

Acute Oncology & CUP Forum Tumour Site Specific Group
Monday 26th November 2018
Alan Pentecost Room, Maidstone Academic Centre, Maidstone Hospital
09:00 – 12:30

Final Meeting Notes

Present	Initials	Title	Organisation
Afroditi Karathansi (Chair)	AK	Consultant Medical Oncologist	MFT
Annette Wiltshire	AW	Service Improvement Facilitator	KMCC
Karen Glass (minutes)	KG	Admin support	KMCC
Colin Chamberlain (IT)	CC	Admin support	KMCC
Stergios Boussios	SB	Consultant Medical Oncologist	MFT
Deirdre Cooke	DC	AO & CUP CNS	MFT
Catherine Hayward	CH	AO & CUP CNS	MFT
Bana Haddad	BH	Macmillan GP, Clinical Lead KMCA	Medway & Swale CCG
Andrew Brown	AB	AO/CUP CNS	MTW
Erika Wade	EW	AO CNS	MTW
Tracey Spencer-Brown	TSB	Acute Oncology Matron	EKHUFT
Michelle Jee	MJ	Macmillan Strategic Cancer Lead for North Kent	NK CCG
Stefano Santini	SS	Macmillan GP/West Kent CCG Clinical Lead Cancer	West Kent CCG
Ciara O'Hanlon Brown	COHB	Consultant Medical Oncologist	MTW
Charlotte Abson	CA	Consultant Clinical Oncologist/MSCC Lead	MTW
Kathryn Lees	KL	Consultant Clinical Oncologist/MSCC Lead	MTW
Nicky Bonthron	NB	Macmillan Lead nurse & AO & Palliative care	DVH
Stacie Main	SM	Acute Oncology CNS	DVH
Steve Nicholson	SN	Locum Consultant Medical Oncologist/AOS	DVH
Rosalyn Yates	RY	Oncology Matron	MTW
Apologies			
Jane Woolford	JW	InfoFlex Application Manager	KMCC/EKHUFT
Mathilda Cominos	MC	Consultant Oncologist	MTW
Maadh Aldouri	MA	Consultant Haematologist	MFT

Paulette Basham	PB	Clinical Trials Administrator	MTW
Sam Rose	SR	Patient Project Coordinator	KMCC
Riyaz Shah	RS	Consultant Medical Oncologist	MTW
Margaret Woodford	MW	MDT Co-ordinator	MFT
Lavinia Davey	LD	Senior Clinical Trials Co-ordinator	EKHUFT
Carolyn Maynard	CM	Lead Chemotherapy Development Nurse	MFT
Claire Butler	CB	Medical Director	Medway Community Healthcare
Alistair Lindsay	AL	General Manager	MFT
Jindriska Lindsay	JL	Consultant Haematologist	EKHUFT
Jacqueline Smith-Hedges	JSH	Gastrointestinal Clinical Nurse Specialist	DVH
Nicola Southwell	NS	Research Delivery Manager	NIHR/CRN KSS
Kay Jones	KJ	Project Coordinator	NIHR/CRN KSS
Graham Davidson	GD	Haematology Pharmacist	MFT
Catherine Harper-Wynne	CHW	Consultant Medical Oncologist	MTW
Naomi Webb	NW	Service Manager for Cancer Services	EKHUFT
Sanjeev Madaan	SM	Consultant Urological Surgeon	DVH
Sally Allen	SA	Head of System-wide Commissioning	West Kent CCG
Amit Goel	AG	Consultant Histopathologist	MTW
Debbie Pyart	DP	Head of Quality & Safety	NHS Medway CCG
Barbara Mercier	BM	Research Divisional Manager	NIHR/CRN KSS
Rosie Baur	RB	Head of East Kent Cancer and Specialised Commissioning Services	South Kent Coast CCG

Item		Discussion	Agreed	Action
1.	TSSG Meeting	<p>Apologies are listed above.</p> <p><u>Review actions from previous minutes</u></p> <p>AK discussed the actions/minutes from the previous AO & CUP TSSG meeting and these were agreed as a complete and accurate record.</p> <p>However, there were still some outstanding actions to be updated from the previous minutes.</p> <ul style="list-style-type: none"> The AO and CUP directory across Kent and Medway with accurate members and contact details needs to be completed and disseminated to GPs across Kent. A summary from each team should be in- 		AW-AOS teams

		<p>cluded. To follow the London Cancer Alliance Format, sent to AW by AK.</p> <ul style="list-style-type: none"> • AK confirmed she has had a telephone conversation with Henry Taylor the Chair of the TSSG Leads regarding the level of support they could expect from the Cancer Alliance. AK confirmed there was not currently clear guidance in place and that every hospital should follow clear clinical indicators. • AK mentioned there was no national feedback for the 62 day CUP performance but breaches are still recorded at MDT meetings. • AK suggested Acute Oncology Sub Group meetings are set up in-between the TSSG meetings to discuss pathways and move issues forward. These meetings should include a CNS and Consultant from each hospital. AK raised her concerns that no minutes were taken at this meeting. AW agreed to take this forward with the Cancer Alliance and feed back to AK. • The next Sub Group meeting is due to take place at the William Harvey Hospital in January 2019. • CUP meeting took place in October with GP's to discuss and finalise the 2ww pathway. • BH confirmed there had been no progress made on InfoFlex and that AO and CUP should have taken place in Phase 1. BH hoped this would now take place in March 2019. 		AW
2.	Horizon Scanning	<p><u>Updates – by Afroditi Karathansi</u></p> <ul style="list-style-type: none"> • AK confirmed the Kent & Medway Cancer Alliance is not in a good position nationally in terms of 62 day cancer performance. AK stated they are currently bottom despite all the hard work which is going on. However, more work still needs to be done with greater engagement. • The AO & CUP Terms of Reference have now been circulated but there is more work to be done to be able to finalise this at the next TSSG meeting. • AK mentioned the Work Plan and High Operational Policy is the next project to work on. AK to discuss with AW. • Living With and Beyond Cancer – work is progressing on this. AK confirmed the Vague Symptoms Clinic Pathway is not the same pathway as the Cancer of Unknown Clinic Pathway and better clarification of the two is required. 		AK-AW

		<p><u>MSCC Lead</u></p> <ul style="list-style-type: none"> • Kathryn Lees introduced herself and confirmed she is taking over from Charlotte Abson as the new MSCC Lead. <p><u>Patient representatives</u></p> <ul style="list-style-type: none"> • This agenda item was not discussed today. 		
3.	Clinical Audit	<p><u>MSCC Audit – update provided by Charlotte Abson</u></p> <ul style="list-style-type: none"> • CA provided a detailed update on the MSCC audit conducted by Kent Oncology Centre by Patryk Brulinski on “Survival following Emergency Radiotherapy.” • The group discussed launching new KOMS dedicated entry page for MSCC patients that should include all the information needed for audit purposes There have been concerns regarding the outcomes in terms of patients receiving treatment in a timely manner. • It was agreed with a better collection of data the figures may look better. 		KG to circulate the presentation
4.	Clinical Pathway Discussion	<p><u>Vague Symptoms – update by Steve Nicholson</u></p> <ul style="list-style-type: none"> • SN introduced himself as the new Locum Consultant Medical Oncologist based at DVH. • Vague Symptoms clinic is an NHSE initiative funded through Transformational Funding. SN has been tasked with establishing a pilot clinic for vague symptoms in North Kent which will then roll out across Kent & Medway. • SN mentioned “unexplained unintentional weight loss” is the main driver for this clinic. • SN is keen to avoid duplication of care. • SN hopes to have the clinic up and running with GP engagement by mid December 2018. • SS stated there needs to be a robust process in place and the detail 		KG to circulate SN summary

	<p>Mortality post chemo</p> <p>Outcomes</p>	<ul style="list-style-type: none"> • The new Acute Oncology Assessment Centre which is nurse led is due to go live before Christmas 2018 which is very exciting for all those involved and it hopes to reduce AO admissions. AB to feed back at the next meeting. • Staff issues due to no budget for new staff. • COHB is currently the CUP Consultants at MTW. COHB is due to go on maternity leave imminently. There is no AO Consultant at MTW but AO Lead is Dr Christos Mikropoulos. <p><u>DVH</u></p> <ul style="list-style-type: none"> • Steve Nicholson is the new Locum Consultant Medical Oncologist who has just been in post for 3 weeks. • No changes to report with regards to CNS's. • Offer a 7 day service. • Scoping - Neutropenic Sepsis Pathway • No MRI 7 day service offered. • Local agreement needed to ensure best practice for the transfer of patients from DVH to tertiary hospitals. <p><u>EKHUFT</u></p> <ul style="list-style-type: none"> • Oncology Assessment Unit not yet up and running. • 5 CNS down to 3 CNS – required to work outside working hours – which has been documented on the risk register. Struggling to see the large number of patients (30 – 70 patients across the 3 EKHUFT sites). • Streaming pathways available in A & E. • Funding not available until April 2019. • MSCC audit data is being captured. • Meeting with Acute Oncology at MTW (nfd) to provide support. • April 2019 business case for Acute Oncology team to provide one extra Band 7, two extra Band 6 and 2 extra Band 4 staff. To be able to offer a 7 day service instead of the current 5 day service. <p><u>MFT</u></p> <ul style="list-style-type: none"> • 2 Consultant Medical Oncologists at MFT. • 10-14 patients on oncology ward under the care of oncologist and as 		
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		<p>many or more outliers which can be challenging.</p> <ul style="list-style-type: none"> • Efforts to move to a 7 day service but financial limitations • 7 day MRI service offered. • Offer in-patient urgent Chemotherapy on oncology ward when appropriate regardless tumour site . • Business case drafted to recruit a 3rd CNS. 		
7.	CNS Updates	<p><u>Update provided by Tracey Spencer-Brown</u></p> <ul style="list-style-type: none"> • TSB mentioned there are both strategical and operational issues which need support to be able to sustain their service and to share good experiences/challenges. • It was agreed there needed to be a structure to each Lead meeting with the venue site being rotated. • CNS competencies and training to be agreed through the Cancer Alliance. • TSB confirmed the next meeting is planned for the end of January 2019 (nfd). 		<p>AW</p> <p>CNS meeting Jan</p>
8.	Primary Care & Commissioning	<p><u>Update provided by Bana Haddad</u></p> <ul style="list-style-type: none"> • BH mentioned taking CUP out of Primary Care as GPs do not diagnose it. MUO pathway should be set up instead. • BH agreed to speak to Ian Vousden from the Cancer Alliance regarding the Malignancy of Unknown Origin and 2ww, which required Cancer Alliance agreement. • AK suggested setting up an MUO event across Kent & Medway to establish agreement on the pathway. 		<p>AK to arrange through TSSG Leads</p>
9.	Palliative Care Representation	<ul style="list-style-type: none"> • The National End of Life Care Audit has been undertaken with the outcome due to be discussed in May 2019. • Recommended Summary Plan for Emergency Care and Treatment (RESPECT) is discussed which details the process and creates personalized recommendations for the patients advanced care plan. • AK mentioned there should be a Palliative Care Consultant at all MUO/CUP MDT meetings but there is only one Consultant visiting MFT from Hospice with cover not always provided. 		

10.	Any Other Business	<ul style="list-style-type: none"> • AK mentioned she has been the Interim Chair for a few years and asked the group if anyone would be interested in taking over this role. AK re-iterated the importance of this meeting and to continue to sustain this forum. • KG agreed to speak to AW (who has now left the meeting) regarding sending out the Expressions of Interest for the positions of Chair and Deputy. AK agreed to continue as the Interim Chair if the vacancies were not filled. • TSB mentioned her team has not received a great deal of feedback year on year in relation to the National Patient Experience Survey. • TSB referred to the Friends and Family Test a service to highlight the views of patients and staff. Funding has been approved from May 2019. TSB is concerned the impact this will have on her team to validate the services required. AK suggested having photos of the team on the questionnaires to direct the feedback too. 		AW to speak to AK
11.	Date of next meeting	<ul style="list-style-type: none"> • May 2019 date and venue to be confirmed. 		AW/KG