

Acute Oncology & CUP Forum Tumour Site Specific Group meeting
Wednesday 2nd November 2022
Great Danes (Mercure) Hotel
13:30-16:30

Final Meeting Notes

Present	Initials	Title	Organisation
Tracey Spencer-Brown (Chair)	TSB	Macmillan Nurse Consultant - Acute Oncology	MTW
Nicole Green	NG	Cancer Support Worker	MTW
Megan Lumley	ML	CUP CNS	MTW
Roz Yates	RY	Oncology Matron	MTW
Andrew Brown	ABr	Macmillan Acute Oncology Services CNS	MTW
Andrea Blurton	ABI	Acute Oncology CNS	MTW
Erika Wade	EW	Acute Oncology CNS	MTW
Katy Taylor	KT	Macmillan Consultant Radiographer	MTW
Kathryn Lees	KL	Consultant Clinical Oncologist	MTW
Naz Chokoury	NC	Acute Oncology CNS	DVH
Stacie Main	SMa	Acute Oncology CNS	DVH
Nicola Bonthron	NB	Macmillan Lead Nurse for Palliative Care & Acute Oncology	DVH
Claire Whiteley	CW	Acute Oncology Nurse Practitioner	EKHUFT
Karen Griffin	KGr	CNS	EKHUFT
Claire Mallett	CMa	Programme Lead – LWBC/PC&S	KMCA
Colin Chamberlain (Notes)	CC	Administration & Support Officer	KMCC
Karen Glass	KGI	Administration & Support Officer	KMCC
Annette Wiltshire	AW	Service Improvement Lead	KMCC
Jo Carrim	JC	Consultant in Palliative Medicine	Medway Community Healthcare
Cherie Neill	CN	Acute Oncology & CUP CNS	MFT
Kirsty Hearn	KH	Service Manager	MFT
Emma Bourke	EB	Macmillan Personalised Care and Support Facilitator	MFT
Chris Singleton	CS	Senior Programme Manager – KMCA Commissioning	NHS Kent & Medway ICB
Rebecca Nelhams	RN	Workforce Programme Lead – KMCA	NHS Kent & Medway ICB
Lynn Hanlon	LH	Acute Project Officer	One You Kent
Apologies			
Alex Rowswell	AR	Acute Oncology CNS	DVH
Amy Peacock	AP	Acute Oncology & CUP CNS	DVH
Sebastian Urruela	SU	Consultant in General & Acute Medicine/Clinical Lead for NSS service	DVH
Foluke Obiwusi	FO	AOS CNS	DVH

Jennifer Jewell	JJ	Macmillan Lead Acute Oncology Matron	EKHUFT
Jin Lindsay	JL	Consultant Haematologist	EKHUFT
Lavinia Davey	LD	Haemato-oncology (Blood Cancers) Research Team Leader	EKHUFT
Sarah Barker	SBa	Project Manager – Early Diagnosis	KMCA
Serena Gilbert	SG	Cancer Performance Manager	KMCA
Bana Haddad	BH	Clinical Lead – LWBC/PC&S	KMCA
Cathy Finnis	CF	Programme Lead – Early Diagnosis	KMCA
Ian Vousden	IV	Programme Director	KMCA
Sharon Middleton	SMi	Partnership Manager – Kent & Medway	Macmillan
Afroditi Karathanasi	AK	Consultant Medical Oncologist	MFT
Stergios Boussios	SBo	Consultant Medical Oncologist	MFT
Vicky Kidner	VK	Macmillan Lead Nurse for Chemotherapy/Matron for Cancer	MFT
Maher Hadaki	MH	Consultant Clinical Oncologist	MTW
Mathilda Cominos	MC	Consultant Clinical Oncologist	MTW
Henry Taylor	HT	Consultant Clinical Oncologist	MTW
Catherine Harper-Wynne	CHW	Consultant Medical Oncologist	MTW
Charlotte Moss	CMo	Consultant Medical Oncologist	MTW
Ann Courtness	AC	Macmillan Primary Care Nurse Facilitator	NHS Kent & Medway ICB
John Schofield	JS	Consultant Pathologist	MTW
Riyaz Shah	RS	Consultant Medical Oncologist	MTW
Stephanie McKinley	SMc	Matron - Faster Diagnosis	MTW
Deborah Willcox	DW	Senior Haematology & Lymphoma Research Nurse	MTW
Stacy White	SW	Acute Oncology CNS	MTW

Item		Discussion	Action
1	TSSG Meeting	<p><u>Apologies</u></p> <ul style="list-style-type: none"> The apologies are listed above. <p><u>Introductions</u></p> <ul style="list-style-type: none"> TSB welcomed the members to the meeting and asked them to introduce themselves. <p><u>Action Log</u></p> <ul style="list-style-type: none"> The action log was reviewed, updated and will be circulated to the members along with the final minutes from today's meeting. <p><u>Previous minutes</u></p> <ul style="list-style-type: none"> The minutes from the previous meeting were reviewed and agreed as a true and accurate record. 	

2	SOP and TOR Update	<p><u>Update provided by Tracey Spencer-Brown</u></p> <ul style="list-style-type: none"> • TSB stated that the operational policies are out of date and therefore needs to be updated. • The ToR also needs to be amended to incorporate the NSS piece. • Action: TSB to email the group to request feedback on the above draft documents. 	TSB
3	Living with & Beyond Cancer – Personalised Care	<p><u>Presentation provided by Claire Mallett</u></p> <ul style="list-style-type: none"> • CMA’s presentation provided the group with an overview of: <ul style="list-style-type: none"> - The QoL and personalised care aspects of the 2022/23 Planning Guidance. - KMCA-funded personalised care projects (including personal stratified pathways and remote monitoring). - The 2021/22 and 2022/23 priorities in relation to personalised stratified follow-up pathways. - Personalised care interventions (inclusive of HNAs, care plans and treatment summaries). - The number of HNAs completed by tumour group by point in the pathway between March and August 2022. - The number of care plans completed by point in the pathway between March and August 2022. - The work being undertaken in Kent & Medway pertaining to QoL and psycho-oncology services. - The gaps which currently exist for levels 2, 3 and 4 psycho-oncology services and opportunities/recommendations/potential options to improve upon this. - The importance of the following being in place in relation to the development of a psycho-oncology service: <ol style="list-style-type: none"> 1. Having additional level 3 and 4 workforce in place. 2. Increasing shared practice of working for level 3 services (for example referral processes and supervision access). 3. Having level 2 training in place for CNS teams (and ideally beyond). - The QoL piece. The survey is for people in England who have had a cancer diagnosis. People are invited to complete the survey around 18 months post-diagnosis. The aim of the survey is to find out how quality of life may have changed for people diagnosed with cancer and to identify where care is working well or not so well, and if any new services are needed. KMCA has a response rate of 47% for the survey and some of the biggest issues identified include fatigue and problems sleeping. - The issues reported in the QoL survey in Kent & Medway. - The printed resources relating to the QoL survey. 	
4	One You Kent Services	<p><u>Presentation provided by Lynn Hanlon</u></p> <ul style="list-style-type: none"> • LH’s presentation provided an overview of the: <ul style="list-style-type: none"> - One You Lifestyle service which covers the Dartford, Swanley, Gravesend, Maidstone and East Kent areas. - NHS Health Checks which covers Kent but excludes the Medway population. - One You smoke free service which covers Kent but excludes the Medway population (which has a separate service). LH encouraged the clinical members to refer their patients to the stop smoking service if they wish to cease smoking. - One You Kent smoke free pregnancy service. - One You weight loss service in place in East Kent. LH has the contact details for the Dartford service and would be happy to share this if anyone requests them. - Wellbeing walks run in association with Ramblers UK. - Recognising and managing nicotine withdrawal piece. 	

		<ul style="list-style-type: none"> - Inpatients and pre-assessment patient project. • LH informed the members she had left posters and cards in the room articulating the form and function of the One You Kent service should anyone wish to find out more about the services they offer. • LH stated she would be happy to attend other TSSG meetings in order to provide an overview of what One You Kent can offer. • Action: LH to circulate the ‘General and stop smoking referral form’ which, once completed, should be sent to oneyou.kent@nhs.net. Patients and staff can also self-refer via One You Kent’s website (www.oneyoukent.org.uk). LH to also circulate a fact sheet aimed at health professionals, put together by the National Centre for Smoking Cessation training, which gives information on the latest evidence and research in regards to smoking and oncology patients. • Action: LH to provide the group with the contact details for the Medway Stop Smoking Service and weight loss services in North and West Kent (commissioned by Kent County Council). 	<p>LH</p> <p>LH</p>
<p>5</p>	<p>AOS Site Team updates</p>	<p><u>DVH – update provided by Nicola Bonthron</u></p> <ul style="list-style-type: none"> • DVH have 4 WTE CNS’ in place. • The Trust will be advertising for a Band 4 Associate Nurse position shortly. • NB stated she is proud of the service and the way in which it has evolved despite the pressures it has faced. • The team are experiencing a high workload with lots of referrals being received. • The service is also seeing a number of very unwell patients presenting. <p><u>EKHUFT – update provided by Claire Whiteley</u></p> <ul style="list-style-type: none"> • There is a 7 day service in place across the 3 sites (WHH, KCH and QEQM). • The service manages the Cancer Care Line. • The team works closely with NSS colleagues. • An AO consultant has been recruited. • The team comprises of 6 Band 7s (1 of which is on long-term sick leave), 1 Band 6 development role, 5 Band 4s (1 of which covers the NSS service) and 4 Band 3s (who support the Cancer Care Line). • The service averages approximately 10 neutropenic sepsis patients a month. • There have been 28 confirmed MSCC cases since April 2022. • The AO team are seeing an increase in inpatient diagnoses. • The AO team are also seeing an increase in frail patients. • AO also provide support to the chemotherapy units. • The service’s main challenge lies with the sheer number of patients presenting through the ED. • CW is proud of the way in which the team have worked together to develop the service and highlighted the importance of continuing to work closely with ED. <p><u>MFT – update provided by Cherie Neill</u></p> <ul style="list-style-type: none"> • MFT have seen an increase in late presentations. • CN thanked the MSCC team, KT in particular, for the service they provide. 	

		<ul style="list-style-type: none"> • The team work closely with 2 oncology consultants. • The service is hoping to recruit 2 further CNS' and will be interviewing for these positions next week. When these posts are recruited to they will move to a 7 day service. • MFT do not currently utilise InfoFlex in the same way other Trusts do. • Supporting new members of staff has been challenging due to capacity issues but CN is proud of the work the team has put in to continuously evolve the service. • The service has a special MTI doctor in place. • CN stated MFT have struggled at times to maintain the service when staff take leave or are sick. • The team do not have a navigator or CSW at present. <p><u>MTW – update provided by Erika Wade</u></p> <ul style="list-style-type: none"> • MTW currently run a 5 day service. • ML is now in place as the MUO & CUP CNS. • NG has come in to post as CSW for the service. • Registrars support the service 3 days a week. • The ED is currently under a lot of pressure. • MTW are now in the position where CNS' can be based at both sites, something which had been a problem in the past. • TSB is now part of the team and a Band 8a has been appointed to support the service. • EW feels InfoFlex has had a positive impact at MTW. 	
6	<p>AOS Workforce</p>	<p><u>Update provided by Rebecca Nelhams</u></p> <ul style="list-style-type: none"> • RN introduced herself as the Workforce Programme Manager for KMCA and informed the group she is currently working on a research and strategy plan to identify gaps in workforce, areas for funding/investment and development opportunities. • KL highlighted the importance of horizon scanning in order to identify areas for improvement, gaps in provision and any issues pertaining to capacity. She believes it would be helpful to implement an AOS Acute Assessment Unit at some point in the future and feels the Alliance should be sighted on this regarding managing oncology workload. • CMA stated it would be helpful to identify what training could potentially be put in place (with funding from the Alliance/HEE) with a specific focus on AO. CMA also mentioned that Motivational Interviewing courses are in place for next year (07.03.2023 and 17.03.2023). • RN is happy to be contacted about any workforce issues the services may have. 	
7	<p>Primary Care Update: CCG transferred to ICB model</p>	<p><u>Update provided by Chris Singleton</u></p> <ul style="list-style-type: none"> • The CCG transitioned in to the ICB on 01.07.2022 in line with national requirements. • Differing from the former CCGs, which were local-oriented, the ICB focuses on health and care at system-level rather than as single organisations. • CS understands the KMCA will eventually be brought under the ICB umbrella, however this has yet to be confirmed. • The ICB has a new Medical Director in place. • With regard to primary care leadership, prior to the end of September 2022 there were 6 Macmillan GPs who were 	

		<p>responsible for leading on cancer at various locations – this has now been disbanded. CS highlighted, however, that there will be new dedicated roles implemented at system-level in due course.</p> <ul style="list-style-type: none"> • CS and TSB highlighted the importance of having consistent primary care input in to this meeting. 	
8	Macmillan: Update & Cost of living Crisis	<ul style="list-style-type: none"> • There was no Macmillan representation at today's meeting so this item was not discussed. • CC to circulate the Macmillan presentations referenced by TSB. 	
9	MSCC Update	<p><u>Presentation provided by Katy Taylor</u></p> <ul style="list-style-type: none"> • KT's presentation provided the group with an overview of: <ul style="list-style-type: none"> - The 3 Kent & Medway MSCC referral pathways. These comprise of: <ul style="list-style-type: none"> Pathway 1 - This pathway relates to patients who present with symptoms suggestive of spinal metastases with neurological symptoms or signs suggestive of MSCC. Pathway 2 - This pathway relates to patients who present with symptoms suggestive of spinal metastases without new neurological symptoms including MSCC identified on routine imaging. Pathway 3 - This pathway relates to patients who present with non-specific lower back pain. These patients should be managed locally through standard back care protocols. - A flow chart for pathways 1 and 2. - Suspected MSCC symptoms. - The Macmillan Cancer Support MSCC alert card. - The contact details for the MSCC coordinator at MTW. - The information required for the MSCC template in order for staff to make informed decisions. • KT mentioned that from January 2023 there will be cover for when she is on leave, an issue which has been discussed at previous meetings. • The MSCC pathway will be incorporated in to the KMCC guidance. • Action: Jennifer Pang will be the MSCC Lead for MTW and will therefore be added to the mailing list to provide updates at future meetings. • KL believes spinal and bone metastases patients should receive the MSCC alert card. 	CC
10	Showcase & Shared Learning	<p><u>Neutropenic Sepsis – presentation provided by Nicola Bonthron & Nazima Chokoury</u></p> <ul style="list-style-type: none"> • NB and NC provided the group with an overview of the neutropenic sepsis and unwell patient pathway. • Care has been provided in the ED, Pine Therapy Unit, ambulatory care and the acute medical unit. • With regard to quality of care, NB and NC highlighted the importance of: <ul style="list-style-type: none"> - Patient choice. - Patient experience. - The timeliness of care. - Safety netting. - The location of care provided. - Joint working. • On average 60-70% of unwell cancer patients will be confirmed as neutropenic sepsis. • In 2020, 77% of patients were treated within 1 hour and in 2021 it was 38%. The primary reason for delays was a 	

		<p>delay in doctor assessments.</p> <ul style="list-style-type: none"> • Issues of the audit included: <ul style="list-style-type: none"> - The emergency department having extreme levels of patients attending the unit. - Changes being made to clerking papers so the neutropenic sepsis pathway guidance was no longer clearly visible. - The documentation being insufficient. • NB stated the 3 main aspects of the unwell patient pathway are: the quality of care, audits and the location of care. • The 2021 audit triggered an action plan to be formulated with a focus on guidance and risk stratification, training and education and improved audit outcomes. • NB hopes next year's audit data will be an improvement on the previous year's. • The team have worked to maintain a good relationship with the ED. • NC is putting in place education and training pertaining to neutropenic sepsis. • Action: SDEC to be added to the next agenda. 	AW
11	K&M AOS Nurse Consultant Leadership Model – Impact on K&M AOS	<p><u>Update provided by Tracey Spencer-Brown</u></p> <ul style="list-style-type: none"> • TSB informed the members of her new role at MTW as Macmillan AOS Nurse Consultant, a post which has been funded by Macmillan and the Alliance for 2 years. • TSB referred to the 6 month scoping project she had undertaken with the Trusts. She found there were variations in the various services. • TSB's new role will involve 50% clinical work and 50% strategic work. • TSB will be visiting the Trusts in order to find out what challenges they face, to identify priority areas which require improvement on and to try and standardise processes across the patch. • TSB has been impressed by the compassion and care provided by the teams upon visiting them and feels they are accessible and well-known within their Trusts by other teams (for example ED). 	
12	Infoflex-AOS Update	<ul style="list-style-type: none"> • TSB mentioned work has gone on to have 1 standardised AO dataset which all Trusts other than MFT have in place. • TSB has worked with the InfoFlex team regarding reporting and will visit the Trust teams in order to find out what they would like the reports to look like. 	
13	Alliance & CCG Update	<p><u>Update provided by Chris Singleton</u></p> <p><u>AOS & NSS</u></p> <ul style="list-style-type: none"> • CS provided the group with an update in relation to the NSS service, with vague symptoms, rapid lymphadenopathy and MUO being strands of this. • Work has been undertaken in order to standardise service specifications, pathways and referral forms for GPs across the patch. <p><u>Galleri Grail update</u></p> <ul style="list-style-type: none"> • Kent & Medway are one of eight cancer alliances nationally involved in the clinical trial of the Galleri GRAIL test. This is a simple blood test which aims to diagnose over 50 cancer types, many of which are harder to diagnose. The test looks for DNA markers in the blood which might suggest early indication of cancer before the participant 	

		<p>experiences any symptoms.</p> <ul style="list-style-type: none"> The mobile unit visited DVH on Monday and will move to South East London next. It will then be in Gillingham in January 2023. CS stated he would be happy to be contacted regarding the timetable for the mobile unit visiting various locations within Kent & Medway. This information has been provided to cancer managers and some clinical colleagues already. An operational and clinical lead for this workstream is in place at each Trust. 	
14	<p>MUO & CUP</p> <p>Research update</p>	<p><u>MUO & CUP pathway – update provided by Claire Whiteley</u></p> <ul style="list-style-type: none"> CW provided the group with an overview of the MUO and CUP pathway. The green aspect of the pathway specifically focuses on the processes involved when a patient presents as an outpatient (primarily through a GP referral, although some are referred by the ED or radiology) and are then forwarded on to the NSS RDS service. The red aspect of the pathway articulates the processes involved when a patient presents as an inpatient emergency presentation at which point they are transferred to the AO team or CUP CNS for an assessment within 24 hours of referral or on Monday morning if the referral was made over the weekend. Action: TSB to take the MUO & CUP pathway presented at today’s meeting to the next oncology governance meeting for their views. CS stated there is an intention to have an acute physician lead at each Trust to support these workstreams. Action: TSB to liaise with the various Trust teams, AK, the oncologists at KOC and GPs to see if the MUO & CUP pathway presented at today’s meeting can be signed off. <p><u>Written update provided by Stergios Boussios</u></p> <ul style="list-style-type: none"> Over the last several years, a relatively small number of clinical trials have been published compared to observational studies. Recent publications focused on diagnostics, genomics, therapeutics, and empiric therapies. Favourable subsets include colorectal, renal, non-small cell lung, gastroesophageal junction/gastric cancers, melanoma and the like. The latest advances relevant to identifying favourable CUP subsets include adding molecular classifier assays to immunohistochemistry panel stains. It is reasonable that adding molecular classifiers to the standard diagnostic workup will avoid failures in recognising atypical presenting CUP patients who could benefit from type-specific therapies. Site-specific therapies, particularly after molecular evaluation, yielded similar survival outcomes among patients with advanced known primary cancers of the same type treated with the same therapies. Although additional data could be confirmatory, the available literature reported considerable evidence in this regard. Chromosomal instability is not a frequent phenomenon in CUP which may favour immune-checkpoint inhibitors among patients with CUP. Conversely, these patients present individual gene alterations implicated in immune-evasion and resistance to immune-checkpoint inhibitors. Further clinical investigations are needed to provide more information regarding the interplay between chromosomal instability, point mutations and the immune system, allowing a better understanding of immune-checkpoint inhibitors use in patients with CUP and potentially improving their efficacy. Sarcomas of unknown primary shares with sarcomas of known primary similar clinical features, including aggressive clinical course, generally poor response to chemotherapy, and dismal patient outcomes. Thus, they do not appear 	<p>TSB</p> <p>TSB</p>

		to display a different natural history and biological properties that would allude to a distinct entity. Large well-validated population-based registries, such as the Surveillance, Epidemiology, and End Results (SEER) program, and more importantly large sarcoma network-based registries should be investigated.	
15	Staff Well-being & Impact of Pandemic	<p><u>Update provided by Tracey Spencer-Brown</u></p> <ul style="list-style-type: none"> • TSB stated Macmillan have a grant in place for the AO teams to put in place a wellbeing event. • RY mentioned staff acupuncture, a wellbeing initiative, is growing in popularity at MTW and is utilised for a variety of conditions (including anxiety, stress and menopause). 	
16	AOB	<ul style="list-style-type: none"> • NB informed the members she will be taking a career break. TSB thanked her for her valuable input over the years in developing the AO service. • EW stated she is looking forward to seeing how MTW and the other Trusts continue to evolve their respective services. • CMA highlighted there are 2 upcoming CNS learning events which all CNS' should have been invited to. The events will involve a section on wellness. • TSB would be keen to have some feedback from the members with regard to how they found today's meeting and encouraged them to contact her/AW if they would like to add an item to the agenda for the next meeting. 	
	Next Meeting Date	<ul style="list-style-type: none"> • To be confirmed. 	