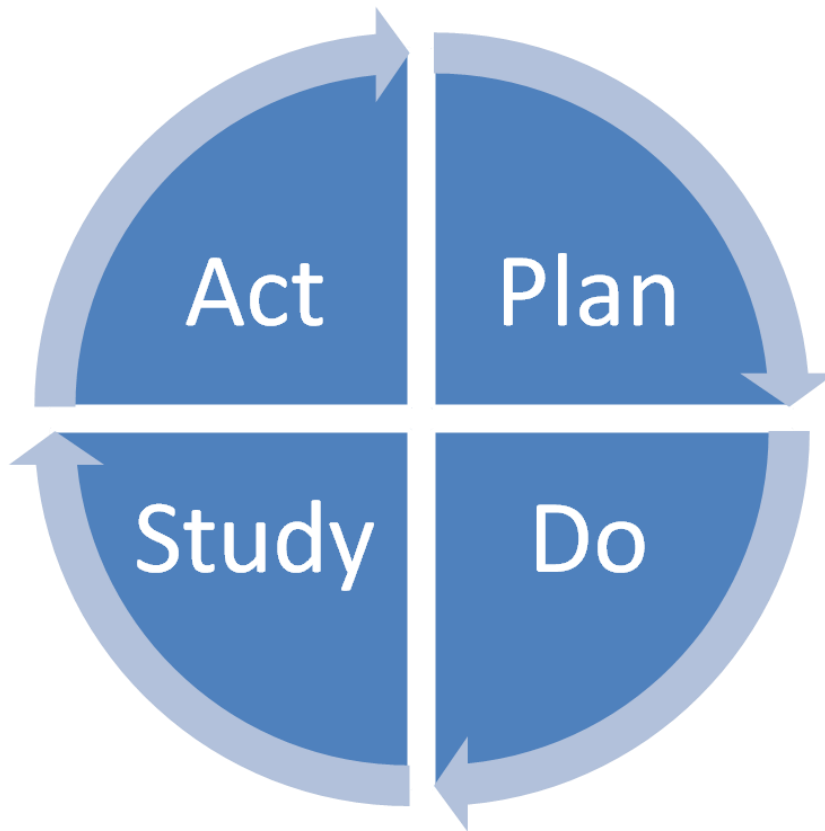
Cancer manager



Patient outcomes

- LOS comparable to the norm for UHS patients
- All post operative pathology will be reviewed by UHS and referring Trust's MDTs to ensure robust reporting and actioning
- More detailed outcomes will be available at a later stage (e.g. 30/90-day mortality, morbidity, readmission rates, COVID-19 infection rates)

Plan-do-study-act



Plan-do-study-act cycles used to identify areas for improvement



Lessons learnt

Risks identified	<ul style="list-style-type: none">• Lack of communication with patients (e.g. patients not made aware of operation date in sufficient time)
Lessons learnt	<ul style="list-style-type: none">• Nurses need to be more involved in the process to support the navigation of patients through the system
Immediate action taken	<ul style="list-style-type: none">• Lead Nurse (WCA) liaising with CNSs across the hub and referring institutions• Hub discussed and processes agreed with lead Cancer Nurses at regular meetings chaired by Lead Nurse (WCA)



Lessons learnt

Risks identified	<ul style="list-style-type: none">• Lack of clarity over potential demand
Lessons learnt	<ul style="list-style-type: none">• Wessex wide PTL for all P2 cancer surgical patients required
Immediate action taken	<ul style="list-style-type: none">• National exemplars scoped• Cancer managers working on compiling Wessex wide PTL• Daily cancer managers meetings to qualitatively record likely demand



Lessons learnt

Risks identified	<ul style="list-style-type: none">• Clinicians/administrative staff unaware of hub process
Lessons learnt	<ul style="list-style-type: none">• Repeated circulation of hub documentation through every possible channel
Immediate action taken	<ul style="list-style-type: none">• Information cascaded repeatedly through a variety of channels:<ul style="list-style-type: none">- Site specific groups- Personal communication between clinicians- Lead nurse meetings- WCA bulletin/website• Daily cancer managers meetings held to update on process



Lessons learnt

Risks identified	<ul style="list-style-type: none">• Pathology specimens
Lessons learnt	<ul style="list-style-type: none">• Post operative pathology processes not fully scoped/understood
Immediate action taken	<ul style="list-style-type: none">• Clear process agreed between pathology/WSH/referring institutions• Information cascaded to cancer managers in daily meetings and through email



Lessons learnt

Risks identified	<ul style="list-style-type: none">• Lack of clarity at points in hub operational policy
Lessons learnt	<ul style="list-style-type: none">• Operational policy needs to be more detailed and should be able to work in any context (not just use of Southampton IS capacity)
Immediate action taken	<ul style="list-style-type: none">• Process mapping of hub pathway held with cancer hub team/WCA representatives including lead nurse• Detailed SOP being developed for future use



Appendix

Clinical Prioritisation Panel membership:

Ethics Chair:	Mr Robert Wheeler
Clinical Chair and UHS representative:	Prof Alex Mirnezami
Isle of Wight Hospital representative:	Mr Michael Nelson
Poole Hospital representative:	Miss Abigail Evans
Dorset County Hospital representative:	Mr Richard Sim
Royal Bournemouth Hospital representative:	Mr Robert Howell
Portsmouth Hospital representative:	Mr Constantinos Yiangou
Hampshire Hospitals representative:	Mr Tim John
Salisbury Hospital representative:	Ms Rebecca Exton
Cancer Hub Operations representative:	Mr Greg Chapple
Wessex Cancer Alliance representative:	Mr Matthew Hayes