

**Greater Manchester Cancer Board  
Supportive Care Management Group (SCMG)  
Minutes – 1<sup>st</sup> Meeting**

**Meeting:** 3<sup>rd</sup> October 2017  
**Venue:** The Christie NHS Foundation Trust, THQ, Meeting Room 6.  
**Chair:** Anne-Marie Raftery

#	Item	Type	To	Lead	Time
001	Welcome and apologies	Verbal	-	Anne-Marie Raftery	5'

#	Item	Type	To	Lead	Time
					03 Oct 17
	Madeline Mansfield - PABC (Chair)				<input checked="" type="checkbox"/>
	Anne-Marie Raftery - GMC Pathway Director- Palliative Care (Co-Chair)				<input checked="" type="checkbox"/>
	Alice Davies - AD Palliative Care, @ Pennine				
	Claire Mitchell - CM Acute oncology				<input checked="" type="checkbox"/>
	Claire O'Rourke - COR GMC Pathway Manager				<input checked="" type="checkbox"/>
	Dave Wright - DR TYA Lead Nurse				<input checked="" type="checkbox"/>
	Dave Waterman - DW GM & EC SCN Clinical Lead for Palliative and EOL Care				<input checked="" type="checkbox"/>
	Fran Mellor - FM Macmillan Representative				-
	Hannah Reid - HR Palliative Care, @ Wigan				
	Hanna Simpson - HS TYA, Clinical Liaison Nurse Specialist, The Christie				
	Helen Morgan - HM Macmillan Consultant in Palliative Care, The Christie				
	Jenny Wiseman - JW Palliative Care, @ WWL				
	Jill Youd - JY Palliative Care, The Christie @ Salford (Sasha)				<input checked="" type="checkbox"/>
	Julia Owen - JO Education Representative @ Christie (Friday Knight)				
	Kath Fisher - KF Palliative Care, @ Tameside				<input checked="" type="checkbox"/>
	Louise Lawrence - LL 7 day SPC Programme Manager (Secretary)				-
	Dr Pádraig McDonnell - Consultant Clinical Psychologist				-
	Mel Atack - MA Macmillan Service User Support				<input checked="" type="checkbox"/>
	Richard Berman - RB Consultant in Palliative Medicine, The Christie, ESC Clinical Lead				<input checked="" type="checkbox"/>
	Shireen Naqui - SN Deputy Service Manager @ Christie				
	Rebecca Singh Curry Palliative Care Consultant, Oldham (Does not work Mondays)				
	Wendy Allen - WA Service User				<input checked="" type="checkbox"/>
	Lindsay Wilby Recovery Package Project Lead				
	<b>SP</b> Susannah Penney, Manchester University NHS FT				
	<b>JB</b> John Barnes, Clinical Director Acute & Critical Care, Consultant Anaesthetist				
	<b>JY</b> Janelle Yorke, Research Manchester University				

**Discussion points at first meeting 3.10.2017**

002	Purpose	Verbal	-	All	20'
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- Cancer specific

- Subgroup of SCN
- Take focus ESC
- Lessons learnt
- Early supportive care

**Overall comments from initial SCMG meeting**

- Specific focus of the group-why is PPD included/doesn't fit?
- Duplication with SCN/AO
- Correct people around the table in order to influence?
- Not just about chapter 10-feels restrictive/live document
- ESC initiative-reservation with generalising terms/impact-early days need to learn from LCP
- Should ESC sit within LWBC group rather than SCMG group?
- SCMG appears very Christie specific
- Opportunity
- Cultural change
- Involve Teenage and Young Adults (TYA)-difficult transition and gaps in adult services

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<b>003</b>	<b>Definition comments</b>	<b>Verbal</b>	-	<b>All</b>	<b>10'</b>
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- Why the need to even agree-wasting time-trying to 'nail down fog'
- Why should patients be labelled 'supportive, palliative, end of life care'?
- Do/should professional's definitions differ from that of patients?
- Common theme managing expectations/individualising care
- What about transferability of terms/definitions in relation to non-malignancy?
- Timely- supportive care viewed as curative/LWBC and distinct entity to palliative care/EoLC others felt it was a spectrum
- Massive remit of the group-mixing with palliative care confusing-stressed the need to look as a whole
- ESC has actually added another definition for professionals/patients to understand-do we all know what it means?
- No speciality currently specifically looking after survivors of cancer with symptoms
- Palliative Care terminology outdated-needs to be framed in modern world
- Living with (Dame Cicely Saunders definition) just as important as dying well
- Marketing and branding key to survival of the speciality
- Name SCMG may be confusing in itself?

**Possible areas to focus on:**

- Work that has already been undertaken on definitions-NCHSPCCS/Marie Curie/Neuberger outlined this following LCP. Unsure if Macmillan currently doing a piece of work on this-Mel will clarify
- Ensure clarity across GM boards-referral pathways/guidance

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<b>004</b>	<b>ESC comments</b>	<b>Verbal</b>	-	<b>All</b>	<b>10'</b>
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- No speciality looking after survivors-should palliative care professionals be taking this on/right skill set?
- Need to develop specialists in 'supportive care'
- Too early to 'sell supportive care'-others felt this is part of the spectrum under which palliative and end of life care is part of

- Palliative Care has become the 'go to team' for problems related to cancer and cancer treatments-how do we know we are doing this correctly?
- Proactive referrals increases survival
- Feedback from oncologists-replace hope
- Impact on emergency admissions-DoH investment
- ESC-'cancer A+E'-not asked if palliative/end of life care. Don't wait for GP. Experts in Cancer
- Esc pilot stage-too early to make generalisations
- How do patients access equitable service similar to ESC at the present if not a Christie patient?
- Referral process into ESC from community/emergency depts.
- Close collaboration/Integration of AO
- Need to develop close links with AO which is also a cross cutting group seeing any patient at any point across the continuum

**Possible areas to focus on:**

- (Await commissioning outcome/Christie & Oldham pilot)
- Research proposal being worked up at present with The Christie Patient Centred Research Group (? 3 years) with AO to look at qualitative and quantitative aspects of ESC (hospital admissions, LOS, QOL, symptoms, psychological well-being, carer burden/impact)
- Experience of patients/carers/community teams/oncology teams/other hcp's
- Need to look at how LWBC aspects being managed currently-area of need (chronic pain/opioids)
- Impact of earlier supportive/palliative care on current services-managing expectations/demand vs. capacity. How do we future proof?
- Access nearer to home vs. ESC at The Christie-impact
- Equity for all patients
- Impact of ESC on localities-links to Specialist Medicines SCN subgroup
- Variation in service-impacts on outcomes
- Length of stay variation-admission avoidance
- Most appropriate way to access
- Not to deskill generalists (? Does this model delay/impact involvement with community teams locally)

**Overall request from the group**

Need to have very clear/specific outcomes that cut across all disease groups that is patient centred and not duplicated.

005	Specific objectives/'Supportive care plan'-until March 2018	Verbal	Discussion	All	20'
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- A. **Formalise the Greater Manchester Cancer Supportive Care Management Group (SCMG)** accountable to GMC Board through the Medical Director reporting to the GM & EC SCN Palliative Care advisory group. *Representation from: patients, clinicians, providers, commissioners, AO, psycho-oncology and hospice forum.*
- B. **Clarify the definitions** within GM of the terms: Supportive Care, Palliative Care, and End of Life by Oct 2017. *There is currently mixed understanding of these terms and their remit.*
- C. **Enhanced Supportive Care (ESC clinics) outpatient clinic pilots** in Christie and Royal Oldham by April 2018. Drop in and rapid access to assess and treat patients with the adverse effects of cancer and cancer treatments. This service will be overseen by the SCMG but delivered with the expertise of the Acute Oncology Service. *Evaluation data on The Christie pilot to be presented by March 2018 to facilitate thinking on a plan for further rollout.*

**D. Palliative Care**

- i. *Detailed mapping of 7 day access to SPC in GM against national standards/competencies by March 2018*
  - ii. *Commissioning proposal for the delivery of 7 day palliative care advice and assessment by March 2018*
  - iii. *Working with the charitable sector; pilot and evaluate in one area of GM a sectorised solution for 7 day palliative care advice and assessments commencing Spring 2018.*
- E. Run **educational event(s)** to showcase GM’s efforts in supportive and palliative care
- F. **Share** and manage response in cancer **available outcome and experience data** in supportive and palliative care across GM across all stakeholders. A key focus will be increasing the proportion of people who die in their usual place of residence across GM and this is being led by the GM SCN as the measure goes beyond cancer. An additional key measure would reduce the number of cancer deaths that result from unplanned emergency admissions.

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**Scheduled Meetings**

1 <sup>st</sup> Meeting	Tuesday 3 <sup>rd</sup> October 17 The Christie THQ Room 6	✓
2 <sup>nd</sup>	Tuesday 30 <sup>th</sup> April 18 10:00-12:00 The Christie THQ Room 6	
3 <sup>rd</sup>	Tuesday 3 <sup>rd</sup> July 18 09:30-11:00 The Christie THQ Room 4/5	
4 <sup>th</sup>	Monday 3 <sup>rd</sup> Sep 18 11:00-13:00 The Christie THQ Room 6	
5 <sup>th</sup>	Monday 5 <sup>th</sup> Nov 18 11:00-13:00 The Christie THQ Room 6	
6 <sup>th</sup>	Tuesday 15 <sup>th</sup> Jan 19 11:00-13:00 The Christie THQ TBB	
7 <sup>th</sup>	Tuesday 5 <sup>th</sup> Mar 19 10:00-12:00 The Christie THQ TBB	
8 <sup>th</sup>	Tuesday 14 <sup>th</sup> May 19 10:00-12:00 The Christie THQ TBB	
9 <sup>th</sup>	Tuesday 23 <sup>rd</sup> July 19 10:00-12:00 The Christie THQ TBB	
10 <sup>th</sup>	Tuesday 17 <sup>th</sup> Sep 19 10:00-12:00 The Christie THQ TBB	
11 <sup>th</sup>	Tuesday 19 <sup>th</sup> Nov 19 10:00-12:00 The Christie THQ TBB	