



# Peninsula Oesophago-Gastric Surgical Cancer Services

One Year Review  
March 2011



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# Foreword by the Chief Executive



On behalf of Plymouth Hospitals NHS Trust I am very pleased to be able to present this, the one year review of the newly amalgamated Peninsula Oesophago-Gastric Surgical Cancer Services at Derriford Hospital.

We understand how coming into hospital for an operation is stressful and our aim is not only to deliver the best possible clinical care but also to provide care for the patient and the family that we would expect for our own families.

This review describes the Centre's first twelve months of treating patients from across the Peninsula. I am proud of the progress we have made.

Excellent patient pathways and partner relationships have developed from the service, which was newly established in January 2010. The service is delivering patient outcomes that compare very well nationally with mortality figures that are better than expected.

Performance is consistent with the hard work that all our partner organisations have put in to embed the new service, facilitate the new patient pathways and deliver high quality care for all our patients.

Thanks to the continued support of health colleagues across the south west, Plymouth Hospitals NHS Trust continues to deliver a well received and quality Oesophago-Gastric Surgical service, improving the care given to and outcomes for our patients.

**Paul Roberts**  
**Chief Executive**

Plymouth Hospitals NHS Trust

# Executive Summary

Patient experience, as defined by outcomes and satisfaction levels, is high at the Centre.

A total of 129 patients have undergone surgical resection in the last 12 months at the surgical centre. There were 94 oesophagectomy and 35 gastrectomy procedures performed, with in-hospital mortality rates of 1.1% and 5.7% respectively – 2.3% overall.

The National Oesophago-gastric Cancer Audit 2010 describes in detail the findings of the first national audit of oesophago-gastric cancer care in England and Wales, and provides useful benchmark data. The overall post-operative in-hospital mortality for 3,612 oesophageal and gastric resections from this audit was 5.1% in England and Wales. For the 2,200 oesophageal and 1,412 gastric resections nationally it was 4.5% and 6.0% respectively.

Compared with the recent National Audit and previous Peninsula figures, these outcome data are very good, although it is recognised that the interpretation of outcome data from relatively small numbers of patients has its limitations.

Overall patient satisfaction with the service is running high. A resounding 80% of patients felt that the overall service they received at the Centre was excellent, 13% found it good and 6% reported it to be average. The remaining patient did not answer that particular question.

The Trust is looking to build on this excellent foundation to continue to develop quality oesophago-gastro surgical services for the patients of the Peninsula.



# Introduction



The Peninsula Oesophago-Gastric Cancer Centre opened in Plymouth in January 2010, as the result of the centralisation of cancer surgery as recommended by the Improving Outcomes in Upper Gastro-intestinal Cancers Guidance (2001). All other non-surgical care continues to be provided by dedicated teams in local hospitals.

The three existing units in Exeter, Plymouth and Truro which performed surgical resection for oesophageal and gastric cancers, were amalgamated into a single centre, incorporating surgeons from all three units.

A Specialist Multi-Disciplinary Team (MDT) was created from members of the existing local MDTs within the peninsula, and this Specialist MDT began weekly meetings using video-conferencing technology to make joint decisions about patients with oesophageal or gastric cancers.

Patients referred for radical treatment have their chemo/radiotherapy delivered locally and only attend the Centre in Plymouth to have their surgical treatment.

The stress and pressure for both patients and families is fully recognised by all the health professionals. The five hospitals work together across the peninsula to deliver not only excellent clinical results but also holistic and empathetic care.

This review summarises both the clinical outcomes and the patient feedback from the first year of this newly established service.

# Caring for Patients

The main principle of the Peninsula oesophago-gastric surgical service is that the patient's care is centred on their local hospital. Initial diagnostic tests are performed in all five acute NHS Trusts: Royal Devon and Exeter; Royal Cornwall, Plymouth, Northern Devon and South Devon.

The majority of staging investigations such as CT scans, endoscopic ultrasound are also performed locally, but some more specialised tests such as PET scan or staging laparoscopy require a journey outside of the patient's locality. The care of patients who are suitable for 'radical' treatment of their cancer by surgical resection are discussed in the specialist MDT and referred to the surgical centre at Derriford Hospital, Plymouth, where their operation will take place.

All patients are reviewed by one of the surgeons prior to any final decision being made by the patient and the surgeon regarding surgery.

Close communication between the Clinical Nurse Specialists (CNSs) in all five Trusts ensures that the patient's pathway and transfer is seamless and that all relevant information regarding patient management is available at all times. Patients admitted to Derriford for surgery stay in hospital until they have recovered to a stage where they are either fit enough to be discharged home, or suitable to be discharged to a local hospital for a staged discharge to home.

The surgical procedure, whilst important, is only part of an integrated patient pathway that starts and ends with GP referral into the healthcare system.



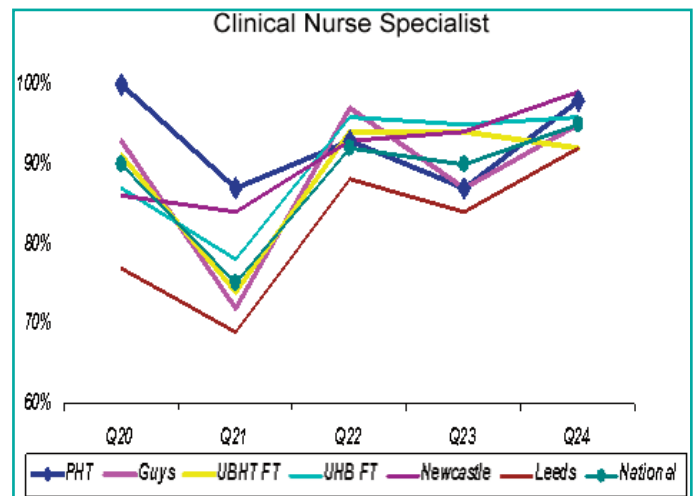
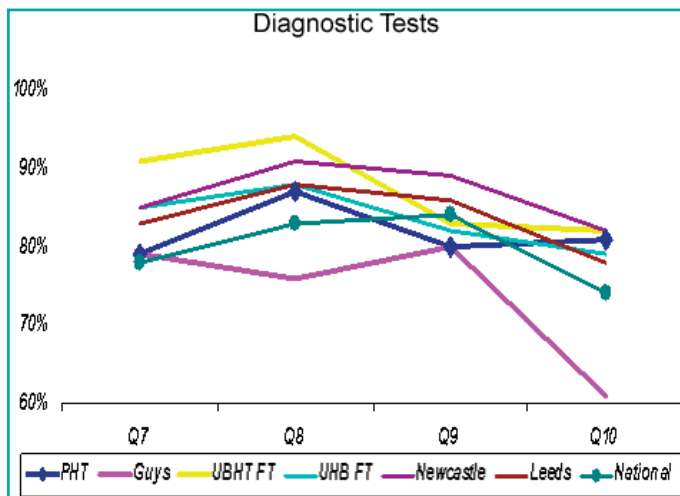
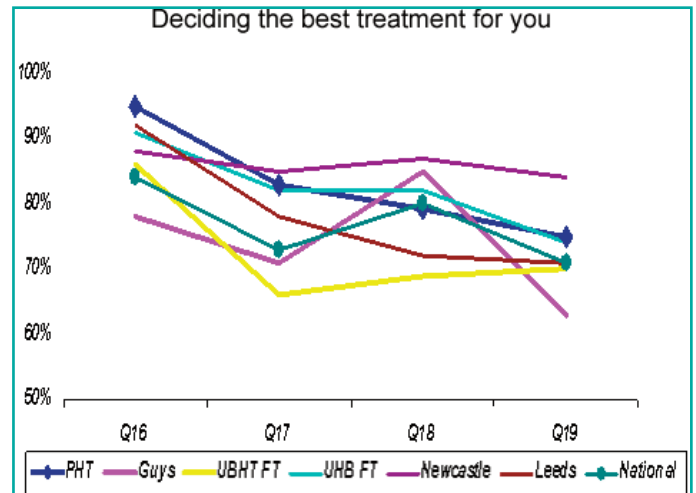
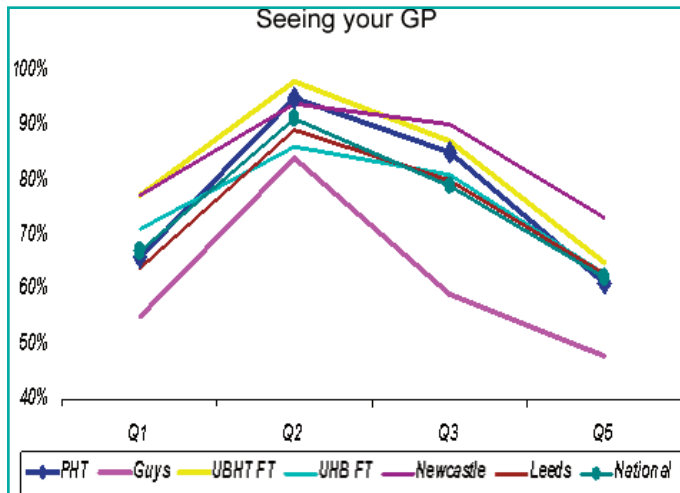
# Caring for Patients

## National Cancer Patient Experience Survey

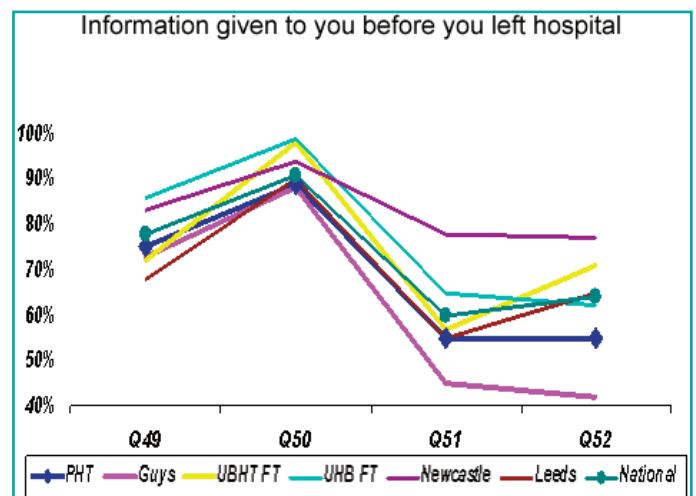
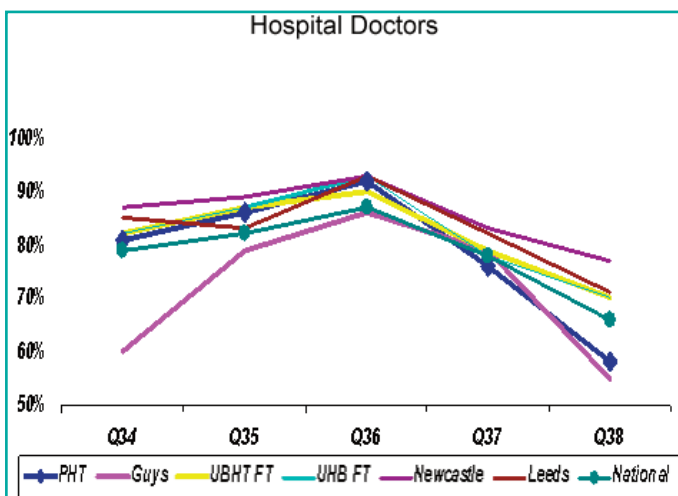
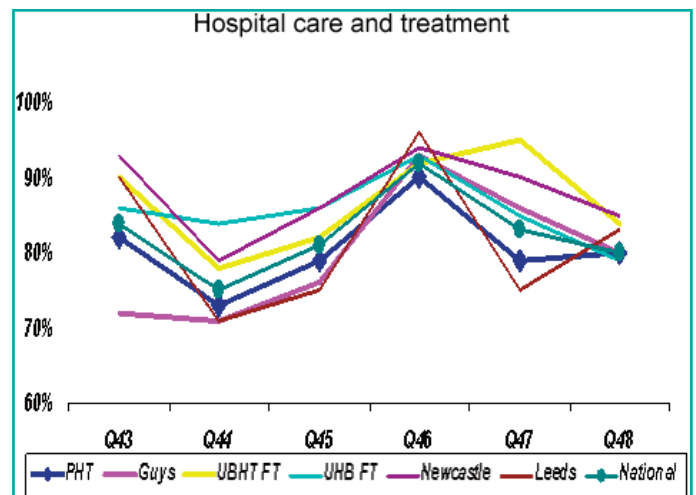
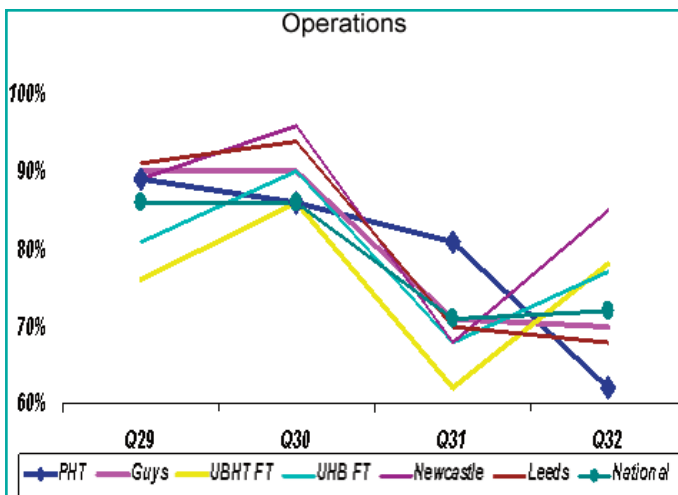
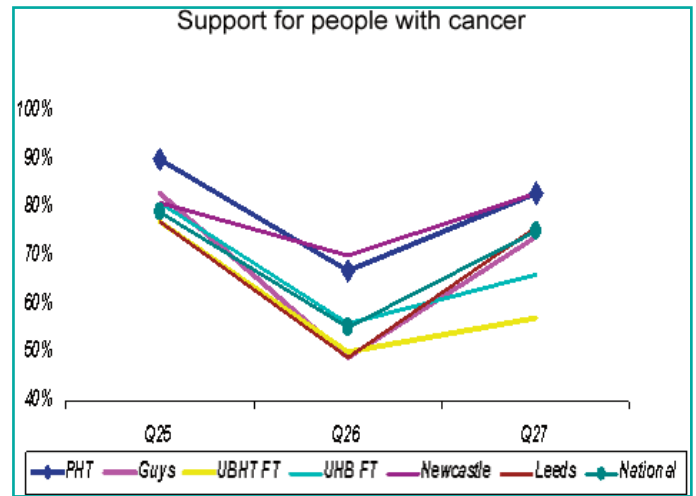
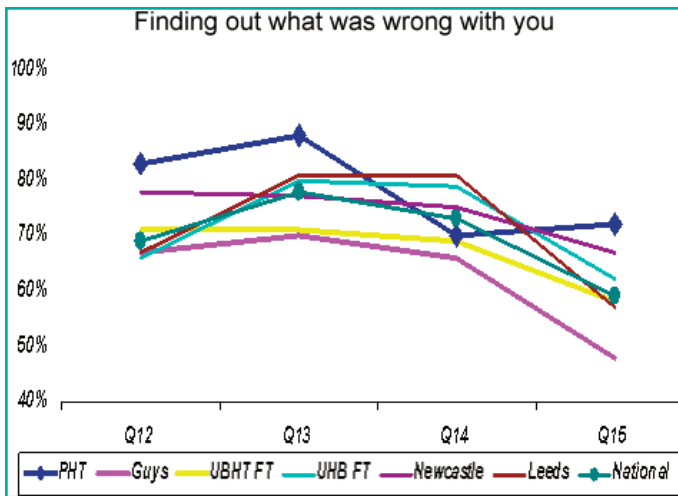
For the first time in 2010 the national Cancer Patient experience survey provides national comparable data on cancer services including specialist cancer services. This patient experience survey was undertaken among patients who were treated as day cases or inpatients during the first three months of 2010. It conducted using 65 questions under a range of headings which follows the patient pathway. There is both a national report and a specific report for each acute Trust delivering cancer services.

The questions are related to the grouper heading. A significant number of patients have been surveyed nationally with each question being scored out of 100 (where 100% is good). From this survey the effectiveness of the oesophagastro surgical services provided at Plymouth Hospitals NHS Trust can be evaluated by comparing Trust data with other providers and the national average. These comparisons are shown in the following graphs.

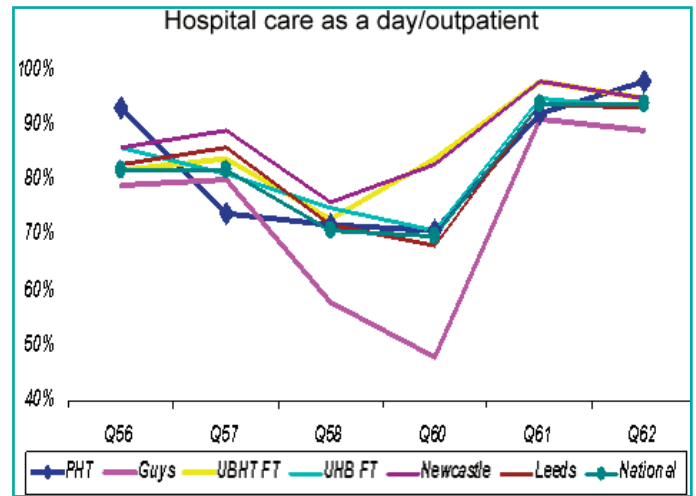
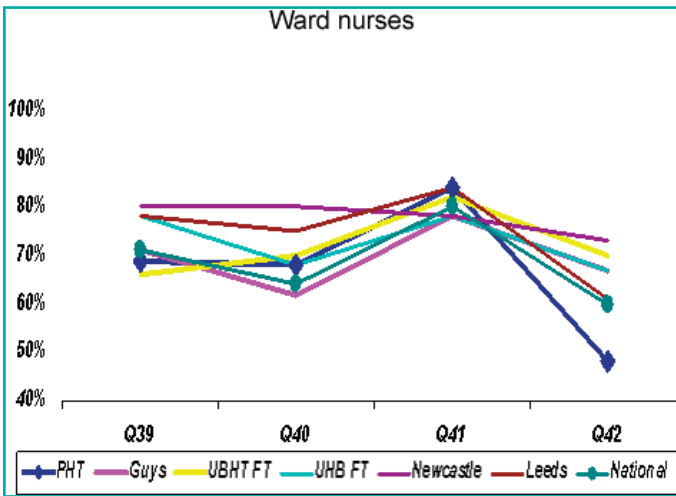
The local patient survey, covered later in the report, is also included to give greater local understanding of the issues affecting patients.



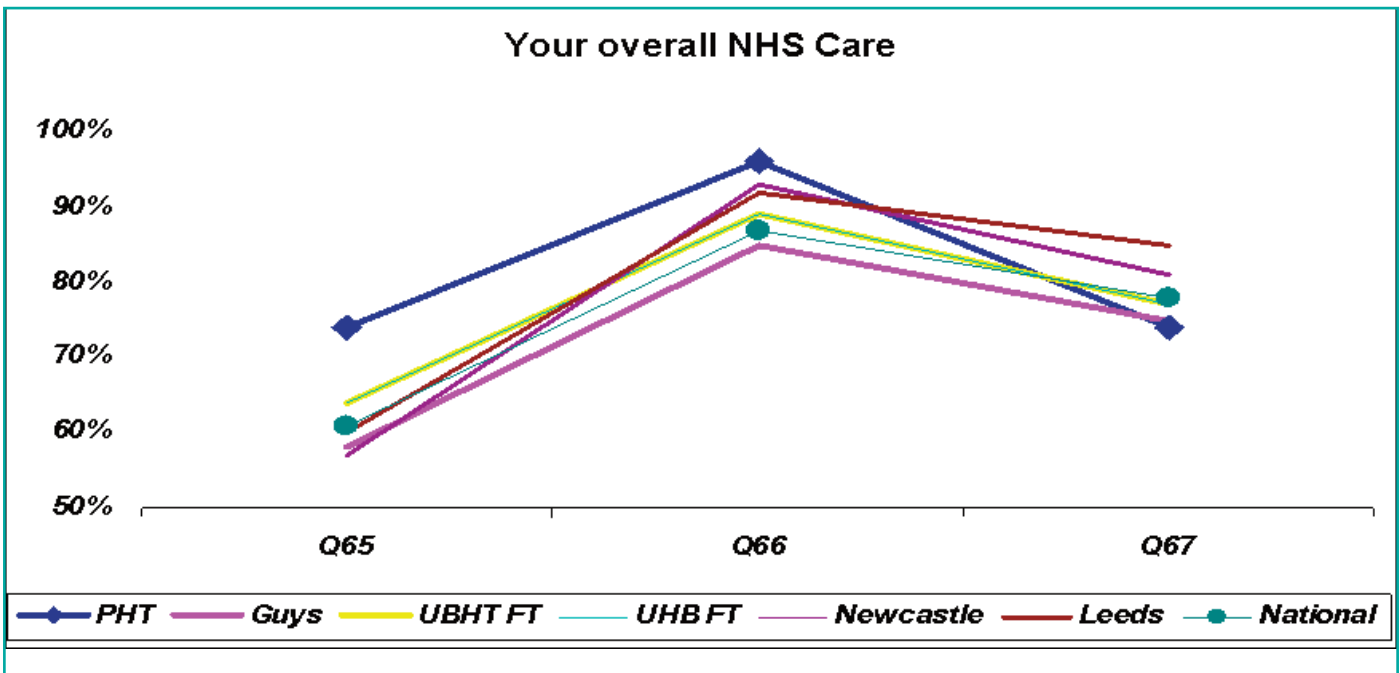
# Caring for Patients



# Caring for Patients



The ultimate three questions are a summary of the overall performance of cancer service within the Trust.



# Caring for Patients



## Summary of Performance

In many of the indicators, Plymouth Hospitals NHS Trust's Upper GI service performs well when benchmarked against national percentages from the 2010 survey, and in some instances is performing better than the comparator Trusts. The indicators representing high patient satisfaction levels with the Clinical Nurse Specialists, the support available and overall care received were particularly noteworthy.

## Key areas for improvement

There are however some areas for improvement that the Trust with its partners across the Peninsula would like to action. These are summarised below:

Question 51 and 52: Family definitely given all information needed to help care at home and Patient definitely given enough care from health or social services.

The CNS's will be actively working together in all acute Trusts to ensure that patients are assessed and have access to the services they require.

Question 42: Always / nearly always enough ward nurses on duty. The ward has been established according to the dependency of the patients needs. Since the survey a further skill mix review has been undertaken on the ward with the result that an additional two healthcare assistants and a ward clerk will start from the 1st April 2011.

We expect these actions to enable more visibility of ward nurses to the patients.

# Surgical Activity

Every patient referred has been the subject of a specialist MDT discussed with referring clinicians across the Peninsula.

## Numbers Referred

Over the period 1st January to 31st December 2010, 135 patients were referred to Plymouth Hospitals NHS Trust for surgical intervention for cancer of the stomach or oesophagus. 129 underwent surgical resection, 6 were found to be inoperable at the time of surgery. The first few months of the newly established service were particularly challenging with higher than expected referrals and higher than anticipated lengths of stay relating to new pathways of care. Referrals by quarter are shown in table 1 below.

Table 1. Referrals by procedure by quarter.

Quarter	Resections Performed	Oesophagectomy	Gastrectomy
1	42	25	17
2	28	23	5
3	30	25	5
4	29	21	8
<b>Total</b>	<b>129</b>	<b>94</b>	<b>35</b>

All six patients found to be inoperable at the time of surgery were scheduled to have an oesophagectomy, either for distal oesophageal cancer, or cancer of the gastro-oesophageal junction. All of them had undergone neo-adjuvant chemotherapy, been rescanned and all had been appropriately discussed through the specialist MDT meeting. At the time of surgery they were all found to have advanced disease which could not be cured by resection, which had not been shown on pre-operative scans. None developed complications during their peri-operative stay in hospital.

## Source of Referral

The 129 resected patients were referred from the five Acute NHS Trusts within the Peninsula, via the Specialist MDT. The distribution of referrals is shown in Table 2.

Table 2. Annual referrals by acute Trust

Referring Acute Trust	No of patients
North Devon	12
Plymouth	28
Royal Cornwall	27
Royal Devon and Exeter	36
South Devon	26
<b>Total</b>	<b>129</b>

# Surgical Activity

## Oesophagectomy Procedures

Of the 94 Oesophagectomies performed over the year, 67% were open procedures with 33% minimally invasive. Of the 35 gastrectomies 17 were total and 17 sub total. The numbers and type of surgical intervention are shown in table 3. below.

The type of operation used depends on many factors, such as tumour site, co-existing pathology, and previous surgical procedures, as well as discussion between surgeon and patient.

Table 3. Numbers, percentage and type of oesophagectomy and gastrectomy procedures

Oesophagectomy	Number	Percentage
Open procedure	63	67%
Minimally invasive	31	33%
<b>Total</b>	<b>94</b>	<b>100%</b>

Procedures	Number	Percentage
Ivor Lewis 2-stage	58	61.7%
Laparoscopic assisted 2-stage	19	20.2%
Minimally invasive 3-stage	9	9.6%
Thoroscopic assisted 3-stage	3	3.2%
Thoraco-abdominal 2-stage	2	2.1%
Total pharyngo-laryngo oesophagectomy and gastric tranposition	2	2.1%
Left-sided 2-stage	1	1.1%
<b>Total</b>	<b>94</b>	<b>100%</b>

Gastrectomy procedures	Number	Percentage
Sub total gastrectomy	17	48.5%
Total gastrectomy	17	48.5%
Extended total gastrectomy (thoraco-abdominal procedure)	1	3%
<b>Total</b>	<b>35</b>	<b>100%</b>

It is clear that a wide range of procedures are available, and that minimally invasive techniques are utilised in one third of oesophageal resections, which is similar to the 30% reported nationally.

# Surgical Outcomes

## Mortality

One patient undergoing oesophagectomy died, giving an in-hospital mortality rate of 1.1%. Two patients of the 35 undergoing gastrectomy died giving a mortality rate of 5.7%. These mortality rates compares very favourably with the data from the December 2010 National Cancer audit and the mortality rate for the Peninsula taken from the report on Oesophago-gastric Cancer Services in Peninsula Cancer Network by Griffin and Allum (2008) detailing the local outcomes from the three centres that were performing surgical resection at that time.

The accumulated results from the three centres are shown below in Table 4 with the National comparisons.

Table 4. Benchmark data in-hospital mortality.

In-hospital mortality	National 2010*	Local 04-08#	PHNT 2010
Oesophagectomy	4.5%	6.3%	1.1%
Gastrectomy	6.0%	7.3%	5.7%
All	5.1%	6.6%	2.3%

\* National Oesophago-gastric Cancer Audit December 2010

# Peninsula Cancer Network 2004-2008

## Complications of Surgery

Twenty five of the 129 patients undergoing resections were admitted to critical care. Of these ten were planned admissions direct from theatre and fifteen were urgent admissions following post-operative complications.

Sixteen patients were required to return to theatre in their post-operative course to deal with complications (12.4%). The reasons for this are detailed in Table 5.

Table 5. Reasons for return to theatre

Reasons for re-operation	Number
Anastomic leak (including 1 colon hernia)	10
Duodenal stump leak	2
Ischaemic bowel	1
Bleeding	1
Pneumonia	1
Colonic herniation	1

# Surgical Outcomes

Thirty three patients following oesophagectomy and six following gastrectomy suffered complications post surgical procedure, giving a 35% and 17% complication rate respectively.

The total number of oesophagectomy complications was 39 (four patients suffered more than one complication). A summary of the complications are shown in table 6.

Table 6. Complications by procedure

<b>Oesophagectomy Complications</b>		
<b>Respiratory problems post op:</b>		<b>17</b>
	Chest infections	12
	Respiratory failure requiring ventilatory support	3
	Pleural effusions requiring drainage	2
<b>Anastomotic leaks:</b>		<b>14</b>
	Re-operation	10
	<i>Re-anastomosis</i>	3
	<i>Lavage and stent</i>	3
	<i>Cervical oesophagectomy</i>	2
	<i>Suture repair</i>	1
	<i>Lavage and drain</i>	1
	Stent insertion	2
	Conservative management	2
<b>Chyle leaks:</b>		<b>5</b>
	Conservative management	5
<b>Colonic Herniation:</b>		<b>2</b>
<b>Renal failure:</b>		<b>1</b>
<b>Total</b>		<b>39</b>

<b>Gastroectomy Complications</b>		
<b>Respiratory problems post op:</b>		<b>2</b>
	Aspiration pneumonia	1
	Pulmonary embolism	1
<b>Duodenal stump leaks:</b>		<b>2</b>
	Re-operation	2
<b>Post-operative bleeding:</b>		<b>1</b>
	Re-operation (splenectomy)	1
<b>Ischaemic bowel:</b>		<b>1</b>
	Re-operation	1
<b>Total</b>		<b>6</b>



# Surgical Outcomes

In comparison to national data shown in table 7 the overall complication rates are in keeping with national data although the oesophagectomy anastomotic leak rate (14.9%), and consequent return to theatre rates, are higher than that recorded nationally.

Table 7. National comparison surgical complications

Indicator	National 2010	PHNT 2010
<b>Oesophagectomy</b>		
Re-operation	10.2%	10.7%
Anastomotic leak	8.3%	14.9%
Any complication	29.8%	35.0%
<b>Gastrectomy</b>		
Re-operation	7.4%	11.4%
Anastomotic leak	5.9%	0%
Any complication	19.4	17.0%

## Length of Stay

Length of post-operative stay (median) at the Centre, table 8, compares favourably with 2010 National data as shown in table 9.

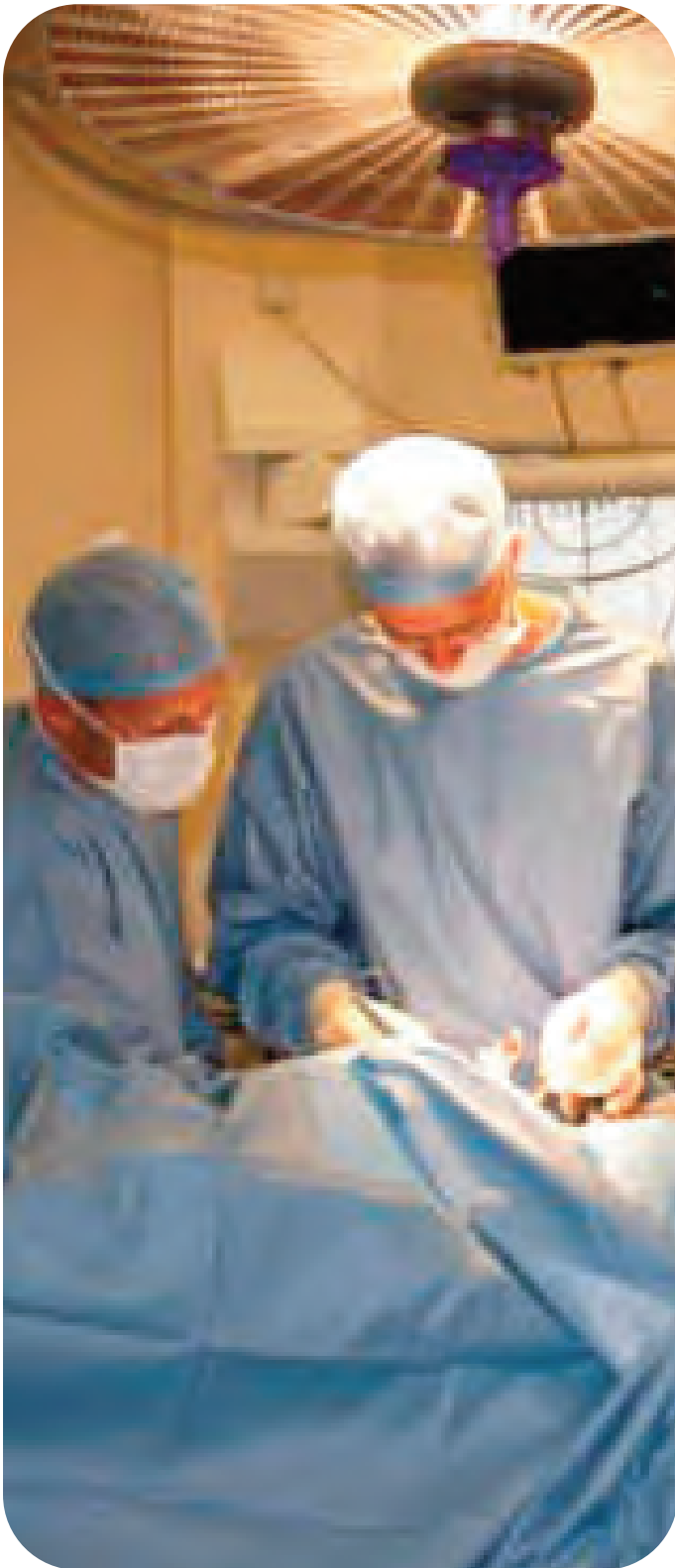
Table 8. Plymouth Hospitals length of post-operative stay (median) data 1st January to 31st December 2010

Procedure	Days
All resections	12
All resections without complications	11
All resections with complications	16
All oesophagectomy	13
All gastrectomy	10

Table 9. National data

Length of stay	National 2010
<b>Oesophagectomy</b>	
Median length of stay post op - no complications	13 days
Median length of stay - anastomotic leak	37 days
Median length of stay - other complications	19 days
<b>Gastrectomy</b>	
Median length of stay post op - no complications	11 days
Median length of stay - anastomotic leak	43 days
Median length of stay - other complications	15 days

# Surgical Outcomes



## Summary

Overall the surgical results for the first year of operation of the Peninsula oesophago-gastro surgical service at Derriford hospital are very encouraging in that they compare well both nationally and against previous surgical data provided by the Cancer network.

The mortality rates for the centre are significantly lower than expected. 129 patients underwent surgical resection with an overall in-hospital mortality rate of 2.3% (3/129). 94 oesophagectomies and 35 gastrectomies were performed with in-hospital mortality rates of 1.1% and 5.7% respectively.

Compared with the recent National Audit and previous Peninsula figures, these outcomes are very good, although the interpretation of outcome data from relatively small numbers of patients has potential problems and must not be overstated.

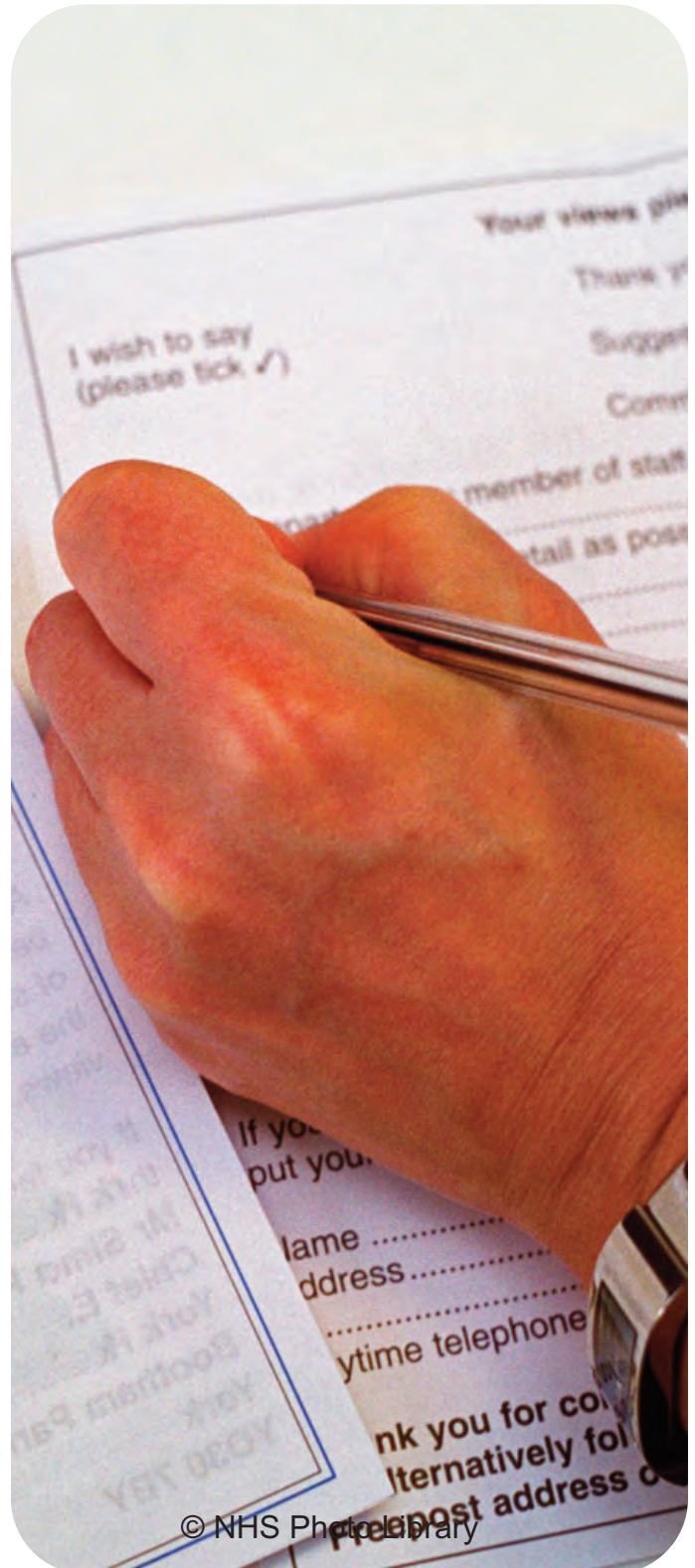
The overall complication rates of 35% and 17% for oesophagectomy and gastrectomy are in keeping with national data. The anastomotic leak rate of 14.9% (14/94) is higher than the 8.3% recorded nationally, but this should be read in the context of a lower than national average mortality rate, and shorter than average post-operative stay.

This may represent comparative over-reporting of leaks in the absence of clear national guidelines on diagnosis of anastomotic leaks.

# What our Patients Say

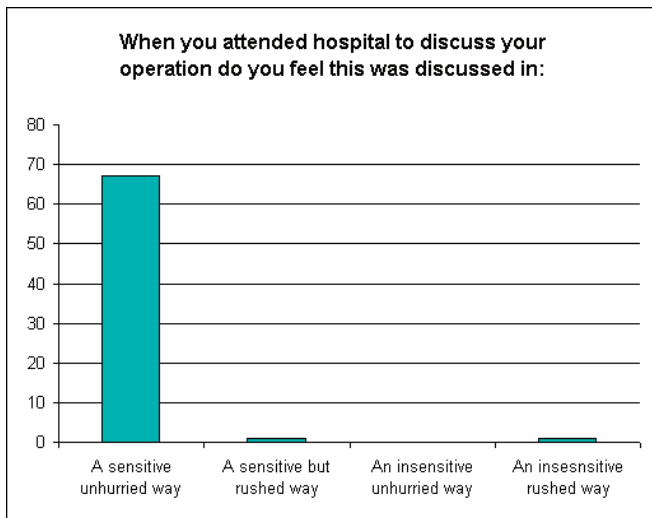
Whilst clinical results are very important the experience of patients is also key to the success of the centre. Set out within this report are:

- The comments received from local patients undergoing Upper gastro-intestinal (UGI) surgical intervention and the patients' satisfaction with the new surgical pathway. It also outlines what has been done to make further improvements in response to patient feedback. This report covers a 12 month period during which a total of 71 questionnaires were returned. All patients' written comments have been recorded and are available on request.
- The national cancer patient survey results have been released, and it is planned that the position of the upper GI service in Plymouth will be set within the context of the national upper GI results.

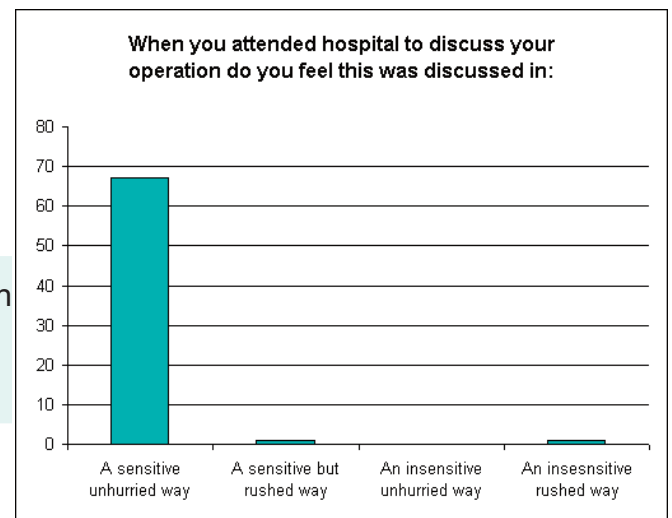


# What Our Patients Say

## Satisfaction with local service prior to surgery



67 out of 69 patients (97%) felt that when they attended their local hospital to discuss the operation that it was discussed in a sensitive and unhurried way by the surgeon. One Plymouth patient did not complete this section.



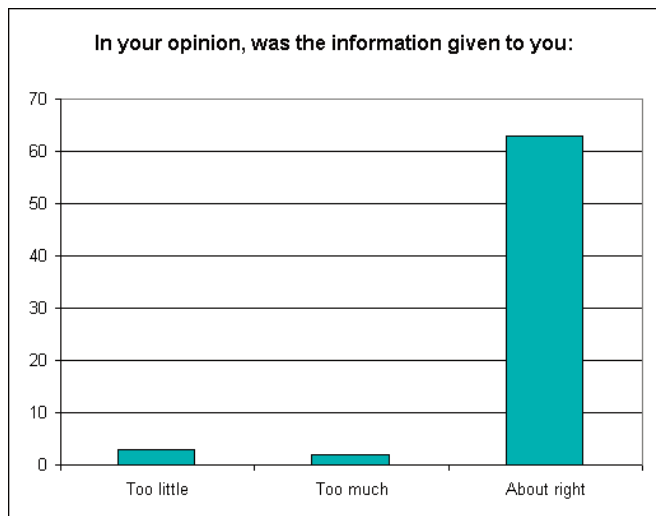
65 out of 68 (96%) patients felt they were given enough time to consider the treatment options.



58 out of 68 (85%) met their local cancer nurse specialist (CNS) at this time and all 58 (100%) felt that it was helpful to have them there. 1 Plymouth patient again did not complete this section as felt it did not refer to Derriford CNS. The 9 patients (13%) who did not meet their local CNS breakdown as follows: 2 from the RD&E, 1 from PHNT, 1 from RCHT, and 3 from NDHT. 1 patient, from RCHT, could not remember whether or not they had met a CNS at this point.

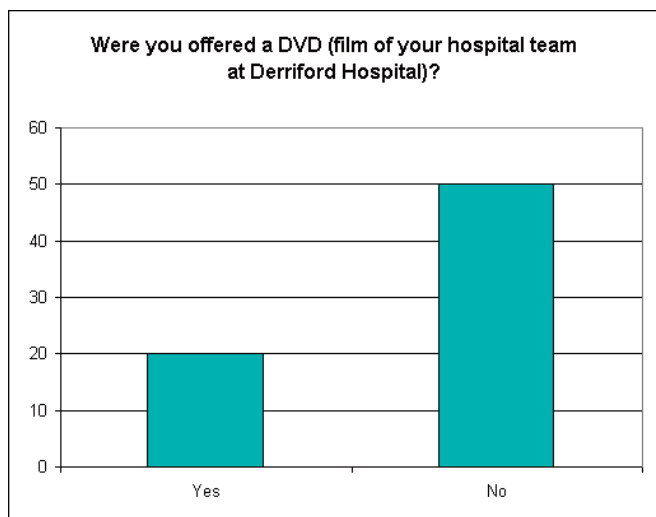
# What Our Patients Say

## Patient information



63 out of 68 patients (93%) felt that the patient information they were given was not too much or too little, but about right. 3 patients (4%) felt that they had received too little information, and 2 patients (3%) felt that they had received too much information.

64 out of 67 (94%) of relatives felt information was helpful or extremely helpful. 2 relatives (3%) did not receive any information, and 1 relative (1.5%) felt that the information provided was unhelpful.



20 out of 70 patients (29%) were offered a DVD, and 12 (75% of respondents) found the DVD to be useful.

## What we do

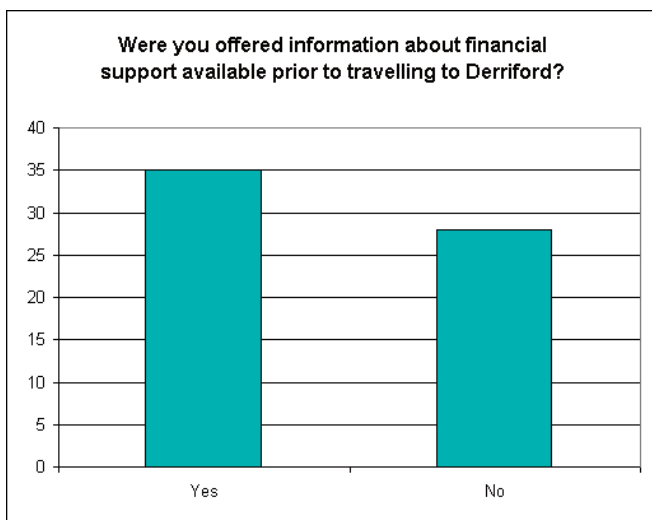
- A short film is available on DVD and the Plymouth Hospitals website, so that patients can 'meet the team' and see around before travelling to Plymouth. The Cancer Nurse Specialists (CNS) have been reminded to offer the DVD to patients. The DVD is discussed in the information booklets with information on how to access it and is also available on the hospital web page.
- An extensive Patient Leaflet is available

# What Our Patients Say

## Financial and Benefits Support

Every patient is assessed by their local CNS to see what their financial needs are. Any claims towards travel and accommodation are made in advance of a patient's admission to Derriford by the local UGI CNS teams.

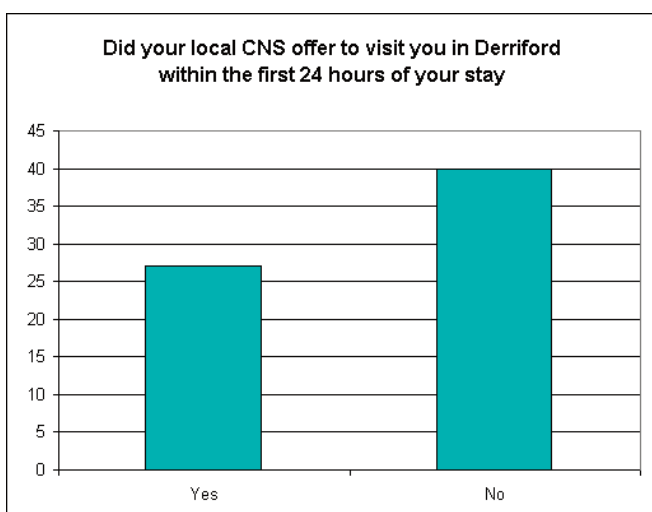
There are several charities that can assist if no benefit entitlement is allowed. The Cornwall PCT can be approached in cases of extreme need. In addition, Derriford's fulltime benefits advisor can be called upon to offer advice over the phone, or meet family members when their relative is an inpatient.



35 out of 63 patients (56%) were offered information about financial assistance they might be entitled to prior to travelling to Derriford.

Every patient who has an extended stay at Derriford (a stay that is longer than expected), is offered financial support towards travel costs for their family. To date, whenever a claim has been made, a contribution has always been made towards the cost of relatives travel expenses.

## Local CNS offer to visit patient and family within 24 hours of arriving at Derriford



27 out of 67 patients (45%) were offered a visit by their local CNS within 24hrs of arrival at Derriford. Of these 27, 20 patients (74%) accepted the offer.

# What Our Patients Say

## What we have heard

That the patient being as well prepared as possible for their surgery and that they and their family have the support they need at this difficult time is of vital importance.

## What we are doing

All patients with a diagnosis of UGI cancer are given the name and contact details of a clinical nurse specialist who can offer support, access to information, advice and continuity of care. The key worker for all local treatment is fulfilled by the local hospital UGI cancer specialist nurse. Since the new service has started RCHT has appointed a part time UGI CNS in order that she can travel to Derriford with patients if requested.

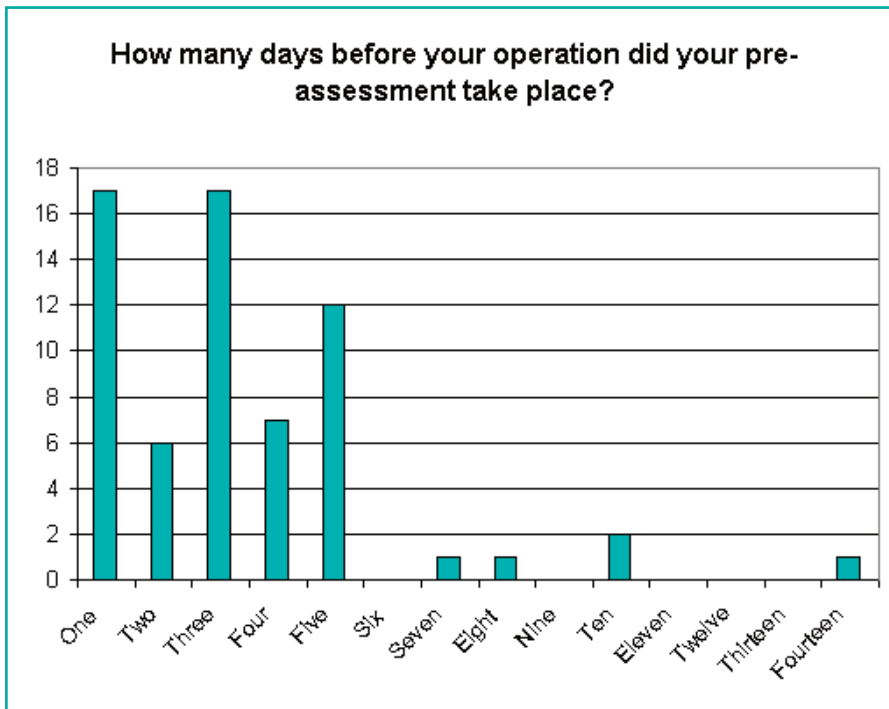
When patients come to Derriford for their surgery, they are allocated a new key worker who is their main contact throughout their stay. This is fulfilled by the UGI cancer specialist nurse Marilyn Bolter. This role reverts back to the local hospital UGI CNS when the patient is discharged home.

The patients and their family are given contact details for Crownhill Ward at Derriford, for 24 hour access should they have any surgical problems after discharge. The Plymouth UGI CNS team also call all surgical patients at home within one week of discharge.



# What Our Patients Say

## Pre-assessment



17 patients (26%) had their pre assessment the day before their operation.

6 patients (9%) had their pre assessment 2 days before their operation.

17 patients (26%) had their pre assessment 3 days before their operation

The remaining 41 patients (39%) had their pre assessment more than 3 days before their operation.

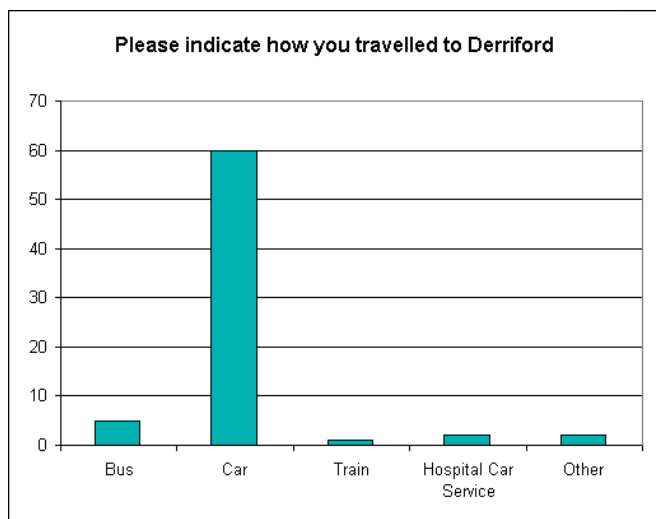
Patients were asked how many days before their operation their pre assessment takes place:

Whenever possible operation dates for patients are matched to their local surgeon. This is to aid continuity of care pre and post operatively. If this results in surgery being on a Monday, then pre assessment is on a Friday. However, if patients express a wish for their pre-assessment to happen the day before their surgery this can be accommodated.

When asked in the satisfaction questionnaire if they found their pre assessment visit helpful in preparing for their operation, 80% of patients answered yes. 10% said no, and 10% did not answer the question. Only one patient commented on travelling twice (Exeter).

# What Our Patients Say

## Travel and Parking



60 out of 70 (86%) patients came to Derriford, by car, on day of admission.



25 out of 62 patients (40%), who came to Derriford by car, had difficulty parking on the day of admission.

### What we have heard

Parking remains the area that generates most comments from patients. It is clear that parking at Derriford in the mornings and weekends are easier than in the weekday during visiting hours. When patient's arrive at Derriford they have the option of going to the car park attendants office for assistance in finding a car park place. It is not clear how many have taken up this additional service.

### What we are doing

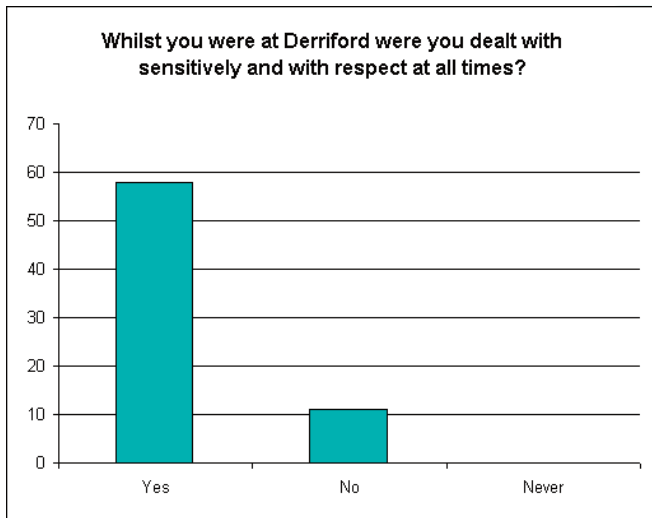
The Trust's Parking Strategy is seeking to increase the number of public parking spaces on site, including the centralising of spaces into one single multi-storey car park for approximately 600 public parking spaces. The Trust will also be seeking to ensure that the existing reserved Oncology/renal parking

spaces are maintained along with the introduction of general 'patients only' car park elsewhere on the site. A feasibility study is also being considered into the possibility of installing sensors in the public car parks with real time information displays showing how many vacant spaces there are in each car park. This would make it considerably easier for patients/carers to identify which car parks had spaces and would prevent them touring around all car parks looking for an empty space.

It is hoped in time, that these strategies will resolve this issue.

# What Our Patients Say

## Dignity and Respect



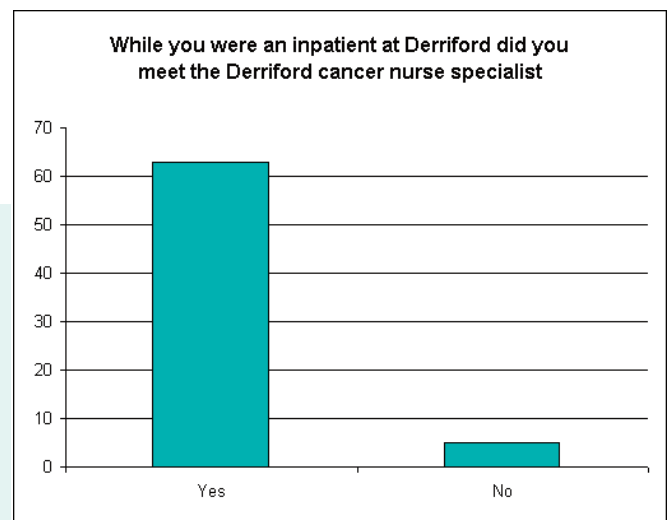
58 out of 69 patients (84%) felt that they were dealt with sensitively, and with respect, at all times whilst at Derriford.

11 out of 69 patients (16%) felt that they were dealt with sensitively, and with respect, most of the time whilst at Derriford.

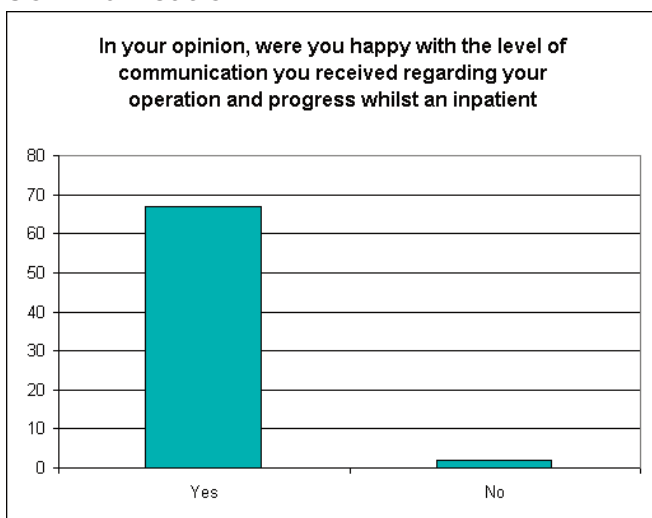
## UGI CNS at Derriford

63 out of 68 patients (93%) met the Derriford CNS, and 53 out of 56 (95% of respondents) felt that the Derriford CNS was easy to contact when they or their carer needed her.

5 patients (7%) did not meet a CNS whilst they were an inpatient at Derriford.



## Communication

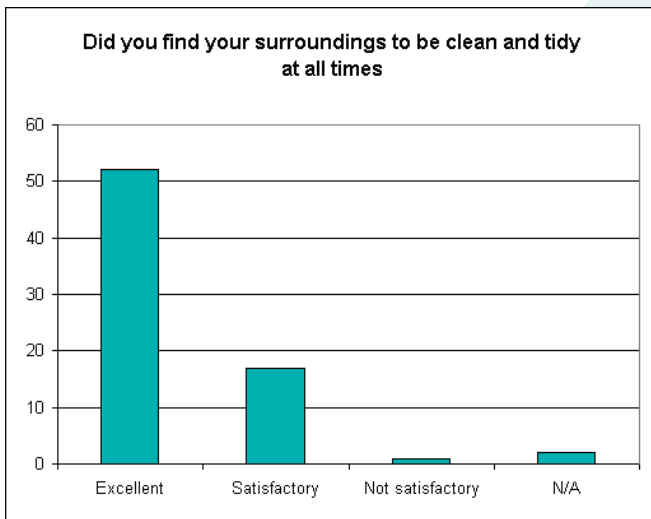


67 out of 69 patients (97%) were happy with the level of communication they received whilst an inpatient at Derriford.

2 patients (3%) were unhappy with the level of communication they received whilst an inpatient at Derriford.

# What Our Patients Say

## Ward Cleanliness and Hand Washing



52 out of 70 patients (74%) found ward cleanliness to be excellent; a further 17 (24%) found ward cleanliness to be satisfactory. Only 1 patient (1%) felt that ward cleanliness was not satisfactory.

48 out of 69 patients (70%) said staff always washed their hands before touching them; 19 (28%) said that staff usually washed their hands before touching them.

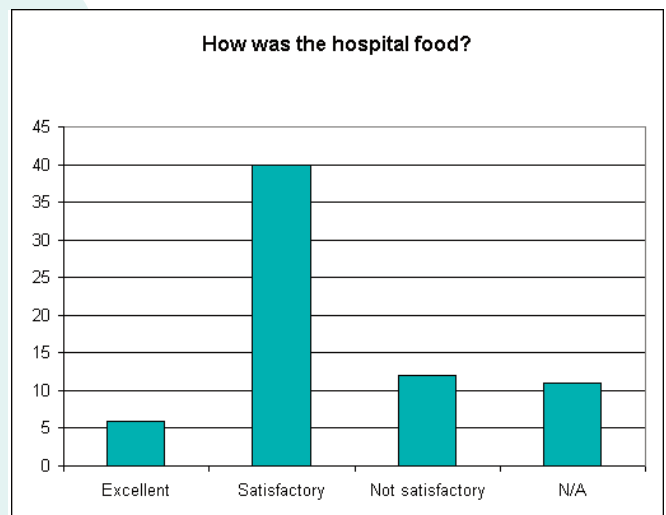
3 patients (3%) said staff only washed their hands sometimes or never before touching them.

## Quality of Food and Dietitian Input

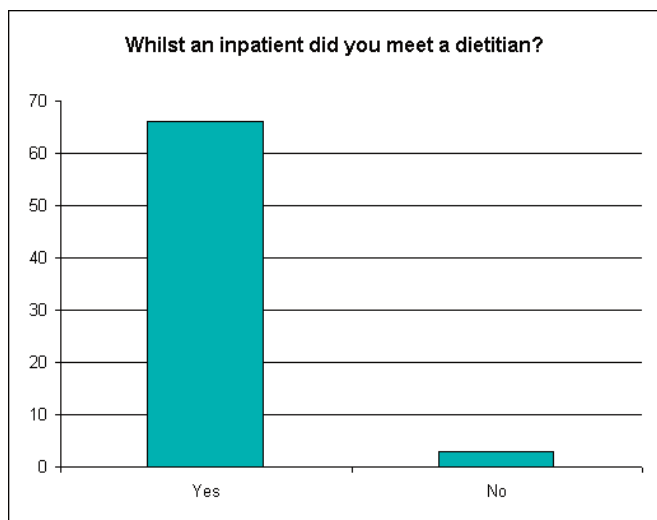
46 out of 69 patients (64%) felt that the hospital food they were given was excellent or satisfactory. 12 patients (17%) felt that the hospital food they were given was not satisfactory.

10 out of 66 patients (15%) said they were always able to access snacks between meals if needed. A further 18 patients (27%) said that they could sometimes access snacks between meals.

11 patients (17%) questioned, felt they were unable to access snacks between meals.



# What Our Patients Say



## What we have heard

Whilst hospital food generated a lot of comments from patients overall satisfaction was 64%. Just 15% of patients said they could always access snacks between meals and patient comments suggest their availability was not always made clear to patients.

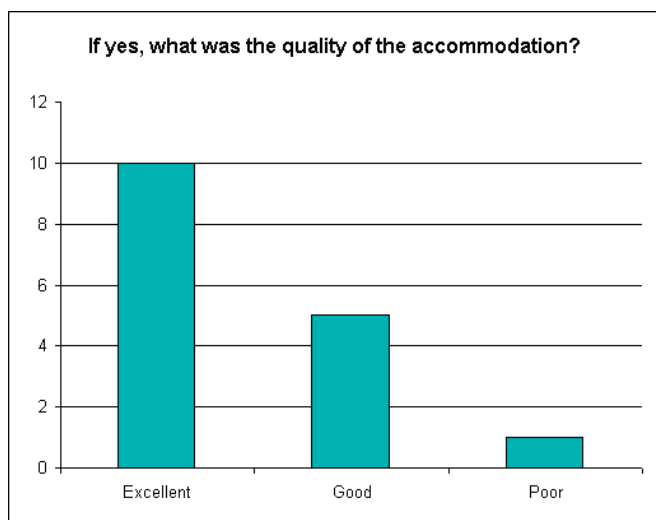
## What we are doing

In the summer of 2010 an additional UGI dietician was appointed which has greatly enhanced the nutritional care patients have received on Crownhill ward post operatively.



# What Our Patients Say

## Derriford Facilities



In total 15 out of 65 families (23%) said that they made use of Heartswell lodge.

Of the 16 families who did make use of Heartswell lodge, 15 families (94%) found the facility to be good or excellent.

Derriford has many general facilities to make life easier for patients and visitors, many relatives have appreciated the hospital chaplain service and chapel.

Of the 56 patients that made use of other Derriford facilities, such as the café, restaurant and shops;

- 13 patients (23%) felt that the facilities were excellent
- 40 patients (71%) felt that the facilities were good
- 3 patients (5%) felt the facilities were poor

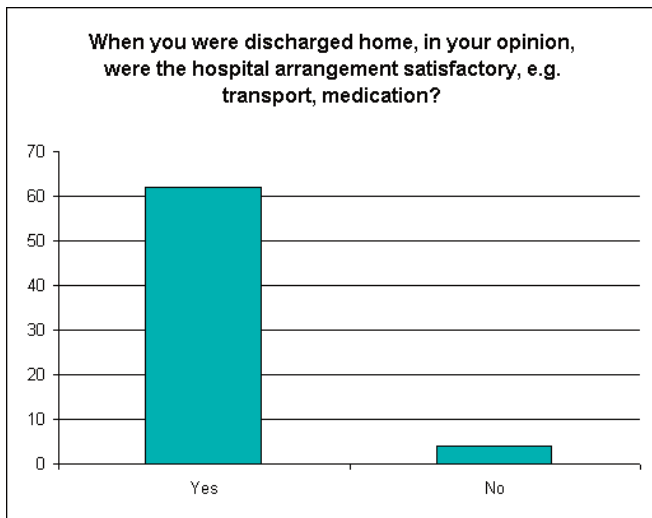
### Facilities available

- There is purpose-built accommodation for families and loved ones of friends undergoing surgery at Plymouth Hospitals. This accommodation, Heartswell Lodge, is a few minutes walk from Derriford Hospital.
- There is a comprehensive and caring support environment in the shape of a Macmillan Cancer Support Centre: The Mustard Tree.

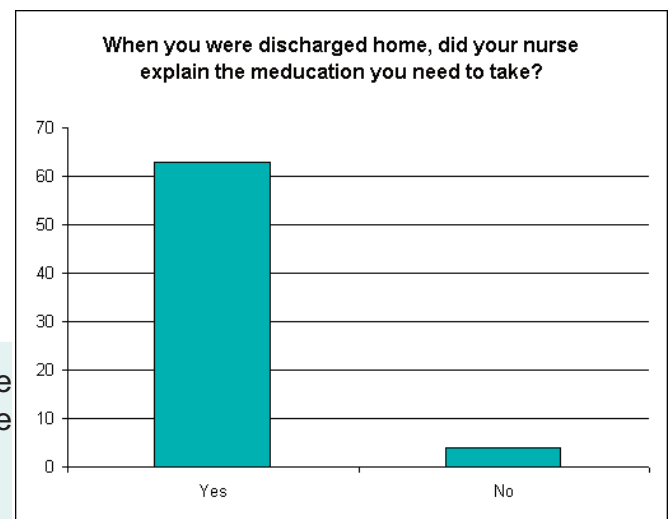
This drop-in centre has been created to support people with cancer, their families and carers. It is staffed by professionals and trained volunteers, many of whom have personal experience of cancer. As well as offering advice and support, the centre also offers a wide range of support services such as a full-time benefits advisor and counselling.

# What Our Patients Say

## Discharge

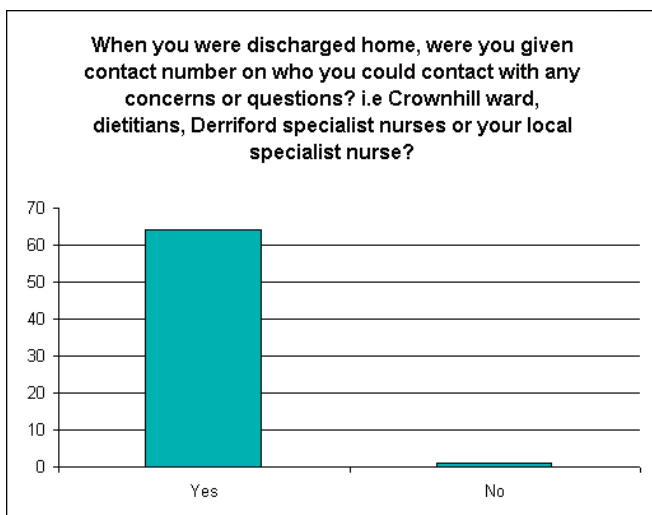


62 out of 66 patients (94%) felt that their discharge arrangements were satisfactory. Only 4 patients (6%) felt that their discharge arrangements were not satisfactory



63 out of 67 patients (94%) said that their nurse had explained the medication they needed to take prior to discharge

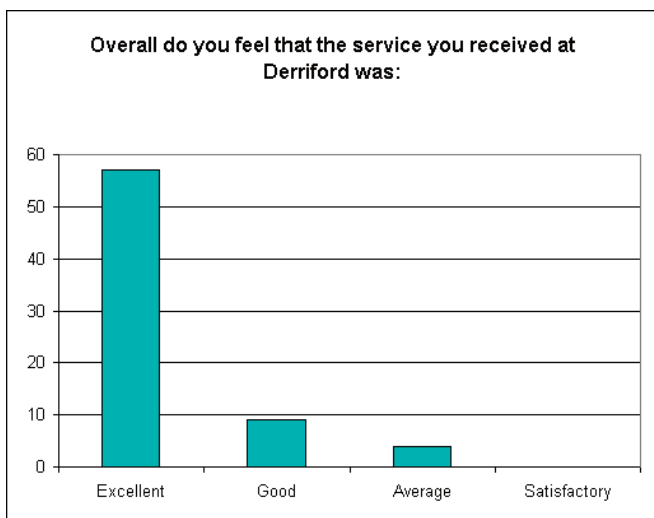
## Easy Contact Post Discharge



64 out of 65 patients (98%) felt that they were able to contact the ward, a dietician, the Derriford specialist nurse, or their local specialist nurse after being discharged home

# What Our Patients Say

## Overall satisfaction with the service



57 out of 71 patients (80%) felt that the overall service they received at Derriford was excellent

9 out of 71 patients (13%) said it was good

4 out of 71 (6%) said it was average

The remaining 1% relates to one patient who did not answer this question.

## Discussion

The initial and continued overall satisfaction with the service is very reassuring. The patients consistently highlight the surgeons, Crownhill ward nurses, CNS's, physiotherapists, occupational therapists and dieticians as being particularly helpful throughout their pathway. It was also pleasing to see the continued high satisfaction with levels of communication and information from the team to patients and their families and in being treated with sensitivity and respect. Satisfaction their local care and support with pre assessment, the Crownhill ward environment and the discharge process remain high.



# What Our Patients Say

## Problems with interpretation of the data received from the patient satisfaction questionnaire

- Patients from Plymouth find the questions which refer to your 'Local hospital experience' and your 'Local CNS' conflict with the questions which then direct them to comment on their 'Derriford experience' and 'Derriford CNS'.
- Patients often put 'not applicable' next to questions regarding food and snacks as they see themselves as largely nil by mouth throughout their hospital stay, so a revision of wording of the food questions may reap better data.
- The patient representative on the Network's UGI site specific group raised concerns regarding the structure of some of the questions and the amount of patient comments sections attached to each question. The patient representative considers these less easy to analyse than a more uniform method of reporting satisfaction. He also felt there were still potential gaps in the pathway covered by the questionnaire e.g. satisfaction with the post op out patient appointment with the surgeon.

### Action:

In response to the above, a meeting was held in December with the cancer network manager, the Derriford CNS and the patient representative. It has been agreed that the questionnaire will be redesigned involving patient representatives from all sites. This process will be overseen by the cancer network.

- The national cancer patient survey results have been released and it is planned that the position of the upper GI service in Plymouth will

be set within the context of the national upper GI results.

- This one year review will be presented by the Plymouth CNS at the UGI network site specific group meeting in May 2011, and will be discussed with the UGI specialist team in an ongoing process of review.

# Looking to the future

Building on the very encouraging results from the first 12 months there are several areas of development in the immediate future.

## Research

The unit is currently committed to a variety of research projects which include:

i) The Randomised Oesophagectomy: Minimally Invasive or Open (ROMIO) study – a collaborative venture with Bristol Royal Infirmary, through the National Institute for Health Research, investigating the role of minimally invasive surgery for oesophagectomy. The ROMIO study is in keeping with IRP Recommendation 3.

ii) Enteral Feeding Study – investigating potential benefits of supplementary enteral feeding at home (after discharge) following oesophagectomy or gastrectomy.

iii) M2PK – an MD thesis project run by the Upper GI Research Fellow evaluating the tumour marker M2PK as a possible screening tool for early diagnosis of oesophageal and gastric cancer.

iv) Clinicians across the peninsula are actively involved in recruiting patients into both STO3 and OEO5 looking at peri-operative chemotherapy for patients with operable disease.

## Teaching

Surgeons from the unit will be teaching consultants from other centres about minimally invasive surgical techniques at the 1st South West Minimally Invasive Surgery Oesophagectomy Cadaver Course in June 2011.

## Data Collection

Four main areas of data collection are being re-

vamped on the basis of the information gathered over the last 12 months.

i) Surgical outcome data. Clinicians from the unit have developed their own database for collection of important patient information which will aid both in tracking patients through their diagnostic/treatment pathway, and allow more detailed interpretation of outcomes from surgery.

ii) Patient satisfaction surveys. These surveys have been useful and informative over the first 12 months of the unit, but could provide even more helpful information. With input from patient representatives these surveys will be modified and improved in 2011.

iii) The Specialist MDT is actively involved in collecting data regarding side-effects and outcomes for patients receiving peri-operative chemotherapy and chemo-radiotherapy as definitive treatment.

iv) Cancer Services at the Centre are also involved in auditing data and outcomes from the Specialist MDT.

# Conclusion

It has been an encouraging start for the newly established peninsula oesophago-gastric surgical service. Listening to the feedback from our patients the Trust and the service will continue to make improvements in the delivery of cancer care for this cohort of patients.

It is through patient and public feedback that our services are and will be shaped for the future.

Thank you to all our healthcare partners, staff and our patients for the commitment they have shown in making this new service a success and one that the Peninsula and its population can be proud of.



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# Glossary

PHNT - Plymouth Hospitals NHS Trust

NDHT - North Devon Healthcare NHS Trust

RCHT - Royal Cornwall Hospital Trust

RD&E - Royal Devon and Exeter Trust NHS Foundation Trust

MDT - Multi-disciplinary Team

CNS - Cancer Nurse Specialist

UGI - Upper gastro-intestinal

IRP - Independent Review Panel