Kent and Medway Cancer Collaborative

Acute Oncology & CUP Forum Tumour Site Specific Group meeting
Monday 12th October 2020
Microsoft Teams
09:30 – 12:30

Final Meeting Notes

Present	Initials	Title	Organisation
Afroditi Karathanasi (Chair)	**AK**	Consultant Medical Oncologist	MFT
Stergios Boussios	**SB**	Consultant Medical Oncologist	MFT
Anne-Marie Acheson	**AMA**	PA to Afroditi Karathanasi & CUP MDT Coordinator	MFT
Cherie Neill	**CN**	AOS CNS	MFT
Deirdre Cooke	**DC**	AO & CUP CNS	MFT
Donna Watson	**DW**	Developmental Analyst	DVH
Nicola Bonthron	**NB**	AO CNS	DVH
Alex Rowswell	**AR**	AO CNS	DVH
Stacie Main	**SM**	AO CNS	DVH
Amy Peacock	**AP**	AO & CUP CNS	DVH
Naz Chokoury	**NC**	AO CNS	DVH
Jennifer Jewell	**JJe**	AO Matron	EKHUFT
Lucy Page	**LP**	AO Pathway Navigator	EKHUFT
Claire Whiteley	**CWh**	AONP	EKHUFT
Irene Nhandara	**IN**	Programme Lead – Early Diagnosis	KMCA
Ian Vousden	**IV**	Programme Director	KMCA
Colin Chamberlain (Notes)	**CC**	Admin Support	KMCC
Karen Glass	**KG**	Administration & Support Officer	KMCC
Annette Wiltshire	**AW**	Service Improvement Facilitator	KMCC
Tracey Ryan	**TR**	Macmillan User Involvement Manager	KMCC
Stacy White	**SW**	AO CNS	MTW
Erika Wade	**EW**	AO CNS	MTW
Charlotte Moss	**CM**	Breast Consultant	MTW
Roz Yates	**RY**	Cancer Matron	MTW
Bana Haddad	**BH**	Macmillan GP / Clinical Lead – LWABC/PC&S	NHS Kent & Medway CCG / KMCA
Stefano Santini	**SS**	Macmillan GP	NHS Kent & Medway CCG

Apologies			
Karen Connolly	**KC**	Specialist Nurse Practitioner	DVH
Lavinia Davey	**LD**	Research Nurse	EKHUFT
Tracey Spencer-Brown	**TSB**	AO Matron	EKHUFT
Serena Gilbert	**SGi**	Cancer Performance Manager	KMCA
Maadh Aldouri	**MA**	Consultant Haematologist	MFT
Andrew Stradling	**AS**	Consultant and Lead Clinician – Emergency Medicine	MFT
Henry Taylor	**HT**	Consultant Clinical Oncologist	MTW
Victoria Donovan	**VD**	Consultant Medical Oncologist	MTW
Charlotte Wadey	**CWa**	Lead Cancer Nurse	MTW
Riyaz Shah	**RS**	Consultant Medical Oncologist	MTW
Ola Okuwa	**OO**	Haematology Pharmacist	MTW
Clare Wykes	**CWy**	Consultant Haematologist	MTW
Charlotte Abson	**CA**	Consultant Clinical Oncologist	MTW
Emma Olsen	**EO**	Head of Planned Care	NHS Kent & Medway CCG
Jack Jacobs	**JJa**	Macmillan GP	NHS Kent & Medway CCG
Sona Gupta	**SGu**	Macmillan GP	NHS Kent & Medway CCG
Corinne Stewart	**CS**	Assistant Director of Commissioning	NHS Kent & Medway CCG

Item		**Discussion**	**Agreed**	**Action**
1	**TSSG Meeting**	**<u>Apologies</u>** • The apologies are listed above. **<u>Introductions</u>** • AK welcomed the members to the meeting and asked them to introduce themselves. **<u>Review previous minutes</u>** • The minutes from the previous meeting which took place on 11.11.2019 were reviewed and agreed as a true and accurate record. **<u>Action log Review</u>** • The action log was reviewed, updated and will be circulated along with the final minutes from this meeting.		

		MUO/CUP update and discussion – presentation provided by Afroditi Karathanasi • AK stated she had presented at the KMCA Early Diagnosis Working Group last year detailing proposals for a centralized MUO/CUP MDT. She then requested information from every Trust to provide figures for MUO/CUP referrals but only received a response from MTW whose data sent was not validated and relevant. • AK highlighted there is not an established MUO pathway with open 2ww GP access. Furthermore, the majority of MUO cases are not being discussed in the CUP MDT meetings. • AK highlighted the variation in CUP MDT services across K&M, with most Trusts lacking a formalized fully-established MDT. • AK advised a number of cases require multiple discussions in different MDTs which often lead to significant delays and limited results – this is a serious concern when the patients' symptoms are worsening. • The AO teams are often unable to provide patients in the community with much support given their limited resources and progressively increasing workloads. • There is a great variation with regards to MUO patient presentations and a number of different local pathways across the patch with many limitations on obtaining meaningful data as AOS teams have minimum admin support and CNS' do not have time available time to run all relevant audits. • IV advised the KMCA may be able to support this piece of work from the next financial year, although they would need information on the following: - an estimate of the number of CUP MDT figures each Trust have - an agreed model with defined criteria (a 2ww will not be sufficient) - a comprehensive overview of what needs to be implemented, why it needs to be implemented and how they plan on doing it - how they would measure the results (i.e. audits). • AK explained the proposed pathway with Consultant Nurses in place at each Trust who could run the MUO clinics and lead the diagnostic pathway. They should be linked to AOS teams for cross cover and participate in a centralized MDT if it is felt this is the way to move forward, with funding from the Alliance. • With regards to having a centralized MUO/CUP MDT, AK suggested she could chair this but if anyone else would be interested in taking on the role then she would be happy for them to do so. She also highlighted the need for there to be oncology cover and input from radiology, radiotherapy, pathology, CUP CNS' and PCT representation across K&M. • CM suggested doing a prospective audit with the help of GPs in order to identify the		

		number of patients who would be eligible for the proposed centralized MDT. BH confirmed it depends on the ICD 10 system coding selected (there is no consistent national coding guidance and a variation in local practice ICD 10 coding) and, in view of this, she is not sure this will be appropriate. **Action: CM agreed to obtain data from Brighton Hospital.** • There have been some significant challenges in the last few months and this has had a considerable impact on staff resources. AK believes all 4 Trusts require consistent support to deal with the challenges they face on a daily basis. • IV referred to an InfoFlex AO sub-group meeting (scheduled for 22.10.2020 from 13:00 – 15:00) which Natalie Williams is coordinating and suggested AK speak to her to determine the remit of the meeting and ensure a full complement of K&M colleagues have been invited. • AK emphasized the importance of collating 1 to 2 months' worth of data on MUO/CUP activity across K&M which can then be presented at a mini TSSG meeting early next year. The audited information will then be presented to the Alliance and a plan formed on how to take forward the proposal of a centralized MUO/CUP MDT service. **Action: AK to liaise with AW to schedule a mini TSSG meeting ensuring the invite includes BH, IN, IV, SGi, NB, AP, DW and Tina George.** • **Action: JJe to contact TSB to request she provide AK with the EKHUFT MUO/CUP figures.** • AK would be grateful to have everyone's engagement with this piece of work, especially in view of the potential for there to be another Covid spike and the impacts this could have with further delays. • Should the Trusts be unable to provide audit figures at the mini TSSG meeting, they are to let AK know. The aim is to have sufficient information by the end of January 2021 which can then be presented at the meeting. • AK would like each team to identify members leading on the MUO/CUP pathway piece and send her their contacts to enable AK to have more detailed discussions on the proposed pathways. **Action: Each Trust to provide MUO/CUP project lead contact details for relevant communication.**		**CM** **AK** **JJe** **All Trusts**
2	**AO & CUP HOP**	• All Trusts confirmed they had worked with CC to update the sections on the HOP document relevant to their respective sites. • **Action: CM advised she is now the AO & CUP Lead for MTW and has a number of changes to make to the HOP document. She will email CC to advise him of the updates required. After this has been finalized, it will be re-circulated to the group as v4.0.**		**CM/CC**

3	**COVID 19 pandemic**	**<u>Impact on AO Teams & AO Patients</u>** **<u>MFT – update provided by Deirdre Cooke and Cherie Neill</u>** • From March to August 2020 MFT changed their working pattern and CN was redeployed. • The team meet each morning to discuss patients and new referrals and prioritise them accordingly. • There was a distinctive difference in the number of referrals between March to August 2020 compared to the same period of time in 2019. - There were 44 MSCC patients between March and August 2020 compared to 16 for the same time period last year. - There were also 35 MUO cases from March to August 2020 compared to 13 for the same time period last year. - They have also had 27 neutropenic sepsis cases this year (patients with query and confirmed neutropenic sepsis are designated a hospital side room). • As a team they have supported each other well and things have calmed somewhat but AK emphasised the importance of ensuring they are as prepared as possible should there be a second Covid spike. • Telephone clinics have significantly increased and virtual patient reviews have worked well. • MFT are swabbing their chemotherapy patients but regular staff swabbing was only implemented for a couple of weeks in July 2020 and then stopped. • A small number of MFT staff working in the Lawrence Ward and chemotherapy unit tested positive for Covid during the first wave. • AK hopes her team will not be redeployed should there be a second Covid spike. **<u>DVH – update provided by Nicola Bonthron</u>** • NB confirmed the AO team at DVH were not redeployed during Covid. • They have worked closely with the palliative care team. • Referrals over the last 2 months have increased quite significantly. • Staff are being swabbed weekly. • NB specified the AO team at DVH would continue with business as usual and would not be redeployed should there be another Covid spike. • NB stated annual leave in April and May 2020 was cancelled at DVH and future leave		

		may also be cancelled should there be another Covid spike (although the Trust is trying to avoid this so as to help with staff morale). • With regards to the AO team, NB stated 2 nurses tested positive for Covid and were symptomatic in the first wave. 1 nurse was off in the late summer with a random asymptomatic positive result and 2 tested negative. **EKHUFT – update provided by Jennifer Jewell** • JJe advised her team were transferred from the chemotherapy units to emergency care when lockdown was enforced. • They have been supporting the palliative care team in view of the increased referrals the service have been receiving. • They have continued to work hard but the workload and late presentations to AO have been an emotional strain. • Patients with query neutropenic sepsis are designated hospital side rooms. • EKHUFT have a new swabbing pathway in place for patients, with positive results being recorded on KOMS. Turnaround times have been good with results predominantly coming back within 48 hours. Staff are required to have a test on a fortnightly basis. • JJe stated EKHUFT staff may need to be redeployed should there be another Covid spike but she hopes they will be able to avoid this given the strain on the AO service currently. • With regards to annual leave, JJe advised EKHUFT staff are only able to take 1 week off at a time. • All EKHUFT palliative care staff tested positive for Covid during the first wave. **MTW – update provided by Erika Wade** • SW recently joined the team as a Band 7 AO CNS. • EW and SW were redeployed to ITU for 6 weeks leaving Andrew Brown to run the AO service. • EW stated their workload has progressively increased, in the last 3 months especially. • MTW A&E have been proactive in putting query neutropenic sepsis patients in to green zones. • MTW staff are swabbed on a fortnightly basis. • EW stated she would remain with her patients at MTW should there be another Covid spike.		

		• A consultant and registrar at MTW tested positive for Covid. • AK highlighted at the TSSG Leads meeting the need for AO teams to be supported, especially with staffing numbers. She hopes a relevant letter will be sent to Cancer Boards and Hospital Cancer Leads from the Alliance. • The Trusts advised a number of their patients are coming in to secondary care too late, often following initial presentations at A&E, and referred straight to palliative care.		
4	**Clinical Pathway Discussion**	**How the AO and CUP pathways have been affected by COVID pandemic and what changes need to be made.** **- Second wave: are we prepared?** • AK advised this item had been discussed sufficiently under agenda items 2 and 3.		
5	**Performance Annual reports**	**<u>DVH – update provided by Nicola Bonthron</u>** • In the last year they have had 3065 referrals to the service, an increase of 240 from the previous year. • 949 of these cases were urgent referrals from consultants, GPs and self-referrals. • NB stated they have had approximately 40 neutropenic sepsis cases so far this year, although the data is still being audited. • They have had 9 MSCC cases so far this year. • AK questioned and NB clarified the referral numbers included the chemotherapy triage line referrals. **<u>EKHUFT – update provided by Jennifer Jewell</u>** • **<u>Action:</u> JJe advised she would speak to TSB regarding the annual report which the TSSG requires from each Trust.** • JJe stated they are working on identifying how many patients they are treating on an annual basis. • Between April to August 2020 they had 33 MUO and 15 confirmed CUP cases, which Justin Waters and Mathilda Cominos have been treating. **<u>MFT – update provided by Afroditi Karathanasi</u>** • Due to a lack of admin time they have not managed to capture a comprehensive account of what their AO service are doing. • Between 01.04.2019 and 31.03.2020 they had 995 referrals for new inpatients on the AO database. • They have completed 3740 inpatient reviews within the timeframe with an average of		**JJe**

		15 patients per day. • They initiated an outpatient database and 71 outpatients have been managed by the AO service along with 150 telephone clinics. **MTW – update provided by Erika Wade** • EW stated MTW were unable to do any audits. • They will be expanding their service with clerical support so EW can start to focus on doing audits once they are in place. • AW suggested using a standardized performance template going forward which each Trust would be required to complete. **Action**: **AK to send CC/AW the templates for AO & CUP data that will need to be collected from every Trust prior to future meetings and CC is to circulate these to all Trusts.**		**AK/CC**
6	**Research**	**Update provided by Stergious Boussios** • SB stated research trials had been heavily focused on Covid and confirmed a research update will be provided at the next full TSSG meeting.		
7	**Clinical Audit**	**MFT CUP audit 2019 – presentation provided by Afroditi Karathanasi** • Between 01.04.2019 and 31.03.2020 MFT identified a number of challenging cases and MDT input was instrumental in getting diagnoses. • They had 54 CUP MDT referrals within the timeframe, with 84 discussions in 41 MUO/CUP MDT meetings. This comprised of approximately 2 cases per MDT. 15 of these cases were discussed twice. • Of the 54 patients, a primary was identified in 31 cases, 10 MUO's were not given further investigations and were appropriate for best supportive care, 4 were confirmed CUP cases and 9 did not have cancer. • Of those 31 MUO patients identified with a primary, 22 received treatment while the other 9 patients received best supportive care. • AK stated patients are often sent to a number of tumour site MDT meetings before a primary is identified or a final decision on management is made. • CM highlighted the importance of establishing whether each MUO should be discussed at the MDT meetings. She added radiologists are often helpful in identifying the primary site. • EKHUFT are starting to collate meaningful information from August 2020 on patients presenting in advanced stages of cancer and are happy to share this data and the impact it has on patients coming in to the service in due course. • IV stated the Alliance may be able to help in providing admin support. IN added she		

		would be happy to give support to the MUO/CUP piece from an early diagnosis perspective. • BH highlighted the need to have meaningful data of patients coming through via A&E, which Amara Arinzeh can help with. AK mentioned the difficulties involved in linking the referrals in to InfoFlex given the fact they are recorded on the A&E database upon initial presentation where there is no InfoFlex access. The utilisation of multiple different systems (A&E presentation, AOS database, KOMS, Aria and InfoFlex) for cancer patient documentation contributes to the difficulty of extracting meaningful data. **Action: IV agreed to take this to the Cancer Digital Transformation Board meeting and stated Steve Morris (Head of CIS – EKHUFT) could possibly assist with resolving this issue.** • IV suggested all Trusts need pathway navigators to support this piece of work. • The long-term plan is to integrate KOMS into InfoFlex. AK also stated Aria will need to be linked in to KOMS and InfoFlex.		**IV**
8	**CNS Updates**	**Service Development, Staffing, 7 day service, Challenges & Sub-group meetings** **DVH – update provided by Nicola Bonthron** • They operate a 7 day service. • AR has helped to support palliative care colleagues in recent months and, in view of this, there have at times been only 1 CNS managing the service during the week. • Band 6 chemotherapy colleagues have occasionally supported them on Sundays. • They only provide the AO service at Darent Valley Hospital. • They have 4 Band 7 CNS'. CM and AR work 37.5 hours a week and AP and NC 22 hours a week. • They are given support by the MTW oncologists. • From a CUP perspective, Victoria Donovan has now left the Trust. In view of this, they require clarification as to who will be leading the Upper GI MDT to ensure they can assist the AO team with CUP cases. **EKHUFT – update provided by Jennifer Jewell** • They provide an AO service at WHH, KCH and QEQM. KCH has been designated a green site, with the surgery and stroke units moving there following lockdown. • There are 3 Band 7's, 2 Band 6's, 2 Band 8's and a part-time Band 4 pathway navigator in place. • They have operated a 7 day service since February 2020 and work between 08:00		

		and 18:00. • They are in the process of auditing how long they are spending with patients and the impacts this has had. • They try to have 2 staff members at each site at the same time but staff sickness and leave have occasionally resulted in there only being a single person present at the hospitals. • There are no CNS' for brain, CUP and sarcoma so their Band 7 staff have had to take these cases on to support the patients. **MFT – update provided by Cherie Neill and Deirdre Cooke** • A new alert system is in place which informs A&E if a patient is coming in with suspected neutropenic sepsis. • They are operating a 5 day service with 2 Band 7 CNS' in place and a daily pa for AO Consultant. • They have been promised a third CNS which will enable them to operate a 7 day service. **MTW – update provided by Erika Wade** • They operate a 6 day service and are exploring the potential for a 7 day service once appropriate staffing levels are in place. • They have worked hard on promoting the AO & CUP service (which in itself has led to an increase in referrals). • They have provided education and training sessions to medical staff and established links with other services. • The chemotherapy triage phone is held by the senior chemotherapy day unit staff. All calls to the triage phone are logged and recorded electronically on KOMS and an automated alert is emailed to the AO team 3 times a day. The call logs are then reviewed by an AO CNS. Action is taken as appropriate, depending upon the circumstances of the patient. • An AO inpatient review tool on the KOMS system has been developed to allow staff to document details of inpatient admissions and enables them to retrieve data for auditing purposes. This information is also shared with anyone who has access to the KOMS system and therefore helps to disseminate information to the wider oncology		

		teams regarding interventions whilst patients are under the care of the acute Trust. • EW mentioned they have had a number of challenges which include: providing an equitable service across both sites, training A&E teams at TWH as well as the lack of assessment beds there, meeting peer review measures and CUP service provision (they were found to be at serious risk due to low staffing levels).		
9	**Primary Care & Commissioning**	• A lymphadenopathy pathway pilot commenced in September 2020 at EKHUFT. • There have been discussions around if and how this could be replicated in North and West Kent but little progress has been made in light of the impacts Covid has had on the Trusts.		
10	**Cancer Alliance update**	• AK felt the discussions IV contributed to as part the MUO/CUP agenda item was sufficient. IV advised he had nothing else to add from an Alliance perspective.		
11	**AOB**	• AK highlighted there appears to be a challenge with palliative care input across K&M (especially from consultants). She continued by stating less palliative care input at MDM meetings means more AO input is required, which places further strain on the teams' resources. • The K&M EOL team has been formed in order to try and standardize the palliative care strategies in place across the patch. • BH mentioned MFT have 1 acting consultant who is based at the Wisdom Hospice. • NB stated from March to August 2020 DVH had received 190 palliative care referrals. She added support in the community has been inconsistent. • A number of concerns relating to bereavement care have been raised due to the significant workload the EOL teams are facing. • JJe confirmed the palliative care team at EKHUFT are to move from a 5 day service to a 7 day service and have recruited 2 palliative care consultants.		
	Next Meeting	• To be confirmed.		