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## Cancer Services:

Specialisation In Action

The Future  
of Glasgow's  
Hospital Services



Let's Plan It  
Together!



**GREATER GLASGOW  
HEALTH BOARD**

in partnership with  
the NHS Trusts  
in Glasgow

## Cancer Services: Specialisation In Action

There are many different types of cancer, and treatment needs to be tailored specifically for each type of cancer. Some cancers are treated by surgery, some by radiotherapy and some by drugs. Most cancer patients need a mixture of all three types of treatment. The commonest cancers in the West of Scotland are lung, breast and bowel cancer and, to treat these cancers effectively, a combined approach is needed in which specialists from many different disciplines co-operate in diagnosis, treatment and after-care of the patient.

The future for cancer care in our area needs to take account of the fact that specialists in hospitals and in primary care will need to work closely together to ensure that patients get the best treatment. The Health Board is currently working with clinicians and Trusts to create Cancer Networks in which specialist surgeons, oncologists

(the doctors who treat with drugs and radiotherapy), nurses and experts from other disciplines work together to ensure that patients have access to the most up-to-date care. Each Network will audit the care it provides so that patients can be reassured that treatment is conforming to the best available practice.

Patients who require drug treatment will get these drugs in a number of ways. Some can get the treatment prescribed from their GP and take it at home. Most will require treatment by injection or drip and will need to be seen on a day case basis at their local hospital for this treatment. (This will include treatment in the new Ambulatory Care Centres.) Some will get their treatment at the Beatson Oncology Centre, in new improved facilities at the Western Infirmary but planned to relocate to Gartnavel General Hospital later this decade.

## Bowel Cancer

For bowel cancer, each of the three sectors of the city (Southside; West; and North and East) will have a surgical team which participates in the Cancer Network. They will work closely with oncologists who will visit their hospital. Patients will, therefore, have local access to specialist diagnosis and treatment. Diagnosis (and some treatments) through colonoscopy will be undertaken in Ambulatory Care Centres or day surgery units. Surgery needing in-patient care will be done at Gartnavel, the Southern General and at GRI/Stobhill (precise arrangements for in-patient surgery are under consultation). Radiotherapy machines, however, are complicated to build and maintain and, in future, we expect to see this important equipment continuing to be located on one site. Patients requiring this type of treatment will have to travel to the regional centre for radiotherapy, the Beatson Oncology Centre, for the duration of their treatment. Once this treatment is completed, their follow-up will be closer to their own home and, for most cancers, this will be the clinic in their local hospital. This is the pattern of care that most patients can expect to be offered to them.

## Breast Cancer

Glasgow was one of the first cities to reorganise breast cancer services so that women had access to specialist surgical services in each hospital. We now want to improve the service further by providing extremely rapid access to diagnosis and treatment. That requires enough specialist surgeons, breast care nurses and other staff in one place to ensure that there is always a team providing rapid access diagnosis while another team is operating, with them all also having time for post-operative care and longer term follow-up. This can only be achieved by bringing the existing dispersed specialists together in larger teams. We propose that, in future, there should be one specialist breast unit in South Glasgow, and one in North Glasgow to be based at Gartnavel on the same site as the regional oncology centre. This arrangement will provide rapid access all through the week to the best available service for women with breast lumps.

## Cancer Services: Specialisation In Action

### Lung Cancer

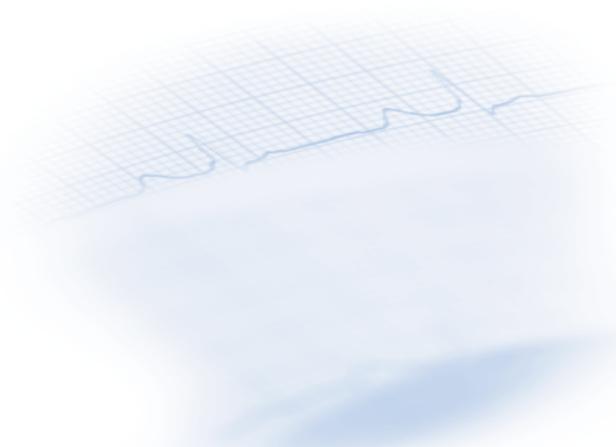
Patients with lung cancer will get most of their care locally but a few will require specialist surgery. This type of surgery is best undertaken by the same surgeons who do chest surgery and patients will be referred to the Western Infirmary for this specialist care. Radiotherapy will be provided at the Beatson Oncology Centre.

### Blood And Bone Marrow

Cancers involving the blood and bone marrow, the leukaemias and lymphomas, are currently treated by doctors specialising in blood disorders. These doctors currently work in all adult acute hospitals, and children's leukaemia is dealt with at Yorkhill Hospital. Out-patient services and drug treatments will usually be provided at local hospitals/ Ambulatory Care Centres unless there

are special reasons in any particular case for a patient to need the wider support provided by the Beatson Oncology Centre. Adult in-patient care will normally be provided through the medical in-patient units in the North-East, Southside and West Glasgow unless a particular case needs the support of the Beatson Oncology Centre.

Patients who need bone marrow transplants to treat their disease may, at present, go to the bone marrow transplant unit at the Glasgow Royal Infirmary (GRI), although some get this care at other hospitals. These patients need drug treatment and radiotherapy and, in due course, it would make sense to concentrate all adult bone marrow work on the Gartnavel General site.



## Other Cancers

Many other cancers, such as prostate cancer, ovarian cancer and stomach cancer are already being seen by specialist surgeons who work closely with other specialist colleagues. No change in the responsibility for care for patients suffering from these illnesses is proposed, although concentration of in-patient beds will involve a change in place of in-patient stay for a small number of patients. For rarer cancers such as bone and eye cancer, specialist centres are already in existence at Gartnavel and the Beatson Oncology Centre. Head and neck cancer is currently being managed by a multi-disciplinary team which involves a wide range of medical and non-medical specialists. Most of these specialists will move to the GRI on the closure of Canniesburn and we propose that those head and neck cancers (except those involving the throat which are best treated by ENT surgeons) should be operated on at the GRI by a

specialist team. The maxillo-facial surgeons who transfer from Canniesburn to the Southern General will still be part of the integrated team, dealing with oral and head and neck cancer, which will carry out its work at the GRI. A single centre in the city for the management of throat cancer is a possibility and we would welcome views from the ENT surgeons and other interested groups on the implications of such a move.

*Comments on this issue or any other aspect of the proposals to modernise Glasgow's hospital services should be sent by June 30th, 2000 to*

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Glasgow  
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# Leaflet request form

## Getting Informed

If you want to read up on any other issue please complete this leaflet request form. Tick the box  next to the leaflets you want, provide your name and address in the space provided and send it to the Freepost address below (no stamp needed).

**Acute Services Review  
Greater Glasgow Health Board  
FREEPOST (GW 707)  
Glasgow G3 8BR**

- 1. The Patient's Experience
- 2. Getting It Right For Patients: What It Means For Organising Services
- 3. Cancer Services: Specialisation In Action
- 4. Why Specialisation Matters - And What We Propose To Do To Make Its Benefits More Available
- 5. Creating More Responsive Accident And Emergency Services
- 6. Ambulatory Care: What Is It?
- 7. Minimally Invasive Technologies: Keyhole Surgery And The Like
- 8. The Overall Planning Challenge For Greater Glasgow - Acute Hospitals In A Wider Context
- 9. Some Recent Background History
- 10. Impact Of Regulations On Doctors' Working Hours

- 11. The Number Of Beds We Propose To Provide
- 12. Regional Services Provided By Glasgow Hospitals
- 13. Why Teaching And Research Matters
- 14. Staffing Matters
- 15. How The Finance Works
- 16. Detailed Analysis Of The Options For South Glasgow
- 17. Maternal And Child Health
- 18. Better Access For West Glasgow Residents
- 19. The GRI/Stobhill Partnership
- 20. Why Centralise Cardiothoracic Surgery?
- 21. Radiotherapy: Linear Accelerators - A Patient's Guide

Name: \_\_\_\_\_

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You can also send it by fax on  
**0141 201 4426.**

Alternatively, you can call us on  
**Freephone 0800 85 85 85.**



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