NHS
Kent & Medway Cancer Collaborative

Acute Oncology, CUP & NSS Forum Tumour Site Specific Group meeting
Wednesday 17th May 2023
Great Danes (Mercure) Hotel - Maidstone
13:30-16:30

Final Meeting Notes

Present	Initials	Title	Organisation
Tracey Spencer-Brown (Chair)	**TSB**	Macmillan Nurse Consultant – Acute Oncology / Acute Oncology, CUP & NSS Forum TSSG Chair	MTW
Miriam Davey	**MD**	Lead Research Nurse	MTW
Deborah Willcox	**DW**	Senior Haematology & Lymphoma Research Nurse	MTW
Bobbie Matthews	**BM**	Acute Oncology Lead Nurse	MTW
Hannah Goren	**HG**	Acute Oncology CNS	MTW
Natalie Smith	**NS**	Acute Oncology CNS	MTW
Charlotte Moss	**CM**	Consultant Medical Oncologist	MTW
Rosalyn Yates	**RY**	Lead Oncology Matron	MTW
Nicole Green	**NG**	Acute Oncology Support Worker	MTW
Adriana Kadangure	**AKad**	Trainee Consultant Palliative Radiographer	MTW
Katy Taylor	**KT**	Consultant Radiographer	MTW
Sebastian Urruela	**SU**	Acute Physician – AOS & NSS / NSS Clinical Lead	DVH
Billie-Jo Beacroft	**BJB**	Acute Oncology CNS	DVH
Stacie Main	**SMa**	Acute Oncology CNS	DVH
Foluke Adebayo	**FA**	Acute Oncology CNS	DVH
Nazima Chokoury	**NCh**	Acute Oncology CNS	DVH
Marie Payne	**MP**	Macmillan Lead Cancer Nurse	DVH
Carrie Barton	**CB**	NSS CNS	DVH
Colin Chamberlain (Notes)	**CC**	Administration & Support Officer	KMCC
Karen Glass	**KG**	Administration & Support Officer	KMCC
Annette Wiltshire	**AW**	Service Improvement Lead	KMCC
Lucy Page	**LP**	Acute Oncology Pathway Navigator	EKHUFT
Claire Whiteley	**CWh**	Lead NSS/Acute Oncology Nurse Practitioner	EKHUFT
Samuel Jones	**SJ**	Cancer Navigator	EKHUFT
Declan Cawley	**DCa**	Palliative Care/Acute Oncology Consultant	EKHUFT
Kate Regan	**KR**	Partnership Quality Lead - Kent & Medway	Macmillan
Suzanne Bodkin	**SBo**	Cancer Service Manager	MFT
Daniel Gorman	**DG**	Acute Oncology CNS	MFT
Merciline Taruvinga	**MT**	Acute Oncology CNS	MFT
Chris Singleton	**CS**	Senior Programme Manager – KMCA Commissioning	NHS Kent & Medway ICB

Rebecca Nelhams	**RN**	Workforce Programme Lead - KMCA	NHS Kent & Medway ICB
Apologies			
Lavinia Davey	**LD**	Haemato-oncology (Blood Cancers) Research Team Leader	EKHUFT
Kerry Harrison	**KH**	Patient Services Director	Heart of Kent Hospice
Cathy Finnis	**CF**	Programme Manager – Early Diagnosis	KMCA
Sarah Barker	**SBa**	Project Manager - Early Diagnosis	KMCA
Tina George	**TG**	Clinical Lead – Early Diagnosis	KMCA
Nicola Cooper	**NCo**	Deputy Divisional Director of Operations for Planned Care	MFT
Vicky Kidner	**VK**	Matron for Cancer	MFT
Denise Thompson	**DT**	Project Manager - Non-Specific Symptoms Service	MFT
Deirdre Cooke	**DCo**	Acute Oncology & CUP CNS	MFT
Emma Bourke	**EB**	Macmillan Personalised Care and Support Facilitator	MFT
Afroditi Karathanasi	**AKar**	Consultant Medical Oncologist	MFT
Catherine Harper-Wynne	**CHW**	Consultant Medical Oncologist	MTW
Emma Hughes	**EH**	Non-Specific Symptoms CNS - Faster Diagnosis Service	MTW
Maher Hadaki	**MH**	Consultant Clinical Oncologist	MTW
Claire Pegg	**CP**	Lead Research Nurse	MTW
John Schofield	**JS**	Consultant Pathologist	MTW
Ola Okuwa	**OO**	Senior Oncology Pharmacist	MTW
Riyaz Shah	**RS**	Consultant Medical Oncologist	MTW
Stacy White	**SW**	Acute Oncology CNS	MTW
Mathilda Cominos	**MC**	Consultant Clinical Oncologist	MTW
Stephanie McKinley	**SMc**	Matron - Faster Diagnosis	MTW
Philippa Moth	**PM**	Chief of Cancer Services / Consultant Obstetrician & Gynaecologist	MTW
Jade Barton	**JBa**	Non-Specific Symptoms Pathway Navigator	MTW
Charlotte Wadey	**CWa**	Deputy Chief Nurse – Workforce & Education (Interim)	MTW
Amit Goel	**AG**	Consultant Histopathologist	MTW
Ann Courtness	**AC**	Macmillan Primary Care Nurse Facilitator	NHS Kent & Medway ICB
Jonathan Bryant	**JBr**	Primary Care Cancer Clinical Lead	NHS Kent & Medway ICB

Item		**Discussion**	**Action**
1	**TSSG Meeting**	**Apologies** • The apologies are listed above. **Introductions** • TSB welcomed the members to the meeting and asked them to introduce themselves. • If you attended this meeting but your name is not noted on the attendance list, please notify c.chamberlain3@nhs.net.	

		Action Log • The action log was reviewed, updated and will be circulated to the members along with the final minutes from today's meeting. **Previous minutes** • The final minutes from the previous meeting were reviewed and agreed as a true and accurate record.	
2	**NSS Service**	**Presentation provided by Sebastian Urruela** • SU provided the group with an overview of an NSS service case of a 75-year-old independent married female with a past medical history of having multiple drug allergies, atrial fibrillation and an episode of acute pancolitis of unknown aetiology in 2020. • On 17.01.2022 the patient had an unprovoked pulmonary embolism. About 1 month later she experienced a sudden, severe incapacitating pain in her right knee precipitated by kneeling. The pain was exacerbated by any movement and light touch. It progressed to the point where the patient was left bedbound. The initial examination and X-rays did not show any bone lesions or knee deformities. Due to the persistence and severity of the pain an MRI scan was conducted which showed an intramedullary deposit in the distal femur suspicious for metastasis. • The MRI scan showed multiple deposits in separate lesions in the proximal and distal right femur, with significant bone marrow edema and surrounding myositis, and no drainable collections. This raised the possibility of metastatic deposits. • The patient was referred to the NSS service as an MUO vs primary bone cancer. • Due to the significant pain limiting the patient's mobility, she required an initial admission for pain management. Tumour markers serum electrophoresis were requested and a PET scan was ordered to further characterise the lesion and to evaluate the extent of the disease as well as search for an unknown primary tumour. • The PET scan showed an FDG avid soft tissue mass involving the right distal femur and right greater trochanter of the humerus in keeping with malignancy as well as bilateral adrenal metastases. • Once it was evident the main lesion was in the femur, a biopsy was planned in a tertiary centre (the Royal Marsden Hospital) specialising in bone tumours. The biopsy results revealed a high-grade germinal center B-cell non-Hodgkin's lymphoma positive for CD10 CD20 BCL6 and CD79a. • The patient was referred to haematology, completed 4 cycles of mini R-CHOP and 2 cycles of R-CHOP with complete remission and peripheral neuropathy as sequelae from treatment. • Despite the patient being bedbound, SU stated she had a normal performance status on admission. • TSB commended the service, particularly from a diagnostic perspective. • SU stated the speed of investigations is roughly the same for an inpatient as for an outpatient. • CB highlighted the importance of good communication between teams, particularly between Acute Oncology and the NSS service. • 2 outpatient clinics are in place at DVH each week. Referrals are received from GPs and the NSS team then triage the cases promptly, review the patients' clinical history and try to have a plan in place prior to seeing them for the first time. Following the appointment, patients are then either discharged or referred on to oncology teams.	

		• SU stated there is a national framework for the NSS service which the team are guided by and there is work being undertaken on uniting referral criteria. • CS mentioned how proud he is of the NSS service at DVH and how impressed he has been with the level of engagement across the patch. • There is a new GP supporting the NSS service at DVH and the team see a diverse group of patients. • SU and MP highlighted the need to raise awareness of the service in both primary care as well as the community. • The conversion rate to cancer during the pilot was 17%. Now it is no longer a piloted service, the rate is 3-4%. Additional data pertaining to the service can be collected if the TSSG would like to see this. • There is, or will be, a GP in place for each of the NSS services and it is hoped the service will help to expedite the issue of GPs referring in to multiple pathways. • CS highlighted that referrals in to the service cannot be rejected if blood tests without FFT are not provided.	
3	**AOS Trust Updates re service provision, workforce and developments**	**DVH – update provided by Marie Payne** • Nicola Bonthron has left the Trust since the last meeting. MP is now leading the Acute Oncology service. • There are 3.9 WTE Band 7s running a 7 day service. • An Associate Nurse will be in place for the service from September/October 2023. • The team will be reviewing the service to determine whether they require any more staff to support it. • The team have appointed an administrator to support the Acute Oncology and Palliative Care services. • Referral numbers have increased. **EKHUFT – update provided by Claire Whiteley** • DCa has joined the team and an additional Consultant will be in place for the service from next year. • There are 6 Band 7s (one of which is leaving, although there is an advertisement out for this post), 4 Band 4s and 3 Band 3s (who support the Cancer Care Line) in place for the service. • SJ has come in to post as the NSS Navigator. • There are 2 Nurse Prescribers now in place for the service. • An advertisement has gone out for a joint NSS/Gastro Lead role. The Trust are looking to commence with the NSS service in early summer of this year. • The nursing team provide clinical support to the Cancer Care Line. • The team have operated a 7 day service since 2020 (08:00-18:00). • Please refer to the circulated Microsoft Word document entitled 'EKHUFT data' for an overview of the Trust's data for 2022/23. **MFT – update provided by Daniel Gorman & Merciline Taruvinga** • The team's Support Worker is currently on sick leave and there is no admin support in place for the service. • The service has recruited a 5th CNS. • The team hope to commence with a 6 day service from September 2023.	

		• 2 Oncologists support the service. • SBo stated MFT are ready to launch the NSS service imminently. **<u>MTW – update provided by Bobbie Matthews</u>** • There have been a number of new starters since the last meeting. • A 6 day service is being piloted. The team are looking to move towards a 7 day service from the end of this summer. • The team are hoping to set up an SDEC service. They also intend on commencing with the NSS service in early summer 2023. • Oncology registrars support the service on a part-time basis. • The service is awaiting clearance from procurement regarding the advertising of an IO CNS post which would be funded by Macmillan. • The team feel it would be helpful to have an additional administrator in place for the service due to the high workload. • A Band 8a, a Band 8b, 5.76 WTE Band 7s and a Band 4 are in place for the service.	
4	**Patient involvement & engagement interactive session**	• TSB asked the group to consider what they feel is most important to patients during their interactions with staff. Responses to this included the importance of: - Having effective communication with patients and understanding what matters to them. - Developing trust with patients and being as transparent as possible regarding their care. - Evaluating the way in which information is conveyed to patients, for example having written information which is as clinically relevant but comprehensible as possible (especially in view of the fact that the national reading age is 9), and taking in to account that patients may have bespoke needs which need to be catered for (for example translations for individuals whose first language is not English). • The above information will be relayed to Tracey Ryan (Macmillan User Involvement Manager – KMCA).	
5	**Introduction to Role, Palliative Tool Kit**	**<u>Presentation provided by Kate Regan</u>** • The 5 pillars of Macmillan's professional promise are: welcoming, recognising and supporting you; supporting you to learn, develop and network; listening and communicating with you and for you; supporting you to help everyone with cancer; and supporting you to develop your service. • Macmillan offer free education and training for health and social care professionals working in cancer care. You can access all of their education and training on their Learning Hub (https://www.macmillan.org.uk/healthcare-professionals/macmillan-professionals/learning-and-development). • There are a number of e-learning modules including ones for: - The Enhanced palliative and end of life care learning and development toolkit. - What is palliative and end of life care? - Introduction to loss, grief and bereavement. - Working with children facing loss and bereavement. - Advanced Care Planning (ACP).	

- KR provided the group with an overview of Macmillan's Enhanced Palliative and End of Life Care Development Toolkit which offers a wide range of interactive online modules, tools and resources to develop your knowledge and skills in palliative and end of life care (and which will continue to evolve). It is designed to offer flexible, self-paced learning which can be accessed when and where you need it. The content is divided into 5 topic areas: pain management in palliative and end of life care, other common palliative and end of life symptoms, communication in palliative and end of life care, palliative care emergencies, and end of life care and bereavement.
- Levels of learning range from essential to enhanced to advanced. They are flexible, self-paced and you can dip in and out of them as and when required.
- Learning may be via video, webinar, an e-learning course, an article or other resources.
- KR outlined the resources in place in relation to various medical issues palliative and end of life care patients may experience.
- KR highlighted the principles of the World Health Organisation's Analgesic Ladder which is a widely recognised strategy to provide effective pain relief. It was originally developed for the management of cancer pain, but the principles are also now regularly used to manage pain in other life-limiting conditions.
- KR provided the group with an overview of a number of services/resources Macmillan offers which includes, but is not limited to, the following:

- The Macmillan Cancer and Coronavirus hub.
- The In Your Area functionality which is an online directory of cancer support services, self-help and support groups, and fundraising events across the UK.
- The Macmillan Support Line which offers confidential support to people affected by cancer. Their specialist Money and Work teams provide vital support and guidance to everyone who needs it including on topics such as the cost of living crisis, financial guidance, welfare rights, energy advice, work support and travel insurance.
- The Ask An Expert functionality. Ask An Expert is a place where you can get information and support from Macmillan's experienced professionals. Their experts are there to help answer any questions you may have.
- The Volunteer Buddies service which commenced during the pandemic.
- BUPA Counselling Services of which Macmillan continue to fund 6 sessions of free one-to-one counselling for. Patients can self-refer through the website or via the phoneline. The waiting list for this is currently 4 weeks.
- Macmillan's partnership with Big Health. Their partnership with Big Health will provide newly diagnosed cancer patients aged 18 and older residing in England, Wales and Northern Ireland with free access to the Sleepio app for insomnia and the Daylight app for anxiety to manage their mental health needs.
- Macmillan Partnership Grants. This includes a one-off payment of £350 (although this is means tested) to help with the extra costs which living with cancer can bring and can help with things like: energy bills, home adaptions, the cost of travel to and from hospital and any extra costs someone might have because of cancer. CNS'/Support Workers can sign up to refer their patients via https://www.macmillan.org.uk/healthcare-professionals/for-your-patients/grants-for-your-patients.

- The Macmillan Information Centre, which RY described as a signposting service, is located at Maidstone Hospital and they recently undertook a scoping exercise in order to understand the needs of people across the county.
- RY added that the acupuncture service at Maidstone Hospital has had positive uptake.

		• MTW are due to recruit a Band 8a to lead the hub across Kent & Medway.	
6	**Research**	**Presentation provided by Deborah Willcox & Miriam Davey** • DW and MD provided a presentation on how to identify research patients at Maidstone and Tunbridge Wells Hospitals on admission. • KOMS will have registered oncology patients from a large catchment area. There is a specific trial registration form on KOMS. The Sunrise system also has a KOMS tab on the patient page which will have the patient's most recent visits for medics to review. • DW stated the Trust has trials in several specialties including: Upper GI & Colorectal, Urology & Gynae, Breast, Melanoma, Lung, Haematology and Lymphoma, and Radiotherapy. • The trials team should be informed if a trial patient has attended A&E. • An admission to A&E could constitute as a serious adverse event (SAE). The expectation on trial teams is that this episode needs to be reported to the Clinical Trials Unit (CTU) within 24 hours. An SAE form/report needs to be completed and signed by the Principle Investigator or Sub Investigator prior to sending the report to the CTU. As much information regarding the admission will assist the research team in completing the form. This will trigger a follow-up call to the patient or a visit to the ward to gather further details. • Serious adverse events could include: an admission to hospital or the prolongation of an existing hospitalisation, any adverse event of special interest, something life-threatening, something which could result in a persistent or significant disability/incapacity, or a congenital anomaly/birth defect. • Each speciality has a generic email address. Their contact emails are: mtw-tr.koc-haemresearch@nhs.net; mtw-tr.koc-colorectaluppergi-research@nhs.net; mtw-tr.koc-breasttrials@nhs.net; mtw-tr.koc-lungmelanomatrials@nhs.net; mtw-tr.koc-gynaeurology-research@nhs.net. • The research department is located opposite LA4 at the back of Radiotherapy at Maidstone Hospital. • DW confirmed the team have received referrals from all Kent & Medway Trusts. • A number of members at the meeting stated they were not aware of the clinical trials tab within KOMS. • **Action: CC to put the research generic email addresses for each Trust on the KMCC website.** • DW mentioned it would be helpful for staff to notify the research team (either by email or telephone) when they send patients through to them.	**CC**
7	**New Starter shared experiences MFT AOS CNSs**	**Presentation provided by Daniel Gorman & Merciline Taruvinga** • With regard to key highlights, the team have visited neighbouring Trusts (which they have found insightful) and are seeing their patients alongside the Consultants. • There have been some challenges relating to: delays in getting access to systems, developing a deeper understanding of different patient groups, and understanding new pathways and procedures. • Key developments/innovations/celebrations include: Acute Oncology staff attending Advanced Comms training, the plan to introduce a 6 day service (which has had to be delayed due to capacity issues), the recruitment of a new CNS and holding the AOS phone/bleep. • DG confirmed the CNS' have joined the Macmillan Learning Hub.	

		• DCo and Cherie Neill are beginning non-medical prescribing. DG and MT also hope to follow suit in due course. • In the mornings, DG and MT review new referrals with the Oncologists at MFT. • MT mentioned having a structured induction programme has been of great benefit to her and DG.	
8	**Leadership Collaborative Strategic Role**	**<u>Presentation provided by Tracey Spencer-Brown</u>** • TSB provided the group with an overview of the strategic elements of the Acute Oncology Nurse Consultant role and the work which has taken place in relation to supporting workforce, service provision, patient experience and feedback, and quality data/audits. • TSB provided a summary of the work undertaken between November 2022 and May 2023 in addition to planned work for the future. Highlights include: - There being a variation in Acute Oncology service provision with differing models in place across the patch. - The various services not being streamlined with no elective pathways in place. - The Kent & Medway AOS recommendations report highlighting the priority areas requiring improvement. There is an agreed buy-in from all Trusts to implement improvements. - There being an aim for 75% of Kent & Medway's Acute Oncology services to have 7 day coverage by May 2023 and 100% 7 day coverage by August 2023. - Successful funding for nursing posts to support the 7 day service. - The development of an MUO & CUP pathway. - A standardised InfoFlex AOS dataset which is fully implemented at MTW, EKHUFT and DVH and is in the testing phase at MFT. • Pressures include: - Staffing recruitment and retention. - The increase in capacity and acuity within Acute Oncology services. - The significant increase in new diagnoses in the emergency setting. - There currently not being a formally established patient experience feedback process in place. - Managing the expectations of Acute Oncology services from wider teams. - There being differing Trust cultures. - The local Trust priorities differing and Acute Oncology services taking on additional roles. - The impact on collaborative working with tumour specific CNS', PCTs and the variations in inpatient support provided. • Key developments/innovations/celebrations include: - TSB visiting all acute Trust sites to meet with the Lead AOS Nurses. - TSB shadowing AOS teams at MTW, MFT and DVH (all of which are fully engaged). - The implementation of a pilot 6 day service at MTW. - Kent & Medway Acute Oncology service hours now being 09:00-17:00 with a clear plan to move to 100% coverage for a 7 day service.	

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- A Kent & Medway patient information and feedback process being developed.
- All AOS job descriptions being equitable across Kent & Medway for new advertised posts.
- A training programme being developed with collaborative bi-annual Kent & Medway AOS working/shared learning. MTW AOS has been put forward to pilot the AOS Passport.
• The support and action required from MTW (as host), KMCA and Macmillan senior leadership teams includes:
- Clarifying support with engagement across Kent & Medway regarding the proposal for piloting the MTW SDEC service through a phased approach.
- Communication regarding the Acute Oncology Nurse Consultant role to wider teams as there is a lack of understanding within some areas.
- Continuing workforce mapping and planning across Kent & Medway with Trusts and the KMCA Workforce Lead (RN).
- The need for admin support within Acute Oncology services.
- Implementing a focused workstream with sites supportive of Trust work plans.
• TSB highlighted how beneficial she found the Emotional Resilience/Compassion Fatigue training she attended earlier this year and encouraged others to attend future courses if they are offered.
• TSB will be in contact with the Trusts in order to review their work plans.
• TSB has been working with Tracey Ryan with regard to patient experience and feedback.
• TSB asked for the Trusts to be clear when highlighting what they feel are priority areas for their services.
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<tr><td>9</td><td>Oncology SDEC</td><td>
<u>Presentation provided by Bobbie Matthews</u>
• With regard to the current system:
- Patients present to A&E acutely unwell and are seen by their team initially. The medics then admit the patient if necessary.
- Acute Oncology provide support to both teams, will liaise with oncology teams and can coordinate acute care.
• The benefits of SDEC for AOS patients includes:
- It enables upfront specialist support for them.
- It provides an alternative to hospital admission or A&E presentation.
- An outpatient oncology assessment can be carried out for new diagnoses of unknown primary.
• Patients who could benefit from SDEC include, but is not limited to, those with:
- Suspected MSCC without severe neurological deficit.
- Asymptomatic PEs.
- Possible DVTs.
- Grade 2 immunotherapy toxicities.
- Chemotherapy-induced nausea and vomiting.
- PICC line complications.
- An assessment of ascites.
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		- Symptomatic anaemia in the absence of bleeding. - Electrolyte disturbances. - Low-risk neutropenic sepsis. • Plans for SDEC at MTW include: - Having discussions with AEC colleagues and liaising with general medics regarding medical support. - Considering where the service would be located (space is currently an issue at the hospital). - Determining how the service would be audited. - Scoping what staffing would be required to support the service. • A risk and benefits analysis will be conducted. • It is envisaged that a phased approach will be adopted to have SDEC available nationally. • EKHUFT are currently keeping note of how many of their patients could have been seen on an elective pathway.	
10	**Cancer Alliance / ICB Update**	**Presentation provided by Chris Singleton** • CS provided the group with an overview of the various projects relating to the following workstreams (please refer to the presentation circulated on 17.05.2023 for a detailed breakdown of what these are): - Faster diagnosis and operational performance. - Early diagnosis. - Treatment and care. - Cross-cutting. • CS stated JBr is now the Primary Care Cancer Clinical Lead for the NHS Kent & Medway ICB. He is a GP by profession and is based in Lyminge. • JBr works closely with the KMCA regarding their priorities, is keen to support the TSSGs and will focus on expediting communication issues between primary and secondary care. • The Galleri GRAIL trial is in its 2nd year and is managed by NHS Digital. 5-10% of patients invited are coming through in Kent & Medway and the trial has found a number of people with early stage cancers. • CWh stated EKHUFT are noticing a lot of cancers in the second year of the Galleri GRAIL trial.	
11	**AOB**	• **Action: DCa to present on the nature of his role and the work he has been undertaking at EKHUFT at the next meeting.** • KT highlighted there are still problems with holding the MSCC phone at MTW when she is on leave, although this is in the process of being worked through. KT has been supporting AKad who is training as a Consultant Radiographer. • RN encouraged the members to let her know if they have any education needs or courses they would be interested in attending. • **Action: EKHUFT to be allocated an agenda item at the next meeting on shared learning.**	**DCa** **AW / EKHUFT AO team**
	Next Meeting	• To be confirmed.	