

Living with and Beyond Pathway Board – Minutes of Meeting

20th January 2015

Location: Lecture Theatre 1, Department 17, The Christie NHS Foundation Trust

Time: 3 to 5pm

Attendance	Representation
Wendy Makin	Director/consultant Christie
Kathy Pantelides	AHP/Rehab manager Christie
Ben Heyworth	Survivorship project manager Christie
Beverley Gail Meenan	Macmillan Lead Nurse for Cancer and Palliative Care, SFT
Lindsey Wilby	Manchester Cancer - Macmillan Project Manager - Living with and Beyond Cancer
Rachel McMillan	St Ann's Hospice and Neil Cliffe Centre representative
Karen Livingstone	Physiotherapist breast/lymphedema UHSM
Julie Atkin-Ward	Macmillan Development Manager (Victoria Cooper attended on behalf of Julie)
Liane Harris	GP, Cancer Lead Bury CCG
Brain Hixson	Patient representative
Debbie Smith	Macmillan info and support manager, UHSM
Abbas Chittalia	Consultant oncologist (breast and lung)- Christie and Stepping Hill
Pat Jones	Lead Cancer Nurse, CMFT
Felicity Keeling	Macmillan Information and Support Service Manager, PAT
Sue Taylor	Patient representative
Hodan Noor	Manchester Cancer - Pathway Manager
Apologies	
Janet Parkinson	Macmillan info and support manager, East Cheshire
Julie Pieczarka	Macmillan info and support manager, Mid Cheshire
Claire Higham	Consultant endocrinologist –Christie and Stepping Hill
Val Goode	Nurse clinician, Lymphoma team, Christie
Karen Buckley	Lead cancer nurse manager, East Cheshire
Jo Keogh	Strategic cancer lead, PAT
Vanessa Hickson	Keyworker, Tameside
Ian Ainscough	Macmillan info and support manager, SRFT
Julie Orford	Lead Macmillan Nurse, UHSM
Ann-Marie Kelly	Patient Information Manager WWL
Claire Rehan	Clinical Psychologist, Bolton FT

Agenda Item	Action
1. Apologies noted	
2. Welcome and Introduction	
3. Minutes from the last meeting Minutes accepted as true reflection of the last meeting.	
<p>4. Matters arising for the last meeting</p> <ul style="list-style-type: none"> - Patient experience indicators: discussion with MC medical director WPM has updated members with regards to the discussion with MC Medical Director with the proposal to incorporating Care plan and emotional support questions as part of Manchester Cancer patient experience indicators. The top 8 parameters had been agreed by discussion with Manchester Cancer patient involvement group and Macmillan. WPM proposed that in our work with pathway groups we should include provision of care plans and evidence of provision of emotional support. - Approval of strategy document Members have previously received the draft strategy document. This now included SCN among partners which was originally an omission. Members have formally approved the document in its entirety. 	
<p>5. Round table update: One minute briefing from each member</p> <ul style="list-style-type: none"> - <i>Awareness of LWBC agenda in your organisation</i> - <i>How you communicate the work and objectives of Pathway Board</i> - <i>What is working well?</i> - <i>Obstacles to progress</i> <p>CMFT (PJ)– increased awareness of the LW&BC, discussed and on the agenda at divisional cancer board and overarching board meetings, supported through the CNSs and pathway boards. CMFT have put forward a bid to Innovation Fund to develop Head and Neck health and wellbeing events and link all objectives to MDT work plans. Working to embed HNA into clinical nursing practice ; have started the HOPE course.</p> <p>Stockport- (BM)LW&BC is part of the agenda for the CCG board working with the Lead Cancer GP. Two clinics are using HNA and two others are planned ,including one in the community closely working with GPSI. A Trust wide health and wellbeing event is planned; challenge is getting treatment summaries.</p> <p>Christie (from Rehab lead KP) : noted that LWBC is a standing item for rehab and AHP leads meeting and represented through AHPs on other pathway boards meetings sharing work programme. Within the Christie a new rehab programme is being launched in February. There is a need t for better engagement of clinical teams with the recovery package. They have tested a model for a HWBE (prostate cancer) and a project has been completed that has tested the role of late effects coordinator.</p> <p>UHSM- KL, Attended an MCIP workshop on support services; information on lymphedema services activity was shared with the Lead Specialist Commissioner who is working with the MCIP project to define the needs and develop a commissioner supported case to address these. The colorectal working group, urology team are now also engaging with the LW&BC. There is an opportunity to develop an easy read on what is the recovery package, working with the patient focus group the</p>	

<p>team will be asking what information on LW&BC and terminology needs to be developed and supported to increase awareness.</p> <p>Tameside: HN shared feedback on behalf of VH. Engages with the local Cancer Board , cancer nurse forums and attends the breast MDT. Increased interest in survivorship issues shown by individuals and the organisation, Lung cancer practitioner has forwarded a bid to the Innovation fund. Survivorship issues including changing follow-up to a more health and wellbeing focus high on the agenda.</p> <p>Bury CCG and Pennine –LH confirmed LW&BC is included within the North East Sector agenda. Pennine secured Macmillan funding and is recruiting to posts to implement the recovery package. From a Primary care perspective, LW&BC is within the commissioning intentions within the CCG. Related work includes local exercise programme GPS can refer to the exercise programme, survivorship study day will be held for GPs in the autumn. Planning to run a HOPE course and piloting electronic HNAs.</p> <p>LH request support from WPM to further develop end treatment summary initiatives as has been highlighted locally. Need further clarity with regards to information sharing and who is responsible for writing end treatment summary.</p> <p>St Ann’s Hospice-(RMC) LWBC has always part of their strategic objectives, further marketing needed to encourage uptake. Examples of open drop-in service once a week ; Neil Cliff referral criteria has changed to enable self- referral from patients. They are currently developing tools for in-patient as well as day care which includes advance care planning. Engaging with nine CCGs can be challenging to a relatively small hospice team.</p> <p>The obstacles are resources and sustainability from operational and clinical engagement perspectives; bed pressures across Trusts has impact on the hospices too.</p> <p>WPM proposed that members could flag where they are encountering barriers to engagement or and require support with cancer teams that HN or WPM can help to address them from a strategic level.</p> <p>WPM updated members on the End of Treatment summary audit will be completed and presented at the next meeting. the end of treatment information is usually generated by the clinician responsible for the last treatment modality undergone by the patient. A challenge to the tumour pathway clinicians is how information relating to a complex treatment programme could be brought together.</p> <p>LH commented that from a primary care perspective having two treatment summaries, from surgical and oncology is far more useful than having none. There is also the issue of patients who continue on treatment and at what point summary information should be produced. WM agreed and said this was identified by the Living With’ task group who were considering the applicability of all Recovery Package elements to this group.</p>	
<p>6. Work Programme Action Log update</p> <p>Objective 1: Engagement with Manchester Cancer Pathway Boards and beyond</p> <p>-</p> <ul style="list-style-type: none"> - Reflection on educational event: LW presented the final report and the evaluation, which was very positive. Those who attended said it had increased knowledge and awareness; the patient stories were well received and also including clinical presentations to how the tools had been incorporated into practice. Learning points was also shared by LW. WPM thanked LW and all 	<p>All members to bring ideas on what could be the</p>

<p>members who contributed to this event. WPM asked all Board members to contribute ideas on what the education event for next year.</p> <p>Objective 2: Clinical services engagement in relation to survivorship</p> <ul style="list-style-type: none"> - Tumour pathway engagement LW presented a map of top level indicators engagement. Almost all are engaged in some way. This was felt to be not applicable to the other cross cutting Boards. And we need to explore separately with the children’s board. LW will following up with the pathway managers to review the information and make the relevant amendments. Currently most of the pathway boards have engaged via bids to the innovation fund which will be an avenue of collaboration. - Health and Wellbeing events: models for the future. A discussion paper was tabled by Ben Heyworth to enable a more coordinated approach in hosting these events including the method of delivery, given that these are labour intensive. There has been considerable mutual support and good will across organisations but we will need to ensure that these events are sustainable in delivery. Members were supportive of this direction of work. HN reminded us that we should bear in mind national learning and the long-term conditions model to supporting patients in self-management, and not to lose sight of NHS England positioning of cancer under long term conditions. Opportunity to learn from other organisations, support groups, disease group i.e. diabetes, cardiology. WPM proposed members to make comments and feedback within the next two weeks, all feedback to Ben Heyworth. <p>Objective 3: Effective utilisation of Macmillan innovation fund working with pathway boards</p> <ul style="list-style-type: none"> - Innovation fund applications: overview and process provided by LW. After an initial panel meeting, feedback had been provided so that proposals could be refined further prior to the final panel meeting towards the end of February. Members discussed two applications tabled by KP and provided some suggestions. <p>Objective 4: Develop patient/carer/relative involvement strategy</p> <ul style="list-style-type: none"> - User involvement subgroup – the draft paper by the user involvement subgroup was tabled; members were asked to send comments on the recommendations as these need to be reflected in our work programme for 2016-17. <p>Objective 5: To ensure that the aims of cancer survivorship as described in objectives 1 to 4 also meets the needs of those ‘Living With Cancer’</p> <p>LW&BC and PC subgroup update KP updated the group has identified themes based on the Cancer Research UK on the needs of</p>	<p>next education event for this coming year.</p> <p>LW to meeting with Pathway Board Managers to update the engagement grid</p> <p>All members to feedback to Ben Heyworth with regards to the health and wellbeing paper</p> <p>All members to feedback will key recommendations they wish to include in the future annual plan</p>
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Manchester Cancer

<p>people living with cancer, 3 sub group will be run to discuss the themes with the patients to identify what services would meet their needs.</p>	
<p>7. Proposals for work plan 2015/16</p>	
<p>8. Review of Board membership/representation and future venues</p> <p>All dates and venues have now be confirmed, WPM commented that consistent non-attenders will be approach to identify their reasons and ascertain if they wish to withdraw from the Board if they are unable to commit to attendance.</p>	
<p>9. A.O.B.</p> <p>None</p>	
<p>10. Meeting dates for 2015</p> <p>March 25th Holt Major meeting room Paterson Institute for Cancer Research UK, Wilmslow Road 22nd June – Seminar Room 1 & 2 Level 1 Mayo Building, Salford Royal Foundation Trust September 15th Seminar room 8, Education Centre, University Hospitals South Manchester FT 10th November – Seminar Room 9 & 10 Level 2 Mayo building, Salford Royal FT</p>	