

Greater Glasgow NHS Board

Board Meeting
Tuesday, 17th February, 2004

Board Paper No. 4/14

Chief Executive, North Glasgow Trust

**TRANSFER OF MEDICAL ONCOLOGY INPATIENT BEDS
FROM THE ST MUNGO UNIT, GLASGOW ROYAL INFIRMARY,
TO THE BEATSON ONCOLOGY CENTRE**

Recommendation: The Board is asked to:

- i) agree that the planned transfer of Medical Oncology In-patient Beds from the St. Mungo Unit, Glasgow Royal Infirmary to the Beatson Oncology Centre be brought forward, to take place with effect from 1st March, 2004.

1. Introduction

1.1 The St Mungo Unit was established in Glasgow Royal Infirmary (GRI) in 1999 to house Medical Oncology beds and Haemato-Oncology services, particularly Bone Marrow Transplant. Ward 41, a 14 bedded ward with nominally 10 medical oncology and 4 haemato-oncology beds, and Ward 40, a 9 bedded hepa-filtered bone marrow transplant (BMT) ward and a day case unit make up the Unit. The medical oncology beds and the haemato-oncology beds are staffed by two different groups of medical staff, the medical oncology beds being historically linked to the Medical Service of GRI and Haemato-oncology to the Laboratories Service. The whole of the St Mungo service will transfer to the West of Scotland Cancer Centre by Spring 2007.

2. Issue

2.1 Until North Glasgow Trust was formed, the medical oncology beds in the St Mungo Unit were not linked to the Beatson Oncology Centre (BOC), although one of the two Medical Oncologists in St Mungo had 3 sessions in the BOC. The other Medical Oncologist had 3 sessions in acute medicine at GRI. The two Medical Oncologists covered the on-call for the medical oncology beds. One of the Medical Oncologists became seriously ill in April 2000. Though he returned to work part-time for periods over the subsequent two years, it has now been agreed that he will take early retirement during this month

2.2 While locum cover has been found for part of the Consultant's period of illness since June 2003, the remaining Medical Oncologist associated with the St Mungo Unit, has covered the in-patient work as no further full-time locum has been available. A clinical oncology locum has part covered the breast clinic at GRI. An analysis of the bed utilisation at St Mungo has shown that within Ward 41, only 7 beds are now used on average by medical oncology, the remaining being utilised by haemato-oncology.

3. Replacement of the Consultant Medical Oncologist Post

Interviews took place for a Medical Oncologist on 27th January. The post cannot be replaced with a direct replacement, however, for the following reasons:

- i) The Review of Specialist Oncology Services undertaken by FRMC on behalf of the Regional Cancer Advisory Group and accepted in June 2002 describes a model of all inpatient oncology services being provided for Glasgow at the new West of Scotland Cancer Centre. At the same time the four surrounding Health Boards will each provide on **one** site an appropriate number of in-patient beds for their own cancer patients that do not require inpatient radiotherapy. Out-patient and day case specialist oncology services will also be provided on as few sites as possible in each Health Board area to maximise scarce specialist oncologist input. Although it is still 3 years until the new regional centre will be opened, integrating the beds into the BOC now follows the strategy.

That Review also recommends increased tumour site sub-specialisation by clinicians and further integration along such sub-specialised practice in multidisciplinary teams, both in the surrounding Health Board areas and Glasgow.

- ii) Working with an average of 7 medical oncology beds at St Mungo does now not allow the medical oncology Specialist Registrars (SpRs) to receive appropriate training and without SpRs it would be inappropriate to have daily Consultant presence for only 7 beds. A new Consultant would not be attracted to this pattern of working. Nor can we afford to have one clinician in such a small unit offering no input to the other regional services.

Also, we currently have training numbers for 8 SpRs, 3 of whom are flexible trainees. However, from these numbers we have 2 flexible trainees off on maternity leave and one full-time SpR on extended study leave for a year, and are, therefore, very short on SpRs.

- iii) To encourage retention of senior medical staff and aid recruitment, and to improve patient care the BOC is undertaking a reorganisation of all its beds during this month to ensure tumour site specialisation within each ward. This means that there will no longer be a separate medical oncology ward at the BOC at the Western site. All wards will have integrated clinical and medical oncology teams. Again, this sets the working model in place for the new Centre.

4. The Plan for Moving Forward

- 4.1 The medical oncology beds at St Mungo are used mainly for breast and colorectal patients. The reconfiguration of beds in the BOC will have these tumour types admitted to Wards G6, G7, and G10. G10 is currently a 4 night/5 day ward. The patient load from the 7 medical oncology beds will be subsumed within the workload of G6, G7 and G10 by opening G10 one further night per week and by seeking more efficient use of all the BOC beds in line with the targets to be achieved for the opening of the new centre in 2007.

EMBARGOED UNTIL DATE OF MEETING.

- 4.2 This necessary plan is at worst cost neutral, with the expectation that it will in the medium term lead to savings on SpR bandings as new appointees are employed. It will also minimise Consultant on-call, helpful in the lead up to Consultant Contract negotiations. A joint medical and clinical oncology on-call rota for both SpR and Consultant levels for Monday to Friday with two separate rotas for weekends is currently being worked through.
- 4.3 The second Consultant will continue to support the unit as a single-handed Consultant, with appropriate junior support, until the end of February. The inpatient workload from St Mungo would then transfer to the BOC from 1st March. It is unacceptable to ask him to continue beyond this time. As explained earlier, the haemato-oncologists in St Mungo work independently due to the differences in patient groups, junior doctors training and haematology responsibilities, haematologists covering coagulation disorders and laboratory referrals, for example. Medical support to the remaining beds in St Mungo, is therefore, not at risk.
- 4.4 The move will allow the St Mungo building in-patient beds to be integrated as a single service with both patients and nurses moving between the BMTU on ward 40 and support beds on Ward 41 as required. It will allow the haemato-oncology nursing expertise to be developed even further and provide the new BOC with a valuable resource of highly trained haemato-oncology nursing staff when it opens in 2007.

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