

**CUP & NSS Tumour Site Specific Group meeting**  
**Thursday 3<sup>rd</sup> April 2025**  
**Park View Meeting Room – Maidstone Mercure Great Danes Hotel**  
**13:30-16:30**

**Final Meeting Notes**

<b>Present</b>	<b>Initials</b>	<b>Title</b>	<b>Organisation</b>
Tracey Spencer-Brown (Chair)	<b>TSB</b>	Head of Nursing for Oncology & Cancer Performance	MTW
Bobbie Matthews	<b>BM</b>	AOS Lead AONP	MTW
Madison Corse	<b>MCor</b>	Deputy General Manager – Cancer Performance	MTW
Tom Allum	<b>TA</b>	Macmillan Information & Support Lead	MTW
Jade Barton	<b>JBa</b>	Admin Lead	MTW
Victoria Earl	<b>VE</b>	NSS Navigator	MTW
Sarah Eastwood	<b>SE</b>	Personalised Care & Support Facilitator	MTW
Carole Grey	<b>CG</b>	Faster Diagnosis Team Leader	MTW
Marie Payne	<b>MPay</b>	Lead Cancer Nurse	DVH
Stacie Main	<b>SM</b>	AO Lead Nurse	DVH
Hannah Weston-Simons	<b>HWS</b>	NSS GP Lead	DVH
Naz Chokoury	<b>NCho</b>	AOS CNS	DVH
Sebastian Urrela	<b>SU</b>	Consultant in General & Acute Medicine/Clinical Lead for NSS Service	DVH
Claire Whiteley	<b>CWh</b>	Macmillan Lead NSS/Acute Oncology Nurse Practitioner	EKHUFT
Bana Haddad	<b>BH</b>	Clinical Lead	KMCA
Chris Singleton	<b>CS</b>	Senior Programme Manager – KMCA Commissioning	KMCA
Karen Glass	<b>KG</b>	PA/Business Support Manager	KMCA/KMCC
Colin Chamberlain (Notes)	<b>CC</b>	Administration & Support Officer	KMCC
Samantha Williams	<b>SWi</b>	Administration & Support Officer	KMCC
Annette Wiltshire	<b>AW</b>	Service Improvement Lead	KMCC
Erica Simpson	<b>ES</b>	Community Palliative Care Team Lead	Medway Community Healthcare
Mayank Patel	<b>MPat</b>	NSS Consultant	MFT
Hannah Taylor	<b>HT</b>	NSS GP Lead	MFT
Ifeoluwa Alayo	<b>IA</b>	NSS CNS	MFT
Hayley Martin	<b>HM</b>	Personalised Care & Support Facilitator	MFT
Suzanne Bodkin	<b>SB</b>	Cancer Service Manager	MFT
<b>Apologies</b>			

Dawn Stewart	<b>DS</b>	Cancer Pathway Lead	DVH
Kevin Bonham	<b>KB</b>	NSS MDM Coordinator	DVH
Carrie Barton	<b>CBa</b>	NSS CNS	DVH
Claire Bingham	<b>CBi</b>	Macmillan Personalised Care Facilitator	EKHUFT
Lavinia Davey	<b>LD</b>	Haemato-oncology (Blood Cancers) Research Team Leader	EKHUFT
Danielle Mackenzie	<b>DM</b>	Macmillan Lead Nurse for Personalised Care	EKHUFT
Nicola Chaston	<b>NCha</b>	Consultant Cellular Pathologist and Associate Medical Director for Diagnostics	EKHUFT
Declan Cawley	<b>DCa</b>	Palliative Care/Acute Oncology Consultant	EKHUFT
Lucy Page	<b>LP</b>	AOS Pathway Navigator	EKHUFT
Stefano Santini	<b>SS</b>	Clinical Director	Gravesend Alliance PCN
Jonathan Bryant	<b>JBr</b>	Primary Care Cancer Clinical Lead	KMCA
Ann Courtness	<b>AC</b>	Macmillan Primary Care Nurse Facilitator	KMCA
Afroditi Karathanasi	<b>AK</b>	Consultant Medical Oncologist	MFT
Cherie Neill	<b>CN</b>	Macmillan Acute Oncology & CUP CNS	MFT
Clare Wykes	<b>CWy</b>	Consultant Haematologist	MTW
Jennifer Pang	<b>JP</b>	Consultant Clinical Oncologist	MTW
Jenny Weaver	<b>JW</b>	Macmillan Immunotherapy CNS in Acute Oncology	MTW
John Schofield	<b>JS</b>	Consultant Pathologist	MTW
Mathilda Cominos	<b>MCom</b>	Consultant Clinical Oncologist	MTW
Megan Lumley	<b>ML</b>	CUP CNS	MTW
Riyaz Shah	<b>RS</b>	Consultant Medical Oncologist	MTW
Stacy White	<b>SWh</b>	Acute Oncology CNS	MTW
Ruby Einosas	<b>RE</b>	FDS NSS Nurse Specialist	MTW
Charlotte Moss	<b>CM</b>	Consultant Medical Oncologist	MTW
Catherine Harper-Wynne	<b>CHW</b>	Consultant Medical Oncologist	MTW
Dominic Chambers	<b>DCh</b>	Consultant Histopathologist	MTW

Item		Discussion	Action
1.	TSSG Meeting	<p><u>Apologies</u></p> <ul style="list-style-type: none"> <li>The apologies are listed above.</li> </ul>	

		<p><b><u>Introductions</u></b></p> <ul style="list-style-type: none"> <li>• TSB welcomed the members to the meeting and asked them to introduce themselves.</li> </ul> <p><b><u>Action Log</u></b></p> <ul style="list-style-type: none"> <li>• The action log was reviewed, updated and will be circulated to the members along with the final minutes from today's meeting.</li> </ul>	
2.	Sharing Good Practice (EKHUFT)	<p><b><u>Sharing Good Practice (EKHUFT)</u></b></p> <ul style="list-style-type: none"> <li>• The NSS service has been live since 26.02.2025 and there are clinics on Monday afternoons at Buckland, Tuesday afternoons at Kent &amp; Canterbury Hospital, Thursday afternoons at Kent &amp; Canterbury Hospital (nurse-led) and Friday mornings at QEQM (nurse-led).</li> <li>• Referrals are coming in and are over the target of 15 per month – they now receive approximately 10-15 per week.</li> <li>• The future plan is to reach out to primary care to increase the knowledge into NSS/MUO/CUP, concentrating on areas of known low referrals/engagement. There are plans to also reach out to A&amp;E/SDEC's to improve knowledge into NSS/MUO.</li> <li>• The NSS team currently comprises of one 0.6 WTE Consultant, one 1 WTE Lead Nurse and one 1 WTE Navigator. There is a recruitment freeze at the moment due to financial constraints and the team will therefore not be able to increase workforce at this time.</li> <li>• The service manages their own referrals, book to their clinics themselves, have their own patient contact telephone line and email, and fully support the patients to discharge/onward referral.</li> </ul>	

		<ul style="list-style-type: none"> <li>• There are plans to build the team to increase the patient numbers whilst maintaining the quality of service, including MUO/CUP patients having eHNAs and further pathway development and patient options increased. A business case is in place for the Band 7 CNS and Band 4 CSW.</li> <li>• Total referrals to NSS team (primary and secondary) = 765 (average of 64 per month).</li> <li>• Total patients seen in NSS clinic = 576 (average of 48 per month).</li> <li>• 189 patients are PTL patients the team review but do not see.</li> <li>• Approximately one-sixth of patients referred are for MUO but the team feel they need to tighten their recording of these.</li> <li>• There have been 65 cancer diagnoses so far with a conversion rate of 8.5%.</li> <li>• In terms of outcomes: <ul style="list-style-type: none"> <li>- The vast majority of patients are sent back to GP with advice regarding new health issues diagnosed/non-cancer recommendations for the patient.</li> <li>- If required, patients are referred directly to secondary services, the most common being: Respiratory, Rheumatology, Orthopaedics, Gastroenterology and Haematology.</li> <li>- A handful of patients either would not engage from the start, or refused investigations once on the pathway.</li> <li>- There is a steady number of frailty patients. The NSS team are having long conversations and bringing in the concept of a frailty team/respect/support.</li> </ul> </li> <li>• In terms of quality improvement: <ul style="list-style-type: none"> <li>- Galleri Grail trial year three has been completed on all sites with the completion of the trial overall. This has had extremely positive feedback from patients and the national team regarding Kent &amp; Medway's support.</li> </ul> </li> </ul>	
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3.	NSS Trust updates	<p><b><u>DVH</u></b></p> <ul style="list-style-type: none"> <li>The NSS service has been in place since 2020 and initially started as a pilot.</li> <li>The team receive around 30 referrals per month.</li> <li>There are three clinics in place per week.</li> <li>The GP Lead role has been extended for one month.</li> </ul> <p><b><u>EKHUFT</u></b></p> <ul style="list-style-type: none"> <li>Covered by CWh under agenda item 2.</li> </ul> <p><b><u>MFT</u></b></p> <ul style="list-style-type: none"> <li>The Clinical Lead role has been extended for three months.</li> <li>The team receive 25-30 referrals per month and have a 6-7% conversion rate.</li> <li>Junior doctors have expressed interest in supporting the NSS service.</li> </ul> <p><b><u>MTW</u></b></p> <ul style="list-style-type: none"> <li>The service has been running since November 2024.</li> </ul>	

		<ul style="list-style-type: none"> <li>• There are two clinics in place per week – one at Maidstone Hospital and one at Tunbridge Wells Hospital.</li> <li>• The team receive 20-28 referrals a month and many are due to weight loss. They are also seeing a number of frail patients with comorbidities.</li> <li>• A new Band 7 will support the NSS service along with MUO and CUP work.</li> </ul>	
4.	Incidental findings	<p><b><u>One year's experience of Non-Cancer Diagnoses at the Non-Specific Symptoms Clinic at Darent Valley Hospital – presentation provided by Sebastian Urruela</u></b></p> <ul style="list-style-type: none"> <li>• The NSS clinic at DVH is an Urgent Suspected Cancer (USC) early cancer diagnosis pathway (28d FDS) for patients in whom non-specific symptoms is their only presentation.</li> <li>• The clinic sees approximately 30 patients a month.</li> <li>• In 2024, the conversion rate was 9% (the national target being 6%) with most cancers in the early-stages of diagnosis.</li> <li>• A large portion of patients are diagnosed with significant non-cancerous conditions, evidencing the utility of NSS services beyond cancer detection.</li> <li>• SU provided the group with an overview of five cases referred to DVH's clinic in 2024. These included patients who had: Addison's disease, Bone sarcoidosis, Escherichia Coli Chest wall Abscess, Sjogrens and Huntington's chorea.</li> <li>• In conclusion, the NSS clinic has a high conversion rate in early cancer diagnosis. Due to the non-specific nature of the symptoms, it also identifies a broad range of other conditions which are difficult to diagnose as an inpatient and almost impossible to diagnose in primary care. Its resource-limited nature demands efficient and comprehensive diagnostic strategies. By addressing both cancer and non-cancer diagnoses, the clinic plays a key role in improving healthcare outcomes for the local population and optimizing resources across primary and secondary care.</li> <li>• TSB believes an MDT working approach to discussing cases such as those outlined by SU is of great importance.</li> </ul>	

5.	NSS Dashboard	<ul style="list-style-type: none"> <li>• TSB encouraged the members to think about what data they would like on the NSS Dashboard.</li> <li>• <b>Action:</b> Following a review of the NSS Dashboard, a query was raised as to why the target for the 'Straight to test' indicator is 80%. TSB to follow this up with David Osborne (Data Analyst – KMCA).</li> <li>• How to access the live dashboard: <ul style="list-style-type: none"> <li>- Complete the form: <a href="https://forms.office.com/r/svyPSvktHw">https://forms.office.com/r/svyPSvktHw</a></li> <li>- Once access has been granted by the ICB, access the dashboard at: <a href="https://app.powerbi.com/home?ctid=4cfbd3c4-a42e-48a1-b841-31ff989d016e">https://app.powerbi.com/home?ctid=4cfbd3c4-a42e-48a1-b841-31ff989d016e</a> - click on the KM ICB Main app and go to Cancer Pathways on the left-hand menu.</li> </ul> </li> </ul>	TSB
6.	CUP Trust updates	<p><b><u>DVH</u></b></p> <ul style="list-style-type: none"> <li>• DVH had 15 referrals in 2023 but have had limited numbers since then.</li> </ul> <p><b><u>EKHUFT</u></b></p> <ul style="list-style-type: none"> <li>• CUP cases are discussed at the Upper GI MDT.</li> <li>• MCom is the CUP oncologist for EKHUFT.</li> </ul> <p><b><u>MFT</u></b></p> <ul style="list-style-type: none"> <li>• Two new CNSs are due to start soon in order to support the CUP service.</li> </ul> <p><b><u>MTW</u></b></p> <ul style="list-style-type: none"> <li>• It was highlighted that MTW do not tend to have many true CUP cases.</li> </ul>	



		<ul style="list-style-type: none"> <li>The New Presentation/MUO CNS is currently on maternity leave. An AOS CNS is covering this role on a part-time basis.</li> <li>HNAs are currently not being undertaken for CUP but the team are working with SE on how to identify cases where it would be appropriate to do so.</li> </ul>	
7.	CUP Pathway (MTW)	<p><b><u>Presentation provided by Bobbie Matthews</u></b></p> <ul style="list-style-type: none"> <li>There is a New Presentation CNS in place for the service.</li> <li>Weekly support from a Consultant Oncologist (Charlotte Moss) is provided. There is also a CSW in place for the service.</li> <li>In terms of new presentations and MUOs, referrals come from A&amp;E and inpatients via Sunrise or AOS extension.</li> <li>CUP referrals also come from outpatient teams but are only accepted onto the CUP pathway if histology proves it is a definitive CUP case (otherwise it is routed to a site-specific MDT).</li> <li>With regard to benefits of the service: <ul style="list-style-type: none"> <li>It provides continuity for patients.</li> <li>There is a designated contact number for the team should patients wish to contact them.</li> <li>The service takes pressure off AOS and site-specific teams.</li> <li>Holistic support is available e.g. early referral to palliative care/counselling.</li> </ul> </li> <li>In terms of challenges: <ul style="list-style-type: none"> <li>A part-time CNS is covering full-time workload.</li> <li>Referrals from A&amp;E include patients discharged with no plan in place other than a referral to the MUO service.</li> <li>Initial conversations with patients often take place over the phone as opposed to in-person.</li> <li>There is no specific clinic in place for CUP.</li> </ul> </li> </ul>	

		<ul style="list-style-type: none"> <li>- Wait times for outpatient investigations and histology results can be delayed.</li> <li>- Brain primary cases are not always referred to neuro-oncology MDTs prior to an MUO referral.</li> </ul>	
8.	<b>Cancer Alliance / ICB update</b>	<p><u>Update provided by Chris Singleton</u></p> <ul style="list-style-type: none"> <li>• The Cancer Alliance Planning Guidance came out two months ago and the programme plans are in the process of being finalised.</li> <li>• There is now both project and programme support for each TSSG and CRG.</li> <li>• The funding round for this financial year is being concluded, however there has been a 26% reduction in allocation.</li> <li>• There is a government-imposed plan to abolish NHSE and ICBs have been tasked with reducing running costs by 50%.</li> <li>• TSB informed the members that Macmillan no longer pump-prime posts.</li> <li>• CS stated that the ultimate goal with NSS pathways is for them to be fully substantively commissioned by the ICB – something which has now been confirmed.</li> <li>• CS thanked all those involved in the development of the NSS services for their hard work.</li> <li>• The updated NSS referral form has now been agreed and will be sent to GP systems imminently.</li> <li>• CS highlighted that there still appears to be some issues with regard to the quality of referrals.</li> <li>• HWS mentioned that some GP practices are still unaware of the NSS service. Further education is therefore required.</li> </ul>	

		<ul style="list-style-type: none"> <li>BH stated that not all practices are referring to the NSS service and feels it would be helpful if David Osborne created a heat map to show which practices are not referring.</li> </ul>	
9.	Workshops	<p><b><u>NSS Alternative pathways &amp; Pan Kent MDT</u></b></p> <ul style="list-style-type: none"> <li>MPay believes there are not enough patients to warrant a Pan Kent MDT.</li> </ul> <p><b><u>CUP outpatient management &amp; MDM profiling</u></b></p> <ul style="list-style-type: none"> <li>MPay feels it would be helpful to discuss complex patients quickly but is unsure of how this can be put in to practice.</li> <li>It was highlighted that more MDT admin time is needed.</li> <li>Unfortunately MFT left the TSSG prior to the workshops, affecting contribution and equity from a pan-Kent perspective.</li> </ul>	
10.	AOB	<ul style="list-style-type: none"> <li>TSB informed the members that this will be AW's last meeting as she will be retiring in June 2025. She thanked AW for her hard work in supporting the TSSGs and wished her all the best for the future.</li> </ul>	
	Next Meeting	<ul style="list-style-type: none"> <li>Thursday 9<sup>th</sup> October 2025 (13:30-16:30) – Microsoft Teams.</li> </ul>	