

Acute Oncology Cancer Pathway Board

Annual Report 2014/15

Pathway Clinical Director: Dr Claire Mitchell

Version 1.0

Executive summary

Over the last 12 months the Acute Oncology Pathway Board has continued to make progress in the development of acute oncology services in the region. Key achievements have included:

- Achieving full multi-disciplinary user representation at the pathway board and sub-groups including physicians from emergency medicine, acute medicine, palliative medicine, haematology, oncology, surgery (spinal), specialist nurses, primary care and allied health professional.
- Expansion of the number of non-surgical oncology sessions being provided within acute oncology teams at acute trusts; with funding being agreed for acute oncology sessions at 2 trusts where previously no non-surgical oncology support has been available.
- Agreement of a regional minimum dataset to permit standardised data collection for the region.
- Establishment of the Manchester Cancer Nurses Forum with regular educational meetings to encourage ongoing professional development and sharing of good clinical practice within the region.
- Annual Acute Oncology study days run in conjunction with the Christie School of oncology utilising up to date technology to permit live-streaming of the education event and access to international delegates on-line.
- Development of a Manchester Cancer Service Specification for Acute Oncology with the aim of achieving fully compliant acute oncology services which provide consistent high quality care for cancer patients.

At present there remain several ongoing challenges for the Acute Oncology Pathway Board including:

- The need to identify secure recurrent funding to enable appropriate resources for the establishment of acute oncology services which meet national and regional standards and overcome the current variation in provision of services within the Manchester Cancer region.
- The need to identify secure recurrent funding for expansion of “network” services to enable greater scope in the provision of these services and improve integration of clinical services and infrastructure between the regional specialist centres and acute trusts.
- The requirement to increase the scope of acute oncology beyond secondary and tertiary centres into primary care and the community setting to help support health professionals in these areas and improve patient experience.

Introduction – the Pathway Board and its vision

This is the annual report of the Manchester Cancer Acute Oncology Pathway Board for 2014/15. This annual report is designed to:

- Provide a summary of the work programme, outcomes and progress of the Board – alongside the minutes of its meetings, its action plan and its scorecard it is the key document for the Board.
- Provide an overview to the hospital trust CEOs and other interested parties about the current situation across Manchester Cancer in this particular cancer area
- Meet the requirements of the National Cancer Peer Review Programme
- Be openly published on the external facing website.

This annual report outlines how the Pathway Board has contributed in 2014/15 to the achievement of Manchester Cancer’s four overarching objectives:

- Improving outcomes, with a focus on survival
- Improving patient experience
- Increasing research and clinical innovation
- Delivering compliant and high quality services

1.1. Vision

The agreed vision of the acute oncology pathway board is to establish and maintain acute oncology services in all acute trusts within the Greater Manchester and Cheshire region; to provide sustainable services of consistent high standards for patients who are admitted acutely due to complications of their cancer, cancer treatment or as an emergency first presentation of their cancer. These services are required to meet national standards ie. peer review / NICE guidelines and should aim to excel in the delivery of acute oncology services within acute trusts with a view to expansion of services to provide support for out-patient and community teams. An integral part of the acute oncology service provision are the “network” services which provide over-reaching services enabling effective delivery of advice, training, education and outcome monitoring for acute oncology services. The acute oncology pathway board hope to facilitate agreement of a service provision model and commissioning which safeguards the future provision of these services.

1.2. Membership

The acute oncology pathway board is a multidisciplinary board consisting of members representing both their trusts and specialities. In addition to the representatives from each of the Trusts representation has been sought from relevant stakeholders’ namely emergency medicine, acute medicine, primary care, the strategic cancer network and palliative medicine.

ORGANISATION	Pathway Rep (1)	Speciality	Pathway Rep (2)	Speciality
Royal Bolton Hospitals NHS Foundation Trust	Clare DeMarcoMasetti	Acute Oncology Nurse Specialist (AONS)	Carmel Anandadas	Consultant Oncologist
Central Manchester University Hospitals NHS Foundation Trust & Trafford	Kathryn Hornby	AONS	Patrick Carrington	Consultant Haematologist
East Cheshire NHS Trust (Macclesfield General Hospital)	John Hudson	Consultant Haematologist	Anne Allen	AONS
Mid Cheshire NHS Foundation Trust (Leighton Hospital)	Laura Horsley	Consultant Oncologist	Ann Dingle	AONS
Pennine Acute Hospitals NHS Trust	Keven White	AONS	TBC: Amelie Harle	Consultant Oncologist
Salford Royal NHS Foundation Trust	Claire Arthur	Consultant Oncologist	Ann Davis / Vikki Tyrell	AONS
Stockport NHS Foundation Trust	Catherine Coyle	Consultant Oncologist	Christine Griffiths	AONS
Tameside NHS Foundation Trust	Mel Dadkhah-Taeidy	AONS	Carol Driver	Cancer Manager
University Hospital South Manchester NHS Foundation Trust	Joanne Humphreys	AONS	Yvonne Summers	Consultant Oncologist
Wrightington, Wigan and Leigh NHS Foundation Trust	Elena Takeuchi	Consultant Oncologist	Ursula McMahon/ Barbara Hefferon	AONS
Christie NHS Trust	Phil Hajimichael	Critical Care	Paula Hall /	Acute Oncology

		Consultant	Louise Lawrence	Service Manager
Palliative Care Rep	Previously represented by Dr Kim Steel – replacement being sought	Palliative Care Consultant	N/A	N/A
Primary Care Rep	Sarah Taylor	Macmillan GP	N/A	N/A
Emergency Medicine Physician	Alan Grayson	Emergency Medicine Consultant	N/A	N/A
Acute Physician (user representative CUP)	Muhammad Abbas	Acute Medicine Consultant	N/A	N/A
Acute Physician (user representative CUP)	Tim Cooksley	Acute Medicine Consultant	N/A	N/A
MSCC Clinical Lead	Vivek Misra	Consultant Oncologist	N/A	N/A
MSCC Co-ordinator	Lena Richards	MSCC Co-ordinator	N/A	N/A
MSCC Co-ordinator/ Education Lead	Conor Fitzpatrick	MSCC Co-ordinator	N/A	N/A
SCN	Sue Sykes	Quality Improvement Lead	N/A	N/A
CUP (histopathology)	TBC		N/A	N/A
CUP (radiology)	Ben Taylor	Consultant radiologist	N/A	N/A
Pathway Manager	Rebecca Price	Manchester Cancer Pathway Manager	N/A	N/A
Chair / Lead for Research (AO/CUP)	Claire Mitchell	Consultant Oncologist	N/A	N/A

The board's terms of reference and constitution were previously agreed at the Acute Oncology Pathway Board meeting held on 25th July 2014.

In addition to the acute oncology pathway board sub-groups have been established to lead on specific areas within the pathway group. These are:

Sub - group	Chair
CUP (meets within acute oncology pathway board)	Dr Claire Mitchell
MSCC	Dr Vivek Misra
Education	Conor Fitzpatrick
Nurses Forum	Kathryn Hornby

The membership of the sub-groups is determined by each group (compliant with national standards ie peer review) to allow appropriate representation within in each meeting.

1.3. Meetings

Over the last 12 months the following meetings have been held as part of the acute oncology pathway group. The minutes of these meetings can be found here:

<http://manchestercancer.org/services/acute-oncology/>

Group	Dates
Acute Oncology Pathway Group (incorporating CUP)	25/07/14 28/10/14 14/01/15 05/03/15 12/06/15 10/09/15 - next scheduled
MSCC Subgroup	08/10/14 14/01/15 17/06/15
Education Sub group	25/07/14 14/01/15 05/03/15 12/06/15
Manchester Cancer Acute Oncology Nurses Forum	04/06/14 23/09/14 17/12/14 25/03/15 18/06/15

The acute oncology pathway board meets approximately every 3 months. In addition the sub-groups meet on a regular basis allowing for extended membership as determined by each group. Attendance is monitored and in order to improve representation from each trust in the region a primary and secondary representative have been identified to allow

cross cover for attendance. Detail of the attendance of members at board meetings in 2014/15 can be found here: <http://manchestercancer.org/services/acute-oncology/>

The Manchester Cancer Acute Oncology Nurses Forum provides educational up-dates and a forum for sharing good clinical practice for the acute oncology nurses in Greater Manchester and Cheshire. Topics to date have covered:

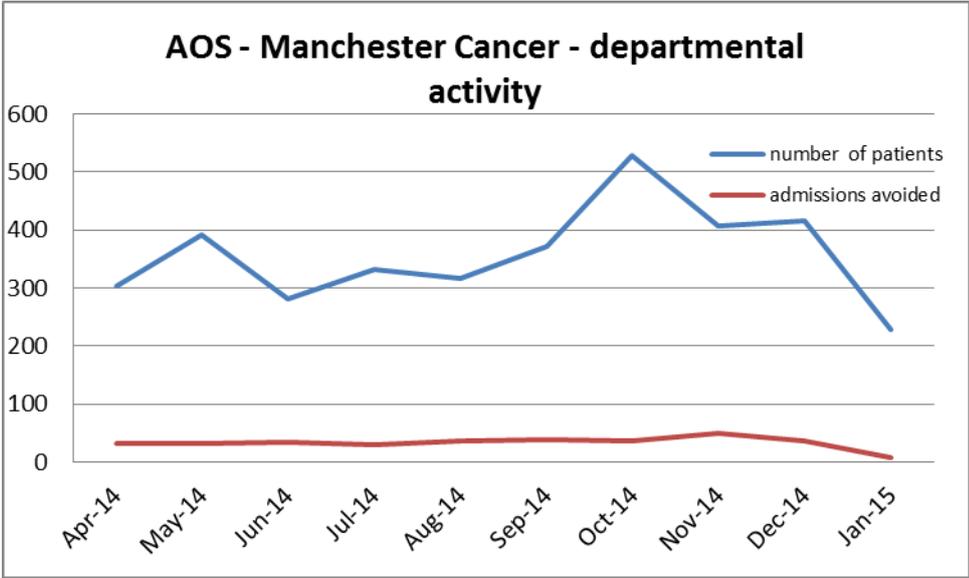
- 4th June 2014 – First meeting: Acute Oncology /CUP key speakers
- 23rd September 2014 – Malignant Melanoma
- 17th December 2014 – Chemotherapy associated Cardiac Toxicities
- 25th March 2015 – Metastatic pancreatic and oesopho-gastric cancers
- 12th June 2015 – Mesothelioma and lung cancer

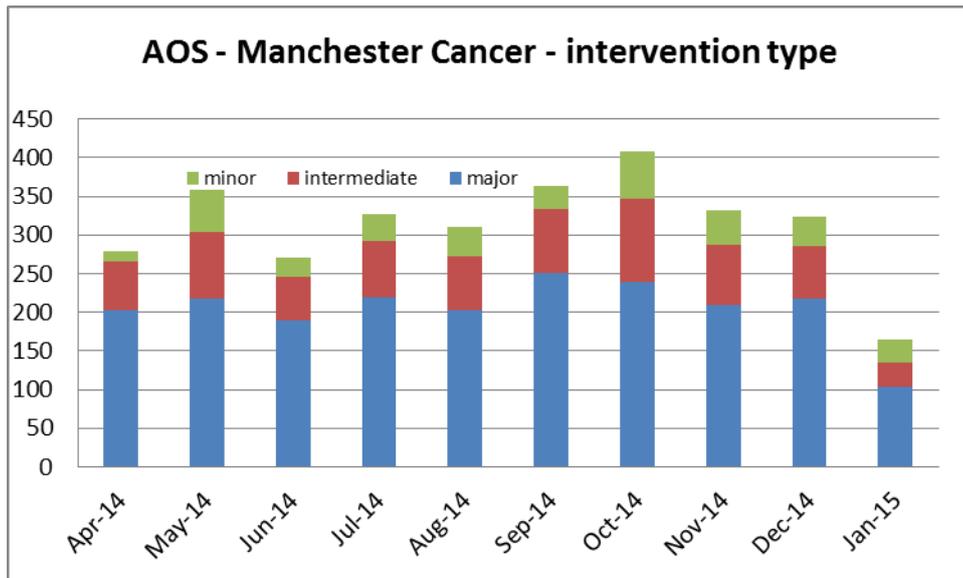
In addition the Manchester Cancer Acute Oncology Nurses Forum providing ongoing education the education sub-group in conjunction with the Christie School of Oncology have delivered acute oncology study days for health professionals both within and outside the field of oncology.

1.4. Acute Oncology Activity

Manchester Cancer has collected limited data in relation to activity and level of intervention of acute oncology teams based in acute hospital trusts in cancer patient management within the region. Individual trusts collect data according to their own specifications and peer review requirements.

The following charts show activity, level of admission avoidance and level of intervention for trusts within Manchester Cancer:





The collection of data for acute oncology is challenging as there is centralised system in place to allow for regional data capture. In order to improve data collection and monitoring of outcomes a regional minimum dataset has been agreed so that all trusts will collect the same data. Data will then be sent to Manchester Cancer on a quarterly basis to allow regional overview of services and outcomes.

2. Summary of delivery against 2014/15 plan

No	Objective	Alignment with Provider Board objectives	Tasks	By	Status Green = achieved Amber = partially achieved Red = not achieved
1	Defining MC Acute Oncology Pathway Quality Standards	Improving Outcomes	Expansion of AO pathway board members to represent service users	Sept 2014	Completed May 2015
			Define MC Acute Oncology Pathway Outcome Measures	Oct 2014	Awaiting confirmation of national outcomes measures
			Acute Oncology KPI's	Oct 2014	Development of local serve specification will lead to confirmation within CCG's relating to KPI's
2	Expanding the role of Acute Oncology Services	Delivering high quality, compliant, coordinated and equitable services	Mapping of patient referral pathways	Oct 2014	Scoping exercise completed to guide on patient pathways and collection of outcome data.
3	Governance and Quality Control	Improving Outcomes	Define a minimum dataset for collection Acute Oncology Services in Manchester Cancer	Oct 2014	Completed May 2015
			Completion of pathway specified clinical audits	March 2015	All trusts completing audit of suspected neutropenic sepsis, MSCC and CUP
4	Patient and User Involvement and Feedback	Improving Patient Experience	At least 2 cancer patient representatives to become members of the Acute Oncology Pathway Board	Ongoing	Dependant on MC recruiting to MC Patient Reference Group
			To develop a universal MC Acute Oncology Patient Experience Survey questionnaire for use within acute trusts	Ongoing	Joint patient experience project underway in conjunction with Christie NHS Trust
5	Research	Increasing Research and Innovative Practice	To aim to develop a MC Acute Oncology Pathway Clinical Trials Portfolio for acute oncology and CUP	Ongoing	No current trails open. Patients within the region were recruited to NCRN CUP-One study (now closed)
6	Education	Increasing Research and Innovative Practice	To host regular acute oncology education events in collaboration with the Christie NHS Trust and Christie School of Oncology	March 2015	Event held in March 2015 with future events planned
			Acute Oncology Pathway Board to engage in MC Regional GP education/engagement events	Ongoing	Ongoing events planned

3. Improving outcomes, with a focus on survival

3.1. Information

At present there are no defined clinical lines of enquiry for acute oncology. There are peer review measures for both acute oncology and cancer of unknown primary produced by the National Cancer Peer Review Programme.

Compliance to these measures was assessed for the year 2014 and the rates of compliance for each individual trust are shown below. All trusts undertook an optional self-assessment with the exception of University Hospital South Manchester (UHSM) and The Christie NHS Trust. Pennine Acute Hospital Trust (PAHT) was the only trust to undergo external peer review assessment in 2014.

Trust	Acute Oncology MDT measures	General Acute Oncology MDT measures	Acute Oncology In-patient MDT measures	Specialist Acute Oncology MDT measures
Bolton	40%	43%	100%	N/A
CMFT	80%	89%	50%	N/A
East Cheshire	80%	100%	50%	N/A
PAHT*	0%	33%	0%	N/A
Salford	100%	100%	75%	N/A
UHSM	-	-	-	N/A
Stockport	0%	78%	75%	N/A
Tameside	40%	44%	0%	N/A
Wigan, Wrightington and Leigh	80%	89%	75%	N/A
Mid - Cheshire	80%	100%	25%	N/A
Christie	-	-	-	-

*External peer review assessment 2014.

Local compliance with the peer review measures for CUP is shown below; again this was an optional self-assessment performed by all trusts with the exception of University Hospital South Manchester (UHSM) and The Christie NHS Trust:

Trust	CUP MDT measures	CUP local group measures (hospital)
Bolton	0%	7%
CMFT	93%	100%
East Cheshire	73%	100%
PAHT	27%	33%

Salford (SRFT)	67%	100%
UHSM	-	-
Stockport (SHH)	67%	67%
Tameside	0%	33%
Wigan, Wrightington and Leigh (WWL)	40%	100%
Mid - Cheshire	53%	67%
Christie	-	-

Compliance has shown some improvement over the last 12 months however there is still considerable variation in the level of compliance between trusts. As the peer review self-assessment was optional for the year 2014 not all trusts completed and submitted the assessment. All trust has been recommended to complete at least a self-assessment of services for the peer review year of 2015 for both acute oncology and CUP.

As part of peer review compliance the acute teams prospectively audit their door to needle times for neutropenic sepsis – this is presented to the acute oncology pathway board on an annual basis. The table below shows the one hour door to needle times and number of suspected cases of neutropenic sepsis for each acute trust who presented their data to the acute oncology pathway board. For those trusts that did not present data figures are omitted.

Trust	No of Patients with Suspected Neutropenic Sepsis	% of patients receiving antibiotics within 1 hour (Door to needle time)
Bolton	79	22.5%
CMFT	58	53%
East Cheshire	-	-
PAHT	151	47.7%
SRFT	152	41%
UHSM	58	30%
SHH	48	25%
Tameside	-	-
WWL	-	-
Mid - Cheshire	-	21%

Audits for CUP have also been specified by the CUP sub-group and again are reported back to the board on an annual basis. The table below shows the data that has been presented to the pathway board:

Trust	No of Patients presenting with MUO/CUP	% of in-patients reviewed within 24hrs by AO Consultant
Bolton	76	15%
CMFT	58	100%
East Cheshire	-	-
PAHT	68	0%
SRFT	81	unknown
UHSM	-	-
SHH	28	40%
Tameside	-	-
WWL	-	-
Mid - Cheshire	-	-

Data relating to the MSCC co-ordinator service is collected by the MSCC co-ordinators based at the Christie NHS Trust. Individual trusts also collect data on the number of suspected MSCC cases as not all cases of suspected MSCC are discussed with the service if MSCC is not confirmed on imaging. Trusts are asked to present their individual data annually at the pathway board meeting. The table below shows activity for the MSCC service between April 2014 – April 2015 and treatment outcomes. Data on long term outcomes for these patients is not currently available due to the limited resources available for data collection and analysis.

MSCC Co-ordinator Service Start of service: April 2014 to April 2015	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	Total	
Total Patients Referred	55	70	51	48	42	60	45	54	59	56	41	62	50	693	
Confirmed MSCC	27	29	25	21	18	32	22	23	16	26	13	25	23	300	
Impending	7	12	5	2	5	3	3	5	6	2	6	9	4	69	
No MSCC	21	29	21	25	19	25	20	26	37	28	22	28	23	324	
Treatment	Surg opinion (all)	9	18	10	9	14	19	12	16	9	9	5	12	9	151
	Surgery (all)	6	9	3	5	5	7	5	8	2	1	2	4	0	57
	RT (confirmed) only))	21	16	16	14	9	19	15	11	13	21	9	15	19	198
	Systemic therapy	0	0	0	0	0	0	0	0	0	1	0	0	0	1

3.2. Progress

The pathway board has developed and agreed a Manchester Cancer Acute Oncology minimum dataset which will be collected centrally for analysis will help in the understanding of current service activity and requirements to assist with future service development. Data will be sent on a quarterly basis and reviewed and reported centrally and fed back to local teams. This will help highlight areas of good practice and enable identification of areas where additional support is required.

In the future the hope is to collect all acute oncology data through the use of the Christie Clinical Web Portal (CWP) allowing for real time data collection and improved reporting of

outcome measures. The initial steps to enabling this are progressing with rolled out access to CWP for acute oncology teams being planned in the near future.

Additional Consultant Oncologist sessions are being funded by 3 trusts to improve local acute oncology team's support and compliance. These additional posts will provide leadership and support for the services improving patient experience and outcomes. Teams in many trusts have facilitated the development of the CUP services and CUP MDT locally increasing the number of trusts with access to these services.

3.3. Challenges

In order to collect and analyse the required data and outcomes additional resources are required to facilitate this and allow informed decision making in relation of expansion and development of future services. A centralised data collection tool will assist in collection of data and help standardise the process at present there remains considerable variation in the quality and quantity of data being collected by local acute oncology teams. The Manchester Cancer Acute Oncology minimum dataset is to be introduced from the 1st of July 2015.

In order to achieve full compliance of acute oncology and CUP services further investment in resources is required. A local service specification has been developed to highlight the needs of local trusts and what additional resources need to be considered to achieve this.

Nationally a national service specification is also currently being developed and consulted on; this will sit in line with the regional specification and consultation with the national team has taken place.

Agreement on this specification and funding will be required to be able to build upon the services in place to enable their expansion and ongoing development.

4. Improving patient experience

4.1. Information

The National Cancer Patient Experience Survey does not specifically cover the input of acute oncology on a patient's cancer pathway.

Individual trusts have undertaken patient and staff experience exercises to evaluate the individual services. The feedback from these has been generally very positive however has highlight the wishes for extension of services to provide 7 day cover.

4.2. Progress

A joint project between Manchester Cancer and Christie NHS Trust to assess the experience of patients who are advised to attend their local A&E following contact with the patient advisory "Hotline" service is being undertaken. This aims to provide additional information relating to patient experience following acute admission due complications of their cancer or

treatment to trusts within the Greater Manchester and Cheshire region. The project is planned to be reported in September 2015.

4.3. Challenges

The development of an appropriate patient experience questionnaire that provides relevant feedback on the acute oncology aspect of the patient's pathway is complex. The evaluation of an over-reaching service such as acute oncology, which integrates with other pathways and services does pose a challenge which need to be considered when evaluating the responses.

Development of the questionnaire with input from the key stakeholders should help to overcome this.

5. Increasing research and innovative practice

5.1. Information

There are at present no active clinical trials /research in acute oncology. As Cancer of Unknown Primary (CUP) is incorporated in to the acute oncology pathway group there has been recruitment to CUP related clinical trials within the Manchester Cancer region.

Patients referred onto the Christie NHS Trust for consideration of treatment for CUP were considered for recruitment to the NCRN CUP –One study. This study completed recruitment in December 2014. At present there are no further studies for CUP patients however patients are actively referred to the early phase clinical trials unit based at The Christie NHS Foundation Trust if appropriate.

The acute oncology pathway board is keen to promote innovative practice and services. Representatives from the board have been invited to present in relation to their services on both a national and regional level. The services which have been presented include the MSCC Co-ordinator service based at The Christie NHS Foundation Trust and development of a 7 day Acute Oncology service based at CMFT.

5.2. Progress

The acute oncology pathway board is keen to continue to support and develop innovative services within acute oncology. The development of these services is planned within the service specification and also supported by encouragement of sharing good clinical practice through educational events such as the nurses forum and study days.

Improved links between Cancer centre based services and local trusts has assisted in the development of these areas for example in relation to training for indwelling venous catheters.

Dr Claire Mitchell currently acts as Research Lead for the Board for both acute oncology and CUP. At present there are no active trials in acute oncology and cancer of unknown primary.

5.3. Challenges

The pathway board is keen to ensure that innovative practice is supported and examples of good clinical practice are shared between services. In order to achieve this it is vital that there is an ongoing programme of education and training so that opportunities are provided for this to take place.

Additional resources are required to facilitate this and enable current staff to attend and benefit from educational opportunities provided both regionally and nationally.

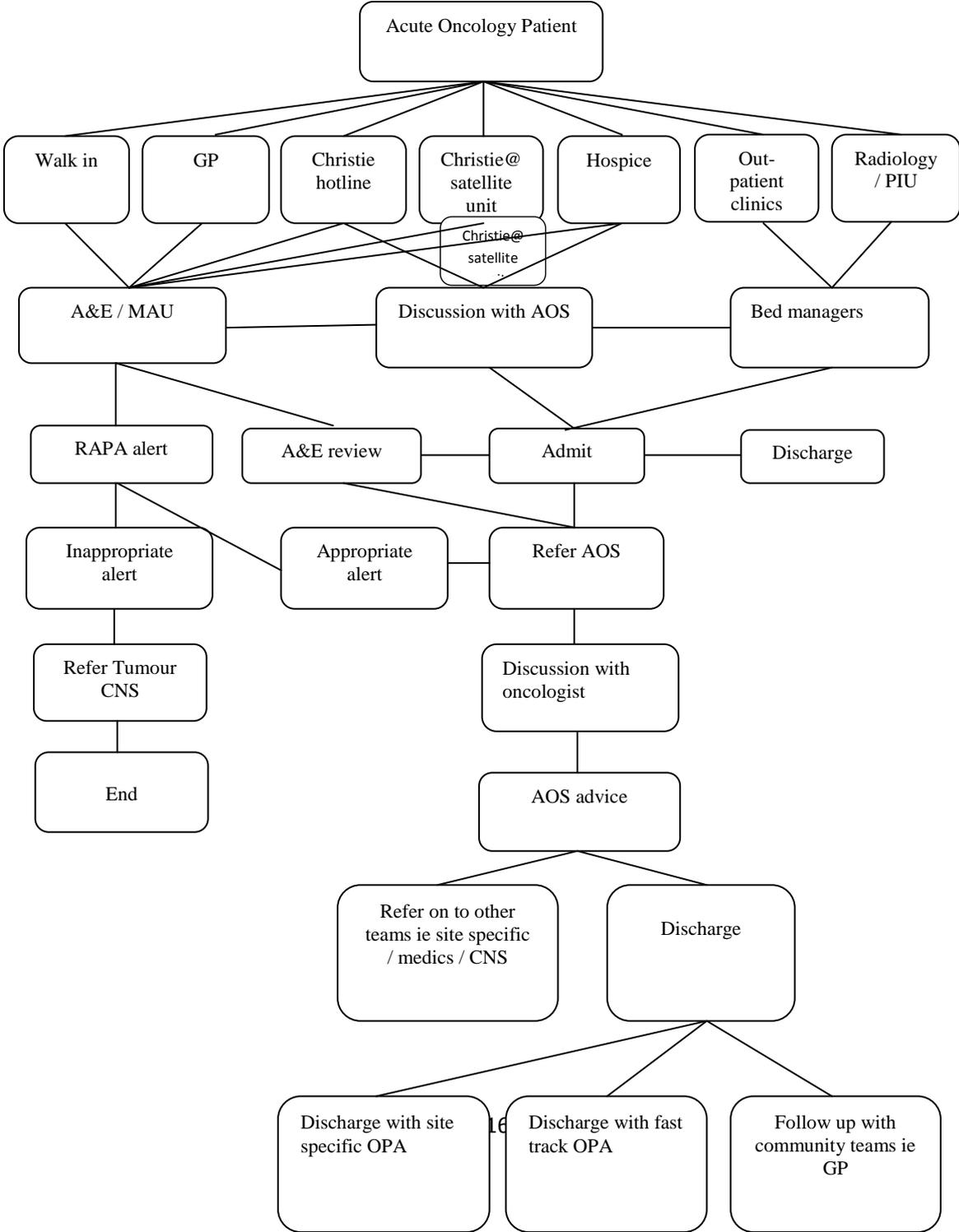
6. Delivering high quality, compliant, coordinated and equitable services

6.1. Information

Patients seen by acute oncology services fall into three clinical categories:

- 1) Patients admitted due to complications of their treatment
- 2) Patients admitted with complications of their cancer
- 3) Patients presenting acutely with a new diagnosis of cancer

These patients may access the acute oncology services in an acute trust by various referral routes. The pathway below is an example of the referral routes by which patients may access acute oncology services.



6.2. Progress

As part of the 2014/15 annual plan a referral mapping project was undertaken to assess the patient pathway of patients who contacted the patient advice “hotline” service based at the Christie NHS Trust and who were then referred onward to local trusts. This small pilot project looked at a small number of patients only therefore the conclusions gained have to be considered within that context however the work showed:

- 1) The majority of patients spent less than 5 days in hospital with 9 patients not requiring admission. The commonest place of discharge was home. This would suggest that the patients being sent to local acute trusts are appropriate patients with less complex oncological complications that can be managed appropriately by local teams with the support of acute oncology teams.
- 2) For patients with longer lengths of stay ongoing input from the acute oncology teams was indicated. Where non-surgical oncologists (NSO) are in post patients need to be reviewed by them in order to optimise management and where possible reduce length of stay. At present NSO's are only recorded as reviewing a small number of patients. This will be highlighted to the Clinical Directors for Medical and Clinical oncology to encourage that where direct clinical sessions are provided by NSO's patient reviews should take place ideally within 24 hours as this is currently a peer review measure for acute oncology.
- 3) There is a continuing need for AOT in training and education for neutropenic sepsis pathways – this should be led both locally and also in conjunction with Manchester Cancer education plans.
- 4) There is a need to continue to define and develop the acute oncology minimum dataset to ensure that appropriate outcome measures are recorded to ongoing enable service development. A national minimum dataset is being developed but in the interim we will require a robust tool to collect data locally.

This work has led to the revision of the local minimum dataset which has now been formally agreed by the pathway board. It has also highlighted the need for a more integrated approach by local trusts and the cancer centre in the management of patients particularly in relation to data capture and communication. There is ongoing work with the Christie NHS trust informatics department in relation to access to the web based clinical work programme to enable this.

Clinical guidelines based on UKONS clinical guidelines have been produced and agreed by the pathway board. These are accessible on the Manchester Cancer website with additional links to the Christie NHS Trust website for guidelines on metastatic spinal cord compression (MSCC).

The acute oncology education group has been actively involved with the Christie School of Oncology in developing study days In Acute Oncology and MSCC.

6.3. Challenges

There are considerable ongoing challenges in the provision of high quality, compliant, coordinated and equitable services in acute oncology. There is significant variation in the level of resources for acute oncology and CUP services between trusts.

With the development and agreement of a local service specification we hope that this variation is removed and that services will then be able to provide consistent high quality compliant services. The service specification also highlights the need for centralised support for data capture, outcome monitoring through additional informatics resources and the need for co-ordinated education and training within acute oncology.

7. Objectives for 2015/16

The annual plan for the Acute Oncology Pathway Board is 2015/2016 is attached in appendix 1.

Key to the achievement of the objectives for the oncoming year will be the agreement of an Acute Oncology Service Specification by the Manchester Cancer Provider board and the clinical commissioning groups. The service specification will allow for expansion of current services to ensure that there is equality of services within the region ensuring that whether a cancer patient presents acutely they will be supported by acute oncology teams that provide consistent high standards of care in line with national recommendations.

The service specification will also provide infrastructure support to ensure that local teams receive appropriate support in relation to monitoring outcome measure, data collection and improved communication between teams to ensure high quality patient care.

The service specification also aims to expand upon the current over-reaching network services including the patient advice line and MSCC co-ordinator service which are currently at capacity providing essential support for acute oncology patients within the region. Development of this “network” based services will provide an innovative method of delivering high quality acute oncology services for the region.

It will be essential that the pathway board continues to provide a multi-disciplinary approach to the management of acute oncology patients and an ongoing objective will be to continue to provide environments and events which encourage this approach. This again will be supported through the service specification supporting the inclusion of acute physicians, emergency physicians and palliative care physicians in local acute oncology services. The education group will continue to help deliver training and education for acute oncology teams and also the wider medical community.

Joint collaborations between acute trusts and the regional cancer centre relating to patient experience projects and IT infrastructure are ongoing. A patient experience survey following the acute oncology patient pathway is planned for the coming year to provide feedback relating to both cancer centre based services and local trust services. Ongoing work in conjunction with the Christie Informatics department to provide improved access to patient information for local acute oncology teams and enhanced communication between teams is hoping to be achieved within the next 12 months.

Despite there being ongoing challenges to the provision of acute oncology services within the region the pathway board hopes to continue to make progress in the delivery of high quality, consistent, co-ordinated and compliant acute oncology services.

8. Appendix 1 – Pathway Board Annual Plan 2015/16

Action Number	Key Areas	Aim	Milestones / Action Plan Details	Director / Clinician Responsible	Target Date	Progress
1. Improving outcomes, with a focus on survival						
	To define quality outcome measures and appropriate KPI's for acute oncology	To set quality standards and outcomes expected of acute oncology services in the region which in addition are in line with nationally developed standards.	Through the development of the regional acute oncology service specification the pathway board will work with key stakeholders and commissioners to agree standards.	All	June 2016	Ongoing
	To work towards development of centralised data capture and outcome monitoring	To ensure that all trusts within the region are collecting appropriate and applicable data for acute oncology patients which is reviewed and reported centrally	Collaboration with the Christie NHS trust informatics department to work towards access for acute oncology teams to CWP for outcome data capture and reporting.	Claire Mitchell	June 2016	Ongoing
2. Improving patient experience						
	To undertake a Manchester Cancer Acute Oncology patient experience survey.	To assess the experience of cancer patients who are referred for assessment from the "patient hotline" to local acute trusts.	Collaboration with the Christie Acute Oncology Management service to perform a patient experience exercise assessing both cancer centre services and acute trust acute oncology teams.	Claire Mitchell Louise Lawrence All	September 2015	A draft questionnaire has been developed and is to be agreed at the next pathway board prior to proceeding with the project

3 . Increasing research and innovative practice.					
To provide opportunities for the development and sharing of good and innovative clinical practice	To continue to support the Acute Oncology Nurses forum and it's collaboration with other regional forums to encourage ongoing training and education.	An ongoing educational programme has already been established through the education group in collaboration with the Christie School of Oncology and nurses forum. This will be formally supported by inclusion of additional support within the service specification.	Education and Nurse Forum sub-groups	Ongoing	Regular educational events have been held.
To expand current network based services including MSCC service	To expand the role of network based services providing the innovative MSCC service allowing expansion of the service and it's role	The MSCC service is currently based at the Christie NHS Trust – expansion of support for this service would allow improved pathway management for patients presenting with MSCC.	Pathway group and MSCC sub-group	Ongoing	Draft specification to be discussed at pathway board on 12 th June
4. Delivering high quality, compliant, coordinated and equitable service					
Agreement of the regional service specification to ensure high quality, consistent levels of care provided by acute oncology services.	To ensure the delivery of acute oncology services within the Manchester Cancer region provide consistently high standards of care and are fully compliant with national standards.	A draft service specification has now been completed and is to be presented to the Pathway board once agreed this will then be presented to the Manchester Cancer provider board and CCG's for approval.	Claire Mitchell Tom Pharaoh	Ongoing	Draft specification to be discussed at pathway board on 12 th June
Development of referral pathways for MUO/CUP in line with national guidance in conjunction with key stakeholders	To develop referral pathways with primary and secondary care for patients with a suspected cancer diagnosis who do not fulfil the criteria of 2ww pathways.	Joint project with SCN, Macmillan GP's and acute oncology to form a task group focused on this strategy.	Claire Mitchell SCN	Ongoing	Initial meeting has taken place to develop this strategy.