

ACUTE ONCOLOGY PATHWAY BOARD MEETING

Minutes of the meeting held on Friday 14th November 2014, 2-4pm, at The Christie

IN ATTENDANCE	Initial	
Claire Mitchell	CM	CHAIR, Consultant Medical Onc.
Caroline McCall	CMc	Acute oncology Pathway Manager
Sarah Taylor	ST	GP rep
Melanie Dadkhah-Taeidy	MD	AOS CNS, Tameside
Jo Humphreys	JH	AOS CNS, UHSM
Anne Allen	AA	AOS CNS, Macclesfield
Paula Hall	PH	AO Senior Nurse, Christie
Vivek Misra	VM	AO consultant MSCC lead
Barbara Hefferon	BH	AO CNS, Wigan
Ursula McMahan	UM	WWL AO Nurse Manager
Sue Sykes	SS	SCN Quality Lead
Conor Fitzpatrick	CF	Therapy Radiographer, Christie
Clare de Marco Masetti	CMM	AOS, ANP, Bolton
Kathryn Hornby	KH	AOS ANP CMFT
Louise Lawrence	LL	AOMS manager Christie
Christine Griffiths	CG	AOS ANP Stepping Hill Hospital
Vikki Tyrell	VT	AOS ANP Salford

Agenda Item	Action
<p>1. Minutes of last meeting & Matters arising :</p> <p>Consultant Microbiologist Andrew Dodgson gave advice that local guidance should be followed when delivering first line antibiotics therapy for Neutropenic Sepsis. That it such as per local trust policy</p> <p>Alert cards – There were concerns about delays being caused due to conflicting information the patients were carrying.</p> <p>CM – suggested raising this issue at the Christie Acute Oncology meeting to see if the advice card could be amended. To be raised at next Christie AO meeting.</p>	CM to attend
<p>2. Neutropenic Sepsis audit presentations</p> <p>CM – asked if any member of the board would like to present their audit</p>	

presentations.

Salford stated they did their audit from 1 June to 31 October – 96 patients were audited. They had a door to needle time of

July 60%

Aug 73%

Oct 72%

Central Manchester saw 56% compliant with door to needle target. Central stated that there was no pattern found for patients that didn't meet the door to needle target.

Wigan Door to needle target for the last two months was 71%. They are now conducting quarterly reviews.

Wigan also had problems identifying patients and had started conducting weekly breach analysis.

ST – GP rep. Asked how do patients arrive in A&E.

CM – some are self referrals, sometimes it can be through GP's referring directly to medical teams or referral from hotline team at the Christie

Pennine Door to needle time in 2012 was 13%. A disappointing figure however with Pennine having 4 sites and the AO team being under staffed. There was an audit conducted between 1 sept 2013 – feb 2014, with a total of 91 patients. Door to needle time was 28%. Pennine hopes to improve upon their figures and now have more staff in post to help deliver a better AO service. They intend to focus their energies in defining the N.Sep pathway, improve education and make sure the right measurements are taken.

Stockport An audit was conducted from Jan – June 2014. A total of 21 patients. Just under 50% door to needle time within 60 mins was achieved.

Problems incurred included: Antibiotics, blood cultures, issues taking the blood.

CM concluded that each trust is making steady progress. Highlighted the importance of continued improvement and education.

UM – also explained that anyone with neutropenic sepsis be triaged as a number 2 priority within the acute trust which means that patient needs to be seen by a medic within 15mins. IT was discussed that Wigan have 'headline' data which is a breakdown in timeframes agreed within 15 min intervals.

UM agreed to share the headline data document. There was also a discussion around differing guidelines to collecting data depending on whether a solid tumour group or a haematological cancer.

The board agreed that it would be simpler and easier to all have the same method of collection.

CMc to send out "Wigan" data form and ask teams to complete so that headline data for neut sepsis for the region can be collated

<p>3. MSCC group update</p> <p>VM updated the board that the last quarterly report has been released and the service is running very well.</p> <ul style="list-style-type: none"> - Referral to MR scan within 24 hours is currently 96% - Time to radiotherapy within 24 hours is currently 67% - Time to radiotherapy within 48 hours is currently 11% <p>VM – stated that the team were very happy with these current figures.</p> <p>As far as the team were concerned, there are 3 main issues.</p> <ol style="list-style-type: none"> 1. First revolved around MR scanning out of hours. There was a comment from management at Salford that they have not been commissioned to provide an out of hour service. There was some discussion around this that it should be provided by local services. 2. Surgical Liaison – MSCC service is only available Monday to Friday and so outside these hours the clinical oncology SPR provides the cover and teams will be advised to communicate directly with Salford spinal surgeons. 3. Timeliness of surgical opinion should be within 24 hours of proven MSCC. If it is an impending MSCC the surgical team will make a timely clinical decision. <p>Finally the issue of repatriation was raised. VM felt this was a problem with patients coming from other trusts. CM mentioned that this issue has been raised at the provider board previously.</p> <p>VM said he would like to contact commissioners regarding this issue. CMc mentioned she could highlight this issue again to Trafford CCG.</p> <p>Next step: To find out with which hospitals there are recurrent issues with repatriate. CF to carry out an audit of this.</p>	<p>CF audit re-patriation times and occurrences at the Christie for MSCC patients</p>
<p>4. Outcome measures & Data Collection</p> <p>CM – It was felt that there was lots of data being collected but not all of it was being put to good enough use. CM said there was a need to define what data</p>	

<p>we would like to collect and which would be the most useful and meaningful.</p> <p>CM has sought advice from commissioners as to what data they would like to collected, but as yet there has been no clear advice due to the infrastructure of CCG's still taking place in certain parts of the region.</p> <p>CM put it to the board what data do they deem most important and useful to collect.</p> <p>Commissioners likely to want to see: -length of stay -Door to needle times -admission avoidance</p> <p>CM suggested a small group of people come together – board suggested taking it to the 'Nurses forum' meeting for discussion.</p> <p>CM – very important to capture data that is useful and meaningful. Will be important to justify to commissioners if any further funding needed. Discussion around this occurred and it was felt that an agreed set of outcome measures needed to be agreed in detail.</p> <p>ST – need to reflect the educational needs of the pathway in outcomes.</p>	<p>Nurses forum to discuss data collection and define outcomes measures</p>
<p>5. Outcome data & Snapshot Pilot</p> <p>CM – Need for clearer picture of what happens to patients when they are referred by the hotline to other trusts for acute admission</p> <p>PH – has looked at last week's figures for patients being sent to hospitals with AO teams. These are patients being sent from AO hotline to DGH's AO teams. Have been asked for snapshot of a week to give pilot outcomes. So we can look at clinical pathways, patients experience and any relationship, if any, these patients have with AO teams.</p> <p>Point was raised that the pilot can be anonymous. There has been a request that we take a 'snapshot' look at patients to take an 'overview' of the region.</p> <p>Christie is moving towards a treatment based centre in the future and so it will become routine for patients to be sent. At the moment we cannot ascertain where the patients go and what happens to them.</p>	<p>CMc to send out and collect data</p>

<p>6. Patient Experience</p> <p>CM – do we want a MC patient experience the acute oncology service for the region. Suggested it would be more efficient to pull together and utilise the same patient surveys. It was commented that it can be difficult to pick out the AO service element of their treatment.</p> <p>It was noted that is it part of the Manchester Cancer annual plan to produce a sufficient plan to assess patient experience.</p> <p>CMc – are there any volunteers to create a sub-group.</p> <p>UM from Wigan suggested that there may be people in the team that would wish to be involved</p>	<p>CMC – to email me directly to create sub-group</p>
<p>7. Macmillan Living with & beyond Innovation Fund</p> <p>CMc – Exclusive pot of money from Macmillan for all the MC pathway boards. The aim is to improve patient experience of living with & beyond cancer. An Education event is to be held on 25th November to explain the LW&B agenda and to discuss how to apply to the innovation fund.</p> <p>MC is looking for two cancer champions from each board. The application deadline is 31 December and there is help from Macmillan to help with any applications.</p> <p>CF has shown an interest in attending the event. Please email CMC if anyone else is interested or has any ideas they would like to put forward.</p>	<p>CF and CM to attend the event</p>
<p>8. AO commissioning discussions</p> <p>CM - Want to reassure the board that these discussions are just exploratory at the moment. The discussions centred around what would the ideal AO service look like. Looking at the variation of the services in the region. There has been an idea that commissioning a single provider might be able to reduce variation and standardise the service.</p> <p>CM reassured that the discussions are mainly focused on funding of services. Not clear if this is possible or not to gain consensus agreement as many Issues to be considered. Discussions revolved around how to deliver the gold standard. CM to keep the board updated with discussions as they arise.</p> <p>CWP – CM is currently in discussions with the Christie IT to develop structured access to AOS to the clinical web portal so that it could be used as a means of documentation and communication for Christie patients admitted acutely to other trusts. There is</p>	<p>CM to update board at next meeting .</p> <p>CM to update board at next meeting</p>

currently a plot based with the Central AO team. Further work will be required prior to extension of access to all sites.	
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DATE OF NEXT MEETING Friday 20th Feb at 10-12 @ Salford Royal