Manchester Cancer

ACUTE ONCOLOGY PATHWAY BOARD MEETING

Minutes of the meeting held on Thursday 5th March 10-12noon
Cancer Research, Paterson Building,

IN ATTENDANCE	Initial	
Claire Mitchell	CM	CHAIR, Consultant Medical Oncologist.
Caroline McCall	CMC	Acute oncology Pathway Manager
Ann Davis	AD	AO Nurse Practitioner
Catherine Coyle	CC	Consultant Clinical Oncologist
Jo Humphreys	JH	AOS CNS, UHSM
Natalie Walker	NW	MAU Consultant, Bolton
Paula Hall	PH	AO Senior Nurse, Christie
Kevin White	KW	Acute oncology Nurse Practitioner, Pennine
Lena Richards	LR	MSCC Nurse Practitioner
Ursula McMahon	UM	WWL AO Nurse Manager
Carol Diver	CD	CNS Tameside
Conor Fitzpatrick	CF	Therapy Radiographer, Christie
Clare de Marco Masetti	CMM	AOS, ANP, Bolton
Kathryn Hornby	KH	AOS ANP CMFT
Lyn Bushell	LB	Matron Christie

Agenda Item	Action
Minutes of last meeting & Matters arising : **i. Snapshot Audit** CM thanked boards for their efforts and work conducted for the Snapshot audit. This was presented and provided reassurance that patients are being seen by local AO teams. CM noted that this very brief audit had several limitations to it but that this was acknowledged and provided the reassurance that patients are being treated by the AO teams locally. **ii. CWP Developments** CM advised the board that this is an on going issue to do with Governance at the Christie and non-Christie employees having access to the EPR systems. There is work going on behind the scenes in regards to gaining wider access for clinical colleagues but that this was going to take some time to resolve the issue. There is a current pilot being carried out in the Gynae and Lung pathway to test the system	

but that governances issues remain to be solved. CM will make updates to the board as they develop.	
Objective no 1 – Improving outcomes/survival rates **i. 'Sign up to Safety initiative' By Lynn Bushnell** LB came to the board to explain the new national 'sign up to safety initiative' programme. LB will be taking a lead on this from Christie perspective. LB explained that if anyone is interested in becoming a 'champion' for the initiative to contact her directly for further information. **ii. Agreement on min dataset for Acute oncology** There was a group discussion around the minimum dataset. KH took the dataset to the Nurses forum meeting where it was discussed in detail what the minimum dataset was to be collected considering the limited resource in data analysis over the coming year. KH then prepared a document, which KH disseminated for a group discussion. There was a few issues unable to be clarified by the board, such as MSCC data, neutropenic sepsis data capture timings. It was decided that further exploration was required within the Nursing forum and they would report back once this meeting had taken place. CM mentioned it was worth noting that Haematology would be incorporated into acute oncology with the forth coming national specification in the future.	 Revised minimum dataset March 2015.›
Objective no 2 – Improving patient experience **i. Nursing Forum Update** At the last nursing forum – the majority of the meeting was based around deciding what dataset to use for the coming year. Minutes from this meeting are also embedded in this document.	 December 2014 AO Forum.doc
Objective no 3 – Research and clinical innovation **i. Referral Pathways to rapid access, renewed focus on outpatients protocol in local trust** CM thought it would be a good idea, following from the NICE guidelines due out this May to see if there was any work to be done or room for improvement in local	

trust referring pathways. There was a general discussion round this, whether it was feasible to introduce a 'fast track clinic', which has been introduced at Central Manchester trust. It was felt that 'fast track clinics' can often be under utilised and that it was more efficient and effective to book patients into normal oncology clinics within their local areas or the Christie. UM from Wigan, said that in her trust they tried to implement a system where A&E staff booked directly into clinics but that this proved unpopular and it was deemed that it was much preferred for the acute oncology teams to be booking into the normal clinics. It was discussed that there is a general trend for acute physicians to admit a patient who seems unwell. That if there is any doubt – the physician tends to admit the patient. Concluded that everyone felt confident they had the good referral pathways to rapid access to patients.	
Objective no 4 – Improving & standardising high quality care across the whole service **i. Presentation of data from 2013 for the region** CMC presented some of data analysis of the data collected for 2014 to the group. Some of the data is missing, but the majority of this data is there. The data showed a trend for an increasing number of AO patients and a direct correlation with admissions avoided. The data also demonstrated the majority of the patients treated by AO clinicians demonstrated Performance Status of 3 – indicating that these patients often require admission. The group expressed that 'length of stay' might be a helpful measurement in the data to ascertain whether there is a shortening of hospital stay. **ii. National Acute oncology service specification** There was two national workshops held in February which were well attended. It was anticipated that the spec would go to tender to be approved and would hopefully be available by the end of the year. **iii. Clinical Guidelines Review** CM stated that she had managed to update all the relevant guidelines and that they were now ready to be uploaded onto the Manchester Cancer website. CM asked the group to have a look at these and let her know if anyone had any comments or additions to these. CM also wanted to stress that these guidelines were not designed to over ride local guidance or protocols and that these guidelines were there for any trust or clinician within the region and AO community to refer to should and when they need too.	

iv. MSCC Update

LR from MSCC team came to the meeting to update the board from their sub group meeting held in January.
Embedded are the said minutes from this meeting. Following on from this update was a discussion with the board surrounding OOH radiology arrangements within the region. It is understood that the MSCC team were hoping to arrange informal agreements in principle between trusts to help with what is only a small pool of patients in out of hour's radiology, mainly at weekends.

MSCC Meeting Notes 14.01.15.docx

The board felt that they were not in a position to take task on in their own right and felt that a strategic solution was needed for the region, as well as collaboration with management to look at any capacity and practical issues of providing such an agreement. UM from Wigan explained that within her trust, there was some scanning provided by Salford who scans patients 24/7. This was agreed through Wigan's Clinical director for Radiology. However there is capacity issues at Salford and a high demand on their scanner and so deemed unfair to put the load for the region purely on Salford. Further to this, even though there is an agreement between Wigan and Salford to scan the patient – however Wigan still need to wait for Salford to report the scan which can take time.

The board concluded that there were a number of issues to look into in order to come to an agreement across the region and as a first port of call, the best platform to find a solution to this issue would be at the Manchester Cancer Leads board. This is a board that meets quarterly to discuss any operational issues across the region and is chaired by Manchester Cancer's medical director – Dave Shackley.

A further discussion ensued regarding the 2-week delay in writing a letter for Cord Compression patients. The question was asked:

'Is there a facility where an impending cord compression can get an assessment within a week?'

CM suggested is it possible that instead of a referral letter being sent. Is there a possibility to list on the spinal mdt to gain an outcome more quickly.

CM to approach MSCC lead to see if a cancer subsection can be added within the spinal mdt to accommodate cord compression patients.

v. Education

CF the board's education lead, updated the board with regards to the upcoming AO education event on Wednesday 25th March. Conor said that the session will also be 'steamed live' so that anyone who cannot make the session in person, can still benefit from learning.

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AOB **i. CUP Sub-group** CM suggested that the CUP meetings to be incorporated as part of the acute oncology board meetings and not have a separate meeting, as to avoid duplication, as most issues were being raised and discussed at the Acute oncology board meetings. And that any issues that need to be raised for CUP – are free to be raised within the AO forum. **ii. Patient Experience Survey for AO & CUP** CMC updated the board that there have been further developments and a new 'patient involvement team' had been interviewed and recruited in conjunction with Macmillan cancer charity. The team are due to come into post in May and June time and will be focusing on addressing any patient involvement gaps and helping boards plan, execute and deliver their patient experience initiatives, as well as educating and supporting patients in their roles and engagements with cancer boards. Patient involvement facilitator will attend the next board meeting scheduled for June.	

DATE OF NEXT MEETING : 12 June @ Salford Royal hospital.