

**Greater Manchester Cancer Board  
Supportive Care Management Group (SCMG)  
Minutes – 4<sup>th</sup> Meeting**

**Meeting:** 3<sup>rd</sup> September 2018 @ 11:00-13:00  
**Venue:** The Christie NHS Foundation Trust, THQ, Meeting Room 6.  
**Chair:** Anne-Marie Raftery

#	Item	Type	To	Lead	Time
24/18	Welcome and apologies	Verbal	-	Anne-Marie Raftery	5'

		03 Sep 18	03 Jul 18	30 Apr 18	03 Oct 17
Anne-Marie Raftery - AMR	GMC Pathway Director- Palliative Care (Chair)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dave Waterman - DW	GM & EC SCN Clinical Lead for Palliative and EOL Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Fran Mellor - FM	Macmillan Representative	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	-	
Hannah Reid - HR	Palliative Care, @ Wigan		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Hanna Simpson - HS	TYA, Clinical Liaison Nurse Specialist, The Christie		<input checked="" type="checkbox"/>	-	
Helen Morgan - HM	Macmillan Consultant in Palliative Care, The Christie			<input checked="" type="checkbox"/>	
Jenny Wiseman - JW	Palliative Care, @ WWL			<input checked="" type="checkbox"/>	
Jill Youd - JY	Palliative Care, The Christie @ Salford (Sasha)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Julia Owen - JO	Education Representative @ Christie (Friday Knight)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	-	
Kath Fisher - KF	Palliative Care, @ Tameside	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Louise Lawrence - LL	7 day SPC Programme Manager (Secretary)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	-
Dr Pádraig McDonnell - PM	Consultant Clinical Psychologist	<input checked="" type="checkbox"/>	-	-	-
Mel Atack - MA	Macmillan Service User Support		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Richard Berman - RB	Consultant in Palliative Medicine, The Christie, ESC Clinical Lead	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rebecca Singh Curry	Palliative Care Consultant, Oldham (Does not work Mondays)		-		
Wendy Allen - WA	Service User	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Lindsay Wilby - LW	Recovery Package Project Lead		<input checked="" type="checkbox"/>	-	
<b>In attendance:</b>					
<b>MM</b>	Madeline Mansfield, PABC (Chair)				<input checked="" type="checkbox"/>
<b>DR</b>	Dave Wright, TYA Lead Nurse				<input checked="" type="checkbox"/>
<b>SP</b>	Susannah Penney, Manchester University NHS FT		-		
<b>JB</b>	John Barnes, Clinical Director Acute & Critical Care, Consultant Anaesthetist			<input checked="" type="checkbox"/>	
<b>JY</b>	Janelle Yorke, Research Manchester University		<input checked="" type="checkbox"/>		
<b>SN</b>	Shireen Naqui, Deputy Service Manager @ Christie			<input checked="" type="checkbox"/>	
<b>WP</b>	Will Pearse, Gateway C @ Christie	<input checked="" type="checkbox"/>			

25/18	Minutes of the last meeting	Paper	Approve	Anne-Marie Raftery	15'
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Accepted as accurate. LL to correct title associated with WA and remove draft in TOR.

26/18	Matters arising	Verbal	Note	Anne-Marie Raftery	5'
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Added to Agenda and discussed as separate items.

	<b>OG Patient Pathway Integration</b>				
	<b>Lung Pathway Integration</b>			<b>AMR update</b>	
	<b>Definitions of supportive, palliative and EoL on SCN</b>				
27/18	<a href="http://www.gmeccscn.nhs.uk/index.php/networks/palliative-and-end-of-life-care">http://www.gmeccscn.nhs.uk/index.php/networks/palliative-and-end-of-life-care</a> & <b>GM websites</b> <a href="https://gmcancer.org.uk/our-areas-of-work/pathway-boards/palliative-care/">https://gmcancer.org.uk/our-areas-of-work/pathway-boards/palliative-care/</a>			<b>ALL to review</b>	<b>15'</b>
	<b>The NW EoL model</b>				

AMR in continuing dialogue and proactive discussions with both OG and Lung pathways. AMR attended associated meetings discussing first-hand experience around role of SCMG, work streams and the need for proactive input for palliative care need which can be provided by generalists and specialists depending on need. Questions around what are the next steps were raised with really important feedback that the transition phase from active to curative intent is not smooth, difference in provision out of hours and in terms of referral criteria.

FM asked the board to consider the opportunities around Enhanced Supportive Care (ESC) and working with the Clinical Nurse Specialists (CNS) – could the nursing body be further supported to provide opportunities for them in ESC. AMR has attended several CNS mapping events as part of the recovery package and found some CNS struggling already with the volume of patients and demand particularly in lung and HPB/UGI, many upper GI patients are still presenting to A&E. FM raised that Salford Nurses come into the Hospital to deliver surgical care; however DW cautioned that this does not happen in all hospitals; and questioned what happens when you have had your surgery – there is a need to get the pathway right from the onset.

**Action-AMR is due to meet with Jonathan Vickers**, OG pathway director following on from presentation as the board is keen to integrate as part of the best timed pathway and MDT reform. AMR is also due to meet with Carol Diver, lung Nurse Consultant to discuss specific workstreams around palliative care integration.

AMR highlighted to the board the current Palliative Care definitions on both the Strategic Clinical Network (SCN) & GM Cancer websites and asked that we consider and confirm these definitions – which will then need to be reported back to the SCN. RB tabled a new model of care to help define Supportive and Palliative care; The Multinational Association of Supportive Care in Cancer (MASCC) – describes Supportive care in cancer as “The prevention and management of the adverse effects of cancer and its treatment”, RB questioned whether supportive care and palliative care the same thing. RB proposed exploring a new model of care / model of need. **ACTION – RB due to present this at both the SCN on 4.9 and the (APM) Association of Palliative Care ON 5.9 and will provide an update at a subsequent meeting.**

DW advised that we need to ensure we continue to use the same standards and terminology with new models he then discussed the North West End of Life Care Model and the Supportive Care model which describes not what you do, but the journey of the patients living with or at the end of life. These are clearly two very different groups of patients who require different models of care.

28/18	<b>7 day palliative care project update</b> <b>Service Users update</b>	Verbal	Update	<b>Louise Lawrence</b> <b>Mel Attack</b>	<b>10'</b>
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LL gave an overview of #MSPCS – Go live for both localities scheduled October 2018. Salford B8a's and Wigan B6 & B7's all undergoing the specialist palliative care clinical skills course in line with appropriate competencies for

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go live.

LL repeated the **Enhanced service understanding**

Salford Model confirmed as a Clinical Nurse Specialist Band 7 face to face visiting onsite in each hospital and community on Saturday, Sunday & BH and then 1 x Band 8a face to face support for both hospital and community with consultant above as further support. Salford are aiming to embed the 8a's aspect of the model first (OCT 2018) and then commencing face to face consultant availability following this (JAN 2019). Hospital provide their service 08:30-16:30; Community 08:30-18:00, so slight differences within joint providers.

Wigan Model confirmed as Two x Clinical Nurse Specialists face to face visiting in each Hospital and Community site Sat, Sun and BH, which is an enhanced model from 1 to 2 Clinical Nurse Specialists in each site (OCT 2018). These are supported by Palliative Medicine telephone advice as needed via Hospice. The aim is then for senior clinical / medical face to face review to be available as part of the model proposed but not guaranteed JAN 2019, after the successful recruitment of a SPC locum.

**The International Observatory on End of Life Care, Faculty of Health and Medicine, Lancaster University** were successfully appointed for evaluating this programme in Jun18. They are currently working with both localities through the recommended outcome metrics and have proposed intensive qualitative surveys for patients, carers and nursing provision of the service. The next engagement meeting with stakeholders to go through recruitment of the participants is scheduled the first week of October just before the first go live weekend.

Mel Atack, Sarah Howarth and LL are engaging with the service users (SU's) as a collaborative to support on an ongoing basis. WA has been invited to join our SU combined group in order to support her and the SCMG further through SU collaboration. DW and AMR will continue to support in terms of understanding of early supportive and palliative care across the cancer trajectory.

DW asked the board in July18 to consider how we would scale up and achieve sustainability throughout the network when trying to replicate #MSPCS in other localities. LL also reported that we have found a lack of demand in trying to recruit to B7 Hospice Nurse Specialists; this is showing a general trend within the network. To mitigate this we are now exploring B6 developmental posts in community positions. All findings from this Macmillan Specialist Palliative Care Service (#MSPCS) Programme will be reflected in the ongoing lessons learnt log.

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<b>Key outcome metrics</b>					
<b>29/18</b>	- iPOS half day workshop				
	- Senior Medical Support/ Workforce across GMEC	<b>Verbal</b>	<b>Update</b>	<b>Dave Waterman</b>	<b>15'</b>
	- #MSPCS outcomes work				

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**iPOS work shop is in workup:**

**From:** WOOLRICH, Denise (NHS ENGLAND) [<mailto:denise.woolrich@nhs.net>]

**Sent:** 21 August 2018 11:26

Email sent on behalf of Elaine Parkin, Quality Improvement Programme Manager, Strategic Clinical Network (SCN)

Dear Colleagues,

Following the recent Greater Manchester and Eastern Cheshire with Manchester Cancer Palliative and End of Life Care Advisory Group meeting (26 June 2018), it was agreed to organise a half-day workshop to explore measuring patient outcomes.

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I am aware there has also been a discussion between Clare, Kim and Anne-Marie to try and meet and share the outcomes of your recent work Clare on emergency care admissions in the last 30 days of life and it would be a great opportunity Louise for you to share the work from the 7-day specialist palliative care perspective.

I am therefore trying to pull together a half-day workshop (4 hours) where we could perhaps share updates from Clare and Louise and then have some dedicated time to explore your OACC work Fliss and how this could be applied across Greater Manchester and Eastern Cheshire, which I am aware the hospices have been linked with.

Given diaries and holidays it may not be possible to action this immediately but if people are willing could we look to something over the autumn within the Greater Manchester and Eastern Cheshire footprint...

### Senior Medical Support/ Workforce across GMEC

Aruna Hodgson is currently reviewing the senior medical support across GMEC to understand where we are as a competency framework and to look at training plus supporting the upskilling of staffing. SAS doctors need also to be considered.

### #MSPCS outcomes work

LL Shared the draft quantitative data collection proposed measures.



Quantitative data collection.docx

<b>30/18</b>	<b>Enhanced Supportive Care (ESC) update including Oldham</b>	<b>Verbal</b>	<b>Update</b>	<b>Richard Berman</b>	<b>5'</b>
RB reported that potential funding for ESC at Oldham has been declined. Alternative funding streams are being explored. RB informed the group that ESC is part of The Christie 5 year strategic plan.					
<b>31/18</b>	<b>MDT reform to be tabled with scoping paper</b>		<b>Update / Paper</b>	<b>Claire O'Rourke</b>	<b>10'</b>
Postponed due to A/L – COR to present at the next meeting.					
<b>32/18</b>	<b>Recovery package and integration of palliative care</b>	<b>Verbal</b>	<b>Discussion</b>	<b>Lindsey Wilby</b>	<b>10'</b>

In our Jul18 Board LW asked the table to consider where the Recovery Package would sit within the SCMG given recovery suggests curative intent. AMR discussed this and e-HNA support again. FM highlighted the SPARC assessment and that Macmillan through the National Survivorship Initiative has access to the largest database of main concerns for cancer patients which should be utilised. Currently this initiative has 7 out of 9 Trusts signed up. You can view any patient through their NHS number that has completed a concerned checklist potentially through a Holistic Needs Assessment (HNA) and this helps generate a care plan for the recovery package.  
**ACTION - LW to speak with FM for further information.**

PM highlighted that you can see the top 10 main concerns from this data and with this the majority are psychological. FM suggested after training she will be able to provide live data on all main concerns for patients. However, the uptake of this initiative through GP's is still very limited. **Action - AMR has feedback aspects of the recovery package and integration of palliative care and is in discussions with Neil Bayman with regards to**

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adapting treatment summaries.

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**33/18**    **How palliative care is being incorporated across the cancer trajectory – Gateway C**    **Presentation**    **Will Pearce**    **10'**

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WP thanked the group for being able to present Gateway C and all the rich information he had gained through the meeting. WP presented Gateway C - a modular online educational programme that plays out scenarios of patient consultations with suspected cancer symptoms for clinical professionals, which is currently free to access for all GM GPs and primary care staff. The concept being clinicians can be more confident in making suspected cancer referrals and supporting patients throughout their cancer journey. Presentation enclosed:



03 September 2018  
GwC presentation ES

**Action - DW and AMR agreed that the SCMG would be willing to contribute to content and quality assure for Ovarian, Acute Oncology and Vague Symptom Modules.**

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**34/18**    **AOB**    **Discussion**    **ALL**    **10'**

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None raised.

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**35/18**    **Scheduled Meetings**

1 <sup>st</sup> Meeting	Tuesday 3 <sup>rd</sup> October 17 The Christie THQ Room 6	✓
2 <sup>nd</sup> Meeting	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	

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