

Greater Manchester **Cancer**  
**Acute Oncology** Pathway Board

**Pathway Board Meeting**

**Minutes**

**Meeting time and date: Friday 2nd February 2018**

**Venue: The Christie - THQ – MR6**

**Chair: Claire Mitchell**

<b>In attendance</b>	<b>Initial</b>
Rebecca Price	RP
Claire Mitchell	CM
Susan Sykes	SS
Phil Haji Michael	PHM
Clare de Marco Masetti	CdMM
Anne Allen	AA
Jeena Mathew	JM
Anne-Marie Raftery	AMR
Mary Ann O'Mara	MO
Lyn Schumaker	LS
Lauren Murphy	LM
Barbara Hefferon	BH
James Leighton	JL
<b>Apologies</b>	
Mike Molette	MM
Paula Hall	PH
Sue Jones	SJ
Carol Diver	CD
Vikki Percival	VP
Anne Allen	AA
Keven White	KW
Carmel Anandadas	CA
Natasha Smith	NS
Laura Cove Smith	LCS

---

**# Item**

---

**2 Minutes of the last meeting**

Minutes of the last meeting were accepted as correct.

Matters arising: CM confirmed that it has been agreed at the Medical Oncology Consultant meeting that the preferred means of communication from AO teams to the parental team was e-mail to the named consultant or the disease group e-mail where appropriate for non-urgent communication.

---

**3 AO service specification update**

CM and SS gave feedback to the group on developments of the AO service specification. CM informed the board of the progress made in the task and finish group. The group met in mid-January to finalise the draft service specification, agree on the service standards, KPI's and the data fields for the new minimum data set.

SS explained that the next stage of the process is for the service specification and supporting documentation is to be circulated through the governance structure that SS has previously explained at the last pathway board meeting. SS and CM will feedback to the board with the outcome of this.

---

**4 AO Clinical Standards Review**

CM asked the group to consider suggesting primary care standards that they felt would be useful to include within the newly agreed service standards.

The group felt it would be beneficial to first ask primary care colleagues what they felt would be appropriate to include in the service standards before adding comment.

CM raised the issue that standards devised by the Patients have yet to be submitted through the task and finish working group. CM and SS have agreed to discuss this further with GM Cancers User involvement manager for the AO board, Natasha Smith to help rectify this issue.

---

**5 Data collection**

CM addressed the board with concerns around the completeness of data submissions from trusts when submitting minimum data set information to GM Cancer.

Members of the board have agreed to set up a working group to establish a new template for the minimum data set to be collected. This is likely to be an interim measure as the service specification incorporates a revised minimum dataset to support the developed performance measures.

RP and CDM will work together to pull together a group.

---

**6 Macmillan User Involvement team update / Patient Experience Project**

In NS and the patient's representative's absence, CM informed the board that a summary report had been circulated, the results of which were positive. In the upcoming weeks, NS will submit to teams their individual breakdown detailing the results of the patient experience surveys at trust level. This will only be possible for the trusts which submitted a significant number of surveys.

The group discussed the issue of poor uptake in patients completing the survey. The group agreed that this would be something to work on in future. It was also felt that the questionnaire should also be amended to allow free text for comment on positive aspects of the service and for areas for improvement.

---

---

It has been agreed that the patient experience survey will be repeated in Q3 2018.

---

## **7 UKONS guidelines**

CM informed the board that the UKONS guidelines have gone to chemotherapy CRG and the National Acute Oncology Board for ratification. These should be ratified in the upcoming weeks.

Board has agreed to endorse and use UKONS guidelines once available. These will replace GM guidelines on the GMC website.

In the interim UKONS are happy for draft guidelines to be distributed and used prior to final version being available.

---

## **8 Subgroup updates:**

**MSCC:** Unfortunately LR was unable to attend today's pathway board. PHM attended in her absence to inform the board of the current staffing issues facing the MSCC service. PHM discussed the issues the service now has in relation to providing a sustainable service and creating a robust plan of action to ensure the MSCC service continues to function. Updates will be given around this at the next board meeting.

CM and SS have stated that the MSCC service is included in the AO service specification which may help to address the issues in relation to ensuring a sustainable service for the future.

### **Education update**

No formal update provided. The Education subgroup has yet to meet post the last December meeting following the departure of Conor Fitzpatrick (CF).

CM will meet with Claire Shanahan in the upcoming weeks to discuss development of this group in her new role taking over from CF.

### **CUP**

CM informed the board of the news that the Christie has been accepted to open a new trial for phase II study for CUP patients. Details of this will be circulated to the board to begin recruitment once this trial is active. There is also planned collaboration with the CAN-guide study.

CDM raised the issue that the MUO/CUP guideline review has not been completed. CM to circulate the amended guidelines with a deadline for comments which can then be ratified at the next pathway meeting.

### **Nursing forum update**

A date for the next Nursing forum is to be finalised. (possibly to be around March 18) RP will circulate information for this soon.

Teams asked to contact Jo Woolley at CMFT for preferred topics and dates for meeting.

---

## **9 Audit**

Teams have been informed that at the next board meeting on 27/04/18 presentation of audit data on suspected neutropenic sepsis door to needle times, MSCC and MUO/CUP will be required to ensure compliance with peer review.

---

## **10 AOB**

All trusts were asked their status regarding a 7 day service for AO patients.

---

---

Bolton due to commence this imminently.

CMFT are providing a 6 day service at present.

All other trusts are yet developing plans to develop 7 day services.

It has been raised what the impact of a 7 day AO service will be on the Cancer Centre in terms of need for increased specialist clinical advice from oncology. Anecdotally it is not felt that this will be significant however CM requested that teams providing a 7 day service audit this as part of their review of their 7 day working. Teams have agreed to this.

---

**11 2018 meeting schedule**

27<sup>th</sup> April 2018 – 1 -3pm

15<sup>th</sup> June 2018 – 12- 2pm

14<sup>th</sup> September 2018 – 12-2pm

9<sup>th</sup> November 2018 – 12-2pm

---