

Notes from ASW Cancer Network Survivorship Meeting

Tuesday, 18 March 2014 – 14:00 – 15:45

MR1, South West House, Taunton

Agenda Item	Action
<p>1. Welcome and apologies</p> <p><u>Present:</u> Dorothy Goddard(DAG) (Chair), Consultant Breast Radiologist and National Clinical Lead for Breast Cancer Survivorship Jonathan Miller (JM), SW Cancer Network Manager NHS England Alison Wint, Macmillan GP, South Glos CCG Axel Walther, Consultant Oncologist, UHB Belinda Ockrim, Lead Cancer Nurse, YDH Carol Chapman, Lead Cancer Nurse, NBT Catherine Neck, Macmillan Lead for AHP's & Survivorship, ASW Catherine Zollman, Macmillan GP & Penny Brohn Cancer Centre Dani Baker, Service redesign & Project Manager, Bristol CCG Ed Nicolle, Cancer Services Manager, RUH Elisabeth Summers, Assistant Psychologist, NBT Emma Elliott, Macmillan Uro-Oncology Nurse NBT Lynn Pearson, Taunton and Somerset NHS Foundation Trust Helen Thomas, Clinical Director – Cancer, SW Strategic Clinical Network Jo Wilson, Macmillan Survivorship Project Lead, TST Katy Horton-Fawkes, Gynae Oncology Specialist Nurse, UHBristol Lucy Thompson, Macmillan GP Advisor, Central South West England Maggie Crowe, Macmillan Development Manager, Avon & Somerset Rachel Ainsworth, Breast Surgeon WGH and NBT Rebecca Vermeer, PA to Dr C Gamlin, MD & Admin Support SW SCN Ruth Hendy, Lead Cancer Nurse, UHB Sarah Levy, Head & Neck, Brain & Sarcoma CNS/ Keyworker, YDH</p> <p><u>Apologies:</u> Andrew Medley, Clinical Psychologist UHBristol Cherry Miller, Breast Clinical Nurse Specialist RUH Mandy Bessant, Macmillan Breast Care Nurse, WAHT Michelle Jennings, Staff Development Lead HOPE Directorate, TST Rachel Ainsworth, Consultant Oncoplastic Breast Surgeon, WHAT & NBT Rachel Linegar, EPR programme manager – IT, RUH Jeremy Braybrooke, Consultant Oncologist, UHBristol Jonathan McFarlane, Consultant Urologist, RUH Jo Bailey, Gynae Surgical Oncology Consultant / Lead UHBristol Mike Osborn, Macmillan Clinical Psychologist, RUH Olivia Donnelly, Macmillan Clinical Psychologist, NBT</p>	

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<p>2. Notes and actions of last meeting</p> <p>Notes agreed as accurate</p> <p>Actions:</p> <p>Terms of Reference – ‘health’ needs assessment changed to ‘holistic’</p> <p>Public Health Lead – DAG invited Ardiana Gjini who was unable to attend this meeting, but is keen to be involved, at least via email (<i>to be added to group list for email circulation</i>)</p> <p>Feedback on Macmillan GPs – JM gave a brief overview of SCN interaction with Macmillan GPs which includes a quarterly ‘Early Diagnosis Meeting’ which also links in with CCG Leads and that each Macmillan GP has input into the CCGs they are involved with.</p> <p>Gloucester and Cheltenham representation – JM & HT have discussed role in Network and the clinical teams in Glos are discussing where they can input.</p> <p>Audit of current practice – see item 4</p> <p>New post: Macmillan GP – MC introduced Catherine Neck, who is the Macmillan Cancer Rehabilitation/Recovery Package Project Lead.</p>	
<p>3. Strategic Clinical Network update</p> <p>User involvement: Pat Turton, user representative, was invited to the meeting but was unable to attend on this occasion.</p> <p>SCN have had their first Cancer Steering Group meeting at which they have articulated their ambition, in line with National priorities and giving clear targets and expectations – including cancer survivorship</p> <p>NSSGs are being developed or reinstated and the intention is to encourage them to have survivorship on their agenda. Suggestion that targets should be set taking this into account.</p>	
<p>4. Results of Baseline Assessment</p> <p>The baseline assessment has identified key areas which can be improved. JM mentioned looking at the risk stratification of pathways of care and good practice across the patch in order to support/change the way services are delivered/commissioned.</p> <p>Key to look at primary care/practice nurse/GP and use the baseline to connect with commissioning aspects in primary and secondary care. Specific focus on the end of treatment summary. Possibility incentivising at GP level, where treatment summary used in conjunction with GP cancer care review.</p>	

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<p>BO mentioned that at YDH they were thinking of inviting GPs to MDTs. DAG concurred that this is done at RUH and is a very positive addition to the MDTs.</p> <p>MC said that she would be interested in supporting models which could be piloted to encourage primary/secondary connectivity.</p> <p>Action: JM/MC to discuss GP input and how to achieve this.</p> <p>DAG talked through the summary of the baseline assessment and the key item which has not been addressed across the board was end of treatment summaries (ETS).</p> <p>A discussion ensued, which highlighted that there is a lot of variability and approach to ETS, rather than there being 'one-size fits all'. Some trusts are using Somerset cancer register for their ETS.</p> <p>NBT stated they had some progress via a CQUIN for the ETS. However it requires funding to make this sustainable across the trust as a whole.</p> <p>DAG mentioned that at RUH their IT is looking at a GP/Patient portal on which the ETS is held for easier access.</p> <p>TST is setting up a clinical template and is going to trial it with Gynae to see if it is worthwhile.</p> <p>DAG gave some feedback regarding her London and Manchester counterparts and their experience of ETS etc. to have a single version for site specific tumours.</p> <p>Questions were raised re terminology: end of treatment summary vs. treatment summary. Also whether the HNA should be included in the TS.</p>	<p>JM/MC</p>
<p>ACTION: Small working group to be set up to consider best practice for treatment summary and review what is working elsewhere</p> <p>JM advised that CRG's would be set up for common cancers – which will include survivorship aspects and broader specs.</p> <p>JM raised some projects/areas would be helpful for the SCN to support in view of the baseline assessment:</p> <ul style="list-style-type: none"> • Remote PSA Monitoring: it shows that this is currently being done. • Other Remote Surveillance: <ul style="list-style-type: none"> ○ Mammography: NBT & Weston looking at having their radiographers become involved in managing the routine mammography surveillance, as in the RUH model where 	<p>DAG/LT</p>

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<p>radiographers manage the routine surveillance recall and go through questionnaire with patient at time of mammogram (for regular PROM's)</p> <ul style="list-style-type: none"> ○ Colorectal: NBT is looking at remote surveillance. ○ Haematology: some work is being done in this area. <p>Action: JM to contact some clinical leads to capture the specifics re: remote surveillance.</p>	<p>JM</p>
<p>5. Presentation: London Cancer Alliance Survivorship Working Group</p> <p>Catherine Neck gave a brief overview of her role as a Macmillan Cancer Rehabilitation/Recovery Package Project Lead. She then gave a presentation on the London Cancer Alliance Survivorship Working Group (attached). DAG thanked CN for the presentation and encouraged those present to talk to Catherine Neck and get her support in delivering the Recovery Package.</p>	
<p>6. Primary Care / Third sector Update:</p> <p>No update was given, due to time constraints. Please consider any specific topics for agenda of next meeting.</p>	
<p>7. Discussion: next steps and work plan:</p> <p>This has been rolled over to the next meeting. Draft work plan to be circulated in advance of next meeting.</p>	<p>DAG/JM</p>
<p>8. Next Meeting:</p> <p>Meeting dates for 2014 agreed as follows:</p> <p>Wednesday 18th June 2014, Penny Brohn Centre, Bristol Thursday 18th September 2014, South West House, Taunton Friday 19th December 2014, Penny Brohn Centre, Bristol</p>	