Kent and Medway Cancer Collaborative

Acute Oncology & CUP Forum Tumour Site Specific Group meeting
Monday 8th November 2021
Microsoft Teams
09:00 – 12:30
Final Meeting Notes

Present	Initials	Title	Organisation
Tracey Spencer-Brown (Vice Chair)	**TSB**	Macmillian Lead Acute Oncology Nurse Practitioner / KMCA AOS Improvement Project Lead	EKHUFT
Lucy Page	**LP**	Acute Oncology Navigator	EKHUFT
Nicola Bonthron	**NB**	Macmillan Lead Nurse for Palliative Care & Acute Oncology	DVH
Ian Vousden	**IV**	Programme Director	KMCA
Tracey Ryan	**TR**	Macmillan User Involvement Manager	KMCC
Colin Chamberlain (Notes)	**CC**	Administration & Support Officer	KMCC
Annette Wiltshire	**AW**	Service Improvement Facilitator	KMCC
Sharon Middleton	**SM**	Partnership Manager for Kent & Medway	Macmillan
Stergios Boussios	**SB**	Consultant Medical Oncologist	MFT
Terri Coffey	**TC**	Endoscopy Waiting List Scheduler	MFT
Deirdre Cooke	**DC**	Acute Oncology & CUP CNS	MFT
Jennifer Priaulx	**JP**	Macmillan Cancer Transformation Project Manager	MFT
Elizabet Sanchez	**ES**	Service Manager for Oncology & Haematology	MFT
Andrew Brown	**ABr**	Macmillan Acute Oncology Services CNS	MTW
Charlotte Moss	**CM**	Consultant Medical Oncologist	MTW
Andrea Blurton	**ABl**	Acute Oncology CNS	MTW
Erika Wade	**EW**	Acute Oncology & CUP CNS	MTW
Amit Goel	**AG**	Consultant Histopathologist	MTW
Lewis Taylor	**LT**	Acute Oncology Support Worker	MTW
Kathryn Lees	**KL**	Consultant Clinical Oncologist	MTW
Sugeeta Sukumar	**SS**	Clinical Oncology Registrar	MTW
Roz Yates	**RY**	Oncology Matron	MTW
Bana Haddad	**BH**	Macmillan GP & Cancer Lead / KMCA Clinical Lead – Living With and Beyond Cancer	NHS Kent & Medway CCG
Chris Singleton	**CS**	Senior Programme Manager – KMCA	NHS Kent & Medway CCG
Apologies			
Rachel Ryan	**RR**	Research Nurse	DVH
Lavinia Davey	**LD**	Haemato-oncology (Blood Cancers) Research Team Leader	EKHUFT
Jennifer Jewell	**JJ**	Macmillan Lead Acute Oncology Matron	EKHUFT
Serena Gilbert	**SG**	Cancer Performance Manager	KMCA
Afroditi Karathanasi	**AK**	Consultant Medical Oncologist	MFT
Henry Taylor	**HT**	Consultant Clinical Oncologist	MTW
John Schofield	**JS**	Consultant Pathologist	MTW
Riyaz Shah	**RS**	Consultant Medical Oncologist	MTW
Mathilda Cominos	**MC**	Consultant Clinical Oncologist	MTW

Ola Okuwa	**OO**	Senior Oncology Pharmacist	MTW

Item		Discussion	Action
1	**TSSG Meeting**	**Apologies** • The apologies are listed above. **Introductions** • Due to ill health, AK was unable to attend and chair today's meeting. As vice chair, TSB took on the responsibility of chairing the meeting. • 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 minutes from the previous meeting which took place on 26.04.2021 was reviewed and agreed as a true and accurate record.	
2	**Horizon scoping**	**K&M CA AOS Improvement Project update provided by Tracey Spencer-Brown** • For the last 6 months TSB has been working with the Alliance to put recommendations forward for improvements to AO services. • The project was initiated following the publication of the 2020 RCP, ACP & RCR national recommendations to improve AO provision. Increasing engagement and visibility in acute settings with clinical leadership from oncologists is a key priority and this is pivotal in the delivery of an equitable, high quality, safe and effective acute specialist service. • The project's key areas include: clinical leadership, the need for an equitable and accessible 7 day patch-wide AO service and the importance of having comprehensive AO data collection standardised across Kent & Medway. • TSB stated she had done a lot of networking as part of the project and contacted 30 District General Hospitals and cancer centres across the UK (including ones in Scotland, Wales and Northern Ireland) in order to look at their service models and visions. She identified a number of common themes, although there were variations in processes. Most hospitals have (or are looking to have) an oncologist with AO to be recognised as a sub-specialty. Some services are utilising an acute physician or a palliative care consultant with an interest in oncology to support their inpatient AO service. Another model, although less common, is to have an AO Nurse Consultant in place given the challenges of recruiting oncologists and specialist nurses. • There has been investment in education sessions and skillset programmes for the AO nursing workforce. Some of the workstreams coming off the back of this looked at elective pathways, AO assessment units and upskilling AO nurses to perform certain procedures. • It was identified that not all District General Hospitals have an accessible oncology ward. • There is a need to improve access for patients and GPs. When GPs do not have a pathway to refer in to, oncology is often the default choice – something which is not unique to Kent & Medway. • A national AO Society is in place and functions as a helpful forum in sharing good practice and highlighting challenges. **Action: TSB to send the link for this which can then be circulated to the group.** • There have been discussions around stratified pathways and how the AO-led nurse teams do their clinical assessments (including holistic and SBAR assessment tools). • AO have challenges with regard to patient and service feedback as this tends to be something the inpatient teams do. In view of this, it is difficult to quantify the impact the AO service has on patients. • AO recruitment across the UK has been quite successful. However, some GPs have recognised that the response they get from the AO teams differs depending on the level of experience the staff member they liaise with has. • TSB visited all Trust sites as part of the project and one of the key themes which she thinks the AO teams might be overlooking is triage. The teams are triaging a lot of patients who have had a confirmed cancer diagnosis and then safety netting them. The data will be adapted to reflect this. • TSB referred to the Kent & Medway AO services data for January to August 2021. This includes data on the number of new patient reviews and AO service presentation types (type 1, type 2, type 3a and type 3b) on a Trust-by-Trust basis. • In terms of the number of inpatient reviews between January and August 2021: DVH had 1411, EKHUFT had 1957, MFT had 782 and MTW had 640. This totals 4790. TSB stated it should be borne in mind that the numbers for DVH and EKHUFT are higher due to the fact they are a 7 day service.	**TSB**

What should also be considered is that MFT have an AO consultant, DVH and MFT have an oncology ward and the differences in population size for each area will also have an impact.
The trajectory for the entirety of 2021 for each Trust is: 2117 patients for DVH, 2936 patients for EKHUFT, 1173 patients for MFT and 960 patients for MTW. This is a total of 7186 patients for Kent & Medway as a whole. There are around 17 AO nurses across Kent & Medway and this therefore constitutes a high caseload for each of them.

- With regard to AO presentation types (type 1, type 2, type 3a and type 3b), the teams have noted a number of patients are coming in with progressive disease and the complications associated with it.
- The number of follow-ups and patient contacts is increasing and this is not sustainable. TSB believes there needs to be: clear pathways, teams who mutually support each other (e.g. AO and palliative care), clinical leadership and an AO consultant at each Trust.
- With regard to MUO and CUP, patients who present late tend to have poorer outcomes. TSB has liaised with GPs and non-specialist teams and concerns have been raised with regard to there not being a clear referral pathway, MDT or 2ww process in place for these cases. This is a long-standing issue and TSB feels the teams need support from their clinical leadership teams to move forward with this. If the Trusts do not have an MUO/CUP site specific CNS then TSB feels there needs to be someone within the AO teams who leads on these cases, possibly with Band 4 support from an administrative perspective.
- In terms of successes:

- There are caring and compassionate AO teams who put patients at the forefront of everything they do.
- Oncologists value the AO service and there has been positive feedback from inpatient non-specialist teams.
- The Kent & Medway AO teams are open to change.
- There is good peer support within the teams.

- With regard to challenges:

- Recruitment and funding has been problematic in terms of recruiting additional oncologists and specialist nurses, especially when there are funding issues within the individual Trusts.
- TSB believes there is still some way to go in terms of having an appreciation and prioritisation of AO as a recognised sub-speciality.
- Workforce vs acuity and caseload is also problematic.
- Although the teams are good at supporting each other, there are still some wellbeing issues given workload and other factors. There also appears to be variation with regard to the prioritisation of education and development in improving the services.
- In terms of obtaining patient feedback, this has been a real issue as it tends to fall within the jurisdiction of the inpatient teams so it is difficult to quantify how patients felt as a result of the care provided by AO teams. Work needs to be done on expediting this.

- In relation to variations:

- There is inequity with regard to service provision, accessibility and processes.
- There are differing opinions and understandings on what the AO service is.
- Only one site has an AO consultant.
- Only 2 hospitals have access to inpatient oncology wards.
- There are differing priorities within Trusts relating to the AO service.
- Only 2 of the 4 Kent & Medway Trusts have a 7 day AO service.
- There are significant variations in AO training.

- Palliative Care teams have raised the benefit of using HNAs/IPOS assessments and TSB wondered whether this is something the AO teams could introduce in to their practice.
- As part of her project, TSB undertook a review of the teams': qualifications, experience, skillset and knowledge of oncology emergency pathways.
- CM stated the consensus is that the teams would be in favour of having collaborative training and bring experience/training levels up to a similar level across the patch. BH mentioned she and Claire Mallett, who often facilitate a number of training sessions (such as advanced comms), can be contacted regarding training. BH added there is funding in place to support training sessions.
- TSB referred to the Kent & Medway AO team training and skillset heatmap which is based on information provided to her by the AO teams. The heatmap looked at staffs' qualifications, knowledge and experience, skills assessed and obtained and oncology emergency pathways. The map is currently blank for MFT as TSB is waiting for information from the CNS' there. The heatmap will be sent to the teams' line managers so they can obtain an understanding of how best to support them.
- There is a drive to:

- Improve the service and raise the profile and understanding of AO.
- Have an equitable 7 day AO service.

		- Look in to risk stratified pathways to avoid patients coming through the emergency route and instead utilise the ambulatory units if there is not an AO assessment area in place. - Look in to elective pathways. - Have emergency pathways for patients who come through A&E. - Develop the MUO and CUP services. - Think about having a monthly Kent & Medway-wide peer MDT to further build on how the teams can support each other. The MDT can be utilised to discuss complex cases and promote shared learning. - Have a collaborative approach to named AO leads. - Look at the AOS competency framework. This will help the leads managing the AO teams to see where their staff are with regard to the competency skillset, which in turn will allow the leads to: support them with their development and maintain staff confidence and value for they work they do. - Have a quarterly AOS newsletter. - Have rotational learning. - Have a bi-annual Kent & Medway AOS training programme with shared responsibility. - Ensure clinical supervision is in place. - Improve patient information and build upon patient service feedback. - Look at assessment skills (for instance SBAR/IPOS) and whether these work well or whether things need to be done differently. • In terms of next steps: - TSB will complete the Kent & Medway AOS recommendations report and take this forward with Miles Scott (with support from IV) who will review the document before it is taken to the execs/Cancer Board teams. Before this takes place, however, TSB will share the report with the AO teams. - The AOS project findings will be integrated into the larger Oncology Review. - There is a need to prioritise streamlined pathways, focus on workforce education programmes and review patient feedback/patient information via the TSSG. - The Trust AO leads and links are to work collaboratively on key areas of focus. - A provisional workforce recruitment matrix is to completed with Macmillan and the Alliance to support a patch-wide 7 day AO service. - Kent & Medway AO teams are to complete InfoFlex training and record standardised data per Trust. • **<u>Action:</u> TSB to send ES the EKHUFT Band 4 Clinical Support Worker job description.**	**TSB**
3	**CNS updates**	**<u>DVH – update provided by Nicola Bonthron</u>** • A new nurse joined the team recently and Amy Peacock left the service. • A seconded Band 6 from the oncology ward is also now in place to backfill . • The Trust are utilising bank staff to sustain a 6 day service. • There is an intention to restart a 7 day service after Christmas but as the team do not have as many staff as they ideally need, sustaining this may be challenging. • The service is looking to have a nurse working 1 weekend each month. • There are plans to look at how staff can be more forward facing in the Emergency Department going forward. **<u>EKHUFT – update provided by Tracey Spencer-Brown</u>** • A number of staff are currently on leave. • The team have managed to sustain a 7 day service, although this has been challenging especially given TSB's secondment. • Band 4 Support Workers and Pathway Navigators have been helpful in supporting the service. Their roles continue to evolve and they are being utilised to do cold ward follow-ups which relieves some pressure from the Band 7 staff on the frontline. **<u>MFT – update provided by Deirdre Cooke</u>** • MFT's nursing team comprises of 2 CNS'. An advertisement for a third CNS has gone out. • There is a plan to have 7 day AO cover, with half shifts on Saturdays and Sundays. • The team provide support to Lawrence Ward, Galton Day Unit and the site specific Macmillan teams. • There is a plan to embed non-medical prescribing within the service/team. **<u>MTW – update provided by Andrea Blurton</u>** • The team comprise of 4 CNS' (3 of which work full-time and 1 part-time) and a Support Worker.	

		• The team cover the service Monday to Friday 09:00-17:00 and the on-call registrar service is in place at the weekend. Having this has been invaluable from a mutual learning perspective. The registrar who works with the team during the week is often the person who is on-call at the weekend. • A number of registrars, as part of their rotation, join the AO team to support the service. • With regard to InfoFlex training, 2 of the 4 CNS' have attended this and the other 2 will be attending a session tomorrow. In view of this, the team should be ready to start entering information in to InfoFlex from January 2022. • Interviews will be conducted tomorrow to recruit a full-time CUP and MUO CNS. • The team are working to try and set up an assessment bay. • TSB has met with Macmillan colleagues and they have worked on scoping a 7 day service. SM stated AO is a strategic priority for Macmillan for 2022 and beyond, especially given the gaps in having an equitable service across the patch. She has discussed with IV the possibility of joint funding to support this workstream.	
4	**Performance**	• TSB stated this item had been discussed sufficiently under agenda item 2.	
5	**MSCC update**	• DC stated she has noted the significant difference the pathway has made to both MFT as a service and their patients (who are offered and given treatment more swiftly). • There is a registrar who works for a week at a time with the AO team at MTW. Having both Katy Taylor and the registrar in place has made a big difference. • TSB believes it would be helpful if Katy Taylor could conduct an audit of the service, the impact it has had, patient experience and the feedback from the District General Hospitals which have utilised it. The findings of this can then be presented to the Alliance and Macmillan with a view of hopefully receiving funding (perhaps jointly) in order to further develop the service by employing another Band 4. • From a DVH perspective, NB stated the MSCC pathway has been invaluable. • The MSCC pathway was shared at a recent GP and Practice Nurse Lunch and Learn session and was well-received. The consensus there was this pathway should be something all Trusts work towards and the MSCC service at MTW has set a good example in this respect. If a GP believes their patient has suspected or confirmed MSCC, they refer them in to the acute medical team and subsequently inform the local AO team of this. • CM highlighted the need to look at what measures can be put in place to support the service when Katy Taylor is on leave. When she is on leave, CM believes the responsibility of holding the coordinator phone should be transferred to the clinical oncology registrars. **Action: CM to speak to Katy Taylor and KL to identify whether it would be helpful to recruit an additional Band 4 to support the MSCC service and then feed back the outcome of this discussion to TSB.** • **Action: TSB to send NB the updated MSCC pathway.**	**CM** **TSB**
6	**MUO&CUP update**	**DVH – update provided by Nicola Bonthron** • The Trust have not had a CUP CNS since the summer. • Following on from a discussion around DVH's 2021 data, NB stated there have been some issues with how they track patients in obtaining a diagnosis in an acceptable amount of time. Most patients tend to go down the best supportive care route instead of as a confirmed CUP. • Saba Imtiaz is the CUP consultant at DVH and they have an acute physician who helps the team in tracking the MUO cases to ensure the right measures are being put in place. **EKHUFT** • No update provided. **MFT – update provided by Deirdre Cooke** • The team have a new administrator/secretary who has started to keep spreadsheets of MUO cases which are referred in and discussed at MDT. This will be very helpful going forward with regard to auditing and TC is happy to share the spreadsheet with the members should they wish to review it. • The Trust formerly had a CUP/MUO CNS. This helped to alleviate the workload of DC and Cherie Neill. If they are able to recruit an additional CNS, the successful candidate will be responsible for overseeing the CUP and MUO cases. • DC thanked TC for her help in supporting the service. • There are currently 3 active CUP patients being overseen by AK. **MTW – update provided by Charlotte Moss and Andrew Brown** • CM confirmed she is the CUP lead for the Trust.	

		• The team are receiving more automatic referrals from radiology (with results commonly sent through to the MDT email address) often without: 1. Clinical details. 2. A sufficient (or non-existent) summary of what the patient is and is not aware of. 3. Clarification as to why the case has been sent to them. ABr pondered whether it would be useful to meet with radiology to discuss this matter in order to try and expedite the issue. • The Trust run a CUP MDM on an ad-hoc basis as and when they have confirmed CUP patients (which is generally a small number). Of the confirmed CUP patients this year, none of them have been well enough to be treated. • CM believes it would be help to have a CUP site specific CNS to support the service. • BH emphasised the importance of having a referral form and clear processes in place for GPs.	
7	**Vague Symptoms pathway**	**Update provided by Nicola Bonthron** • The VISS pilot at DVH has been extended to the end of next summer. • The service now has a full-time Band 7. The Band 4 administrator will also be working full-time from the end of November 2021. • The service continues to get busier. • From an EKHUFT perspective, TSB will help to set up a vague symptoms service, hopefully by April 2022 from the diagnostic centre in Dover. A job description will be worked on for both a Project Manager and Band 4 Navigator and TSB and a GP will be supporting the service from a clinical perspective. Sarah Collins is also working on getting an acute physician on board in order to support the service. • CS stated the pilot at DVH has helped to gain an understanding of challenges, issues and successes. He visited the VISS clinic at DVH recently in order to review the service in person and he found it to be very insightful. • There is an intention to roll out a vague symptoms service at MFT, hopefully along the timescales of East Kent. • TSB felt the learning and work at DVH will be critical to the success of the EKHUFT and MFT vague symptoms services. • CS mentioned there had been some very productive discussions between clinical and operational teams regarding how the service is best set up. • There is also a plan to have a vague symptoms service at MTW but this will likely be something taken forward in the next financial year.	
8	**Research**	**Update provided by Stergios Boussios** • There are currently no CUP trials available to recruit to locally. • SB has successfully run a clinical trial for a second line treatment for metastatic kidney cancer. • SB stated he can be contacted for consultation about national and international trial options. • SB informed the members he is aware there had been some discussion around recently published papers for melanoma and sarcoma of unknown primary site.	
9	**Primary Care & Commissioning**	**Update provided by Chris Singleton** • The CCG is transitioning in to an ICP as per national direction. • The intention is to support system-level working and collaboration which is already in a good position from a cancer perspective. • The local ICPs are working with the relevant Community Diagnostic Hubs (of which there will be 6 for Kent & Medway), which can cover populations of up to 300,000. The Alliance is supporting this workstream from a cancer perspective and East Kent and West Kent will take this forward initially.	
10	**Cancer Alliance update**	• Please refer to the circulated Cancer Alliance presentation which CS discussed at the meeting.	
11	**AOB**	**MTW – update provided by Andrew Brown and Charlotte Moss** • ABr stated he has noticed an increase in the number of patients the team are seeing with very advanced malignancies. • A number of patients have been admitted to hospital and ended up contracting COVID. • The team has grown since the last meeting and continue to strive to provide the best service possible for patients. • ABr and CM believe the MSCC pathway has been a resounding success. **MFT – update provided by Deirdre Cooke** • The team at MFT would like to put in place an acute setting patient survey and would be open to suggestions on how this can be done in a safe and secure way. • ES stated she is interested in seeing how AO services will continue to evolve and found the presentation TSB gave to be very insightful.	

		EKHUFT – update provided by Tracey Spencer-Brown • The AO team at EKHUFT were given a Golden Heart award as a reflection of their hard work, especially throughout the pandemic. • The Band 4s are supporting a more robust service for the brain, sarcoma, MUO and CUP workstreams and the team are starting to see the benefits of this. **Tracey Ryan** • The patients TR has liaised with appreciate the hard work delivered by the clinical teams. • TR mentioned she had interviewed patients who had had contact with the VISS clinic and the feedback she received was predominantly positive. There is the potential for a patient survey to be sent out to these patients in the form of a text message. • TR is happy to support the teams in any work relating to patient feedback. • TSB found visiting and liaising with the Trusts as part of her project very insightful and lauded the AO teams for their compassion, hard work and taking the time to assist her when required. She also thanked the members for attending today's meeting. • SM applauded the teams for their hard work and the way in which they care for patients when they are at their most vulnerable (with COVID often amplifying this). • CS thanked the AO teams for their hard work throughout the pandemic. • NB stated she has been impressed by the resilience shown by her team in dealing with the high workload and challenges associated with the impact of COVID on their service.	
	Next meeting	• To be confirmed.	