Acute Oncology & Palliative Care Tumour Site Specific Group meeting
Thursday 3rd April 2025
Park View Meeting Room – Maidstone Mercure Great Danes Hotel
09:00-12:30

Final Meeting Notes

Present	Initials	Title	Organisation
Tracey Spencer-Brown (Chair)	**TSB**	Head of Nursing for Oncology & Cancer Performance	MTW
Eleanor Brace	**EB**	Cancer Development CNS	MTW
Natasha Woodrow	**NW**	Acute Oncology Triage Nurse	MTW
Madison Corse	**MCor**	Deputy General Manager – Cancer Performance	MTW
Lucy Cheeseman	**LC**	Lead Nurse for SDEC	MTW
Tom Allum	**TA**	Macmillan Information & Support Lead	MTW
Bobbie Matthews	**BM**	AOS Lead AONP	MTW
Ruth Magowan	**RM**	Oncology Pathway Navigator	MTW
Naz Chokoury	**NCho**	Macmillan AOS CNS	DVH
Stacie Main	**SM**	AOS Lead Nurse	DVH
Marie Payne	**MP**	Lead Cancer Nurse	DVH
Claire Whiteley	**CWh**	Lead Nurse Practitioner – NSS/CUP/MUO	EKHUFT
Clare Reeder	**CR**	Cancer Psychological Service Lead	KMCA
Jonathan Bryant	**JB**	Primary Care Cancer Clinical Lead	KMCA
Anthea Randell	**AR**	SACT Clinical Development Manager	KMCA
Chris Singleton	**CS**	Senior Programme Manager – KMCA Commissioning	KMCA
Karen Glass	**KG**	PA/Business Support Manager	KMCA/KMCC
Colin Chamberlain (Notes)	**CC**	Administration & Support Officer	KMCC
Samantha Williams	**SW**	Administration & Support Officer	KMCC
Annette Wiltshire	**AW**	Service Improvement Lead	KMCC
Erica Simpson	**ES**	Community Palliative Care Team Lead	Medway Community Healthcare
Rosalyn Yates	**RY**	Clinical Lead for Palliative Care for Medway and Swale	Medway Community Healthcare
Rosie Chester	**RC**	Consultant in Palliative Medicine	Medway Community Healthcare
Suzanne Bodkin	**SBo**	Cancer Service Manager	MFT
Louise Farrow	**LF**	Lead Cancer Nurse/Head of Nursing	MFT
Hayley Martin	**HM**	Personalised Care & Support Facilitator	MFT
Apologies			

Kevin Bonham	**KB**	NSS MDM Coordinator	DVH
Charmaine Walker	**CWa**	Cancer Performance Manager	DVH
Dawn Stewart	**DS**	Cancer Pathway Lead	DVH
Clare Wilkins	**CWi**	Consultant - Palliative Medicine / Acute Oncology	EKHUFT
Lavinia Davey	**LD**	Haemato-oncology (Blood Cancers) Research Team Leader	EKHUFT
Danielle Mackenzie	**DM**	Macmillan Lead Nurse for Personalised Care	EKHUFT
Claire Bingham	**CB**	Macmillan Personalised Care Facilitator	EKHUFT
Nicola Chaston	**NCha**	Consultant Cellular Pathologist and Associate Medical Director for Diagnostics	EKHUFT
Stefano Santini	**SS**	Clinical Director	Gravesend Alliance PCN
Ann Courtness	**AC**	Macmillan Primary Care Nurse Facilitator	KMCA
Afroditi Karathanasi	**AK**	Consultant Medical Oncologist	MFT
Jennifer Pang	**JP**	Consultant Clinical Oncologist	MTW
John Schofield	**JS**	Consultant Pathologist	MTW
Mathilda Cominos	**MCom**	Consultant Clinical Oncologist	MTW
Megan Lumley	**ML**	CUP CNS	MTW
Ruth Palfrey	**RP**	FDS NSS Nurse Specialist	MTW
Riyaz Shah	**RS**	Consultant Medical Oncologist	MTW
Catherine Harper-Wynne	**CHW**	Consultant Medical Oncologist	MTW
Shelley Badcott	**SBa**	Lead Nurse for Palliative and End of Life Care	MTW
Ruby Einosas	**RE**	FDS NSS Nurse Specialist	MTW
Charlotte Moss	**CM**	Consultant Medical Oncologist	MTW
Clare Wykes	**CWy**	Consultant Haematologist	MTW
Dominic Chambers	**DC**	Consultant Histopathologist	MTW

Item		**Discussion**	**Action**
1.	**TSSG Meeting**	**<u>Apologies</u>** • The apologies are listed above. **<u>Introductions</u>** • TSB welcomed the members to the meeting and asked them to introduce themselves.	

		Action Log • The action log was reviewed, updated and will be circulated 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.	**Next Steps**	**Update provided by Tracey Spencer-Brown** • TSB informed the members that the AO, CUP & NSS Forum TSSG was separated in to two groups, the AO & Palliative Care TSSG and the CUP & NSS TSSG, following approval by both the KMCA Director and Medical Director. • After today, TSB will be stepping down as the Chair of the CUP & NSS TSSG. If anyone is interested in taking on the Chair role for this TSSG, they are encouraged to email TSB and AW. • TSB encouraged the members to let her know what their priority areas are so she can help support them. • Funding has been secured for an AO strategic role with LC taking on the role of SDEC Lead Nurse (based at MTW). • TSB stated that there is a desire to develop an AO specification.	
3.	**AO updates**	**DVH** • The team comprises of one Band 8, two Band 6s, one RNA, two full-time Band 7s and one part-time Band 7. There is no Clinical Lead for the service – it is nurse-led. • DVH have a seven-day service. • The team intend to establish an SDEC service.	

		• The haematology-oncology ward is now in Olive Ward. • The service has two non-medical prescribers. **EKHUFT** • The team comprises of two part-time Consultants (who are split between AO and Palliative Care, however one is leaving), eight Band 7s, three Band 4s and one Band 8a. The team also have three non-medical prescribers in place. • EKHUFT have had 1835 new referrals and conducted approximately 3000 follow-ups. • The service is currently not in a position to introduce an SDEC service. • The team run a seven-day service and continue to operate the Cancer Care Line. • CWh is happy to share data pertaining to the Cancer Care Line if this is of interest to the group. • **Action: TSB felt it would be helpful if a Band 3 or 4 from the Cancer Care Line could present at the next meeting.** **MFT** • There is currently only one CNS in place for the service. • A Band 8a ANP post will be going out to advert shortly. • Two Band 7s have been recruited and another Band 7 post has gone out to advert. • A Locum Consultant has been recruited to cover AOS. **MTW**	**EKHUFT Cancer Care Line**

		• The team comprises of one Lead Nurse, six Band 7s, one Immunotherapy Band 7, one CUP/MUO Band 7, three Band 6s (who cover the triage phone line), two Band 4s, one Band 3 and one registrar who is supporting AO and SDEC. • Development nurses are in place - they do an 18-month rotational post, funded by Macmillan, and one nurse has just completed her rotation with Lung, Colorectal and finally AO. **Clare Reeder - CaPS-KM service** • CR provided the group with an overview of the CaPS-KM programme and highlighted that three Steering Group meetings have taken place so far. • The service is funded by Macmillan and KMCA for two years and they are working with the psychosocial teams across Kent & Medway. • The purpose of the Steering Group is to provide advice and oversight to the strategic priorities, day-to-day operations and clinical governance of the Cancer Psychological Service for Kent and Medway (CaPS-KM) and ensure that the service develops and operates in line with national and local standards and needs. • The principle functions include: - Overseeing and advising on the strategic direction of the development of the CaPS-KM service, representing a wide range of stakeholder viewpoints, including in relation to: clinical service delivery; delivery of teaching (particularly levels 1 and 2); working with the Kent & Medway existing cancer/oncology psycho-social/counselling services; clinical governance and reporting; attendance at local cancer/oncology meetings for accountability and awareness raising; patient engagement; and, operational policies. - Monitoring the progress of service developments, development and implementation of operational policies and compliance with national standards. - Monitoring clinical governance policies and procedures.	

		- Disseminating information relating to the CaPS-KM service to local cancer services. - Updating the CaPS-KM service on local cancer developments and priorities to inform the development and delivery of the service. • Janet Bates will lead the service in Canterbury and CR will lead the service in Ashford. • The level 2 psychological training course has been delivered twice to CNSs and AHPs. • Five supervision clinics have now been set up. • The pilot service is based at MTW and they have seen 65 patients so far. **Hayley Martin - Personalised Care and Support Facilitator for MFT** • HM has been in post as the Personalised Care and Support Facilitator for MFT for three months now and is responsible for leading on personalised care initiatives e.g. uptake of HNAs and setting up support groups. • HM will also be involved in work for Cancer Awareness Months. • MFT have established contact with the prison service and will aim to provide cancer awareness to prisoners (including on testicular cancer). There is also an intention to update the prison libraries. • In due course, HM will look at Treatment Summaries and Stratified Follow Up (SFU) pathways and how to embed these processes/services. **Jonathan Bryant – Primary Care Cancer Clinical Lead for KMCA** • JB stated that GPs are increasingly looking at KMCR for palliative care purposes and emphasised the importance of sharing care plans across organisations without any barriers being in place.	
4.	**SACT**	**Presentation provided by Anthea Randell**	

		• AR stated that treatments are becoming more complex and patients stay on treatment for longer. • There are 10 SACT delivery units set up across Kent & Medway. • As part of the 2025 Kent & Medway SACT Demand & Capacity project, the following are being reviewed: - Workforce profile. - Staff clinical facing time calculator. - Capacity profile chairs and hours. - Utilisation. - Deferrals. - Delays calculator. - Future growth in demand. - Future scenario modelling. • The report feedback meeting must include: - A minimum attendance of: SACT Lead Clinician, Lead Cancer Nurse, SACT Lead Nurse, Operational staff, e.g. Cancer Care Group Manager, Finance, Lead/Accountable Pharmacist and Day Unit Nurse team. - An overview of data provided on the unit – week one vs week two to understand any variation that may exist. - A discussion on outputs – over/under capacity. - A discussion on scenarios (maximum of three) to increase or release capacity. - A summary of observations, recommendations and next steps. • AR stated that she has joined the regional SACT Working Group.	
5.	**AO SDECC service**	**<u>Presentation provided by Lucy Cheeseman</u>** • SDEC is the provision of same day care for emergency patients who would otherwise be admitted to hospital. • SDEC should be considered for all patients where clinically appropriate to support alternatives to admission. • Under this care model, oncology patients presenting at hospital with relevant conditions can be rapidly assessed,	

		diagnosed and treated without being admitted to a ward, and if clinically safe to do so, will go home the same day their care is provided. • LC outlined the phases of the AO SDEC service: - Phase 1 – introduction of the SDECC pilot. - Phase 2 – extension to the service. - Phase 3 – introduction of the full service. • In terms of the SDEC flow, there have been a total of 716 patients since April 2024. This included 669 face-to-face appointments, 43 telephone calls and four admissions to hospital. • Routes in to the SDEC service include: through A&E, 111, GP, UTC, community, the ambulance service (999) and internal referrals. • LC outlined the inclusion and exclusion criteria for the service. • Admission to the SDEC service is agreed with the SDEC team and triage nurse. SDEC will see all patients who meet the inclusion criteria with symptoms resulting from immunotherapy, chemotherapy, radiotherapy and complications from their cancer. • LC stated that the service currently has a four-bed bay but they would like a six-bed bay. There is also a need to have private consulting rooms to have confidential conversations with patients, however space is currently a challenge. • TSB believes it would be helpful to compare how many patients went to A&E prior to the establishment of the SDEC service vs how many people have gone to A&E since. • The service is open two days a week and referrals have been increasing. • The service accepts referrals from primary care, the community as well as internally. • The service is primarily doctor-led. Ahmed, a Clinical Fellow, is in post for a year and will be available for the SDEC	

		service on a daily basis. • The service has received overwhelmingly positive feedback from patients. • DVH plan on visiting MTW to find out more about the SDEC model with the intention to pilot this at their Trust. • The MTW SDEC service are able to see patients from other Trusts as long as they are under the care of a Consultant based at MTW. • There are four MTW consultants in post who are very engaged in the SDEC service.	
6.	**Education & ACCEND**	**<u>Presentation provided by Tracey Spencer-Brown</u>** • TSB informed the members that ACCEND is now in place for Kent & Medway with Sharon Middleton (Workforce Lead – KMCA) leading on this. It will go live in May 2025. • The ACCEND programme aims to provide transformational reform for the career pathways and associated education, training, learning and development opportunities for the workforce providing care to people affected by cancer. • The ACCEND framework will support staff and teams by: - Promoting cancer care as a career option. - Supporting appraisals. - Supporting the development of teams. - Supporting staff to identify CPD needs.	
7.	**Palliative care updates**	**<u>Update provided by Medway Community Healthcare team</u>**	

		• RY stated that the palliative care service in Medway is an in-reach service with both a palliative and end of life care team. • The service works closely with AK and the MFT AO/Palliative Care team. • The service is currently down three CNSs and the Band 8a has given her notice in. • The service has noticed a large increase in deaths, especially in younger people with complex needs. • A Best Practice Forum has been set up. Education events have also been delivered to primary care. • RC is working with primary care colleagues to improve this service since the pandemic, however it has been difficult to engage with some GPs. • MP highlighted that the DVH Palliative Care Consultant is retiring and expressed how difficult it is to recruit in to this role. • PIFU has been integrated in to the palliative care service. • Medway Community Healthcare experienced a cyber-attack a few months ago and as a result had no IT for six-to-eight weeks. They are now, however, back up and running.	
8.	**AO Dashboard data**	**<u>Presentation provided by Tracey Spencer-Brown</u>** • TSB encouraged the members to let David Osborne (Data Analyst – KMCA) know what data they would like to see included on the AO Dashboard. • Ideas for an AO Dashboard could include data on: - Metastatic disease. - Frailty/performance status. - Emergency presentations.	

		- A&E/UTC/SDEC attendances. - Patients seen within four hours in A&E. - Patients seen within 24 hours by an acute oncologist. - Emergency admissions. - Emergency readmissions. - Complications of disease. - Complications of non-surgical therapy. - Chemotherapy. - Radiotherapy. - Immune checkpoint inhibitors. - Mortality following treatment. - The % of deaths in hospital. • **<u>Action</u>: David Osborne needs to understand the data requirements for AO in more detail (for example, rates or numbers) so suitable indicators can be created. Following on from this, TSB believes it would be helpful for DO to be invited to the next meeting.** • **<u>Action</u>: TSB to send out the current InfoFlex standardised dataset to identify what is missing from this.** • How to access the live dashboard: - Complete the form: https://forms.office.com/r/svyPSvktHw - Once access has been granted by the ICB, access the dashboard at: https://app.powerbi.com/home?ctid=4cfbd3c4-a42e-48a1-b841-31ff989d016e - click on the KM ICB Main app and go to Cancer Pathways on the left-hand menu.	**KMCC team** **TSB**
9.	**Cancer Alliance / ICB update**	**<u>Update provided by Chris Singleton</u>** • The Cancer Alliance Planning Guidance came out two months ago and the programme plans are in the process of being finalised. • There is now both project and programme support for each TSSG and CRG.	

		• The funding round for this financial year is being concluded, although there has been a 26% reduction in allocation. • There is a government-imposed plan to abolish NHSE and ICBs have been tasked with reducing running costs by 50%. • TSB informed the members that Macmillan no longer pump-prime posts. • TSB is keen for there to be patient representation for the AO & Palliative Care TSSG.	
10.	**Kent & Medway Information hubs**	**<u>Update provided by Tom Allum</u>** • TA introduced himself to the group as the new Information & Support Lead for Kent & Medway. He will be based at the Cancer Information and Support Hub at Kent Oncology Centre but plans on visiting other sites to establish relationships with other staff/teams in due course. • TA will work collaboratively with key stakeholders throughout Kent & Medway that builds on strong relations with all partners and the communities the region serves to ultimately provide equitable access to cancer information for all. • MP stated she is keen for DVH to have an Information & Support Hub and would be interested in meeting with TA to discuss this further. • There is an intention to increase the number of volunteers and to raise awareness of the service.	
11.	**AO & Palliative Care Break Out sessions - Emergency & elective pathway**	• The members broke out in to groups in order to discuss priority areas for AO/Palliative Care. These included: - Stabilising and sustaining workforce. - Education/ACCEND. - Upskilling workforce. - The establishment of SDEC services. - Patient experience.	

	workshops	- Streamlining pathways. - Clinician support. - More space. - Drains pathways. - Potentially inviting the ambulance service as well as hospice charity staff to these meetings. - Patient representation for these meetings. - Centralised triage services. - Staff passports.	
12.	**AOB**	• The chemo top tips document, which was briefly presented on screen, will be circulated to the members after the meeting. • MCor stated how informative she had found today's meeting and thanked TSB for the invite. • TSB is keen to have patient representatives and carers at these meetings and she proceeded to read out a patient story, which included the range of services the patient had used. The patient's experience had an impact on him as well as his family and staff also.	
	Next Meeting	• Thursday 9th October 2025 (09:00-12:30) – Microsoft Teams	