

Moving Forward Together.



# Regional Care Workstream Overview

## What is the Greater Glasgow and Clyde Regional Care Workstream

The Regional Care Workstream is described under Moving Forward Together as:

**The specialist services that are delivered within Greater Glasgow and Clyde as part of the regional network that covers the whole of the west of Scotland and some nationally delivered services**

It will optimise the very specialist treatment and care that people get for complex conditions that require specially trained staff with access to specific equipment or other specialist teams. Where possible we will develop hub-and-spoke service models to deliver as much care as locally as possible making best use of innovation and technology.



# What are our priorities

The Greater Glasgow and Clyde Regional Care Workstream is going to initially focus on these areas to transform health and social care services:

1

**Develop a West of Scotland Cancer Strategy** that will see changes to how we provide chemotherapy services and complex cancer surgery aligned with best use of the Beatson West of Scotland Cancer Centre

2

**A comprehensive review of Neurosciences** to develop a long term plan for services including the development of a tiered model of care for Neurology to where possible deliver more care locally

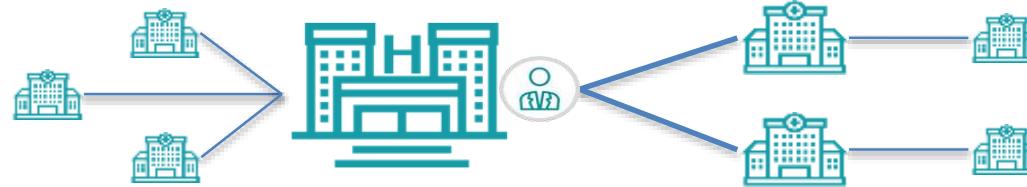
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**Deliver on the implementation** of the National 'Best Start' strategy which will change how we provide Maternity and Neonatal services putting the mother and child, and family, at the centre of care.

# Moving Forward Together.

## Example: Hub and Spoke Model for Chemotherapy Services

This project will develop new ways of working to deliver some Systemic Anti-Cancer Therapy (Chemotherapy) closer to where people live



Based on the principles and concepts set out in Moving Forward Together and working alongside the West of Scotland Cancer Network we have identified a new model of care to support the **Beatson West of Scotland Cancer Centre** by:

- Delivering some diagnosis and more treatment in care in geographic **Cancer Treatment Units**
- Delivering more treatment and care in geographic **Cancer Treatment Centres**

This will see highly trained staff and expertise outreach from the Beatson to meet demand, deliver services locally and improve experience and outcomes for people

## Beatson West of Scotland Cancer Centre

 The Beatson is the main treatment and care centre for people with cancer in the West of Scotland and serves a population of 2.5 million people. It is the recognised centre of excellence for cancer care, research and clinical trials. It opened in 2007 with capacity to provide a maximum of 30,000 treatments per year.

 It currently delivers a total of 38,000 treatments per year, including 70% of all chemotherapy for people who live in Greater Glasgow & Clyde. If we do not change our model of care, it will need to provide 53,000 treatments per year by 2025.

 In the new model it will still be the specialist cancer centre for the West of Scotland and for the GGC population for complex care, and it will also be the cancer treatment unit for North Glasgow.

 Changing the model of treatment delivery will allow more people to be seen at other hospitals across GGC and it will allow the Beatson to concentrate more on delivering complex care.



## Systemic Anti Cancer Therapy

 Systemic Anti-Cancer Therapy involves the use of drugs that are toxic to living cells to directly destroy cancer cells and can have an effect of healthy cells. The most extensively used therapy of this type is chemotherapy. Demographic changes, patterns of disease and the types of therapy and treatments available means that there have been large increases in demand for treatment. For example, when the Beatson first opened 12 years ago chemotherapy was mostly delivered intravenously (IV drip) straight into the bloodstream and for a short course of 6-12 treatments.

 Nowadays treatment can be delivered via injection or even taken by mouth as a pill, capsule or liquid – these oral treatments are becoming more common and means we can now deliver cancer care in less invasive ways closer to people's homes.

 People are also thankfully living longer with cancer, which means that the number of treatments given to each person has increased, and some people are on treatment for several years.

## Cancer Treatment Units and Cancer Treatment Centres



**Cancer Treatment Units** are large units which assess and initiate outpatient and daycase treatment for patients. They cover a population of about 300,000-600,000 people. They deliver daycase and outpatient treatments for their local population within a defined remit.



**Cancer Treatment Centres** are small to medium sized centres delivering daycase and outpatient treatment to patients who have been assessed and prescribed in their local Cancer Unit or Specialist Cancer Centre.



**No matter which type of unit people are treated in, the care will be delivered by staff who are employed by the Beatson**

## Current chemotherapy model

Mr Smith lives in Greenock and he has been diagnosed with prostate cancer. For this, he is prescribed a medication called Abiraterone, which is available in oral tablet form.

In the current clinical model using chemotherapy to treat cancer, he travels up from Greenock to attend the Beatson West of Scotland Cancer Centre every 4-8 weeks for an outpatient appointment with a consultant oncologist.

If everything is going okay with his treatment his oncologist gives him a prescription to take to the hospital pharmacy. All his appointments are at the Beatson.



# Proposed new chemotherapy model

In the proposed new model, Mr Smith will attend either the Beatson or the Royal Alexandra Hospital in Paisley for his initial assessment and the start of his treatment with a consultant oncologist.

If his first treatment goes well, he will then go to Inverclyde Royal Hospital every 4-8 weeks for an outpatient appointment with either a specialist nurse or a pharmacist who are part of the specialist teams from the Beatson West of Scotland Cancer.

He might also be given the choice of getting his prescription from the hospital pharmacy or his local high street pharmacy. His care is centrally coordinated by his consultant oncologist, who works across the Beatson, the RAH and Inverclyde.



## Important principles

- This new care model is only about the delivery of treatment AFTER people have been diagnosed and agreed their treatment plan with the full clinical team who assessed them
- Everyone who has a diagnosis of cancer will continue to have access to the very best care available, including clinical trials and specialist treatments which are only available at the Beatson West of Scotland Cancer Centre
- Care will be delivered by one team for each type of cancer in North, South and Clyde. For example, the consultant Breast Oncologists at the Beatson are the same consultant Breast Oncologists who will see South Glasgow residents at New Victoria Hospital. The consultant oncologists who currently see Clyde residents at the Beatson will be delivering the ones who are holding their clinics at the Royal Alexandra Hospital in the future



## The benefits we expect to see

- A reduction in demand at the Beatson leading to:
  - Being able to meet the predicted demand for services whilst being delivering services closer to where people live
  - Better flow through the hospital and less pressure on the site e.g. waiting area space, parking availability, waiting areas not as crowded
- Improved patient and carer experience with less travel, less waiting at appointment time and for prescriptions
- Improved experience for those who deliver services and being able to work to the 'top of their license' delivering expert individual care based on needs
- Outreach cancer services being delivered on other sites can lead to upskilling of other staff who learn more about cancer and treatment of it



## Tell us what you think

What are your thoughts about the 3 priority areas that we have initially chosen to transform Regional services in Greater Glasgow and Clyde?

What do you think about our plans have some cancer treatments delivered closer to where people live?

Any other feedback or comments



## Example: A new model of Maternity Care

The Clyde region of NHS Greater Glasgow and Clyde is one of five Early Adopter Boards who are leading on transforming local maternity services to improve continuity of care for women.

The Clyde Early Adopter group **leads this work and takes direction from the National Strategy** and aligns with the principles and concepts set out in **Moving Forward Together** to develop a new model of care based on these recommendations:

- **Providing Continuity of care** for women throughout their maternity journey from a Primary Midwife
- **Person Centred Maternity Care** providing women with relationship based, personalised care
- **Have multidisciplinary team working** so women get the level of care they need
- **Provide accessible care** by redesigning maternity services with a focus on local care, built around the concept of multidisciplinary community hubs, with the majority of women being offered routine care and services through these hubs



**The Best Start’ – A five year forward plan for Maternity and Neonatal Care in Scotland** was published by the Scottish Government in January 2017 following a review of maternity and neonatal services. This set out a vision for the future planning, design and safe delivery of high quality maternity and neonatal services in Scotland. It puts the family at the centre of decisions so that all women, babies and their families get the highest quality of care according to their needs.



### **The Review Process**

The Minister for Public Health announced the Strategic Review of Maternity and Neonatal Services in Scotland in early 2015. The Review focused on creating a refreshed model of care and approach to maternity and neonatal services and to examine choice, quality and the safety of those services in light of current evidence and best practice, in consultation with service users, the workforce and NHS Boards.

## When we asked women What matters most?

What we heard from women, families and third sector organisations during the review

- **Having continuity of care;** building relationships with staff and seeing the same person or team throughout their care, breastfeeding support, the opportunity for more partner support for bonding with their babies, and minimising separation.
- **More information and choice, and better communication and consistent advice including the use of digital technology.**
- **Better emotional support for families with babies in neonatal care, and care for bereaved parents.**
- **More access to services locally, and support for parents of babies in neonatal units to stay with their babies.**



## The Best Start: A Five Year Forward Plan for Maternity and Neonatal Care in Scotland

- The report contains 76 recommendations
- Every recommendation is focused on putting the mother, baby and family at the centre
- NHS Greater Glasgow and Clyde have been tasked with implementing 23 recommendations locally. These include
  - All women having an agreed birth plan
  - Partners being allowed to stay on postnatal wards
  - Provision of choice of place of birth
  - All staff in maternity and neonatal units should be aware of third sector support organisations operating in their area and be able to signpost them to women and their families in their care



## Proposed Continuity of Care Model

Under this model Midwives will work in small teams of 6-8 in a community setting and each 'Primary Midwife' – your named midwife - will have a caseload of up to 42 women per year.

The Primary Midwife will plan and provide the majority of mum and baby's care across the maternity care journey. They will work with a 'buddy midwife' who can support her and provide cover for days off and knows the current care plan for the woman and has met the woman to introduce themselves. Labour and Birth Care will be delivered by the primary midwife or a member of her team who the woman has also met during her pregnancy

Under this model midwifery and obstetric teams will be aligned and co-located around a caseload of women in a geographic area.



## What this means for Women

### Each woman will:

- Have a **Primary Midwife** who is **responsible for coordinating** all her pregnancy, labour and birth and postnatal care
- Meet her Primary Midwife at booking appointment in a **location of her choice or at the community hub**
- Have **greater flexibility and choice** on where they have their antenatal and postnatal care. For example at home or attend the Community Hub
- Be able to **contact their Primary Midwife directly** to schedule appointments or to discuss their care
- Be **allocated a Primary Obstetrician** for their antenatal and postnatal care should they require input from Obstetrician
- Have a **clear birth plan** she will discuss from booking and throughout her pregnancy with her Primary Midwife
- Be **supported in her decision making** by her Primary Midwife as her pregnancy progresses and conversations will be recorded in an electronic shared plan
- Be **offered a full range of choice of place of birth** which will include: Home Birth; Alongside Maternity Unit; Freestanding Maternity Unit and Obstetric Unit
- Meet/get to know the Primary Midwife's buddy midwife and members of the team. For example at Parent Education classes
- Receive care during labour and birth from her primary midwife, buddy midwife, or member of her team
- Be able to **attend the community hub for routine care** such as scans, Parent Education and Obstetrician appointments

## Tell us what you think

What do you think about the future model of maternity care?

Can your organisation support Best Start and how?

What is the best way to involve women and hear what matters most?

How can we help staff be more aware of local third sector organisations and the support you can provide?

Any other feedback or comments

