

# Manchester Cancer

## Acute Oncology pathway board minutes

**Date of Meeting**            17<sup>th</sup> August 2016

**Time of meeting**            08.00hrs – 10.00hrs

**Venue**                            Meeting room 6, Trust Administration, the Christie NHS FT

In attendance	Initial	Organisation
Dr Laura Horseley	CM	Interim Chair, Consultant Medical Oncology.
Dr Shein Chow	SC	Interim Chair, Consultant Medical Oncology.
Mike Molete	MM	Patient representative
Carol Diver	CD	Acute Oncology ANP
Clare de Marco Masetti	CDMM	Advanced Nurse Practitioner, Bolton
Conor Fitzpatrick	CF	Therapy Radiographer, Christie
Tracy Wild	TW	AONS, PAHT
Barbara Hefferon	BH	AONS, WWL
Sarah Wilks	SW	AONS, CMFT
Jeena Mathew	JM	AONS, UHSM
Anne Allen	AA	AOS East Cheshire
Conor Fitzpatrick	CF	MSCC Co-ordinator / Therapy Radiographer
Jennifer Haughton	JH	AOS SRFT
Dr Carmel Anandadas	CA	Consultant Clinical Oncology
Paula Hall	PH	AOS, The Christie
Sarah Latham	SL	AONS, Mid Cheshire
Kalena Marti	KR	Consultant Clinical Oncology
Dr Elena Takeuchi	ET	Consultant Clinical Oncology
<b>In attendance</b>		
Lucie Francis	LF	Macmillan user involvement manager
James Leighton	JL	Pathway Manager, Manchester Cancer

### Welcome, introductions and apologies

#### 1. Minutes of last meeting

Dr Chow (SC) welcomed all to the meeting and noted the apologies received.

- a. Matters arising not on the agenda

There were no matters arising not already on the agenda.

#### 2. Improving survival rates

- a. SACT 30 day mortality audit - update

Dr Takeuchi (ET) raised the issue of 30day mortality data collection on behalf of the SACT pathway board. She explained that this data is currently being drawn manually from the Ascribe system and asked the meeting for their help in gathering this in a more efficient manner.

She confirmed that it was mandatory to complete an audit form if death has occurred within 30s day audit of commencing treatment. However, when this occurs away from the Christie this becomes complex as the audit team struggles to obtain the notes.

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ET explains that she has made representations to board members to establish the existing practice and available support within each organisation. There followed a wide ranging discussion on this matter.

The board agreed to identify a contact for the audit and collection of notes within each site.

**Action – Board members to confirm nominated contact within each Trust to collect notes**

Once the notes are collated, ET confirmed that the notes then now need to be sent to the Christie for review.

### b. Immunotherapy toxicity training and network guideline

SC updated the group on the progress of these guidelines. She confirmed that they would be an adaptation of the existing Clatterbridge guidelines and it was anticipated that a first draft would be available for the next meeting of the board.

The board asked that the guidelines were written so that they were applicable within all sites and KR confirmed that this would be the case.

## 3. Improving the patient experience

### a. Hotline patient experience survey

SC presented the results of the survey to the meeting. She outlined that overall there had been a positive response to the service. However the meeting noted those areas where there had been a negative response.

PH confirmed that there were concerns within the service about response rates and the number of inappropriate calls. She explained that she was trying to identify common themes and process map the errors back to the cause.

She confirmed that they would undertake visits to all A&E departments to review processes and pathways.

TW asked if it was possible to provide the data by Trust and SC agreed to send out the spread sheet.

**Action – SC to send out spread sheet of data to allow for analysis by Trust.**

## 4. Research and innovation

### a. Centralised AOS data collection

SC confirmed that the AO form was now live and available on the CWP system. She demonstrated the form and confirmed that it would only be available to manage the Christie activity and was not for activity form other regions.

There followed a wide ranging discussion on this and the meeting identified a number of issues –

- Clarification was sought on the appropriateness of the mandatory questions
- The possible addition of a free text “case summary” field
- The burden to be placed on departments that managed activity form more than one region

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- The availability of data to units outside of normal reporting cycles

SC welcomed all these issues and suggestions and confirmed that there was still scope to develop the form. To do this she suggested a trial of the form by all units and this was agreed.

**Action – All sites to pilot the AO form on the CWP system and feedback directly to SC**

### 5. Improving service delivery

- a. Action plan for peer review serious concern

LH led the discussion on the response to the peer review serious concern and all the agenda items were covered by one discussion. She explained that there was inconsistent application of the pathway across the area.

She proposed that the understanding of what is MUO, pCUP and cCUP, at local MDT level, was not clearly defined. The meeting felt that this could be addressed by a review of the pathway to help the MDTs. The meeting agreed to have a supplementary meeting to address this issue.

**Action – JL to arrange an extra-ordinary meeting to review and agree the pathway.**

LH asserted that it would also help to better understand the CUP service within each site. As a first step in this process she asked that all sites let her know what services exist within Trust and how they function.

**Action- All services to let LH know what CUP services exist within provider organisations.**

The discussion continued the discussion with local process issues that conflicted with the peer review findings. Such as, making a timely referral onto a two week wait pathway before it was possible to review at a CUP MDT and what data is currently collected within each site.

LH also sought clarity with regard to the possible differences between a network MDT and a SMDT, JL agreed to provide this outside of the meeting.

**Action – JL to review the definitions of network and SMDT**

- b. Greater Manchester Acute Oncology regional service specification

JL informed the board on the current position of the AO service specification. He confirmed that at a previous provider board meeting it was confirmed that all Trusts had agreed to on-going funding of the service after the initial pump priming phase. He agreed to follow this up with the lead commissioner to confirm the plans for the future of the service.

- c. Access to Christie Clinical Web Portal

SC confirmed that the CWP was available for services across the area. However the Christie were advising limited access to a specified number of users within each site. The board felt that this was not practical and asked that this be reviewed. To help with this review SC asked that services let her know how many and who may want access within each hospital and the board agreed.

**Action – Each service to inform SC on the names and job roles of who may need access within each Trust.**

- d. Acute Oncology service 7 Day working

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TW asked for an update on the progress of establishing a 7 day service. Most Trusts confirmed that work was still proceeding on this and most were looking to deliver it with a collaborative approach with palliative care.

### 6. Any other business

#### i. MSCC update

CF provided an update on the work of the MSCC project. He confirmed that the business case was being developed and that the next group meeting was scheduled for October 2016.

He explained that the MSCC pathway was being deployed or being ratified within organisations and asked trusts to provide an update on their progress on this.

He also asked that Trusts inform the project team on how MSCC was being delivered locally and if any help was required. The board agreed to feed back as required.

CDMM asked that MSCC and education was included in all future meetings agendas of the board, JL agreed to ensure that this will occur.

**Action – JL to add these as standing items on board meeting agendas**