



# Case Study

## Relocating Non-Surgical Cancer Services

### Torbay and South Devon NHS Foundation Trust Case Study

When the COVID-19 pandemic hit, Torbay and South Devon NHS Foundation Trust took the decision to move their NSCS (Non-Surgical Cancer Services) to a “super green” site to help protect their most vulnerable patients and to ensure the continuation of essential Systemic Anti-Cancer Therapy (SACT).

#### Context

Torbay and South Devon NHS Foundation Trust (the trust) manages four Community Hospitals, has delegated responsibility for adult social care in Torbay and works with Devon County Council across their South Devon footprint. Acute and community integrated health and social care is provided, working closely with GP colleagues who support the provision of medical care in their four Community Hospitals: Brixham, Totnes, Dawlish and Newton Abbot.

At the outset of the COVID-19 pandemic, the trust undertook a review of all services, including inpatient and outpatient services, to assess how they could most effectively use their assets to provide essential cancer care in the best way possible. This resulted in the relocation of NSCS care provision from the acute hospital site to one of the Community Hospitals. The success of this relocation was built on the team working between colleagues from our Community Hospitals and cancer services.

#### What we did

To ensure that cancer patients receiving SACT and radiotherapy were protected from the risk of COVID-19 as far as possible, NSCS were moved from the acute hospital at Torbay to Newton Abbot Community Hospital (NAH). Senior clinical, nursing and operational support, communication to and feedback from staff and consultation to check acceptance of measures were all put in place to ensure staff moving site were engaged and equipped to deliver the service.



NEWTON ABBOT COMMUNITY HOSPITAL

The Newton Abbot site was designated a “super green” site and intensive COVID-19 infection protection measures were put in place to safeguard the extremely clinically vulnerable patients. New protocols were designed and implemented, including on site testing for all patients and all staff (whatever their role) so that high levels of confidence in the ‘super green’ site could be maintained.





### These protocols included:

- Screening all individuals on entering the site and prior to entering the clinical areas – this was provided by a combination of thermo technology (delivered with Plymouth University support) and manual temperature checking by the teams within NAH which required daily additional resource.
- All patients pre SACT were required to have a PCR test and this has continued
- Restricted visiting arrangements on site – only compassionate visiting and the carers of some patients with identified needs was permitted. Great sensitivity and care were exercised at all times as the team were aware of the emotional and psychological impact that restricting visiting and not being accompanied to treatment by a loved one would have for patients
- Streamlining flow through the site with ‘one-way systems’ and reducing all but essential footfall.

The site was selected because of the number of single rooms available to provide the option of isolation or greater separation of patients. Over the course of two weeks, essential remedial works were carried out in a large gym area on site (previously part of NAH’s musculo-skeletal services) to remove floor and wall mounted equipment, make good repairs, install portable sink units and map existing network points to enable the provision of a day-care planned infusion service.

Initially NSCS were asked to use the Teign Ward for both inpatient and day case provision, however recommendations from Infection Prevention and Control were that these services should be separated. This meant a change in plans which resulted in the whole area of the NAH tower being allocated to the delivery of day case SACT and supportive therapy e.g. blood transfusions, clinical reviews and clinical procedures.

A number of community teams had been stood down during the first wave which meant that space was available to accommodate this change and the stroke service was moved to co-locate with the inpatient stroke ward on the acute hospital site at Torbay to make more space available.

The hospital became a hub for both inpatient and outpatient activity for cancer services. It was a ‘lock, stock and barrel’ transfer of NSCS, which include clinical and medical oncology SACT delivery, haematology inpatient and day case SACT and support, associated interventional clinics as above and the outpatient clinics for haematology and oncology. Patients who were acutely unwell remained under the care of the acute hospital site in Torbay within medical services. This included those with acute sepsis who required high dependency care. Once stable, patients were transferred from the acute hospital site in Torbay to NAH care.

During this initial time the acute oncology service provided support to the acute site while overnight medical cover and daytime junior medical staff enhanced the care already provided by the GP team at NAH.

Numerous services, including phlebotomy and laboratory staff were also relocated from the acute hospital site at Torbay to the super green site at NAH. Some of these have remained at NAH increasing the functionality of our Community Hospital.



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The combination of measures, and the planning that went into looking at the best use of resources across the trust's services contributed to maximising the safety of patients with compromised immunity.

The trust would like to recognise and thank the essential services provided by an independent volunteer driver and Devon Freewheelers, who provided a vital link between the acute hospital site and NAH. Without their support, there would have been significant delays in the transport of vital blood samples, blood and platelets for transfusion, and SACT medications.

**“ It was an interesting time. It tested our medical knowledge but we looked after those patients in their time of need.**

DR. ROB BROMIGE – GP LEAD, BRIXHAM COMMUNITY HOSPITAL



### Outcomes

Inpatient NSCS remained at NAH until August 2020 and day case NSCS stayed at NAH until September 2020 when it became more appropriate to move them back to the acute hospital site.

The planned infusion service (formally known as TAIRU - Torbay Assessment Investigation & Rehabilitation Unit) has remained at NAH as it was deemed to be a more appropriate location long-term. A new environment is currently being built and will further release capacity from the SACT day case clinics for new patients. Current therapies delivered by the NSCS nursing team at NAH include Bisphosphonates, IVIG's (Intravenous Immunoglobulins non-site specific) but with more chair time and resource have the potential to increase and this is part of the revised future proofing of the strategic NSCS delivery plan.

The planned infusion service works well as a community service and is more convenient for patients in terms of access. Parking is easier which we know is a key consideration for patient experience. The service moved into the space that the cancer service vacated on the NAH site and is proving to be a successful lasting co-location.

The plan is to develop this further with the conversion of a new space. The trust has invested a significant amount of capital into converting an area at NAH into a bespoke non-chemotherapy cancer service, working together with the planned infusion service.

#### Benefits to staff

- Collaborative working across acute site and Community Hospital was a positive experience
- Shared experience of services
- Specialist palliative care on site for the NAH inpatient teams, enhanced patient care and support for staff providing care



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### Benefit to patients

- Greater protection from COVID-19 infection
- Reassurance and a feeling of clinical safety for patients to continue with their treatments on a 'super green site'
- Patients expressed their relief at being able to be treated as planned, seeing familiar faces and feeling confident about the additional measures in place for their safety and wellbeing
- Ease of access

### Benefit to the trust

- Useful learning about the pros and cons of co-location, and how to manage that for the mutual benefit of services, staff and patients.
- All SACT delivery was maintained within the trust

## Next Steps

The plan is for the NSCS going forward to continue to be partially retained at NAH. This is the non-systemic anti-cancer therapy service, currently. The remaining NSCS have returned to the main hospital site due to the medical and nursing workforce capacity and the limitations within the NAH space available on the site, as teams previously located there started to return and needed to implement their essential recovery plans for patients. The recognition of providing safe delivery of NSCS also requires a closer working and patient service delivery across services as radiotherapy, aseptic services, blood bank.

**“ It was a positive experience working with our colleagues at NAH, we were made to feel very welcome and the patients liked the location. We have built positive lasting professional links.**

SAM BRENTON – LEAD CANCER NURSE



Patients were openly moved and appreciated all that the service, the teams and the trust had done to provide a safe place to continue their therapy in the early initial phase.



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Any future moves require a greater appreciation and understanding of NSCS and essential SACT delivery to our local patients living with cancer which this transfer of care did achieve. Given the known cancer trajectory and patients presenting later with more advanced disease this service is and will be under increased significant pressure to delivery safe timely SACT to more patients in the many years predicted ahead.

We need to ensure we can provide this service in a safe and appropriate space providing a positive patient experience for those living with cancer.

JACQUIE PHARE, SYSTEM DIRECTOR OF NURSING AND PROFESSIONAL PRACTICE (TORBAY),  
REFLECTING ON THE LEARNING, SAYS:

**“ If we were to need to do this again, we would improve communication with all individuals, teams and wider stakeholders to support the transfer of a service and facilitate close working to ensure any challenges or issues of moving a complex service off the main hospital site are recognised and addressed promptly. Robust planning and clear time frames for delivery are essential. Due to COVID-19 the team had to respond promptly to continue to deliver a high-quality service safely and effectively.**

### Learning

- The realisation that Community Hospitals can manage patients with a range of acute needs beyond rehabilitation as this is continuing even after the worst of COVID-19 has passed
- Medical and specialist palliative care input was significantly stepped up during this period and Haematology and Oncology were on site. To have a service on two sites the requirement is for a haematology and oncology workforce with additional capacity.
- Being flexible in the use of the trust's four Community Hospital sites meant that services provided to those most clinically vulnerable were delivered in the safest possible way
- The “super green” site gave patients a good level of confidence but as services began moving back to the acute hospital site in Torbay, some felt a significant degree of apprehension and a fear that they would be more exposed to the virus
- Inpatient Day Case NSCS moved back too soon and should have happened more gradually
- The need for good, timely communication and engagement of staff in any change.



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## Contact



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