

**Greater Manchester Cancer Board
Supportive Care Management Group (SCMG)
Minutes – 5th Meeting**

Meeting: 5th November 2018 @ 11:00-13:00
Venue: The Christie NHS Foundation Trust, THQ, Meeting Room 6.
Chair: Anne-Marie Raftery

#	Item	Type	To	Lead	Time
36/18	Welcome and apologies	Verbal	-	Anne-Marie Raftery	5'

		05 Nov 18	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"/>				
Alice Davies - AD	Palliative Care, @ Pennine OR (Fiona Murphy)	-			-	
Claire Mitchell - CM	Acute oncology	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
Claire O'Rourke - COR	GMC Associate Director	<input checked="" type="checkbox"/>		<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"/>				
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"/>		<input checked="" type="checkbox"/>	-	
Helen Morgan - HM	Macmillan Consultant in Palliative Care, The Christie	-			<input checked="" type="checkbox"/>	
Jess Blandford - JB	Macmillan Project Lead (LWABC) @ Salford	<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"/>	<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"/>	<input checked="" type="checkbox"/>	-
Dr Pádraig McDonnell - PM	Consultant Clinical Psychologist	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	-	-	-
Mel Attack - MA	Macmillan Service User Support	<input checked="" type="checkbox"/>		<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"/>				
Lindsey Wilby	Macmillan Project Manager – Living with and Beyond Cancer	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	-	
In attendance:						
MM	Madeline Mansfield, PABC (Chair)	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
DR	Dave Wright, TYA Lead Nurse					<input checked="" type="checkbox"/>
SP	Susannah Penney, Manchester University NHS FT			-		
JB	John Barnes, Clinical Director Acute & Critical Care, Consultant Anaesthetist				<input checked="" type="checkbox"/>	
JY	Janelle Yorke, Research Manchester University			<input checked="" type="checkbox"/>		
SN	Shireen Naqui, Deputy Service Manager @ Christie				<input checked="" type="checkbox"/>	
WP	Will Pearse, Gateway C @ Christie		<input checked="" type="checkbox"/>			
MF	Martin Foster (GM Hospices Project Manager)	<input checked="" type="checkbox"/>				

Recovery package - Keen to integrate fully re recovery package. **LW** – Agreed Holistic Needs Assessments are appropriate all throughout the pathway towards EOL. iPOS then appropriate. Talks ongoing re integrating iPOS on same e-platform. Treatment summaries; what follow up should be. Health and wellbeing events – are these appropriate? Moving life beyond treatment consideration. Resource charity based support on a more consistent basis. Neil Bayman work with TS and proton to be explored by AMR. SPC should have sight of treatment summaries. Consequences of treatment to be consistent. **PM** – bespoke packages / events cater to specifics; speaker consideration regarding audience. **COR** – signs and symptoms of secondary cancers – more awareness / starting the conversation. **DW** – is there a sense of patient feedback – so variable. MDT awareness. Feedback thoughts from previous programmes **JB** – we aren’t reaching / appealing to ALL patients and carers. Requirement for specific cohort. **WA** – some patients choose to not want to come and do not want awareness; they cannot cope with the possible reality. Key direct access to clinical specialist support; knowing that there is someone to contact straight away. More personal approach – would there be engagement if this person asked? **PM** – Do we need to reach hard to reach audiences / consideration of difference methods to target online / webinars / face to face / informal / in the comfort of own home.

ACTION: LW to discuss with Macmillan regarding adding IPOS to the e-HNA platform.

AMR is also keen to link and integrate with the GM cancer HPB board given the high proportion of patients in this cohort with palliative and end of life care needs. COR highlighted the appointment of the HPB pathway director (interviews this week).

Definitions of supportive, palliative and EoL The NW EoL model: AMR in the process of speaking with Dr Liam Hosie GP who is doing a parallel piece of work **AMR to feedback at next meeting.**

Key outcome metrics				
40/18	- iPOS half day workshop			
	- Senior Medical Support/ Workforce across GMEC	Update	Dave Waterman	15'
	- End of Life Programme Board			

Holistic tool patient questionnaire to use in clinical practice. As a network we encourage standardisation to iPOS. To really enable cross analytics. There are a number of sites using this tool and in various stages. Elements of input and analysis work. Planning to run a two day programme in Manchester – implementation of iPOS. Five phase staged process, used in different mediums at the moment – paper / excel. Staff and patient version. Another measure – VOICES interventions. **ACTION - DW to update next board.**

Medical workforce senior review - challenging, not enough trained. Mapping other senior medics available with consideration of MD at Hospices. Competency and education support to improve development. 21 Nov 18 workshop with speciality doctors.

EOL Programme Board – H&SC Partnership. Board will be reported to by GM Cancer and SCN Board. Met once – workshop format. Representation across H&SC Partnership – urgent care, NWAS, MP. AMR we need to ensure alignment.

41/18	Hospice update include living well and dying well paper	Update	Martin Foster	15'
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MF updated the group on what GM Hospices means and reflected on James’s report.



The report was very well received in GM. GM Hospices (collaboration of seven adult GM Hospices) have already supplied the Strategic Clinical Network (SCN) with their initial response to the report, looking at each recommendation in turn. The Strategic Clinical Network is preparing a joint response to the report (on behalf of the SCN, GM Hospices and Rob Bellingham) with which to brief Jon Rouse before his meeting with James Frith in December 2018.

The report, recognises:

- The challenges encountered by providers of P&EOLC services, and the impact on patients and their families
- The urgent need for effective system-wide solutions
- The pivotal and transformational role of hospices in delivering these solutions, as expert providers of high quality specialist care and, significantly, as agents of change.

AMR asked MF what this group could do to support this report going forward. It was felt by the group that sharing practice and communicating the same values and visions as an adjoined partnership would be very valuable.

42/18	AO mapping including palliative care	Update	Claire Mitchell	10'
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CM highlighted a reconfiguration of AO pathway specifications. With the AO description of acute phase action. AO may see patients at any point on the pathway. Lots of variation within network and within funding streams. Clinical standards are to be set through task and finish groups and gold standards. The AO services are currently undergoing GAP analysis with awareness of other interdependencies that AO can tap into. Report expected imminently. Questions from analysis and meeting the needs of such. **JH** – reliance of informal support. Lessons learnt from 7 day working, good practice, and service integration. Patient tracking review and evidence of such – complex processes and communication concerns. **DW** opportunity to align to joint visions / venture – worth exploring. **PM** – support required to nurses providing the services – very demanding and challenging role and needs consideration. **COR** – Patient experience work completed; qualitative – very positive from what has been achieved. **ACTION - CM to share mapping.**

43/18	GM cancer restructure	Paper	Claire O'Rourke	10'
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COR detailed the GM Cancer Restructure and discussed the roles and responsibilities. The current structure sits within: <https://gmcancer.org.uk/greater-manchester-cancer-team-structure/> Clare Goldrick has just been recruited to and will be the new pathway manager for this board, Claire.Goldrick@mft.nhs.uk. Positions still to recruit for communications and engagement, commissioning and website support.

£10M had been agreed from transformation funds to deliver components of the Cancer Plan, however this will not be enough therefore GM will need to go back to the partnership for more funding. The Cancer Plan has been realigned with the 5 year Cancer Prevention Plan.

44/18 MDT reform **Update** **Claire O'Rourke** **10'**

It is recognised that there are lots of inefficiencies across the board within MDT's. Susi Penney in conjunction with the Network has worked up a review of MDT's, looking at bench marking and synergising. Susi will share this work at the next board meeting. **ACTION: COR to invite SP and forward paper.**

45/18 Service users update **Verbal** **Update** **Mel Attack** **10'**

MA welcomed MM back to the group and updated the board on SU work within the Network. There is a vision to ensure all SU representatives have a wider voice supportive of a fuller demographic. Questions have been reviewed about the priorities of the SU Voice; enabling earlier diagnosis, supporting psychology and providing clinical mentors to support.

MM welcomed the opportunity to be led by the SU community, to feel empowered to stand up for the SU voice and learn from the lessons provided within current programmes. LL discussed the collaboration of SU's within the SCMG and MSPCS Programme. LW agreed that the Goals of Care project would be a good piece of work for impactful service user involvement. **ACTION: MA to meet with AMR and DW to review demands on SU's and appropriateness of support within various functions.**

46/18 7 day palliative care project update **Verbal** **Update** **Louise Lawrence** **10'**

Successful first weekends for both Wigan and Salford. Services went live 1st October 18. Wigan with their B7 & B6 Nursing component and Salford with B8a's. Community and Hospital staff engagement with patients in an integrated way. Improvements within the Emergency Village at Salford promoting early identification of patients requiring input and real advantages within administration for Wigan with support for analytics, data entry and answering the support line. Both localities gaining rich soft evaluation to highlight work.

Delays in recruitment to Consultant, Hospice Medical Director, Tier 2 and Hospice Nurse Clinician roles may require a review and look at GAP analysis on what the bigger picture is. The SCN is undergoing a review of the senior medical provision across the network to see if any support, upskilling can be provided.

Both Hospital and Community teams have collaborated on improving service meetings to engage with community and A&E groups.

Substantial amounts of work already undergone with Wigan and Salford Hospitals and Hospices on the evaluation. There was an unavoidable delay in the consultation of the contract between Lancaster and Macmillan which will have some impact on when Lancaster can access the data and thus provide appropriate reporting. Lancaster going to present their first interim report in Feb19.

Proposed metrics so far working in conjunction with Outcome Assessment and Complexity Collaborative (OACC) Suite of Measures:



Outcome Metrics Table.xlsx



MSPCS_Info_Nov18_Final.pdf

AOB

47/18 - **GM Cancer Conference 26th November 2018** **Discussion** **ALL** **10'**

No other discussed.

48/18 Scheduled Meetings

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