



# Have your say on local blood cancer proposals



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# Have your say on local blood cancer proposals

The NHS in your local area is looking at ways of further improving care for people with blood cancers. Blood cancers include:

- Leukaemias
- Lymphomas
- Myelomas

These proposals relate to the blood cancer services provided at **Aintree University Hospital** and **Clatterbridge Cancer Centre – Liverpool**.

These services are mainly used by people from **Sefton** and **Liverpool**, plus some people from **Knowsley, West Lancashire** and other areas.

Your local NHS is looking at how we can ensure people with blood cancers can continue to receive the best specialist care as researchers learn more about blood cancers and the best ways of treating them.

## Background

There are more than 100 different types of blood cancer and we are learning more about them all the time. All blood cancers are caused by gene changes/faults (often called ‘mutations’). These gene mutations vary between different types of blood cancer.

Even when two people have the same type of blood cancer caused by the same gene mutation, one person’s body may just respond better to the treatment. That means it may be better at treating cancer in one person than the other.

As researchers continue to learn more blood cancers, treatments will become even more sophisticated and more effective. It will be easier to offer each patient the treatment that

is likely to work best for them, based on their gene mutations and their own biology.

***For this to happen, health professionals will need to become even more specialist in particular types of blood cancer and/or particular types of treatment.***

This is easier in larger teams that treat more people with cancer so health professionals have greater opportunity to become very specialist in particular aspects of blood cancer.

That’s why we’re proposing to bring blood cancer experts from two NHS organisations together to work as one team with greater specialist knowledge.



Under these proposals, patients would get all the benefits of a more specialist team and all the benefits of local care close to home. People with blood cancers would get better access to the most specialist care and new treatments and clinical trials. Most of our patients would still be cared for in their nearest hospital. Some could even be treated at home.



**Dr Lynny Yung, Consultant Haemato-Oncologist at Clatterbridge Cancer Centre — Liverpool**



## Why change?

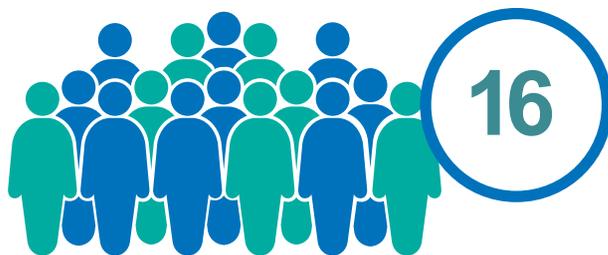
There are currently two separate blood cancer teams in Liverpool:

- A smaller team based at Aintree University Hospital
- A larger team based at Clatterbridge Cancer Centre – Liverpool

That didn't matter in the past when much less was known about blood cancers. As researchers learn more about different blood cancers, however, it's important that health professionals can develop very detailed, specialist expertise.

It isn't possible for individual health professionals to have this very specialist knowledge about every type of blood cancer. Similarly, small teams can't develop this level of knowledge as they aren't large enough for individual members to specialise in that way.

Health professionals can develop that level of knowledge, however, if they work as part of larger teams. This allows them to specialise in particular types of blood cancer and focus on caring for patients with those conditions, while also retaining good knowledge of other blood cancers.



*A team of 16 consultants can develop much more specialist knowledge of different types of blood cancer than a team of four consultants.*



We provide excellent blood cancer care at Aintree but we're limited because we're a small team based in a major acute hospital. As part of a large team managed by a specialist cancer hospital, we could provide even better care at Aintree, where we would still see the vast majority of our patients.

Aintree would still have inpatient and emergency care for people with blood cancers but patients who need more complex care would be able to benefit from amazing facilities five miles away in the new Clatterbridge Cancer Centre, which has been specially designed with every aspect of cancer care in mind. People with blood cancer could also avoid A&E and get urgent access to specialist cancer care in a dedicated assessment unit at Clatterbridge.



**Dr Jeff Smith, Consultant Haemato-Oncologist  
at Aintree University Hospital**



# Our proposals

We're proposing to bring the blood cancer teams at Aintree University Hospital and Clatterbridge Cancer Centre – Liverpool together to work as one team caring for patients at both sites. It would be managed by The Clatterbridge Cancer Centre NHS Foundation Trust.

Patients would have greater access to health professionals who specialise in their particular type of blood cancer and the treatments likely to work best for them.

A wider range of clinical trials would be available locally. Patients could access trials of new treatments that can only be provided by blood cancer teams treating large numbers of patients.

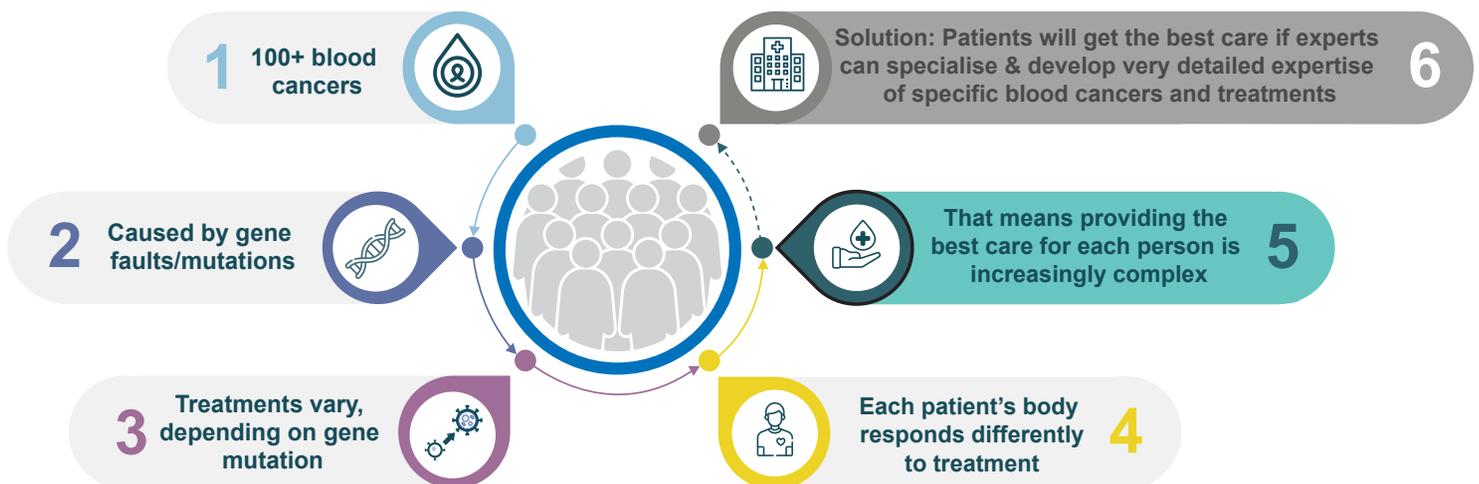
Patients would also have more extensive specialist cancer support than is available in a smaller service. This includes psychological support, practical advice and clinical therapies.

Blood cancer services would continue to be provided at both sites – almost all patients would continue being treated at their current site.

This means there would be no change for patients receiving outpatient and daycase treatments such as chemotherapy, radiotherapy, appointments with their doctor/nurse, and blood tests.

Some patients who need to stay in hospital for complex blood cancers requiring highly-intensive treatment would be admitted to the specialist Clatterbridge Cancer Centre – Liverpool, rather than Aintree University Hospital. The two hospitals are around 5.5 miles apart.

Other blood cancer patients would still be admitted to Aintree University Hospital. This includes frailer patients, those whose admission is not linked to cancer, and those who only need a short stay in hospital.





5.5 Miles



Next to



+



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Teams join together



Almost all patients still seen at current site



But with the added benefits of...



Better access to very specialist care



More extensive cancer support



Wider range of clinical trials

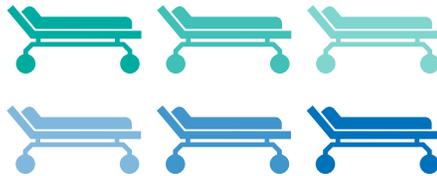
which means...

Daycase & Outpatients



Daycase & outpatients – remain on current sites

Inpatients



Complex, high-intensity care would move to specialist Clatterbridge Cancer Centre – Liverpool from Aintree University Hospital (6 beds)



(422 admissions)



All other inpatient care would remain at Aintree University Hospital (4 beds)

Patients will have...



Specialist care & support in dedicated cancer hospital



Rapid access to other specialties, if needed, in Royal Liverpool next door

# Benefits

These proposals aim to provide even better care in future to people with blood cancers:

## Expert care

Patients would be cared for by health professionals who specialise in their type of blood cancer in a way that isn't possible in a smaller team.

## Clinical trials

Patients would have access to a wider range of clinical trials of new treatments. Many can only be provided by larger, more specialist blood cancer teams with a greater number of patients.

## Extra services & support

We could offer new services and wraparound support that can only be provided by a larger team, including a dedicated cancer assessment unit that helps patients avoid A&E. Other examples could include treatment at home and more daycase services so people don't need to stay in hospital overnight. Patients could also get more psychological support & practical advice on living with cancer.

## Staffing

Blood cancer services would be more resilient and better able to recruit and retain the best people, who generally prefer working as part of larger, more specialist teams.

# Travel

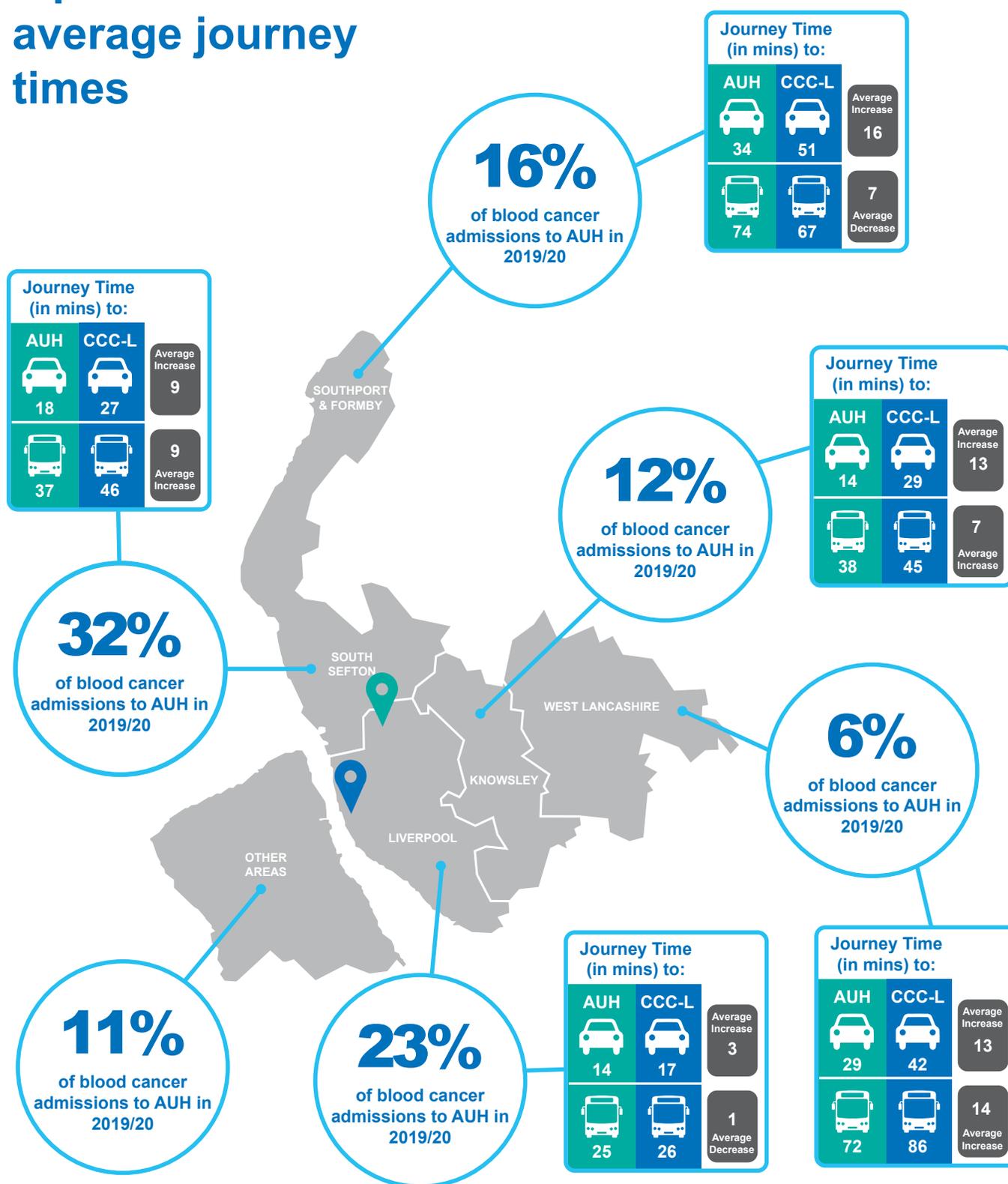
Most patients would still be seen and treated at their current site. However, some people who need inpatient care would be admitted to Clatterbridge Cancer Centre – Liverpool instead of Aintree University Hospital. The two hospitals are around 5.5 miles apart.

This would affect around 157 people a year and they usually arrive at hospital by ambulance. We have looked at travel times

to see how this would affect people, including patients' relatives and other visitors. For most people, the journey time isn't significantly different than travelling to Aintree University Hospital. Some people in Sefton would have a longer journey, however.

We are particularly keen to hear your views on this and any suggestions you have.

# Inpatients and average journey times



## Key:

**AUH: Aintree University Hospital**

**CCC-L: Clatterbridge Cancer Centre – Liverpool**

*Journey times calculated using Google Maps and based on journeys from GP practices in each CCG area*

# Examples of what the proposals would mean

We explained why we think these changes would benefit patients. Here are a few hypothetical examples showing what the proposals would mean for future patients.

## Advantages of having a larger care team

**Now:** Lydia has a low-grade lymphoma and none of the usual treatments are working. Her care team at Aintree University Hospital think she may be suitable for a clinical trial. The trial isn't available at Aintree so they need to refer her to the blood cancer service at Clatterbridge Cancer Centre – Liverpool. This takes a few days and then she has to be assessed by a consultant at Clatterbridge to see if she's suitable for the trial.

**Under the proposals:** Lydia could be considered for the trial right from the start of her care. She would still be cared for by the same people at Aintree but, if her treatment wasn't working, she could access the clinical trial straight away. She wouldn't need a referral and the consultant leading the clinical trial would already have been involved in her care. As a result, she could join the clinical trial more quickly. Her care could be carefully planned from her diagnosis to maximise access to novel treatment only available through trials.

## Advantages when people need urgent cancer care

**Now:** Bridget is feeling very unwell after chemotherapy. She calls NHS 111 who advise her to go to A&E. She spends a few hours being assessed by the A&E team. They decide to admit her to hospital. She spends 24 hours on an acute medical admissions unit, along with patients with other conditions including pneumonia and heart disease. The next day, she is seen by an acute oncology nurse who knows how to deal with her side-effects.

**Under the proposals:** Bridget can access 24/7 support from a specialist cancer nurse via The Clatterbridge Cancer Centre's hotline. She phones them when she feels unwell. The nurse assesses her over the phone to check whether she is well enough to manage her side-effects at home. The nurse advises Bridget to come to the Clinical Decisions Unit at Clatterbridge Cancer Centre – Liverpool, which specialises in urgent cancer care. She is immediately assessed by a specialist cancer team who know how to deal with her side-effects. She has rapid access to any specialist cancer care she needs.

## Advantages for specialist treatments

**Now:** Tony needs CAR T-cell therapy, a very specialist treatment that helps the immune system to recognise and attack some cancer cells. This treatment is not currently available in Cheshire and Merseyside so Tony has to go to Manchester to receive it.

**Under the proposals:** Creating one blood cancer service by bringing the teams from Aintree and Clatterbridge together would mean it was big enough to provide treatments like CAR T-cell therapy that can only be provided in centres with a large enough number of patients and clinicians. Patients could be treated in Liverpool instead of having to go to Manchester.

## Advantages for inpatients who need complex care

**Now:** Salim has acute lymphoblastic leukaemia (ALL), a type of blood cancer. He needs to stay in hospital for very intensive chemotherapy. He also receives other drugs that help kill the cancer cells in his blood. This treatment makes Salim extremely vulnerable to infection, and he needs rapid access to experts if he suddenly becomes unwell. Although the care he receives in Aintree University Hospital is very good, the care team is quite small.

**Under the proposals:** Although it's further from his home, Salim is admitted to the specialist Clatterbridge Cancer Centre – Liverpool where he has his own air-filtered room, instead of being on a shared ward. This reduces his risk of picking up an infection. He also has rapid access to a team that specialises in ALL and knows exactly how to care for him if his condition suddenly worsens. Being in a specialist cancer hospital means he also gets all the wraparound care he needs, including clinical therapies and psychological support. Salim can get plenty of rest, undisturbed by other patients, and his family can visit him any time (once pandemic visiting restrictions ease). The ward also has a shared social space where he can chat to other patients when he likes.

## Advantages for teenagers & young adults with blood cancer

**Now:** Andrezej, 19, was diagnosed with lymphoma after going to A&E with breathing difficulties. As he is under 25, the team at Aintree University Hospital need to refer him to the specialist Teenage & Young Adult service at Clatterbridge Cancer Centre – Liverpool so he can get full access to clinical care and wraparound support specifically designed for young people with cancer. This service isn't available at Aintree.

**Under the proposals:** As services at Aintree and Clatterbridge are now provided by the same team. Andrezej doesn't need to be referred to Clatterbridge. In future, the specialist Teenage & Young Adult service could also run an outreach clinic at Aintree University Hospital so Andrezej could have his treatment there while also benefiting from wraparound care and peer support that the service provides, including the ability to chat to other young people with cancer.

## Advantages for staffing levels

**Now:** Aintree has four consultants. One of them specialises in myeloma. If she gets ill and is unable to work, there is nobody who can cover her clinics or provide specialist myeloma care. If she left, the service would have no myeloma specialist until a new consultant had been recruited.

**Under the proposals:** The new service would have 16 consultants, including a team specialising in myeloma. If one consultant gets sick or leaves, there are other myeloma experts who can cover their clinics. It will also be easier to recruit a replacement as doctors generally prefer to work in larger services where they can learn from and support each other.

# Protecting patients from infection

Clatterbridge Cancer Centre – Liverpool has been specially designed to reduce the risk of infection, with single en-suite rooms, isolation facilities and air filtration systems that remove harmful particles from the air.

This is particularly important because people with blood cancer are among those most at risk from infections. Many blood cancers affect the immune system. Treatments such as chemotherapy and stem cell transplant – also called bone marrow transplant – also affect the immune system. Blood cancer patients may find it hard to fight infections that are relatively harmless to most people so it's extremely important that hospital facilities are designed to reduce any possible risk. Every inpatient has their own spacious en-suite room, with a nurse call, smart TV and entertainment system, and comfortable pulldown furniture so relatives can stay overnight after the COVID-19 pandemic.

As a dedicated cancer hospital, everything is focused around the needs of people with cancer. There are no patients being treated for other health conditions.

## Have your say

We're keen to hear from people with blood cancer, their relatives/carers, health professionals and others with knowledge or experience of blood cancer. We'd like to know:

- What you think of the proposals
- Any factors you think we may have overlooked
- Any other ideas that will help us further enhance blood cancer care

You can give your views by completing our survey between Monday **10th May and Sunday 20th June 2021**.

We are also inviting you join one of our virtual engagement sessions so you can find out more about the proposals, ask questions and give your views.

**For full details of the proposals, to complete the survey and to register for our virtual sessions:**

Visit: [clatterbridgecc.nhs.uk/patients/bloodcancer2021](https://clatterbridgecc.nhs.uk/patients/bloodcancer2021)  
Email: [ccf-tr.bloodcancer@nhs.net](mailto:ccf-tr.bloodcancer@nhs.net)



**Find out more at our virtual sessions:**

- Wednesday 19th May, 6pm-7pm
- Tuesday 25th May, 1pm-2pm
- Thursday 10th June, 2pm-3pm

**Visit [clatterbridgecc.nhs.uk/patients/bloodcancer2021](https://clatterbridgecc.nhs.uk/patients/bloodcancer2021) to book your place**



We're keen to hear your views on these proposals. You can complete our survey to have your say until **20th June 2021**.

You can complete the survey online at [clatterbridgecc.nhs.uk/patients/bloodcancer2021](https://clatterbridgecc.nhs.uk/patients/bloodcancer2021)

If you need a paper copy of the survey, you can email [ccf-tr.bloodcancer@nhs.net](mailto:ccf-tr.bloodcancer@nhs.net) or call **07387 546086** to request one.

Post your completed survey to:

Blood Cancer 2021, c/o Communications, The Clatterbridge Cancer Centre NHS Foundation Trust, The Spine Level 6, 2 Paddington Village, Liverpool, L7 3FA.

To reduce paper and help save the environment, we would encourage you to complete the survey online if you can.