

ACUTE ONCOLOGY PATHWAY BOARD MEETING

**Minutes of the meeting held on Thursday 12th June 10-12noon
Salford Royal Hospital, Mayo Building**

IN ATTENDANCE	Initial	
Claire Mitchell	CM	CHAIR, Consultant Medical Onc.
Rebecca Price	RP	Acute oncology Pathway Manager
Ann Davis	AD	AONS
Jo Humphreys	JH	Lead Cancer Nurse East Cheshire
Carol Diver	CD	Lead Cancer Nurse Tameside
Conor Fitzpatrick	CF	Therapy Radiographer, Christie
Kathryn Hornby	KH	AOS ANP, CMFT
Christine Griffiths	CG	AOS ANP, SHH
Vikki Tyrell	VT	AOANP, SRFT
Conor Fitzpatrick	CF	MSCC Co-ordinator / Therapy Radiographer
Tracy Wild	TW	AONS, PAHT
Elena Takeuchi	ET	Medical Oncology TC/WWL
Yvonne Summers	YS	Medical Oncology (UHSM)
Amelie Harle	AH	AO consultant PAHT
Helen Office	HO	AONS, UHSM
Sarah Wilks	SW	AONS, CMFT
Thomas Pharaoh	TP	Manchester Cancer Associate Director
Ruth Conroy		Clin-Onc ST5

Agenda Item	Action
<p>Minutes of last meeting & Matters arising :</p> <p>The minutes of the last meeting were agreed as being correct.</p>	
<p>Objective no 1 – Improving outcomes/survival rates</p> <p>i. Audit presentation: Neutropenic sepsis , CUP, MSCC Members of the board presented Audit findings compiled from the recently conducted Neutropenic sepsis, CUP and MSCC audits. CM thanked the group for their contributions and asked for all data to be summarised and sent over via email to her to review.</p>	<p>ALL – to send Audit data to CM.</p>

<p>ii. Acute Oncology Annual report and work programme. MC circulated the 1st draft of the Manchester Cancer Acute Oncology pathway board Minutes and asked the group for any feedback they had. No comments were raised in the meeting. The Board have been asked to send back any comments to CM by 19th June.</p> <p>iii. Manchester Cancer Minimum dataset</p> <p>There was a group discussion around the minimum dataset. There were a few issues raised by members of the board unable to be clarified by the board around data capture timings. Upon further discussion It was decided that submitting monthly data was proving to be a struggle for some trusts and that often patient admission and discharge dates complicated the way in which the data could be collected and reported on. The board shared their experiences in overcoming some of these issues, and agreed that reporting monthly is no longer beneficial to the board. The board agreed that data would be submitted to the Manchester Cancer acute oncology email account (acuteoncology.datamc@nhs.net) on a quarterly basis. Starting on 1st of July, the board should be recording data for that quarter up until 30th September. The expectation is that all data would then be submitted by no later than 31st October (giving teams 1 month to pull off reports). <i>(The second quarter of data collection will commence on 1st October spanning to 31st December, needing to be reported back go Manchester Cancer by 30th January.)</i></p>	<p>ALL – to send comments on draft annual report to CM.</p>
<p>Objective no 2 – Improving patient experience</p> <p>i. Joint Patient Experience exercise</p> <p>CM 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.</p> <p>The team are in post 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.</p> <p>Patient involvement facilitator will attend the next board meeting scheduled for September.</p>	
<p>Objective no 3 – Research and clinical innovation</p> <p>i. Suspected Cancer Guidelines - NICE</p> <p>It was decided that this item would be deferred to be discussed at the next meeting date due to the guidance not yet being published. The guidance is expected to go up onto the NICE website on 23rd June 2015.</p>	

Objective no 4 – Improving & standardising high quality care across the whole service

i. Manchester Cancer Service Specification

CM explained the background and rationale around the document. Minor comments were made in relation to typos and Accuracy of the data. CM asked for all comments or corrections to be emailed to her by 30th June 2015.

ii. MSCC update

The issue of out of hours MRI Scanning and the subsequent need for pathway reforms was discussed between the groups. The DGH are to establish links with internal trust teams to help redesign current pathways to support out of hours MRI scanning.

Trusts have been advised to report to Conor and team on what their current provision is regarding this. Trusts were also offered support by way of advice from Conor and team, who have offered to visit teams on site to best advice on how to establish this service. Board members are to contact Conor and team should they want to take advantage of this. The guidance created supporting The Christie’s model of delivering this is due to be uploaded on the website in the upcoming weeks and the board have been advised to take a look at this for reference. Thomas Pharaoh is to take the list of trust provisions, once each trust has reported this to Conor, to the cancer leads board to discuss this and will report back to the board.

CF also feedback on discussions he had with Surgeons Re applying a time limit in which the surgeons were to discuss each patient upon referral to them. CF and team have taken feedback into consideration and it has been decided that this cannot be accommodated. Reasons being that Surgeons often do not have enough detailed information in such a short amount of time to make an informed decision.

iii. Education update

MSCC Study day – Feedback received suggested that the day went extremely well. CF informed the group that it has been decided that the event will now be held annually. Any information the board would like from the day can be obtained by contacting CF. Suggested topics for the next event would be welcomed also.

Discussed joining forces with the Mersey and Preston Acute Oncology Nurses forums to partake in joint educational sessions. This is hopefully going to be held around September time discussing type 2 patients, treatments and side effects. The aim will be to hold these events every few months discussing different topics each time with the focus being on making each session an advanced in-depth educational session on the chosen topic.

Guidance from radiographers – New guidance to be issued in regards to radiotherapy skin care. The Christie Skin care sub group are currently meeting to discuss and update existing internal guidance in lieu of this. Key things to take away from this are

- Aqueous Cream – is now not being recommended for use due to an ingredient called sodium lauryl sulphate, which is now proven to worsen skin reactions.
- Other moisturisers – the guidance has been relaxed on this. Patient’s current moisturisers are ok for continued usage; however should this create any adverse reactions this should be replaced with an alternative.

All - Email comments to CM by 30/06/15

ALL – report to Conor and team on what their current provision is regarding out of hours MRI scanning.

<ul style="list-style-type: none"> - E45 appears to be the suggested favourite. - Should the patient experience severe adverse reactions, such as skin break down, current practice should be stopped and dressings should be applied as opposed to letting the affected area 'breathe'. <p>iv. CUP update Still awaiting NICE guidance on Suspected Cancer. Claire asked the Board to provide information on which sites have a CUP MDT. The group have been asked to email CM to inform her of what they currently have an in regards to an active CUP MDT and what data they record.</p>	<p>ALL- Email MC to inform her of what they currently have an in regards to an active CUP MDT and what data they record.</p>
<p>AOB</p> <p>CWP (Clinical Web Portal) – RP and CM met with CWP team recently and informed the Board of CWP's current progress. Currently the Manchester Cancer Gynaecology pathway boards CWP portal is currently active and the Lung pathway pilot is currently being formulated. Acute oncology will hopefully be next to be progressed to pilot stage but have a few things to establish before this is possible. CM asked the group to provide a list of roles within their trusts which would require access to CWP. Also, Information is needed from each trust as to what data each role would need to be able to access or record. This is to formulate access level roles that each user can be assigned to once CWP goes live, limiting what users can do on the new system. CM is then to feed this information back to CWP team for them to begin to formulate the pilot. Discussions regarding this were held between the group and concerns were raised around the transition period of shutting down the currently active GP portal and what will happen with GP access once CWP goes live. Claire reassured the Board that she would feedback their concerns and ensures that that the GP access and functionality will need to be maintained once the GP clinical portal is terminated and CWP replaces it.</p> <p>Allied health professional on the board – CM asked the Board if they felt that input from an Allied health professional would be useful on the board. The Board felt this would be a good idea and have agreed to ask anyone they feel may be appropriate in their respective trusts and to communicate this back to CM.</p>	<p>ALL- Email MC to inform her of 1. Who will need access to CWP (roles) 2. What level of access they would need.</p>

DATE OF NEXT MEETING: 10th September 2015 - The Christie - Holt Major conference room in the Paterson building