

**Acute Oncology & CUP Tumour Site Specific Group meeting**  
**Monday 11<sup>th</sup> November 2019**  
**Lecture Room – Maidstone Academic Centre**  
**09:30 – 12:30**

**Final Meeting Notes**

<b>Present</b>	<b>Initials</b>	<b>Title</b>	<b>Organisation</b>
Afroditi Karathanasi (Chair)	<b>AK</b>	Consultant Medical Oncologist	MFT
Cherie Neill	<b>CN</b>	AOS/CUP CNS	MFT
Stergios Boussios	<b>SB</b>	Consultant Medical Oncologist	MFT
Deirdre Cooke	<b>DCo</b>	AO & CUP CNS	MFT
Nicola Bonthron	<b>NB</b>	Macmillan Lead Nurse – Acute Oncology & Palliative Care	DVH
Tracey Spencer-Brown	<b>TSB</b>	Acute Oncology Matron	EKHUFT
Jennifer Jewell	<b>JJe</b>	Acute Oncology Matron	EKHUFT
Steve Morris	<b>SM</b>	Head of CIS	EKHUFT
Serena Gilbert	<b>SGi</b>	Programme Lead – Early Diagnosis	KMCA
Bana Haddad	<b>BH</b>	Programme Lead – Living With and Beyond Cancer & Macmillan GP	KMCA/Medway CCG
Colin Chamberlain (Notes & IT)	<b>CC</b>	Administrative & Clerical Officer	KMCC
Annette Wiltshire	<b>AW</b>	Service Improvement Facilitator	KMCC
Andrew Brown	<b>AB</b>	AOS/CUP CNS	MTW
Kathryn Lees	<b>KL</b>	Consultant Clinical Oncologist	MTW
Frances Hopes	<b>FH</b>	Cancer Transformation Manager	MTW
Rosie Baur	<b>RB</b>	Head of East Kent Cancer and Specialised Commissioning Services	South Kent Coast CCG
Emily Fagg	<b>EF</b>	Commissioning Project Manager	Thanet CCG
<b>Apologies</b>			
Jack Jacobs	<b>JJa</b>	Macmillan GP	Ashford CCG
Sona Gupta	<b>SGu</b>	Macmillan GP	Canterbury CCG
Karen Connolly	<b>KCo</b>	Specialist Nurse Practitioner for Cancer Services	DVH
Jane Blofield	<b>JB</b>	Uro-oncology CNS	EKHUFT
Lavinia Davey	<b>LD</b>	Research Nurse	EKHUFT
Georgina Parker	<b>GP</b>	Consultant in Palliative Medicine	Heart of Kent Hospice
Claire Mallett	<b>CM</b>	Programme Lead – Living With and Beyond Cancer	KMCA
Tracey Ryan	<b>TR</b>	Macmillan User Involvement Manager	KMCC
Debbie Pyart	<b>DP</b>	Head of Quality & Safety	Medway CCG
Andrew Stradling	<b>AS</b>	Consultant and Lead Clinician for Emergency Medicine	MFT
Linda Caine	<b>LC</b>	Cancer Compliance Manager	MFT

## Kent and Medway Cancer Collaborative

Maadh Aldouri	<b>MA</b>	Consultant Haematologist	MFT
Vicky Kidner	<b>VK</b>	Uro-oncology CNS	MFT
Kolera Chengappa	<b>KCh</b>	Consultant – General Medicine	MFT
Amit Goel	<b>AG</b>	Consultant Histopathologist	MTW
Catherine Harper-Wynne	<b>CHW</b>	Consultant Medical Oncologist	MTW
Catherine Hayward	<b>CH</b>	CSW	MTW
Charlotte Abson	<b>CA</b>	Consultant Clinical Oncologist	MTW
Clare Wykes	<b>CW</b>	Consultant Haematologist	MTW
Dominic Chambers	<b>DCh</b>	Consultant Histopathologist	MTW
Henry Taylor	<b>HT</b>	Consultant Clinical Oncologist	MTW
Jenny Anderson	<b>JA</b>	General Manager for Cancer & Haematology	MTW
Maher Hadaki	<b>MH</b>	Consultant Clinical Oncologist	MTW
Mathilda Cominos	<b>MC</b>	Consultant Clinical Oncologist	MTW
Ola Okuwa	<b>OO</b>	Haematology Pharmacist	MTW
Paulette Basham	<b>PB</b>	Clinical Trials Administrator	MTW
Riyaz Shah	<b>RS</b>	Consultant Medical Oncologist	MTW
Sally Allen	<b>SA</b>	Associate Director of System-wide Commissioning	West Kent CCG
Stefano Santini	<b>SS</b>	Macmillan GP	West Kent CCG

Item	Discussion	Agreed	Action
1	<p><b>TSSG Meeting</b></p>		
<p><b><u>Introductions</u></b></p> <ul style="list-style-type: none"> <li>AK welcomed the members to the meeting and asked them to introduce themselves.</li> </ul> <p><b><u>Apologies</u></b></p> <ul style="list-style-type: none"> <li>The apologies are listed above.</li> </ul> <p><b><u>Review minutes from previous meeting</u></b></p> <ul style="list-style-type: none"> <li>The final minutes from the previous meeting were reviewed.</li> <li>NB and AB specified that there were some changes to be made which CC advised that he would implement accordingly.</li> </ul> <p><b><u>Review action log</u></b></p> <ul style="list-style-type: none"> <li>AK advised that the AOS Directory had been finalised and thanked the Trusts for assisting in the completion of this. AW confirmed that it had been uploaded to the KMCC website. RB asked for the directory to be resent to her, SA and Michelle Jee which CC agreed he would do.</li> <li>TSB and NB confirmed they had updated the AOS Scoping document following the last meeting. AK asked for this to be sent to her for review, which CC stated he would do.</li> <li>TSB confirmed that she had met with the CNS' at the sub-group meeting on 17.10.2019. She specified that this was a productive meeting with representation from all 4 Trusts and that they had all agreed to collect the same data. She added that each Trust now has a specific lead to take actions forward. TSB also mentioned that she would send over the inpatient referral pathway. She stated that the next sub-group meeting will be in January 2020 and that they hope these meetings will take place quarterly. TSB also conveyed that the Chemotherapy Group requires an AOS CNS from each site.</li> <li>AK welcomed TSB as the vice chair for this group.</li> <li>With regards to AK meeting with AW to discuss the AO &amp; CUP Forum TSSG documentation, she advised that she would cover this later on in the agenda under the 'Clinical Pathway Discussion' section.</li> <li>In relation to the MUO pathway piece, AK specified that this would be discussed under the next agenda item.</li> <li>Regarding TSB arranging quarterly MSCC meetings with Kings to include all Trusts' coordinators, she outlined that JJe now leads on this but that she had requested the MSCC SOP from Kings Hospital as it is outdated.</li> </ul>			
			CC
			CC
			CC

<p>2</p>	<p>Horizon Scanning</p>	<p><b><u>MUO/CUP Pathway – update by Afroditi Karathanasi</u></b></p> <ul style="list-style-type: none"> <li>• AK made reference to the MUO document that she had been asked to put together following a telephone discussion with Ian Vousden and RB on 31.07.2019.</li> <li>• The document outlines 4 models:             <ol style="list-style-type: none"> <li>1) An MUO/CUP MDT linked with a specific site MDT</li> <li>2) A standalone MUO/CUP MDT for every Trust</li> <li>3) A centralized MUO/CUP MDT with a video-conferencing link for members from every Trust</li> <li>4) A standalone centralized MDT</li> </ol> </li> <li>• The advantages and disadvantages of each model were detailed and discussed at length with AK highlighting the need for an open to GPs MUO pathway across Kent and that she would be in favour of the first model which is what is now going on at Medway Hospital and seems to require less new structures in place than any of the other models.</li> <li>• AK specified that she believes model 1 is the most reasonable option. KL then proceeded to ask if this model can be CNS-led due to how stretched oncologists are.</li> <li>• AK emphasised the importance of not only having a clearly defined MDT structure but also a Lead Nurse that could triage patients, advise on appropriate investigations, refer to site specific MDTs and add only appropriate patients on the MUO and CUP MDT which could be a very reasonable option.</li> <li>• TSB stated that EKHUFT run an inpatient service and outlined that there would be risks associated with moving this to an outpatient service.</li> <li>• RB advised that if there are patient safety concerns then this needs to be added to the Trust risk register and brought to the attention of the JCC. She added that it is important to specify what the preferred option is. SGi agreed with this and added that once it is clear which model is to be chosen, the KMCA can then provide support.</li> <li>• RB shared that there is a lack of clarity where internal processes around cancer upgrades are concerned. She advised that she had raised this at the last KMCA Delivery Group meeting and asked SGi to follow up on this.</li> <li>• AK wondered whether an early MUO clinic could be linked to a vague symptoms clinic since this was already supported by KMCA.</li> <li>• It was also mentioned that there appears to be no specific structures for MUO set up.</li> <li>• TSB stated that EKHUFT are interviewing for an AO Navigator next week.</li> <li>• <b>Action:</b> AK to circulate the paper outlining the 4 models to the Trusts who can then share this information with their respective teams/Boards. Feedback is required ahead of the next Early Diagnosis Working Group on 24.01.2020.</li> <li>• <b>Action:</b> A CCG discussion is required around where the ownership sits for the diagnostic pathway in relation to this piece of work.</li> <li>• <b>Action:</b> Each Trust to discuss which model they believe is the best option to go</li> </ul>		<p>SGi</p> <p>AK</p> <p>CCGs</p> <p>All Trusts</p>
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		<p><b>forward with.</b></p> <ul style="list-style-type: none"> <li>AK stated that she believes all Trusts should have the same model with Pathway Navigators in post across the patch and a consultant oncologist overseeing the piece.</li> </ul>		
3	Performance	<p><b><u>CUP Breaches</u></b></p> <ul style="list-style-type: none"> <li>AK specified that CUP MDT breaches should be fed back to the KMCA.</li> </ul> <p><b>DVH</b></p> <ul style="list-style-type: none"> <li>No breach data was presented by DVH for this meeting.</li> </ul> <p><b>EKHUFT</b></p> <ul style="list-style-type: none"> <li>TSB shared that Chris Hopkins had provided the data for today's presentation. From the period of October 2018 to October 2019, there were a total of 10 breaches.</li> <li>8 breaches were attributed to complex diagnostic pathways (many, or complex, diagnostic tests required) with 2 in January, 2 in February, 2 in April and 2 in August. Of the 8, 4 came under the H&amp;N sphere, 1 under lung, 2 under upper GI and a further 1 under urology.</li> <li>1 breach (in March) was due to outpatient capacity being inadequate (i.e. no cancelled clinic, but not enough slots for this patient). This particular breach came under the upper GI sphere.</li> <li>1 breach (in February) was attributable to a patient not attending an appointment for a diagnostic test or treatment planning event (no advance notice). This breach also came under the upper GI sphere.</li> <li>There was 1 104d+ breach for the time period audited which came under upper GI.</li> </ul> <p><b>MFT</b></p> <ul style="list-style-type: none"> <li>In terms of the number of referrals to the CUP MDT, there were a total of 28 patients in 6 months (January – June 2019) with 42 MDT discussions.</li> <li>With regards to diagnostic outcomes for all of the patients, 20 had an identified primary, 4 were MUO's not investigated further, 1 was a confirmed CUP and 3 were non-cancers.</li> <li>In relation to the MUO's with a primary identified (20 out of 28), 18 of the patients received treatment. The other 2 with a primary site undefined received best supportive care.</li> <li>The 1 confirmed CUP case received treatment.</li> <li>There were no breaches on cancer waiting times for diagnosis and treatment for those</li> </ul>	<p><b>CC circulated this presentation on 13.11.2019</b></p>	<p><b>CC circulated this presentation on 13.11.2019</b></p>

		<p>patients referred to the CUP MDT.</p> <p><b>MTW</b></p> <ul style="list-style-type: none"> <li>No breach data was presented by MTW for this meeting.</li> <li>AK questioned how the TSSG could ensure that MUO/CUP performance data was received for all Trusts.</li> <li>NB stated that DVH obtain their data from InfoFlex. She added, however, that their Developmental Analyst who would have sourced this information has just left to join MFT.</li> </ul> <p><b><u>28 day performance</u></b></p> <ul style="list-style-type: none"> <li>This item was not discussed.</li> </ul> <p><b><u>AO Clinical indicators</u></b></p> <ul style="list-style-type: none"> <li>NB stated that they are looking at clinical indicators at the sub-group meeting.</li> <li>AK advised that data should be fed back to the KMCA around clinical indicators on an annual basis every June/July following the local Trust submissions.</li> </ul>		
4	<b>Clinical Pathway Discussion</b>	<p><b><u>Terms of Reference &amp; High Level Operational Policy</u></b></p> <ul style="list-style-type: none"> <li>AK asked for these documents to be sent to the members following today's meeting for them to review and advise any updates/changes accordingly. AK specified a deadline of 2 weeks. <b>Action: AW to do this.</b></li> </ul>		<b>AW/ALL</b>
5	<b>CNS Updates</b>	<p><b>DVH</b></p> <ul style="list-style-type: none"> <li>Have a 7-day service.</li> <li>Nina Williams has been off sick recently but is due to return shortly. She will, however, be leaving her role in the near future.</li> <li>There is an on-call registrar for the Acute Medical Unit.</li> <li>There is no AO Lead Consultant.</li> <li>NB advised that they are reviewing the Unwell Patient pathway and that she will be highlighting her concerns in relation to this document.</li> </ul>		

		<p><b>EKHUFT</b></p> <ul style="list-style-type: none"> <li>• TSB advised that they no longer manage the CNS'.</li> <li>• They will soon have no loan CNS' in the Trust.</li> <li>• A full-time TYA CNS will be put in place (with MTW also getting one).</li> <li>• They are managing the Cancer Care Line which is due to move to a 7-day service. They have 2 Band 3's and a Band 4 for this service.</li> <li>• TSB made reference to weekend on-call support.</li> <li>• They have 7 staff members for a 7-day service.</li> </ul> <p><b>MFT</b></p> <ul style="list-style-type: none"> <li>• Currently a 2-nurse service.</li> <li>• Looking to recruit a third CNS which in turn will assist with their drive to become a 7-day service. They hope to then recruit a further CNS.</li> <li>• They are also heavily involved in the work-up of outpatients referred in by GPs.</li> <li>• A new outpatient database is now in place.</li> </ul> <p><b>MTW</b></p> <ul style="list-style-type: none"> <li>• AB stated that they are still a 6-day service with 3 CNS' in place.</li> <li>• AB is no longer managing the Medical Infusion Unit which he advised was taking up a relatively considerable amount of his time.</li> <li>• MTW still lack a dedicated lead for AO.</li> <li>• AK suggested that the Trust discuss having a nurse consultant-led service.</li> <li>• TSB highlighted the need to agree on a number of equitable minimum recommendations for the Kent &amp; Medway teams.</li> </ul>		
6	<b>Clinical Audit</b>	<ul style="list-style-type: none"> <li>• This item was not discussed as no-one came forward to provide a clinical audit.</li> </ul>		
7	<b>Primary Care &amp; Commissioning</b>	<ul style="list-style-type: none"> <li>• This item was not discussed as a standalone agenda item due to time constraints.</li> </ul>		
8	<b>MDT web module in InfoFlex</b>	<ul style="list-style-type: none"> <li>• SM advised that a new module had been added to InfoFlex to assist at MDM meetings.</li> <li>• SM referred to the MDT Web module demo workshops that had taken place so far which he stated MDT coordinators, TSSG Leads and other relevant staff members had been invited to.</li> </ul>	<b>CC circulated this presentation on 13.11.2019</b>	

		<ul style="list-style-type: none"> <li>• SM added that the demos were an opportunity to provide feedback for any additional functionality the user required so it was important that they attended where possible.</li> <li>• SM advised that a key purpose of this piece of work is to have a web-based system to present data in a clearer and more concise way.</li> <li>• SM conveyed that the InfoFlex desktop software is often quite slow and there had been feedback previously mentioning the need for a faster process. SM added that not only is the web module faster but it is more presentable, has a number of technological improvements and is easier to use.</li> <li>• He added that updated quick reference guides (QRGs) which provide information on how to use the new module to prepare and manage MDMs have been circulated.</li> <li>• SM stated that a brief training video covering the basics of using the module has been created and that this is accessible for everyone with internet access (the videos are on YouTube).</li> <li>• SM conveyed that the new MDT web module works best in Google Chrome and that the Trusts' IT departments have been asked to make this available to staff.</li> <li>• He stated that the web version will be a lot more intuitive and user-friendly.</li> <li>• SM added that a piece of work involving e-referrals going in to InfoFlex is currently being worked on.</li> <li>• He concluded by stating that a piece of work has been undertaken around bringing radiology and pathology test results on to the web platform.</li> </ul>		
9	AOB	<ul style="list-style-type: none"> <li>• KL outlined that obtaining MSCC contact from Kings Hospital continues to be an issue.</li> <li>• It was highlighted that there is no service level agreement in place between the two Trusts and that identifying someone at Kings to take this issue forward is becoming an increasing concern. She added that Katie Goodwin (Divisional Director of Operations for Cancer Services – MTW) has been trying to make contact with the appropriate people and that this problem would be raised at their upcoming consultant meeting.</li> </ul>		