

Living with and Beyond Pathway Board – Minutes of Meeting

23rd June 2016 3-5pm

Seminar Room 6, Salford Royal Foundation Trust

Attendance	Representation
Wendy Makin	Pathway Director/consultant Christie
Claire O'Rourke	Pathway Manager
Debbie Ashcroft	Macmillan associate programme manager
Fran Mellor	Macmillan associate programme manager
Lindsey Wilby	Manchester Cancer - Macmillan Project Manager – LW&BC
Rachel McMillan	Acting chief executive St Ann's Hospice
Damien Aston	Macmillan Senior Project Manager- presentation
Liane Harris	GP, Cancer Lead Bury CCG- presentation
Brian Hixson	Patient representative
Kathryn Place	Patient Information Manager WWL
Michelle Leach	Macmillan user involvement lead
Sue Taylor	Patient representative
Sue Summerfield	Macmillan info and support, Bolton FT
Janet Parkinson	Macmillan info and support manager, East Cheshire
Claire Higham	Consultant endocrinologist –Christie and Stepping Hill
Karen Buckley	Lead cancer nurse manager, East Cheshire
Kathy McGuirk	Quality Improvement Manager, GM & East Cheshire
Apologies	
Kathy Pantelides	AHP/Rehab manager Christie
Ben Heyworth	Survivorship project manager Christie
Debbie Smith	Macmillan info and support manager, UHSM
Karen Livingstone	Physiotherapist breast/lymphedema UHSM

Agenda Item	Action
<p>1. Apologies noted Apologies have been noted</p>	
<p>2. Welcome and Introduction Welcome to Claire O'Rourke, new pathway manager of LWBC board. Welcome to Kathryn Place, patient Information Manager WWL. WM introduced the board members and our 2 patient representatives.</p>	
<p>3. Minutes from the last meeting The minutes were accepted as a true reflection of the last meeting. Actions from the minutes have either been completed or are covered on today's agenda.</p>	<p>ACTION: minutes agreed.</p>
<p>4. Matters arising</p> <p>Documents: headlines: NHS England strategy implementation Page 26 (see attached plan).</p> <ul style="list-style-type: none"> • Patient reported outcomes including a metric on QOL following treatment-Macmillan are developing the tool for this- go live by March 2017 Pathways for late effects of treatment • Transforming follow up: early expectation for change in relation to common cancers at early stage: breast, colorectal and prostate- underpinned by commissioning to incentivise commissioners • Support for patients returning to work • Research agenda-research on survivorship NICR research <p>WM asked for comments. There is recognition LWBC is part of the national strategy agenda and this underpins the Cancer Vanguard initiatives and the future direction of work for the LWBC Board.</p> <p>Cancer Vanguard: PID 1: Pathways for aftercare Project initiation document attached: Highlights</p> <ul style="list-style-type: none"> • New pathway of care in line with the cancer strategy. • Implementation of Recovery Package/ review plan opportunity for self-management and health promotion • Opportunity to collect patient reported outcomes <p>The Macmillan MCIP work in Manchester has provided a blue print for new pathways in breast cancer, so the plan would be to extend the roll out in 2016/17 and beyond In parallel, development of a model pathway will be the work of colorectal and urology (prostate and possibly renal) cancer pathway boards with plans for implementation 2017 -18 onwards. This should incorporate some of the excellent work and learning that exists in Greater Manchester and also build upon some of the innovation project work. LWBC pathway board members need to be involved in this work,</p>	<p>ACTION: COR to circulate plan and word document. Strategy plan to remain as an agenda item and to update on progress at next meeting. Actions to be part of Annual plan.</p>

<p>supporting the other pathways. CH is involved in relation to bone health (relevant to breast and prostate) WM indicated that close working with the commissioning teams would be required, to incentivise progress such as setting up CQUINs in 2017-18 and underpinning through service specification.</p> <p>It is proposed to hold a stakeholder event for patients/carers this November to support development of the new aftercare models. WM invited MC user representatives through this pathway and other boards to be part of the development and facilitation of the day.</p> <p>Vanguard workstreams will be supported by project managers, and an IT lead. The proposals were welcomed. BH commented that there has been lots of discussion in the past but little action. He felt this document has demonstrated there is some movement. WM agreed that this was an opportunity to gather momentum and work towards systematic adoption of good practice. BH discussed his experience of prostate F/U. poor coordination of services, different person with each contact and people not knowing his whole history. These are essential elements to get right.</p> <p>PID 2: Living with progressing disease: enhanced decision-making support</p> <ul style="list-style-type: none"> • This workstream is concerned with people who have to make choices about further treatment and how they could be best informed and supported in their choices. This will incorporate a Goals of Care initiative (GOCI). Other ways to support will be identified, for example building upon the Plan B innovation project. • People who are living with cancer and their carers will be involved in the development of this project, which may well generate some new areas of research. • . <p>PID 3: Access to 7 day palliative care: This is within the LWBC workstreams and is led by Dr David Waterman</p> <p>Updates on all LWBC Vanguard projects will be given at subsequent Board meetings. They will also be reflected in our plans for 2016-17.</p>	<p>ACTION: how the members of the board get involved/ LWBC champions-request for representation from each organisation/breast/urology/colorectal Regular vanguard update.</p> <p>ACTION: COR to discuss with DW and update board members prior to next meeting.</p>
<p>5. Annual plan report for 2015-16 An overview of the past year is in being prepared WM asked all LWBC members, as representatives for each organisation, to update on process so far regarding the plan for the past year.</p> <p>5.1 Benchmarking metrics objective 1:</p> <ul style="list-style-type: none"> • Patient experience tool-WM has offered to NHSE that Manchester becomes a pilot site, but we are still awaiting a response on this-coming out next April. • End of treatment summaries: C'OR is chasing updates across 	<p>ACTION: COR to send out annual report week commencing 27th June.</p>

<p>the tumour pathways on their agreed plans for EOT summary information (after curative treatment at least) and availability to patients, by March 2016 -COR is chasing pathway boards for a position statement on this.</p> <ul style="list-style-type: none"> • WM mentioned a very good audit undertaken across breast and lung teams' provision of information at end of treatment in Manchester. Progress is being made in respect of those teams. She also highlighted work done through colorectal teams. • WM will be repeating the audit treatment summary information which will primarily focus on breast colorectal and urology to provide a base line. This will pick up on Christie surgical and nonsurgical oncology approaches. She asked about sampling surgical EOTS at other trusts : CO'R agreed to check how this was done in the Manchester audit. We can also ask the cancer nurses group for suggestions on how to access this information. <p>5.2: HWBE guidance: objective 2: This has been completed and circulated to tumour pathway boards. We continue to collect information on costings.</p> <p>5.3: Care plans: objective 3: BH has been collating information with the aim of a further guidance paper. LW suggested information still limited but being gathered and NCPES is due out (July 20160 which includethis..</p> <p>5.4: 'Living with' initiatives</p> <ul style="list-style-type: none"> • HWBE for this group are being tested via innovation projects including breast cancer. This is ongoing. • Buddying system: KMcG discussed plans with this, and will circulate a draft paper. WM requested recommendations to be circulated within paper. • Dealing with uncertainty: this had not progressed further; WM requested some clear steer on what was to be recommended from a recognition that this was commonly experienced plus flagging the Macmillan booklet, to a brief intervention. This was to be taken to the newly re-established psychological support group on 6 July. COR is meeting with Anne Crook re uncertainty and helping support patients with this. Issues with training up professionals. LW requested we still need to support for the community on this and GPs. 	<p>ACTION: COR to chase Hannah for information on MCIP work to find out ways to get information on surgical patients going through trusts other than the Christie.</p> <p>ACTION: Request to lead Cancer nurses to discuss at their next meeting (Fran Mellor to take action?)</p> <p>ACTION: Request update from Ben/Martine.</p> <p>ACTION: Lindsay to provide update?</p> <p>ACTION: Kathy to distribute paper on buddying systems to board members for comments.</p> <p>ACTION: COR meeting with Anne Crook 28.6.16.</p>
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<p>5.5: Proposals for managing longer term consequences of treatment:</p> <ul style="list-style-type: none"> • We continue to gather information from other pathway boards but are having to chase. • A Virtual MDT model for addressing complex problems from late effects is being tested via a Macmillan project. WPM will circulate information • There will be opportunity to link with aftercare pathway work. <p>5.6 Innovation fund: see item 7 below, papers attached.</p>	<p>ACTION: WM to update on progress at next board.</p>
<p>6. User involvement update:</p> <p>Phase 1 and 2 documents were circulated prior to the meeting. ML had previously updated on the final phase 1 report so gave an update on the remit of the team for phase 2 as follows:</p> <ul style="list-style-type: none"> • Develop a single UI function to support Manchester Cancer & the Vanguard at least 1 PABC in each working group and 2 PABC in each governance group • Create a supportive environment for PAbC and professionals to work collaboratively • Assess the use of the co-production model of user involvement via an independent evaluation. • 2 PAbC on every board • 5 small communities supporting pathway boards • 10 case studies of user involvement (UI) across Manchester Cancer and the Vanguard • Peer to peer support event for PAbC on pathway boards • Test of having a PAbC as co-chair on pathway board • All Pathway directors to have attended UI awareness session (coproduced with PAbC and other stakeholders) • Develop a process of sustainability for user representation • A robust comms strategy • Maintain our database at 100 active PAbC <p>ML explained that the team were also collaborating widely across Greater Manchester and were collaborating with 3rd sector much more widely in order to engage hard to reach communities. ML also explained that she had facilitated a focus group as part of the Urology Pathway Board around community follow up which will feed into the LW&B arm of the Vanguard work, she will share the outcome paper with the board.</p> <p>ML and the team were congratulated by the board for the significant piece of work done on this and thanked both Sue and Brian for their continued advice and input to the board.</p> <p>Sue discussed the PRG group she is involved in and they meet on average every 2 months and discuss issues relevant to the group. Sue discussed that the group has agreed to support the LWBC board as a small community and wanted other patients users to be involved in the</p>	<p>ACTION: ML will forward prostate follow up paper and liaise with COR to involve PABC in the planned event in November</p>

<p>board going forward this was agreed by WM.</p>	
<p>7. Innovation Fund update: LM provided an update on the innovation funding programme (paper attached). Final report not yet produced, awaiting the first of two presentation events on the 28th with a second to be held in the Autumn. Some of these projects may be built upon via the Vanguard work, others will feed into our work plan for next year.</p>	<p>ACTION: report update for next board meeting</p>
<p>8. Annual Plan 16-17 WM invited proposals to be included for 2016-17.</p>	<p>ACTION: all.</p>
<p>9. Update on LWBC activities in Bury: presentation (presentation attached). Damian and Liane provided an overview of work undertaken, which included capturing the views of GPs and other professionals. and update on what happens in the community. Fran discussed the importance of this and patients are regularly asking about what is happening in the community. Summary patients want HNA throughout including in the community.</p> <ul style="list-style-type: none"> • Just under a third of the clients preferred the incentivised model. HNA, Care Plans and support with approved community organisations. • Half (quarter each) of the clients preferred the 1-2-1 and single access point models. • The GP model was the least preferred model <p>Summary of next step: Step 1 – Report results back to LW&BC Steering Group - Completed Step 2 – Working alongside a Patient Group design a LW&BC service model Step 3 – Seek advice from CCG SMT on Step 4 – Consultation with Steering group to</p> <ul style="list-style-type: none"> • Agree a final LW&BC delivery model • Methods of implementation • Business Case <p>Step 5 – Recruit a task and finish group from the LW&BC Steering Group to develop a Business case. Step 6 – Present Business Case to CCG s Clinical Cabinet. Damian and Liane were thanked for their presentation and it was evidence of some fantastic work.</p>	<p>ACTION: COR to ensure presentation to be distributed.</p>
<p>10.Meeting dates for 2016 19th October – Seminar Room B – Hope Building, SRFT January meeting to be confirmed.</p>	

