Kent and Medway Cancer Collaborative

Acute Oncology & CUP Forum Tumour Site Specific Group meeting Monday 16th May 2022 Microsoft Teams 09:00-12:30 Final Meeting Notes

Present	Initials	Title	Organisation
Tracey Spencer-Brown (Chair)	**TSB**	Macmillan Lead AO Nurse Practitioner / Kent & Medway Cancer Alliance AOS Improvement Project Lead & Kent & Medway AO&CUP TSSG Chair	EKHUFT
Samuel Jones	**SJ**	Cancer Navigator	EKHUFT
Claire Whiteley	**CW**	AO Nurse Practitioner	EKHUFT
Nicola Bonthron	**NB**	Macmillan Lead Nurse for Palliative Care & AO	DVH
Afroditi Karathanasi	**AK**	Consultant Medical Oncologist	DVH
Carrie Barton	**CB**	VISS CNS	DVH
Colin Chamberlain (Notes)	**CC**	Administration & Support Officer	KMCC
Karen Glass	**KG**	Administration & Support Officer	KMCC
Annette Wiltshire	**AW**	Service Improvement Facilitator	KMCC
Matt Hine	**MH**	InfoFlex Application Manager	KMCC
Sharon Middleton	**SM**	Partnership Manager – Kent & Medway	Macmillan
Deirdre Cooke	**DC**	AO & CUP CNS	MFT
Cherie Neill	**CN**	AO & CUP CNS	MFT
Jennifer Priaulx	**JP**	Macmillan Cancer Transformation Project Manager	MFT
Vicky Kidner	**VK**	Macmillan Lead Nurse for Chemotherapy/Matron for Cancer	MFT
Paulette Basham	**PB**	Oncology Upper GI Clinical Trials Coordinator	MTW
Andrea Blurton	**ABl**	AO CNS	MTW
Andrew Brown	**ABr**	Macmillan AOS CNS	MTW
Erika Wade	**EW**	AO CNS	MTW
Katy Taylor	**KT**	Consultant Radiographer	MTW
Stacy White	**SW**	AO CNS	MTW
Rosalyn Yates	**RY**	Oncology Matron	MTW
Stefano Santini	**SS**	Macmillan GP & Cancer Lead	NHS Kent & Medway CCG
Bana Haddad	**BH**	Macmillan GP & Cancer Lead / Clinical Lead – Living With and Beyond Cancer	NHS Kent & Medway CCG
Chris Singleton	**CS**	Senior Programme Manager – KMCA	NHS Kent & Medway CCG
Apologies			
Jennifer Jewell	**JJ**	Macmillan Lead AO Matron	EKHUFT
Darla Goode	**DG**	AOS Pathway Navigator	EKHUFT
Lavinia Davey	**LD**	Haemato-oncology (Blood Cancers) Research Team Leader	EKHUFT
Jindriska Lindsay	**JL**	Consultant Haematologist	EKHUFT

Cathy Finnis	**CF**	Programme Lead - Early Diagnosis	KMCA
Natasha Wilson	**NW**	Macmillan Haemato-oncology CNS	MFT
Stergios Boussios	**SB**	Consultant Medical Oncologist	MFT
Maher Hadaki	**MH**	Consultant Clinical Oncologist	MTW
Mathilda Cominos	**MC**	Consultant Clinical Oncologist	MTW
John Schofield	**JS**	Consultant Pathologist	MTW
Ola Okuwa	**OO**	Senior Oncology Pharmacist	MTW
Catherine Harper-Wynne	**CHW**	Consultant Medical Oncologist	MTW
Ravish Mankragod	**RM**	Consultant Respiratory Physician	MTW
Kathryn Lees	**KL**	Consultant Clinical Oncologist	MTW
Rakesh Koria	**RK**	Macmillan GP Associate Advisor for Kent & Medway / NHSE GP Appraiser	NHS Kent & Medway CCG
Ann Courtness	**AC**	Macmillan Primary Care Nurse Facilitator	NHS Kent & Medway CCG
Sona Gupta	**SG**	Macmillan GP & Cancer Lead	NHS Kent & Medway CCG
Jack Jacobs	**JJ**	Macmillan GP & Cancer Lead	NHS Kent & Medway CCG

Item		**Discussion**	**Action**
1	**TSSG Meeting**	**Apologies** • The apologies are listed above. **Introductions** • 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 to the group along with the final minutes from today's meeting. **Previous minutes** • The minutes from the previous meeting which took place on 08.11.2021 was reviewed and agreed as a true and accurate record.	
2	**K&M AOS Priorities of Focus**	• TSB stated this item could be discussed under agenda item 9.	
3	**AOS Site Team updates**	**Current Service / Celebration & Challenge / Innovations** • NB's DVH presentation provided an overview of the: - Number of referrals for 2018, 2019, 2020 and 2021 in addition to those for January, February, March and April 2022. - Number of face-to-face contacts in 2019, 2020 and 2021 in addition to those in January, February, March and April 2022. - Number of ward contacts in 2018, 2019, 2020 and 2021 in addition to those in January, February, March and April 2022. - Number of patients on the unwell patient pathway in 2019, 2020, 2021 and 2022. - Number of suspected or confirmed MSCC cases in 2020, 2021 and 2022. - Number of suspected or confirmed neutropenic sepsis cases in 2020, 2021 and 2022. • NB stated she has good links with KT at MTW regarding MSCC cases.	

		DVH – update provided by Nicola Bonthron • The team had someone seconded to them as a Band 6 in order to help share workload during the winter pressures. • At the beginning of this year, the team were able to go back up to delivering a 7-day service. They had been unable to deliver a 7-day service prior to Christmas due to staffing issues. • The team have recruited a new Band 7, although she will initially start off as a Band 6. • Nazima Chokoury is taking on a CUP role, within current AOS Role. • Sebastian Urruela works with the team as he has an interest in oncology and is part of the vague symptoms service. • NB believes the confidence of the team is something to celebrate and there is a drive to keep improving on the work they are doing. **MTW – update provided by Erika Wade** • The team have recruited a new Band 7 MUO/CUP CNS in addition to a Band 4. • The team still have an oncology registrar with them which has been helpful when patients need urgent radiotherapy. • The team are working on putting in place an AO assessment area which they are meeting with wider Trust colleagues on. • The team comprises of 4 CNS' (3 full-time and 1 part-time) across both sites. • EW stated the team support each other well. • ABl stated staffing was a challenge when she joined the team a year ago and COVID has resulted in staff sickness. • The SDEC project is currently in its infancy. **MFT – update provided by Deirdre Cooke & Cherie Neill & Afroditi Karathanasi** • The team have successfully recruited a third CNS who will be starting in mid-June 2022. • KMCA have agreed to fund 2 further AOS CNS' assuming MFT will employ them substantively after the first 2 years. • The team have a new medical training doctor in addition to an AOS administrator. • AK continues to cover the whole lung cancer service and this has inevitably placed pressure on the AO team. • The team undertook 100 more reviews between January and March 2022 than they did between January and March 2021. • The team received 400 more referrals between April 2021 and March 2022 than they had between April 2020 and March 2021. • The team have received a lot of positive verbal feedback from the Trust's medical and surgical teams. • The team have struggled in the last 8 months with workload. There is also an issue around getting proper cover for the tumour sites with less oncologists than needed. • **Action: All 4 Trusts to meet to discuss the CDEC model further and provide peer support.** **EKHUFT – update provided by Claire Whiteley** • The team comprises of a Band 8a, 6 Band 7s (one of which is a development post) and 4 Band 4s. • 1 Band 7 is on long-term sick leave. • The team are very busy and had 7003 patient interactions last year compared to 5000 the year before. • The team are supporting the Cancer Careline from a clinical perspective, with Band 4s working at weekends to support the service. • The team have a 7-day service at William Harvey Hospital and QEQM which runs from 08:00 to 18:00. The service is also in place from Monday to Friday at Kent & Canterbury Hospital between 08:00 and 18:00. • The team are working closely with the emergency pathways and cancer services as a whole. • The team have been informed they will be allocated space at the emergency village and will be setting up outpatient clinics there for MUO, CUP, sarcoma and brain cases. • The Trust will be launching a home monitoring service for neutropenic sepsis patients.	**All Trusts**

		• An incidental findings project has commenced with support from radiology. • Employing a consultant has been a challenge. The team came close to recruiting one but it fell through so they are now exploring different options. The palliative care consultants have provided them with a lot of support but there is a clear need to think about how this problem can be expedited going forward.	
4	**Macmillan Update**	**Presentation provided by Sharon Middleton** • SM's slides provided an overview of: - Macmillan's aim in terms of supporting patients. - The Learning and Communications Hub which offers free training and events for health and social care professionals working in cancer care. - The be.Macmillan webpage. - Mac Mail which is a bi-monthly e-newsletter for all Macmillan professionals. - The Macmillan services and the types of information and support they can provide. - The Macmillan website, its Cancer and Coronavirus Hub and the Macmillan In Your Area functionality. Experienced cancer nurses provide and talk through specialist information on symptoms and diagnosis, treatment, living with cancer, palliative care, and end of life. - The Macmillan Support Line which is manned by trained cancer information advisors who provide a listening ear and point patients in the right direction so they can seek further support. - The Ask An Expert webpage, a place where patients can get information and support from Macmillan's experienced professionals. - Volunteer Buddies who will be a listening ear and will work to identify patients support needs. They can also inform patients about how the charity can help to ensure they do not face cancer alone. - BUPA counselling services which offer 6 sessions of free one-to-one counselling to patients. - Macmillan grants which are a one-off payment of £350 to help with the extra costs that living with cancer can bring. - The Macmillan Support Line Money & Work Teams. • SM stated personalised care is top of Macmillan's agenda this year.	
5	**Performance & Education**	**AOS Heatmap – update provided by Tracey Spencer-Brown** • 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. **AO education framework – update provided by Tracey Spencer-Brown** • TSB encouraged the members to review the Acute Oncology Knowledge and Skills Guidance document. This guidance has been developed by a multidisciplinary group of clinical professionals, and aims to support the delivery of appropriate knowledge and skills to address competency for multidisciplinary healthcare workers who may be involved in the care of adult patients who present with AO problems. Kent & Medway AOS education is highlighted as a key area of priority as it impacts the service provided, patient experience and stakeholders.	
6	**Macmillan GP-Collaborative Practice & Shared Experience**	**Update provided by Bana Haddad & Stefano Santini** • BH mentioned that primary care patient workload has increased and they are seeing more late presentations. • BH stated there is a lack of suitable pathways for when GPs receive abnormal ultrasounds/MRI results. GPs often struggle to identify where to send these cases. • BH feels it would be helpful to have some feedback on the home monitoring for neutropenic sepsis piece which CW highlighted earlier in the meeting. • SS has had conversations with Sebastian Urruela regarding the VISS service, particularly in relation to supporting the service with DGS GP practice engagement as not all surgeries are utilising it. • **Action: TSB believes it would be helpful to meet as a network in order to think about how Kent & Medway can collectively**	**All**

		improve communication with GPs regarding new pathways.	**Trusts**
7	**MSCC Update**	**Update provided by Katy Taylor** • KT stated she had looked at January to March 2022 data and compared it to the data presented at the last meeting to see if the service had improved. • KT looked at the length of time between MRI/diagnostic imaging and diagnosing MSCC to having radiotherapy. The mean time between patients having their MRI and radiotherapy has improved (from 2.8 days to 2.5 days), however the median has gone back to 2 days. • A few months ago, the Trust had a significant staffing crisis within the radiotherapy department and had to minimise the working hours as a result. They also had limited machine space so had to shut 2 machines as there was not enough staff to run them. • KT believes the service is making headway with how quickly they are treating patients and improving overall. • There is a push to recruit a coordinator to work with KT in order to help manage the service. • The service has a designated email address and phone. KT asks that the Trusts both call and email the service in order to discuss the cases and she will then take them forward with the relevant consultants and discuss whether radiotherapy is needed. • DVH, MFT and MTW are particularly grateful to KT for the service she provides but highlighted the need for adequate measures to be put in place when she is on leave. • **Action**: **TSB stated she would arrange a meeting with SM to discuss recruiting a Band 7 to support the MSCC service, particularly with regard to MSCC radiotherapy and the treatment planning pathways to district general hospitals across Kent & Medway (particularly West Kent).** • SM would be keen to meet with KT and KL in order to: - Look at workforce planning funding opportunities around this area. - Discuss what the role would look like in promoting a substantive service with annual leave cover in the future and the impact on patient outcomes/experience and personalised cancer care.	**TSB**
8	**'Showcase & Shared Learning'**	**Role of Navigator – update provided by Claire Whiteley on behalf of Lucy Page** • Lucy Page commenced her role within the AO team in 2020 as the first AO Navigator. • The team has subsequently expanded to incorporate 3 further AO support workers. • The team work cohesively to assist the AONPs with their daily duties allowing them more quality time to provide support to their patients. • Lucy Page has built strong relationships with colleagues across the entire hospital setting. • Relationships with the different care groups facilitates prompt access to a range of services. • The role of the AO Navigator/support workers is pivotal to the provision of assistance to AONPs and allows them to efficiently triage their workload. • The Navigator supports with the collection, recording and analysis of data. • The Navigator assists with additional duties of supporting patients diagnosed with CUP, sarcoma and brain primary by tracking their scans and treatments and calling them to offer support. • The role of an AO Navigator includes: - Assisting the AONPs by triaging patients to help them prioritise their order of review. - Reviewing patients on the ward after their initial assessment with AONPs and providing emotional and practical support. - Assisting in providing an end to end service for patients. - Coordination and communication between care-givers, providers of treatment and those living with and beyond cancer alongside their families. - Creating a seamless experience of care. - Manning the Cancer Careline to provide patients with clinical and emotional support in their home and, where appropriate, arranging a call back by the patient's specific CNS.	

		- Collecting the following data on a monthly basis: 1. The number of patients who have had a new cancer diagnosis whilst in the acute setting. 2. Neutropenic sepsis compliance (ensuring patients are prescribed and administered antibiotics within the "Golden Hour"). 3. Tracking patients who are suspected to have metastatic cord compressions and recording the data to ensure the team have managed to get the patients an MRI full spine within 24 hours of suspicion.	
9	**K&M AOS Improvement Alliance Project Update**	**Presentation provided by Tracey Spencer-Brown** • RCP, ACP and RCR (2020) published national recommendations to improve AO provision. This is fundamental in the delivery of an equitable, high quality, safe and effective acute responsive specialist service. • The project's 3 key priority areas include: - Clinical leadership. - An equitable and accessible 7-day Kent & Medway AO service. - Having a standardised dataset and performance reporting. • TSB stated she is happy to share the project report with the AO teams and Macmillan colleagues if they have not already received it. • TSB stated there is a clear need to have a defined Trust clinical leadership model, for clinical leadership to support strategic direction and focus on implementing improvements and for AOS to be recognised as a sub-speciality. • From a 7-day service perspective, TSB highlighted the importance of equity in accessibility and provision, patient and service user experience, working collaboratively across Kent & Medway, looking at workforce (staff numbers, education and competency frameworks) and having a standardised AOS model and elective/defined pathways for AOS and CUP. • TSB emphasised the need for a standardised Kent & Medway AOS dataset on InfoFlex, agreed dataset reporting, annual reports and service reviews, agreed Kent & Medway measures and standards and quality surveillance AOS indicators. • TSB believes it would be beneficial to put in place a quarterly AO newsletter in order to share best practice, challenges and data. • TSB recommended a Kent & Medway AOS collaborative approach to development and education with a bi-annual training programme - to be explored further with AOS teams.	
10	**Infoflex-AOS Update**	**Update provided by Matt Hine** • MH has been in contact with most teams to develop the InfoFlex system where possible. • From a reporting perspective, MH stated standard reports on the system could be set up and encouraged Trust colleagues to contact him regarding what they would like to be included on the reports. • DVH have struggled in moving over to version 6. Version 6 does not currently have the functionality to bring new patients in to the system but this is in the process of being worked on/developed. • EKHUFT are feeling a lot more familiar with the system now and are getting better at data collection. • MTW have exchanged emails with MH regarding a number of issues, one of which was a problem in adding new patients to the system. There is currently no functionality to record when registrars see patients but MH may have a solution to this. • The MFT AO team are currently not utilising InfoFlex but this is on their agenda. • **Action: TSB felt it would be helpful for all 4 Trusts to present some data on the utilization of InfoFlex for AOS at the next meeting.**	**All Trusts**
11	**Alliance & CCG Update**	**AOS & NSS – update provided by Chris Singleton** • The KMCA has been funding a VISS service pilot at DVH in addition to a related project at EKHUFT for rapid lymphadenopathy. There is an intention to replicate these services across the county. • NHSE have published a faster diagnosis framework which incorporates an increased level of referral criteria and a design to really unify things more from a non-site specific perspective. It requires cancer alliances to roll out these services to 75% of their population by the end of this financial year and 100% coverage by 2024 with the expectation these services will be routinely commissioned as business as usual. The Alliance have submitted trajectories to achieve this and are working closely with Trust	

colleagues to get these services up and running.

- The Alliance has learnt a lot from the DVH pilot. It has been agreed across Kent & Medway that the services will adopt a joint primary and secondary care clinical leadership model. This will help build their relationships and skillsets.
- DVH will be broadening its service to cover the faster diagnosis framework elements.
- EKHUFT and MFT intend to roll out the service in September 2022 with MTW following suit at the beginning of next year.
- There is an intention for monthly MDT-like sessions to be put in place between consultants and other relevant clinical colleagues to discuss complex cases.
- There is work going on to look at how the MUO pathway will be incorporated in to the NSS piece.

Galleri Grail update – update provided by Chris Singleton

- 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 experiences any symptoms.
- Nationally, the trial is aiming to recruit 140,000 participants, and as of the beginning of May 2022 it had recruited 100,000 participants.
- Patients between the ages of 50 and 77 are randomly selected to be part of the trial by NHS Digital, registered with a GP local to one of the sites the unit is visiting across the county. Patients will have no history of cancer within the last three years.
- Participants are advised that this trial is not a replacement for existing screening programmes and they should always consult their GP with any concerning symptoms.
- In Kent & Medway the GRAIL mobile unit started in Dartford in October 2021, before moving to Gillingham in January 2022, then to Sittingbourne in February 2022, Thanet in March 2022 and Maidstone in April 2022. It is now back in Sittingbourne and will move to Ashford in June 2022. A smaller unit has also been visiting smaller towns. The locations have been selected based on demographic factors and high cancer incidence rates, recognising cancer outcomes are poorest in the most deprived areas.
- Half of the participants are in the control arm and their blood sample will not be tested but will be stored for future analysis. The participants in the intervention arm will have their blood sample tested in the US. They will then be called for a repeat test post 12 and 24 months. Correspondence will be sent circa one month after the blood sample is taken. In the small number of instances where a cancer signal origin (CSO) is detected, patients are referred on a 2ww pathway within 30 days.
- In a small number of instances (circa 1% of participants) a CSO is detected. This will trigger referral on a 2ww pathway to the nearest Trust. There are 21 possible CSOs. Detecting a CSO does not automatically mean the patient has cancer, but it does require investigation as per standard 2ww protocols.
- Participants will have had no concerning symptoms which have led them to present to their GP. Any finding of potential cancer from the GRAIL trial is likely to be a shock to participants. The clinical trial nurses retain responsibility for participants until they are referred to and seen by their local Trust. Patients will have contact details for their allocated trial nurse for any support or queries prior to referral.
- The KMCA have been really grateful to all of their Trusts for their support where CSOs have been detected. The trials unit has details of all referral pathways in Kent & Medway and nominated leads at each Trust.
- As this is a trial it is difficult to report any definitive findings or outcomes as yet. However, the Alliance are aware there have been a number of cancers diagnosed, many at an early stage allowing curative treatment.
- This trial has the potential to be a game changer in early cancer diagnosis.
- EKHUFT have received a number of referrals and this may be due to the demographic factors CS mentioned above.

		• There have been some issues around clinical knowledge and understanding of the pathway so the Alliance are happy to be points of contact for any queries as are the Galleri GRAIL trial nurses who are employed by the trials unit at Guy's Hospital. • At present participants can only take part in the trial if they receive an invitation letter and cannot refer themselves. • In terms of the Kent & Medway participation rate, this has been very encouraging and is between 17% and 20%. This is particularly encouraging due to the high deprivation of many of the areas where the programme is running.	
12	**MUO & CUP** **Research update**	• It was felt this item had been discussed sufficiently earlier in the meeting. **<u>Update provided by Tracey Spencer-Brown on behalf of Stergios Boussios</u>** • Please refer to the 'Systematic review of the CUP trials' document supplied by SB. • Research on therapeutic strategies for patients with unknown primary cancer (CUP) has been underwhelming. Over the last several years, only a small number of clinical trials were published compared to observational studies. The 'Systematic review of the CUP trials' paper summarized and evaluated the CUP therapeutic research over the previous five years. Based on this evaluation, recommendations for clinical trial designs are made to improve the impact of CUP research on patients. • The highlights of the paper include: - Over the last five years, CUP research involved primarily retrospective studies. - Prospective studies and clinical trials constituted a small proportion of CUP research. - The main topics were diagnostics (genomics) and treatment (empiric therapy). - Ongoing trials focus on multiple tumour types and are primarily phase II single-arm trials. - Two clinical trial designs are suggested to improve the quality of CUP research.	
13	**AOB**	• CS stated the CCG will be disbanded as of 01.07.2022 and will transition to ICS'. • SS mentioned he is looking forward to working with Sebastian Urruela regarding the VISS service. • SM highlighted there had been a big investment by Macmillan in AO and she will be working on identifying the gaps and needs of the services which they could help to support in resolving. • TSB stated there will be an increased focus on the NSS piece at the next meeting. • **<u>Action</u>: TSB suggested we should have the meeting on a different day of the week. CC to do a poll.**	**CC**
	Next Meeting	• Will be face-to-face and date to be confirmed.	