GMCA GREATER MANCHESTER COMBINED AUTHORITY

NHS in Greater Manchester

Greater Manchester **Cancer**

Held on Wednesday, 04 October 2017
Ward 84 Seminar Room
RMCH

Present:
Bernadette Brennan, Consultant Paediatric Oncologist (Chair),
Julia Whillis, Macmillan Nurse,PTC
Charmilla Sugden, Consultant Paediatrician, Royal Preston Hospital POSCU
Rachel Walsh, Royal Preston Hospital POSCU
Paula Carrig, Royal Preston Hospital POSCU
James Leighton, GM Cancer
Gill Barnard, GM Cancer
Matthias Hoffmann, Oldham CCG
Helen Jackson, Ward Manager, PTC
Heather Houston, Operational Manager, PTC
Sue Cawley, Ward Manager, Blackpool POSCU
Jayne Hopewell, Consultant Paediatrician, Blackpool POSCU
Vanessa Holme, Consultant Paediatrician, East Lancs POSCU
Andrea Stevenson, Macmillan Nurse, PTC
Naomi Allen, Paediatric Outreach Nurse, Royal Preston Hospital POSCU

Apologies:
Sue Crook, Matron, PTC
Tasneem Khalid, Principal Pharmacist, PTC
Jo Hewitt, Ward 84 OPD Manager, PTC
Susan Kafka, Principal Pharmacist, PTC
Adrienne Hickman, Macmillan Nurse, PTC
Guy Makin, Consultant, PTC
John Grainger, Consultant, PTC

Prof Brennan welcomed everyone to the Board. New members were introduced; Gill Barnard, Senior Programme Manager, Cancer Commissioning, GM Cancer, James Leighton, Senior Pathway Manager, GM Cancer and Matthias Hohmann, GP Representative to the Board from Oldham CCG.

1. **Minutes of last meeting –** Minutes from June 2017 meeting agreed

   a. Matters arising not on the Agenda

   b. **Report from the TYA Board**. The Board met in September 2017. Discussions included closer alignment between TYA and Paediatrics and a representative to sit on this Board. Recruitment into Clinical Trials for patients aged between 16 to 18 and how this can be improved. BB reported that this shouldn't be an issue; some trials are open across the ages and TYA should document the trials that are open and liaise with Paediatric Clinical Trials. A suggestion of arranging one joint meeting per year and having a strategic element to the meeting was made – providing shared care for 16 to 18 year olds and the possibility of providing ambulatory chemotherapy.

   c. **GM Standardised Referral Form.** Dr Matthias Hohmann presented a case of a 15 year old boy with testicular swelling who presented his surgery. The patient needed to be referred via the HSC205 pathway however when Dr Hohmann attempted to refer to Pennine Hospital, which is the correct route in for these types of patients, he was told the patient needed to be seen at RMCH. Dr Hohmann felt that there were no clear guidelines for GPs referring in and a discussion took place

around the correct referral pathway for these types of patients. He had not seen the GM Standardised Referral Form. District General Hospitals need to fully engage in the process of discussing patients before unnecessary referrals are made. **Action: HH to discuss with LE and ask her to speak with Pennine Cancer Manager to clarify that they see paediatric HSC205 referrals.**

2. **Parent/Patient Representative –** We currently do not have either a parent or patient representative for the Board. Discussion around how to recruit a parent representative and the potential to recruit a teenage representative. **ACTION: JW to devise poster for display at the PTC and POSCU's asking representatives to commit for a period of 12 months.**

Macmillain Team

3. **Objective no 1 – Improving outcomes / survival rates**
    a. **Timely access of new patients to PTC.** Outcomes are very good. A focus would be to ensure the Pathway Audit is finished and the data analysed before the next meeting. **Action: Send completed report out before next meeting.**

    b. **Ladybird Trust**. The Ladybird Trust was set up to raise awareness of childhood cancer and to promote research into solid tumours in children and young people. They have produced a very useful card which BB will share with the POSCU Centres. **Action: Further cards to be obtained and circulated to POSCU Leads.**

4. **Objective no 2 – Improving the patient experience**

    a. **Current patient experience exercise –** Unlike in the care of adult patients with cancer there is currently no national survey undertaken for children with malignant disease. In order to self-assess our current performance the senior team within the oncology department at RMCH devised a questionnaire that attempted to mirror the question posed in the national survey for adults. However there is a fundamental difference between the two in the fact that the vast majority of respondents were parents or carers rather than the patients themselves. This is rolled out throughout the year at PTC and the most recent results have been analysed. BB shared some of the positive highlights of the survey which include:

        - High level of satisfaction- 95 %- with arrival/introduction on the unit, time to diagnosis, explanation and support of the diagnosis, treatment and information. Diagnosis was always given by a Consultant, unless already given prior to arrival at the PTC. 94 % of patients saw a consultant with in 24hrs of arrival. 78 % were offered some form of a clinical trial or research

        - "Consultants made the explanation simple and made us feel confident regarding the long term prognosis."

        - Brain tumour patients were better represented in this year's survey- up by 10 %. There was over representation of leukaemia patients in the survey- 57%

        - 90 % were given treatment information, written and verbally with appropriate side effects by a consultant with a high level of satisfaction, and subsequent support from the members of the team. This is maintained from previous surveys.
        - However, a specialist or ward based nurse was not always present and had dropped to about 40 %. As 57 % were leukaemic patients we need to discuss this further with their MDT to see if practice has changed or there is poor nurse availability.

        - In 90 % of cases patients/families' cultural and religious beliefs were treated sensitively.

- 100 % of parents knew what to do in an Emergency
- A more efficient system for the delivery of chemotherapy needs to be produced, as this remains a point of dissatisfaction
- Information satisfaction was a 100% whether on the type or way given, or its clarity. This continues to be something we do well.
- The message and role of the keyworker has finally made it in the PTC with further improvements again this year, with 97 % knowing who this is. 100 % felt their keyworker was very useful.
- Overall satisfaction with the food and facilities has probably fallen and in particular generic hospital services such as food, car parking – there were some extremely negative comments about Sodexo. These negative comments did not apply to other cares and support in our unit.

b. **POSCU Patient Experience exercise –** VH shared report of survey from Blackburn POSCU which had a good response rate and was very positive. The End of Treatment Survey has previously been posted out to parents and patients but there was not a good response rate to this therefore, in future, AS will give to parents face to face. JW reported that the Preston survey was very positive, as did SC in relation to the Blackpool survey.

c. **POSCU MDT meetings** – All POSCUs meet regularly. VH reported that Dorothy Msimanga has been appointed Consultant at Blackburn and will therefore deputise for VH at future meetings. All POSCUs have a Lead Consultant and Lead Nurse. VH highlighted that a patient pathway needs to be set up for patients requiring blood transfusion. **Action: AS to lead on pathway for non-urgent transfusions.**

d. **Communication –** POSCU representatives had reported that correspondence for patients with leukaemia is not routinely shared with them. Following the last meeting, HH has liaised with the admin team and reiterated importance of sharing letters with POSCUs. POSCU Leads will report any further issues.

e. **Chemotherapy Group – IV chemotherapy HOME/POSCU.** BB reported that around 15 children per week require iv chemotherapy each week from the region. To have to attend the PTC for this chemo has a direct impact on patient experience in relation to cost of travel to the PTC and also loss of work hours for the parent/carer. BB would like to develop iv chemotherapy being administered in the home. A FBC could be done in the community and dose adjusted accordingly. Parents/Community Nursing Teams could give chemo at home. This would need discussion with Pharmacy. The plan would be for patients to attend PTC once a month, Pharmacy would prescribe the drugs, parent would administer drugs at home and then the patient would attend locally for FBC on a weekly basis. BB thought this plan would be easier than POSCUs achieving Level 2 status. VH would like ELHT Business Manager to discuss this further. **Action: HH to speak with Phil Taylor, GM for CSU Med 3 at PTC and then pass his contact details to VH. BB to arrange meeting with Pharmacy to discuss potential shelf life of vinblastine.**

Ambulatory Chemotherapy: BB provided feedback from a meeting she attended in London regarding ambulatory chemotherapy. Patients in London come in to hospital on a Sunday evening, attend day case at 8.15am where they are given their backpack of hydration. They receive methotrexate for one hour on day case. This allows patient freedom and also frees up beds in day

case and on the Ward. There is excellent compliance to this in London. BB would like to pilot this at RMCH in the 13 to 15 age range. AS said patients would need somewhere to go other than Ronald McDonald, which is not reliable.

f. **Patient Info Needs –** Information is currently being pulled together and updated.

g. **Information on Manchester Cancer Website/Guidance** – Information and guidance documents need updating and then uploading to Manchester Cancer Website. **ACTION:** Joanna Thompson will start to pull documents together

h. **Peer Review 2017 -** The PTC have uploaded reports and shared with Pathway Board. Operational and Annual reports and supporting documentation

5. **Objective no 3 – Research and clinical innovation**

   a. **Phase I/II Centre development.** This is moving forward and a virtual network has been formed between Leeds, Liverpool, Sheffield and Manchester which will increase the availability of trials.

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

   a. **MBHT –** BB is hopeful that MBHT will become a POSCU and will contact in regards to this. **Action: BB to update at next meeting.**

7. **Date and time of next meeting: 28-2-18 2pm ward 84 seminar room**