

Greater Manchester **Cancer**
Acute Oncology Pathway Board

Pathway Board Meeting

Minutes

Meeting time and date: Friday 14th September 2018

Venue: The Christie - THQ – MR6

Chair: Claire Mitchell

In attendance	Initial
Claire Mitchell	CM
Fiona Lewis	FL
Clare de Marco Masetti	CdMM
Joanne Wooley +1	JW
Barbara Hefferon	BH
Phil Hajimicahel	PH
Lena Richards	LR
Anne Marie Rafferty	AMR
Victoria Tomlinson	VT
Suzanna Slack	SS
Susan Sykes	SS
Claire Shanahan	CS
Natasha Smith	NS
Mary-Ann O'Mara	MAOM
Natalie Baller	NB
Apologies	
Sarah Davies	
Laura Horsley	
Carmel Anandadas	
Keven White	

Item

2 Minutes of the last meeting

CM welcomed all to the meeting and noted the apologies received. The minutes of the last meeting were accepted as correct.

Actions update : CM informed the group that a paper has been written to be presented the Ethical Board at The Christie.

3 Governance Structure and GMC Team Structure - FL presented the slides to inform the members of the governance structure and new team of the GMC team structure (two

new pathway managers with a third to be appointed, and with Alison Armstrong will be the new programme lead. Suzie Penney as the new clinical director.

SS requested to all to note that Dr S. Taylor is not a Macmillan GP lead -but is sponsored by Cancer UK.

- 4 Transformation Fund (TF)** - CM described the content of the paper in receipt of funding in phase 1 which includes: accelerated pathways for lung, prostate and breast; ERAS+, I Can. PIDs have been finalised. Investment allocations for each project today the TF investment panel.

SS provided the background for AO - that there was a very short timescales for bids for the phase 1 funding. AO was not at a stage where the funding element was not ready for in time for the PID. However, AO may be well placed for 2nd phase to develop or transform a service, not a solution for AO funding as a whole but may be part to support for example the MSCC service. This is expected to be around January 2019 for a PID to be ready (deadline to be confirmed).

- 5 Task and Finish Group Update** - this group is set up with Dave Shackley and Fiona Noden mandated to oversee the next phase of the model development following agreement of the clinical standards. The first task was to ask all 10 Trusts to provide a benchmark of current AO service so we know where the gaps are. All trusts have returned their documents.

A discussion took place over the membership and their roles. Members were advised that members had dual roles with a responsibility to feed back to their areas and colleagues. The group tried to ensure each trust and each discipline had a voice but should be appreciated that the group would get unmanageable due to numbers. It was explained that the role of this task and finish group was to lead the next phase which required representation such as finance and commissioners who previously weren't represented but now required to have a role and presence in the next phase. There will be an update to the AP pathway Board to ensure it is communicated widely. It was also accepted there was some communication confusion and acceptance that there were a number of opportunities missed to cascade information to AO services from each trust in regards to meetings and actions arising.

- 6 AO service specification**

FL thanked everyone for their templates and updated the group. There will be 11 locality visits in total, so 5 outstanding dates still to be arranged.

Returns have been either descriptive or one worded of which she would like to explore. In the first instance, she has RAG rated on initial responses.

Part of her work going around is to go around each locality so we can see where we can see where we currently are and where we think the gap and needs are.

CM requested that we provide as much information as possible and to identify if there are overlaps and links to other services (Palliative care, Ambulatory care services etc)

It was up to each trust to filter and to take responsibility to invite who they feel should be there but essential should be the CCG manager, Cancer manager / AON/ and other teams the trust have strong links with.

FL will feed back after the meetings. Visited one so far with two scheduled for next week.

- 7 Network data template** - CM informed the group that the collation has been really useful. However, still receiving data in different formats. FL will send out the minimum data sheet (attached). She urged to use the template without adding additional fields as the data needs to be cleaned in order before any data analyst to look at it.

A discussion followed around what constitutes an 'acute oncology episode' as this needs to be defined consistently across GM. Some of the data in the service specification suggests that this might be wrong.

Action - CdMM offered to revisit the definitions of an AO activity.

Bolton queried whether using Somerset and moving it to a spreadsheet was being corrupted. FL explained it is the deleting/hiding of unwanted data and transposing these from 10 different spreadsheet into a master one; that it is this process that can result in errors.

Action: FL will send out agreed template again.

8 Patient Experience project

Natasha apologises as she has been away from the office however, has sent out an email to set up a task and finish group and have a few responses back to set up a group and will feed back.

CM reminded that at the last Patient experience group, we were going to redevelop the patient questionnaire to use again. NS offered to send the questionnaire to FL for comments back and to the next pathway board. BH is using a comment card which is user friendly and also succinct and happy to share. It was commented that in one of the trust, the results that came back did not make sense.

Actions: Members to send examples to FL for discussion and review at the next pathway board with intention to run again in the new year.

Subgroup Updates:

- **MSCC Update** – LR talked to the activity slide showing a significant increase in activity of suspected cord compression pending MR scans. This years' resulted in at least twice as many impending MSCC; encouraging as it means we are seeing more, diagnosing, treating and preventing to go to cord compression. LR is confident that they are being managed locally and felt there is no obligation to let the MSCC team know. However, the MSCC team can no longer pass on impending patients out from the service until there is a management plan from the disease specific team before the patient is handed over. Impending patients run the risk of paralysis and tend to be more complex. Incidental findings need to be reported. Should be moving towards surgery being the option for impending MSCC. Clinical Oncologist to be mindful whether surgery can also be an option rather than going for radiotherapy in the first instance. CM queried how this can be fed back will have a think about how to present at medical oncology meeting.
- **MSCC pathway** - Joshi George a neuro surgeon is putting a proposal for an MSCC pathway with a MDT in place with treatment options. SS stressed the need for commissioner input to the proposed service and suggested that we include this as an element within the AO service specification.

Actions:

1. **MSCC - Claire M and Claire O'R to make aware the potential of the MSCC service to be part of the final draft in the AO commissioning specification. SS will take to the CCG commissioners**
 2. **CM to contact JG to develop the MSCC pathway and identify the staff resources**
- **Service changes** - LH informed members that there are some changes to the MSCC service. Clare Shanahan's post is now permanent being a coordinator and radiotherapy pathway role. Will be recruiting a B7 coordinator hotline role who will step into MSCC when needed. LR will return on a 2 days a week in an education role. There is some support in place during the transition but will be difficult.
 - **MSCC Patient information** - not been able to tackle a robust system to ensure patients receive these. These have been highlighted in the risk register and will continue to work on this.
 - **Education group** - LR's role will be specific to education to support the Trusts and Primary care groups. Mo'M fed back that that education needs to be incorporated within the wider training and a recent audit where Gateway C module on A; a very small percentage completed this. Mike Deegan has written to all CCG clinical chairs
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to urge the use of Gateway C and make this mandatory.

- In house medical staff training available e on GMC website for AONS staff to adapt and deliver your own training to Acute Trust staff.
- CM - informed the group of the following and stressed to attend:-
 - MSCC Modules Study days - awaiting for confirmation for March or June 2019
 - MSC modules - Richard Bibby invited to the next meeting.
 - Education to move to hotline to deliver AO study days - but with new staff will need an update.

Action:

1. **CM to speak to Cathy Heaven and Sarah Taylor to mandate AO module and to understand deliverable for future AO education**
 - Acute Oncology meeting in Manchester with Acute Oncology speakers on 12th Oct
 - Marriott invite to nurses on immunotherapy - invites have been sent out.
- **CUP update** - CM updated on this. Included as part of the AO service specification to streamline as much as possible. She also informed the group that a National trial opened last week and the only NW site, the criteria as that the patient has good performance status of 1. She urged that people let her know of any potential patients.
 - **The CUP guidelines** were sent for April for approval in July and have been sent out several times. These have now been approved with a revised review date of April 2020 and available on the GMC website.

Action:

1. **CM to send out to all medical consultants for MDT's and will disseminate to group.**
- **Nurses Forum** - on Tuesday, please encourage Trust staff to attend for ongoing training.

AOB

CM urged that members help FL to update the contact sheets is out of date and urged at least a clinical lead and at least one representation from each trust.

Action:

1. **Please email FL with updated clinical rep - email address and AONs representation.**

Feedback from members trying to contact MSCC have reported a recent change in hotline number for MSCC coordinator and has meant waiting up to 10 minutes and being transferred around by switchboard. It was fed back that this was a pilot that was found to cause the reported problems and now have gone back to the original process.

2019 meeting schedule

Rolling days: Wed/Thurs/Friday three monthly

Time: 10:00- 12:00

- Wednesday 6th February 2019
 - Thursday 9th May 2019
 - Friday 9th August 2019
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- Wednesday 6th November 2019
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