

ACUTE ONCOLOGY PATHWAY BOARD MEETING

Minutes of the meeting held on Friday 13th April 2016 The Christie – The Patterson Building -

IN ATTENDANCE	Initial	
Dr Shein Chow	SC	Chair - Consultant Medical Oncology.
Rebecca Price	RP	Acute oncology Pathway Manager
Clare de Marco Masetti,	CDMM	AONS, Bolton
Tracy Wild	TW	AONS, PAHT
Conor Fitzpatrick	CF	MSCC Co-ordinator /Therapy Radiographer, Christie
Jeena Mathew	JM	AONS, UHSM
Christine Griffiths	CG	AOS ANP, SHH
Sarah Wilks	SW	AONS, CMFT
Louise Lawrence	LL	AO Project manager, Christie
Carol Diver	CD	Acute Oncology ANP, Tameside
Claire Arthur	CA	Consultant Medical Oncology - Christie
Mike Molete	MM	Patient Representative
Lena Richards	LR	MSCC Co-ordinator
Lucie Francis	LF	User involvement Manager
Ursula McMahon	UM	AONS, WWL
Elena Takeuchi	ET	Consultant Clinical Oncology

Apologies: Mel Dadkhan-Taeidy, Amelie Harle, Sophie Lloyd, Vikki Tyrell, Barbara Hefferon, Vivek Misra, Katie Hoyle, Ann Davis, Paula Hall, Catherine Coyle

Agenda Item	Action
<p>Minutes of last meeting & Matters arising : The minutes of the last meeting were agreed as being correct. Agreed that distribution list is to be circulated for review and updated at next meeting.</p>	
<p>Objective no 1 – Improving outcomes/survival rates i. Network Data SC thanked those who had been continuing to send their quarterly data, and reminded those who have had issues in submitting to continue to update the board if they are experiencing issues. Each Trust has agreed to submit any data they have been storing for review. Trusts have been asked to send NS data that they have to SC. Manchester Cancer Management team are continuing talks with the Christie Data analysis teams for this data to be processed and reported on for the Board starting on a 6 monthly basis, starting with June– December 2015.</p>	

<p>RP has agreed to keep the board updated on the progress of this.</p>	
<p>Objective no 2 – Improving patient experience</p> <p>i. Patient Experience Collaboration with the Christie</p> <p>It was noted at the last board meeting that there is a need to expand this survey in order to reach the target of 100 patients surveyed. The current total number of patients completed the survey is 28.</p> <p>A member of staff from the Christies Charities cooperate affairs and engagement team – Dan Parkinson, has kindly agreed to take over calls on the Patient experience hotline.</p>	
<p>Objective no 3 – Improving & standardising high quality care across the whole service</p> <p>i. Legitimate relationship access</p> <p>A Discussion was held around how data is currently being input and shared across the patch. The vision for the future is for all data to be inputted into CWP. SC is to meet with clinical outcome team to develop proforma for CWP database for the board to review and possibly pilot in the near future. There were some mixed views as some trusts have expressed concern that this may create duplication of work by doing this and this cannot be sustained. This will be discussed in more detail when more information is available but most team members felt this is a positive move compared to the current manual data collection and submission.</p> <p>ii. Network guideline for managing immunotherapy toxicity</p> <p>Dr Marti previously volunteered to draft guideline by collaborating with Christie Melanoma team. CDMM has contact at Clatterbridge centre about a recently established guideline there and will share when available.</p> <p>iii. MSCC update</p> <ul style="list-style-type: none"> - Business case for expansion of service for another WTE coordinator and WTE clerical support – Still no outcome. - MSCC steering group meeting now x2/year. Last meeting 17/2/16, main topics for discussion: - OOH Radiology – clear pathway for OOHs radiology – all trusts except 3 now offer OOH radiology. For patients unable to access MR scans OOH - <p>“OOH - Referring Consultant to discuss patients (with deteriorating neurology only) with RMO at SRFT (via switch 789 7373 bleep 3693). If EAU accept patient, MR scan will be requested. Bed to be kept at local hospital so patient can be transferred back, unless patient is a surgical candidate and has been discussed with Spinal team.”</p> <ul style="list-style-type: none"> - LR has compiled a Radiology directory across Manchester Cancer available on the MSCC webpage. - Cross cutting radiology group to be re-instated, VM has written to Dr Maryna Lewinsky (Consultant Radiologist and joint Clinical Director / Trust Lead Cancer Clinician) to arrange a meeting to discuss topics like ESCC, Bilsky grade / SINS score, pathway for reporting scans requiring urgent 	

action, etc.

- New Spinal surgeon at Stepping Hill, Mr Parmjit Sian, previous MSCC surgical experience at ROH Birmingham. Keen to develop Spinal surgery at SHH, currently only surgery for bone mets / impending MSCC. SHH working towards being able to provide a full MSCC spinal service (24/7 surgical cover + radiology). Monitor incidents and report at MSCC meetings
- LR met with Prof Janelle York, chair of CPRG. Very supportive and interested in conducting research into 'Patient Information' giving for patients 'at risk' of MSCC. Next meeting to discuss is end of May 2016.
- Repatriation – carried over from the last meeting. CM to highlight this issue to Trafford CCG and CF to carry out an audit regarding repatriation times and where there are delays in repatriation for MSCC patients, for patients at the Christie.
- Local Pathways completed: Bolton, CMFT, Salford Royal and The Christie. Stepping Hill, Pennine, Wigan in process of developing - work in progress. NB – Please send pathway to LR once ratified so that it can be added to the Christie MSCC webpage.
- Christie, Greater Manchester & Cheshire guidelines / pathways have been updated.

iv. Education update

- The Education group terms of reference document has now been approved (see attached minutes).
- The School of Oncology is holding a Radiotherapy Summer School – We have 5 discounted places available to AO teams and their colleagues (members are asked to contact me directly to discuss booking)
- E-learning development continues – it is hoped that the standard slide set for access by Manchester Cancer teams will be available in the coming months
- The group are putting together a generic sepsis card for professionals, this will be brought to the pathway board meeting for review when available

v. AO Nursing Group

The Last Nursing meeting took place on 31.03.2016. The educational session covered – 'Haematology & Acute Oncology' (caring for haematological patients), presented by Dr S. Roberts Consultant Haematologist. 'Sarcoma Treatment Update' presented by Sarah Welby – Sarcoma Research CNS. Discussion regarding service provision and peer support was undertaken. Attendance; 9 nurses attended, we had some apologies on the day due to caseload demands.

As it was felt that the last meeting was unfortunately poorly attended CF agreed to work with CdMM to restructure the meetings to possibly help with this.

6. Annual report

i. Delegation of responsibility

The group agreed this year's annual report will be completed as a collaborative effort from all members of the board. SC will begin delegating responsibility to board members to complete a section from the report using the Draft template and last year's report for guidance. All draft sections are to be returned to Shien Chow for review and edits. Final submissions are then to be sent to RP to collate into the report template. All peer review reports are to be submitted to SC to extract relevant data for the report.

The deadline for the annual report will be the end of June.

ii. 2016/2017 plan

TW suggested bone biopsy pathway which can be difficult to get in some DGH, CG will liaise with her local radiologist re discussion in the radiology cross cutting group.

SC encouraged team members to think about collaborative working ideas with primary care in line with previous outlined group vision and welcome any other suggestions/idea.

SC to delegate out responsibility for sections of the annual report.

6. AOB

Tracy Wild from Pennine presented outcomes data the group.

83 patients discussed at CUP/MUO MDT between Dec 2014-March 2016

Category	Number
Accepted as MUO – for best supportive care	22
Accepted as CUP – for best supportive care	9
Accepted as CUP – referred active Rx – DXT	5
Accepted as CUP – referred active Rx – chemo	7
Investigated further, referred and accepted by other tumour groups	25
Solitary neck node from H&N MDT referred back to H&N MDT!	4
No malignancy	11

The 'no malignancy' group comprised: abdominal duplication cyst; osteoporosis; pleural effusion/heart failure; sacral insufficiency fracture; abdominal calcified paraganglioma; osteoporotic fractures with haematoma; pancreatic pseudotumor/groove pancreatitis; benign omental nodule; inflammatory lung disease; 'not cancer' and TB.

DATE OF NEXT MEETING: 1st July 2016 - (11-1pm The Christie, Trust HQ, Room 6)