GMCA GREATER MANCHESTER COMBINED AUTHORITY

NHS in Greater Manchester

Greater Manchester Cancer

Acute Oncology Pathway Board

Pathway Board Meeting

Minutes

Meeting time and date: Friday 9th November 2018

Venue: The Christie - THQ – MR6

Chair: Claire Mitchell

In attendance	Trust	Initial
Claire Mitchell	Christie	CM
John Moore	Christie	JM
Fiona Lewis	GMC	FL
Jonny Hirst	GMC	JH
Clare de Marco Masetti	Bolton	CdMM
Hannah Currie	Bolton	HC
Joanne Wooley	MFT - ORC	JW
Miriam Ahmed	MFT - ORC	MA
Barbara Hefferon	Wigan	BH
Elena Takeuchi	Wigan	ET
Kalena Marti	Wigan	KN
Liz Ecclestone	PAHT	LE
Mike Molete	User Involvement	M
Jeanette Morton - deputy for Carol Diver	Tameside	JMo
Jeena Matthew	MFT - South	JMa
Sarah Latham	Mid Cheshire / Leighton	SL
Apologies		
Sue Sykes	CCG	
Ann Marie Rafftery	Christie	
Lena Richards	Christie	
Mary O' Mara	GP rep	
Carol Diver	Tameside	
Ann Allen	East Cheshire	
Keven White	Stockport	

#	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**. **MSC** - CM is meeting Friday Knight and Richard Beebee on 7th Dec regarding the MSC module.

CUP guidelines - are on the GMC website and the update circulated to medical consultants.

Other actions are on todays' agenda.

3 MSCC pathway proposal

CM met with Joshi George (Spinal surgeon) in regards to the proposal for GM MSCC patients being referred to the neuro MDT at SRFT where there will be support from spinal surgeons, clinical oncologists, specialist nurses, MDT coordinator. The attached describes the case for change with that the next steps is for a small group to describe the pathway detail and identify additional resource. CM explained this will identify the cost of funding required and with AO pathway board approval the proposal fits nicely with service development and requested a few representatives from this group to help the development into a project proposal for funding

Next Steps: - Fiona Lewis, Liz Eccleston and Mike Molete offered to be involved to move forward the PID

Action: CM will feed back to people involved to set a date to meet.

4 AO Task and Finish Group update

CM updated the next meeting will be a feedback on the initial analysis.

Reports once compiled and will be sent back to each individual trust; CM requested and stressed the importance that members escalate it internally through their governance channels so that management are kept informed, involved and aware of the results of the gaps. She stressed again that this is not a pass or fail of a service it is to inform what the gaps are in GM.

Action: Responsibility of members in this room to escalate AO service report (when ready) through internal governance channels

5 AO Gap Analysis update

Paper 3 - AO_review_keythem

JH spoke to the attached slides and updated the group on the key themes emerging from the conversations and from the information provided from each of the Trusts against the GM AO Clinical standards. This is to establish the baseline of where we are in terms of AO service provision before any AO modelling can be done and requested that members to input any additional comments to the key themes presented.

Emergency Departments - a meeting with Philippa James highlighted that it was crucial to have relationship with ED, with a representative from ED at the Pathway Board.

Hotline - There was discussion that there was varied understanding for which group of patients the hotline is available to; following discussions, it was clear that clarity was needed including responsibility for the advice given. The hotline service has expanded recently. Data may be available to inform this.

Number of referrals - CdMM clarified that the number of referrals depended upon service model as some service are nurse led where appointment times will be more time consuming

Linking of services - Due to current close working relationships with palliative care services, this was suggested as a possible model. BH and CdMM both felt that palliative care services have a very different skill sets, this has been thought about locally and wondered whether critical care outreach may be more aligned to AO services, though there may be different solutions for different trusts.

No further comments on any items were raised.

Time frames: Clarity needed around funding of staff, i.e., which post is Trust funded and which is Macmillan funded (with end date). We are hoping to identify how many PA sessions were agreed for each Trust and identify the funding arrangements for these.

We also need to do more work on the data each AO team returns to Greater Manchester to see what other information can be obtained or need clarity on.

CM reassured the group that the aim for GM AO service is to look at the outcomes of

the GM AO service as a whole rather than every trust being identical to each other.

User Involvement: currently this is a data gathering exercise but will need input of user when at the stage of service modelling.

Next steps: more work needed on a fuller picture around the financial arrangements, and referral data plus analysis around the data submitted to GMC - JH/FL will then be contacting each trust for more information and or sign off by Trust management that the report is their understanding of the baseline for their AO service

Actions:

- **FL to write to ED rep re; representative to pathway board.**
- **Christie Hotline - FL/JH to check access of Hotline as there is confusion for who the service is opened to.**
- **JH/FL to further analyse the data and have a complete report to send out by early Dec**

6 **Network Data**


Dataset titles.docx

CdMM informed the group that a meeting was held to look at each of the minimum dataset and was reassured to find that all Trust seem to be reporting the same thing. CdMM went through the dataset and requested where changes are to be made. Should not leave any cell empty so corruption is minimised.

I - New type 1, 2 3 A 3b should be added

L - Should record intervention; include giving treatment team information as a minor. Need to include performance status and discharge date and discuss as implications for teams.

M - Date of clinical suspicion

R - Some patients do not require consultant review.

T - Add date of death

U - Admission avoidance - this was discussed that this was down to some common sense approach to recording this.

Y - Add readmission for 7 days as well to record readmission within 7 day, although readmission may be due to other co morbidities. But keep 30 days for National Survey.

Timescales and Actions: FL to make changes and circulate to for Trusts to start inputting starting January 2019.

7 **Patient Experience Project Review (examples below)**


UI Programme Aims and Objectives 18-19

UI Aims and Objectives - On behalf of NS, FL introduced the attached document where she highlighted main aims and objectives and key areas where the GMC UI programme are to support key areas of work where user involvement can have most impact are involved in development and monitoring of these areas:

- Early Intervention and Prevention
- Best timed pathways and wait times
- Psychological support

FL asked member if they could identify any work in AO which would sit in these areas where MM could involve his wider group of service users.

Comment card/ AO Patient User Survey - the group discussed the options for the next Patient user survey and discussed circulated comment card from Wigan and the patient questionnaire (it was noted there were only two hospital respondents in the survey. Quite a number of the Trusts had bought data back so there is data missing).

BH explained the merits of the patient response card used at Wigan, 30 were given out; 19 responses were received. Two patients did want feedback from the team which the AO team were able to contact and address.

Following some discussion and approaches, it was agreed to try the card approach.

MM felt it was important and liked that the tick box was simple with an option for a comment box, when patients were quite anxious were important and agreed the simpler the better.

Decision: Each trust to do 30 starting in January for three months. Each trust to collate own data before bringing back centrally with GM AO pathway board so that the report can be ready for the Trusts individual peer reviews.

Action: FL to generalise the card, MM to review the comment card before each Trust add their logo. FL to seek funding?

Action: FL to investigate the reason why two response for patient survey with NS. Post Note: The wrong survey was attached.

8 **Subgroup Updates**:

- **MSCC Update** - Elena now retired Claire and Lauren now MSCC coordinators. MSCC team to update at next meeting
- **Education update** - Richard Beebee has been supporting the MSc module. CM to update the group after the meeting with him, there was some possible funding coming from the course
- **CUP update** - Guidelines went out for a research trail for personalised therapy for patients with CUP, the study now open but no patient recruited as yet.
- **Nurses Forum** - Feb/ March for the next meeting. Lynn from Pancreatic cancer as speaker. BH recommended Vicki Stevenson Hornby HPB specialist nurse as an excellent speaker.

AOB

CdMM - highlighted an issue with CWP limiting access to emails, where she has had to email clinicians separately.

Action: CM will look into this and will contact IT.

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
- Wednesday 6th November 2019