



Meeting: Acute Oncology & CUP Expert Advisory Group
Date: 4 October 2019
Time: 2.00pm – 4.00pm
Venue: Evolve Business Centre

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| Present: | Deepta Churm, Palliative Care Consultant / CUP Lead Northumbria Judith Curtis, AOS Specialist Nurse, South Tees FT Hanni Mae Daduyo, Acute Oncology Support Sister, South Tees Chris Jones, (CUP Chair) Consultant Medical Oncologist, Newcastle Tracy Jones, Acute Oncology Nurse, Gateshead Pam Lee, Public Health Consultant, Cancer Alliance Talal Mansy, Consultant Oncologist, South Tees Sally McQueeney, Acute Oncology Nurse, North Tees Pamela Mohan, AOS Nurse, CDDFT Ian Neilly (NOAG Chair), Acute Oncology Lead, Northumbria Emily Park, AOS & CUP CNS, South Tees Claire Pounder, Acute Oncology/CUP Nurse, Gateshead Kendra Powell. AONP, North Tees & Hartlepool Su Young, Business Support Assistant, Cancer Alliance | DC JC HD CJ TJ PL TM SM PM IN EP CP KP SY |
| Apologies | Jen Blake, AOS & CUP CNS, South Tyneside & Sunderland Nicola Cosford, CUP/AOS CNS, Newcastle Louise Davison, South Tyneside & Sunderland Dawn Elliott, UGI/CUP CNS, Northumbria Katie Elliott, Primary Care Clinical Lead, Cancer Alliance Phil Kane, South Tees Tracy Nugent, AON, North Tees & Hartlepool John Painter, Upper GI Lead, Sunderland & South Tyneside FT Jonathan Slade, Deputy Medical Director, NHS England | JB NC LD DE KE PK TN JP JS |

MINUTES

| 1. INTRODUCTION | Lead | Enc |
|---|------|--------|
| 1.1 Welcome and Apologies IN Welcomed all to the meeting, apologies were listed as above | | |
| 1.2 Declaration of conflict Interest No Declarations of Conflict of Interest were made. | | |
| 1.3 Minutes of the previous meeting 15.02.19 The minutes were agreed as an accurate record. | | Enc. 1 |
| 1.4 Matters arising <ul style="list-style-type: none"> Chair & Vice Chair Vacancy IN informed the group that he would be retiring in January and therefore the group would require a new Chair as well as Vice Chair. SY agreed to share the job description for this role and a request was made to the whole group for any interest in | | Enc. 2 |

taking up this role to contact the alliance. It was highlighted that the role of chair does not need to be a clinician, this could be a nurse etc.

All interests into the position to be forwarded to england.nca@nhs.net

2. AGENDA ITEMS

2.1 **Cancer Alliance Update New National Clinical Director**

Prof. Peter Johnson has been appointed as the National Clinical Director for Cancer.

Alliance Conference

This was held on 27 September with great attendance and positive feedback has been received. There was excellent collaboration between primary and secondary care.

Changes to Alliance Meetings

Breast, Colorectal, Lung, Upper GI and Urology have now changed to a Pathway Board. All other EAG meetings will continue to meet twice a year. The Head and Neck and Gynae EAG will be looking at developing an optimal pathway and lead clinicians to support this work have been appointed.

2.2 **Inequalities Presentation**

A presentation was given by Pam Lee, Inequalities Public Health Lead for the Cancer Alliance.

The group felt that Trusts could not take on all problems, patients have their own responsibilities and, in some ways, should take responsibility for themselves.

Inequalities are across the whole system and IN asked that Health Inequalities. and how this effects AOS, be added to the next meeting's agenda.

SY

2.3 **Acute Oncology Initial Management Guidelines (ratification)**

The UKONs management guidelines were shared with the group and they were asked to ratify them. It was noted that there have been some issues with access however all Trusts were using them, and the group were happy to ratify the document.

A link to the document is shared below

https://www.ukons.org/site/assets/files/1134/acute_oncology_initial_management_guidelines.pdf

CUP

2.4 **Referral Pathways**

CJ gave a presentation on the pilot for the 2ww referral form which has been piloted for a couple of years in Newcastle. A revised form was launched in July 2018 and the data shared at

today's meeting is from when the new form was launched to date. To date 2 referrals have been received in Newcastle. CJ noted that he was keen for other areas to collect similar data on the forms which could be used as a comparison. Northumbria reported that they have had 2-3 referrals. Some Trusts are not using this form and felt that it would be helpful. Contact details to be forwarded to the Alliance for those not using the forms.

ALL

2.5 Clinical Trials - CUPISCO

CJ shared a slide on the current findings within the trial that is now 1-year in. Newcastle Hospitals is a centre for the trial. Only a few referrals have been received and not all patients are fit for the study or have the wrong histology. CJ highlighted that the UK has the largest number of recruits in the world however the numbers are still very low. The target numbers are 76 and at present there are only 22 UK patients enrolled, including 2 in Newcastle. CJ presented the eligibility criteria for the study and encouraged all CUP teams to refer suitable patients.

Enc. 3

ACUTE ONCOLOGY

2.6 Acute Oncology Trust Update

Northumbria

There has been an increase in hours for nursing staff, but this is still only a 5-day service between 8-4. More funding has been received for admin support.

Newcastle

They currently have 3 Acute Oncology Nurses who provide a 6-day service. Patient helpline is available at weekends.

Gateshead

The Trust currently have 2 full time nurse specialists and 2 cancer care coordinators. These are all new roles therefore the team are establishing themselves. They currently run a 5-day service.

County Durham & Darlington

The Trust have 3 nurses, 1 based in Durham and 2 in Darlington. There is an advert out at present for an additional 16 hours. The Trust run a 6-day service.

North Tees & Hartlepool

2 WTE nursing staff with a 5-day service however they do provide 7-day on call cover.

South Tees

The nursing staff work a 5-day service across 3 sites and have had hours increased and provide a triage bay. They currently have a nurse practitioner undertaking the advanced practitioner

course and the team also cover the CUP service and the Vague Symptoms service.

2.7 Acute Oncology Nurses Update

No update was available at today's meeting

2.8 Audit Presentations

Audit presentations and data was provided by the following Trusts:

- South Tees
- North Tees & Hartlepool
- Gateshead
- Newcastle
- Durham
- Northumbria
- South Tyneside & Sunderland

Discussions were held regarding alerts on systems which are providing excellent reports at some Trusts.

MSCC

2.9 MSCC Trust Updates

AI was not available for today's meeting however an update was received after.

Post Meeting Update

Attached is the information re refer a patient – online referral system at NUTH.

Enc. 4

The minutes from the national MSCC guideline preliminary review – overall a bit disappointing and more about regional differences in regional MSCC pathways and data collection then MSCC guideline review or implementation but hopefully it will lead to better things.

Enc. 5

Also attached is the new information sheet for professionals.

Enc. 6

The new proposed MSCC pathway for Newcastle (they are very colourful). This is aimed at being simple / straight forward advice to follow but also addresses the impending cord compression pts as well as mechanical pain / instability etc. This has been ratified by the oncologist's representatives at Newcastle but need final sign off by the rest of the expert MSCC group at NUTH. This is a draft version is attached and any proposed changes would be welcomed.

Enc. 7

2.10 Neutropenic Sepsis Audit Presentation Update

Audit presentations and data was provided by the following Trusts:

- South Tees

- North Tees & Hartlepool
- Gateshead
- County Durham & Darlington
- Northumbria

A query was raised regarding whether data collection was being done through Somerset as this is now capturing CNS activity. It was noted that not all Trusts have Somerset.

3. STANDING ITEMS

3.1 Any Other Business

Acute Oncology Surveys

TR has asked that the attached surveys be discussed and to get an opinion as to whether they are being used or if they would be used across the region. South Tees noted they are changing the way the surveys are done by seeing the patient on the ward and this is being done by the Cancer Care Coordinator to see if a better response is received.

Responses from patients has shown that they would prefer a 1-page survey.

It was suggested that these be discussed in more detail at the next nurses meeting.

Patient Incident

PM informed the group that there had been a patient incident where the patient was referred for an MRI by the GP with a suspicion of MSCC however the patient did not attend for their appointment. It is unsure if the patient was picked up that they had not attended for their MRI but the patient was picked up a while later with an MSCC. It was queried whether there was there was a pathway for primary care and it was suggested that GP education may be useful for them referring to MRI and not following up on results. SY agreed to raise this with the Primary Care Clinical Director at the Alliance.

SY

CUP Audits

It was suggested that an audit be undertaken to see if the checklist on the 2ww referral form was being completed correctly.

3.2 Next Meeting Date

Friday 20 March 2020, 2.00 – 4.00pm

Friday 20 November 2020, 2.00 – 5.00pm (Incorporating Audit Presentations)
Evolve Business Centre, Houghton le Spring

4. MEETING CLOSE

Contact

england.nca@nhs.net

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