

Greater Manchester **Cancer**

**Greater Manchester Cancer Board
Supportive Care Management Group (SCMG)
Minutes – 2nd Meeting**

Meeting time and date: 30th April: 10-12noon

Venue: The Christie NHS Foundation Trust, THQ, Meeting Room 6.

Chair: Anne-Marie Raftery

#	Item	Type	To	Lead	Time
1	Welcome and apologies	Verbal	-	Anne-Marie Raftery	5'
	Anne-Marie Raftery - AMR	GMC Pathway Director- Palliative Care (Chair)		Present	
	Claire O'Rourke - COR	GMC Pathway Manager		Present	
	Dave Waterman - DW	GM & EC SCN Clinical Lead for Palliative and End of Life Care and Hospice Form representative		Present	
	Louise Lawrence - LL	7 day SPC Programme Manager (Secretary)		Present	
	Wendy Allan - WA	Service User		Present	
	Richard Berman - RB	ESC Clinical Lead		Present	
	Helen Morgan - HM	Macmillan Consultant in Palliative Care, The Christie		Present	
	Jill Youd - JY	Palliative Care, The Christie @ Salford		Present	
	Jenny Wiseman - JW	Palliative Care, The Christie @ Wigan		Present	
	Hannah Reid - HR	Palliative Care, The Christie @ Wigan		Present	
	Kath Fisher - KF	Palliative Care, The Christie @ Tameside		Present	
	John Barns - JB	Clinical Director Acute & Critical Care Directorate, Consultant Anaesthetist, The Christie		Present	
	Shireen Naqui - SN	Deputy Service Manager @ Christie		Present	
	Mel Attack - MA	Macmillan Service User Support		Present	
	Claire Mitchell - CM	Acute oncology		Apologies	
	Janelle Yorke	Research Manchester University		Apologies	
	Rebecca Singh Curry	Palliative Care Consultant, Oldham		Apologies	

AMR welcomed the group to the second meeting and explained the detail and reasoning of the group.

As the SCMG has a strong cancer focus clinical membership it primarily includes The Christie and Christie at sites. One difference with this group at its inception was the aim for co-production in the design and delivery chaired by someone representing people affected by cancer. Madeline Mansfield will not be attending at present. Wendy Allan will be supporting this board going forward supported by Mel Attack (User involvement manager). The board wished to thank Madeline for her support and commitment to the board to date.

The SCMG has also been awaiting financial decisions regarding funding for ESC, GOCl and the 7 day programme and are thus ready to progress these aspects of work.

2	Minutes of the last meeting	Paper 1	Approve	Anne-Marie Raftery
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To be re circulated with apologies for approval.

AMR presented an overview of the 1st SCMG meeting in Oct and the discussions that took place.

3	Matters arising	Verbal	Note	Anne-Marie Raftery
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AMR – discussed the structure of the group and reporting. To deliver the GM Cancer Plan; Chapter 10 improving life with and after cancer. The group remit: touched on enhanced supportive care, goals of care, 7 day palliative care project and deaths in usual place of residence – latter two aspects not exclusive to cancer. To share programme board of work. Key to this is patient and user involvement.

Unity of definitions of supportive, palliative and end of life care

One of the objectives of the SCMG is to unify and streamline definitions and integrate into specific cancer boards / cross cutting boards. Request from the SCMG at the first meeting in Oct 17 to simplify / similar to that used for the recovery package). Request from clinicians / cancer board members – simple / practical, achievable, measurable and consistent.

ACTION - LL to send infographic structure

ACTION - AMR to Inform lung and OG boards to ensure consistent approach

4	Terms of Reference	Paper 2	review	Anne-Marie Raftery / 15' Claire O'Rourke
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AMR discussed the responsibilities of SCMG touching on key points such as unity of definitions. Feedback from 1st meeting 03/10/17; focus of the group, ensuring we have the correct people on the SCMG board, aligning with National work, avoiding duplication and ensuring close collaboration with cancer boards. Assessing the impact and integrating supportive, palliative and EoLC into Cancer Care as a priority throughout the cancer journey.

COR discussed the cancer plan published Feb17 and reviewed last month with annual report and what has been achieved. GM overall view. Vanguard Programme of work has completed with successes to continue – Specialist Palliative Care Programme being one. COR / David Shackley presented at the Health and Social Care board last month for awareness and commitment of the plan. A bid of a minimum £10M from transformation fund to deliver the cancer plan has been requested – positive feedback of success in achieving this money.

Delivery within some programmes has been delayed – work ongoing to rectify this. Macmillan have substantially supported some delivery through various financing schemes agreed. The focus of the plan is on: Lives saved (Lung, HPB, colorectal and prostate cancer), Quality of Life (More and more people have been diagnosed with cancer and are living with cancer), Better experience of care (high volume of patients still waiting for treatment), Variation in care with a mind of “return on investment.” Most providers within the GM network have huge financial asks which makes progress difficult.

AMR – ran through the Terms of Reference (TOR) and asked members to come back to the group with any comments **ACTION: ALL to report to LL.**

DW – how we interact with other boards requires consideration; elements about how you access more specialist services and link with site specific MDT'S. JW – focus with linking into the community, we need to work collaboratively. COR – met with all the Macmillan GPs requesting representation for the Plan. There is a new GP pathway board getting set up. The group needs to consider commissioning and educational representation. We will of course opt in other members for specific agenda items.

ACTION - COR to approach: Macmillan and Primary care as board members and clarify commissioner and LWBC representative

ACTION - AMR to approach Cathy Heaven who sits on GM Education re SCMG Education representation.

5	7 day palliative care project update	Verbal	Update	Louise Lawrence 10'
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Macmillan have funded a 2 year pilot programme (Mar18-Mar20) of which we are successfully working through 2 different models of care for face to face specialist palliative care services within Salford and Wigan localities (Hospital and Hospice). Proposed to go live phased Sep18 / Oct18. This programme is aligned with an evaluation programme to evidence the models. DW added to note - the majority of localities are providing some Specialist Palliative Care Service with variations within the network this programme is concentrating on enhancing day 6, 7 and BH. The Life of the project will be 16/18 months for actual service delivery.

DW highlighted there is a summary paper PID reflecting the costs from GAP analysis to get all localities to level 1 Service Specification. This has been sent to the GM Cancer Board which tries to quantify spend. There is a wider piece of work around SPC. The 7 day SPC Programme Highlight report will be shared with this group.

AMR requested to consider baseline data re attendance at A&E / admission avoidance being captured as comparison to consider impact.

AMR mentioned that IPOS (integrated palliative care outcome scale) is being used to capture the qualitative aspects which should align with GOCI and ESC.

AMR asked SCMG members to consider what are the key messages for cancer boards around the 7 day palliative care project.

ACTION: LL to share (include data baseline metrics)

WA – thanked the team for working towards day 6, 7 and BH which she acknowledged was why she joined 13 years ago.

6	Goals of Care initiative update	Presentation / paper	Update	Janelle Yorke	15'
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COR – updated the group in Janelle's' absence acknowledgment that we now need to have conversations with patients across groups and support clinicians about Goals of Care. It's about making the right decision for the patient. Bid of £500,000 to support a roll out across the GM and collaborative of the board. PID will be shared - summary of outputs, reasons, values. JB – questioned looking for sites to pilot and can provide Christie audit of goals of care on request. GM keen to do a piece of work with SpecCom to compliment and evidence work. Acknowledge from clinical teams that things need to change.

AMR - patient involvement has been integral to the success of this project. Need to be aware of how this work will link with Advance care planning, ESC and how localities will be aware of GOC conversations moving forward in line with EPaCCS.

DW – work ongoing regarding utilising respect. NWAS collaboration.

ACTION - Janelle to present at next meeting and to consider what are the key messages around GOC for cancer boards.

7	Death in usual place of residence Update	Paper 3	Update	Dave Waterman	15'
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DW - Currently the only national qualitative marker that is getting collected. Marker of not dying in hospital. iPOS working towards all using a set standard of patient markers. DW plea for this group – using the same markers from 7 day working group. Starting to see the outputs from areas already collecting data – individual interventions are making a difference and group view. DW - Can we all learn from each other and share practice?

HM questioned about integration of iPOS and support. DW discussed lots of work around this.

AMR-acknowledged this data is regularly presented at SCN meeting and reminded the group of SCMG objective 'successful progression of an increase in the patients preferred place of death. Data presented today was cancer specific. Do we consider making this data disease specific / relevant to each board? Relevance of early supportive / palliative. The voice of the patient needs to be heard-what this data doesn't reveal is patient choice. Assumption death in hospital is a negative outcome.

8	Enhanced Supportive Care (ESC) verbal update	Update	Dr Richard Berman	15'
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ESC: patients, colleagues demand to give patients better access to better care. The clinic provides acute or the sudden onset of problems patients to attend the clinic – need seeing urgently but not necessary admission. Provides pain management, infection concerns. The Clinic has been running as a pilot 2 days a week for over a year and is successful in terms of preventing escalation. The Christie Trust has bought into the concept. Data shows reduction in admissions for that cohort of patients, and reduction in patients sent elsewhere (diverts). The Trust has requested that the service expands initially to a 5 day service planned September 2018 with a longer term plan to 7 day. The service is currently being provided at risk from the Trust, until the commissioning team have agreed tariff arrangements – to demonstrate metrics and will be co-located within the new acute oncology unit to further enhance service. Currently just for Christie patients. WA – question can this not be rolled out into other localities? **ACTION - SN to share metrics regarding outcomes of clinic.**

Christie @ Oldham with collaboration with partners are in the process of working up a bid to Macmillan awaiting decision for delivering of an 'ESC' within Oldham.

AMR - highlighted the need to share lessons learnt, key principles/messages and the impact of ESC on localities. Need to have patient affected by cancer representation on the redesign of the model moving forward.

ACTION - SN / RB to approach Mel Atack regarding PABC representation.

ACTION - RB / Christie at Oldham to update on progress at next meeting COR to support if required

9 Review of A&E admissions verbal discussion

Business intelligence report tabled supplied by GM Cancer Intelligence and to be reviewed out of this meeting.

ACTION - Catherine O'Hara to present at next meeting

10 AOB

- Teaching event 2018
- MDT reform
- Recovery package

Carole Mula had submitted a position statement last year (COR sent to the SCMG board in Oct17) regarding supportive and palliative care for the oesophago-gastric board. Reach out to pathway directors regarding engagement. What would be our approach to pathway boards? **ACTION: AMR / COR**

Teaching event: One of our responsibilities is to run educational events to showcase examples of excellence in supportive and palliative care in cancer across GM. Enhanced Supportive Care Cancer toxicity management conference planned 5-6th July18, GM Cancer event 26th Nov18 showcasing all the work across the Network. 300 places available. Lung Cancer event 18th Sept18 around goals of care, ESC, Lung INSIGHT patient research project.

ACTION - COR/LL to forward details of events

MDT reform – reviewing MDT processes. Opportunity for redesign. Clinical lead engagement across GM and guidance / standardisation.

AMR has updated GM (Dave Shackley) on National direction from Prof Bee Wee of specialist palliative care and NHS England Specialist Level Palliative Care Information for Commissioners 2016 guidance.

Holistic needs assessment – mapping disease group and processes and questioning supportive palliative care involvement – **ACTION - Lindsey Wilby to update at the next meeting regarding Recovery Package.**

Opportunity to better define supportive / palliative care – RB. (see matters arising)

ACTION - AMR to update at next meeting on meetings with lung, OG pathway directors.

ACTION - AMR / COR / MA to consider workshops, steering groups with patients affecting by cancer presenting cancer boards to ensure consistent approach / support.

11 Meeting Dates:

Tuesday 30 th April 18 10:00-12:00 The Christie THQ Room 6	✓
Tuesday 3 rd July 18 09:30-11:00 The Christie THQ Room 4/5	
Monday 3 rd Sep 18 11:00-13:00 The Christie THQ Room 6	
Monday 5 th Nov 18 11:00-13:00 The Christie THQ Room 6	