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19 September 2018

Ms Joanna Smith - Manager
Healthwatch Isle of Wight
The Riverside Centre
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Dear Joanna

I am writing to thank you for forwarding the Trust the '*Cancer Services for Isle of Wight Residents: Co-ordination, Travel and Urgent Assistance*' and giving us the opportunity to comment on this. I apologise for the delay in responding to you.

I understand that Healthwatch undertook a review of this area in 2016, and it was disappointing to read that patients responding to your survey suggested that there had been some decline in the consistency of case management since early 2016. I was saddened to read that patients described examples of noticeable differences in the level of co-ordination between hospitals when contrasted with co-ordination between hospitals and G.P. practices.

In relation to the recommendations that you identified from your review I can update you as follows:

1. **This report and recommendations must be shared with all managers and clinicians involved with cancer services for Isle of Wight residents. Direct feedback from people who use services and their family/carers must be obtained regularly to ensure the co-ordination of services has improved.**

This report has been shared with senior staff involved in Cancer Services, and Anne Snow, Consultant Lead Cancer Nurse/ Lead Clinician has led the review and updated the action plan that was put in place following your report in 2016. A copy of this is included with this letter.

I understand that this was shared as part of the Patient Experience Sub-Committee agenda for September, but unfortunately you were unable to attend, and this has now been deferred until the October meeting, when it will be an agenda item to review and discuss.

2. **Cancer pathways must be reviewed to ensure people receiving treatment at different NHS trusts receive a seamless service. This should then be used as a model for good practice in other specialities.**

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The Cancer pathways have been reviewed by the Trust and neighbouring providers. The Solent Cancer Alliance Board outcome is to be presented to Solent Acute Alliance October 18 to take forward as a joint provider to the commissioners.

- 3. Service providers must ensure that medical records are shared with the person, their clinical nurse specialists, GP's and Consultants to avoid delays in treatment and/or care.**

Medical records are shared with patients upon request following an agreed Trust protocol. All MDT outcomes (local and from tertiary centres), treatment plans, patient reviews and clinic letters are uploaded to an electronic system which is accessible by all CNSs and Consultants. Copies of patient letters are shared with patients and their GPs to inform of diagnosis, progress and treatment plans. Good communication with tertiary centres and other providers ensures prompt and appropriate sharing of information.

- 4. All service providers must develop a Travel Charter without delay, taking account of appointment schedules, hospital admissions and time of discharge which address the difficulties faced by Isle of Wight residents who have to travel to the mainland for health care.**

The requirement for a recommended charter will be considered following the completion of all Acute Services Redesign clinical services reviews, and in conjunction with the Wessex Cancer Strategic Clinical Network (WCSCN). The WCSCN is considering the development of a Wessex Cancer website, the exact content of scope of this is under discussion. The site is proposed to essentially be a signposting tool. However, there is some suggestion that this could also include the role of hospitals, what to expect from your GP, etc., to present a unified source of information for patients.

I understand that the Clinical Commissioning Group will consider the development of a Charter following completing of all Acute Services Redesign reviews, and following consultation, and taking into account the possible development of a Wessex Cancer website. This process will continue throughout 2018/19; unfortunately it is not possible to finalise this prior to April 2019 as the findings of the review are anticipated to inform the principles of a charter.

- 5. Service providers and commissioners must work in an integrated way to co-ordinate financial assistance for people having to travel for cancer treatment. Before proposing a change to current discount schemes or subsidies, local NHS, local authority and voluntary and community sector should jointly explore all options to maintain and improve travel support.**

This proposal will be reviewed upon completion of Acute Services Redesign, and following consultation and taking into account the possible development of a Wessex Cancer website as described above. This process will continue throughout 2018/19; unfortunately it is not possible to finalise this prior to April 2019 as the findings of the review are anticipated to inform the principles of a charter.

- 6. When they need urgent hospital care, people with cancer should not have to go through the Accident and Emergency department which will increase the risk of infection. Ward moves should be kept to a minimum and discharge arranged at an appropriate time, with a suitable level of planning and support.**

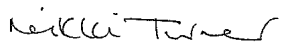
This is a national directive for all hospitals which do not have a dedicated oncology centre with associated medical workforce and beds. Every effort is made to segregate oncology patients on presentation to ED in order to avoid risk of infection for immuno-suppressed patients. Ward moves for oncology patients are kept to a minimum and discharge takes place as soon as appropriate onward planning and support are in place.

I hope that the enclosed action plan has provided you with the progress that has been taken to address the findings from both the 2016 and 2018 reports, and identifies the work that still needs to be undertaken which is very much linked to the Acute Service Redesign work that is underway.

The Patient Experience Sub-Committee will be responsible for monitoring the progress with the action plan, and as a member of this committee you can receive your assurance of action taken, and equally raise and discuss outstanding areas of concern.

Once again, thank you for sharing the report and providing us the opportunity to comment, as you know the Trust is committed to improving the patient experience, and we value the work that Healthwatch undertakes to gain feedback for our patient, working with us to make these improvements possible.

Yours sincerely



Nikki Turner
Director of Acute Services