



NORTH AND EAST

London Cancer AOS ERG

Date: **Tuesday, 22 November 2016, 16:00 – 18:00**
Venue: **250 Euston Road, 6th Floor (East) Meeting Room**
Chair: **Katia Boleti**

1. Welcome, Apologies and minutes of last meeting

KB welcomed members of the subgroup, introductions were made and apologies heard. The minutes of the last meeting were accepted as an accurate record of proceedings.

2. Membership and terms of reference

The terms of reference have been updated to reflect the new structure of *London Cancer* as part of the National Cancer Vanguard. The quoracy of the meeting was discussed and it was agreed that this would be updated to 6 Trust representatives.

There were no other comments on the Terms of Reference but KB invited members to submit any further comments to HS at Helen.saunders8@nhs.net.

3. Management guidelines

It was agreed that the London Cancer Alliance (now Royal Marsden Partners) guidelines are more visually helpful than the *London Cancer* ones. The *London Cancer* Chemotherapy ERG have very comprehensive guidance and it would be good to have a similar standard for AOS.

The national UKONS guidance is very comprehensive and could be adopted with local additions for MSCC and neutropenic sepsis. PL agreed to contact UKONS for permission to use their guidance and to form a group to review and adapt the guidance.

ACTION:

- PL to contact UKONS regarding using AOS management guidance and form a group to review these with a view to local adaptation

4. MSCC updates

Audit

Trusts fed back that they are currently filling in the standard audit template which is lengthy to complete. There had been previous discussions regarding splitting the audit into three parts.

The group felt that the focus of data collection should be to understand whether services are achieving the outcomes which matter to patients, and that the best decisions are being made for them.

Barts Health are applying for Macmillan funding to develop their neurological rehabilitation services which will give useful data.

A particular area for consideration is a current lack of clarity about patients being accepted for surgery and MDT decision making in this regard. BHRUT surgeons are on site so it is easier to share data and decision making is more rapid. It was suggested that an audit on this specific element of services would be helpful.

The existing audit tool should also be reviewed against current national quality standards.

ACTION:

- Trusts to carry out an audit of surgical decision making with regards to AOS patients
- Review of MSCC audit tool against current quality standards

Patient information

The group discussed NICE guidance regarding giving out patient information cards for MSCC. HS to circulate the relevant guidance.

ACTION:

- HS to circulate link to NICE guidance regarding MSCC patient information.

5. Spinal Disease MDT

Mr Hanny Anwar, Consultant Spinal Surgeon Royal National Orthopaedic Hospital, Stanmore and Lead for Spinal Tumours shared a presentation on the Spinal Tumour pathway at RNOH.

- The presentation included:
 - Referral sources for spinal diseases
 - Management challenges
 - Development of the pathway
 - Establishment of a spinal metastases MDT
 - Review of service
 - Plans for the future
- RNOH partnered with the Royal Free to set up the spinal metastases MDT in July 2016. This takes pressure of the MSCC pathway. The aim is for the MDT to be open to referring trusts. Angie Fisher coordinates the MDT and trusts are welcome to present patients or teleconference into the MDT.
- There is a need to separate MSCC patients who need a same day response from this pathway so that a decision is made prior to the MDT but also reviewed at the MDT.
- There are plans to change the e-referral form to differentiate these patients.
- The group asked about the MSCC consultant cover. 19 out of 20 weeks there is 24/7 cover and the rest of the time there is cover within normal working hours.
- HA recommended that if a MSCC patient is referred, for Trusts to also ring the registrar or consultant on call.
- The group asked about capacity for MSCC patients. There are four ring fenced beds for MSCC and the capacity is dependent on being able to return patients to Trusts but currently there tends to be some capacity.
- There is also an outpatient clinic for non-emergency patients who need specialist input.
- Regarding spinal stability, the team can provide a specialist opinion but if patients are not suitable for spine compression they are unlikely to be recommended for stability surgery. HA recommended that a 'Spine Instability Neoplastic Score (SINS)' score is used and agreed to circulate the relevant paper which provides some validity to this approach.

ACTION:

- HA to circulate paper validating the use of SINS score.

6. Antibiotic policies for neutropenic sepsis

SO agreed to collate Trust policies and pathways for neutropenic sepsis to be presented at the next meeting. The group discussed that the focus on Sepsis-6 may mean that some patients are being missed and that chemotherapy needs to be included in Sepsis-6 protocols.

ACTION:

- SO to collate Trust policies and pathways for neutropenic sepsis

7. Research

There is a recent MSCC study awaiting publication that Trusts in the network took part in. This will be circulated when it is published.

8. Any other business and Next Meeting

There is a national two day oncology conference on the 6th / 7th March in Manchester so the next meeting date should be after that to allow updates.

There are new peer review measures with challenging areas being:

- Acute oncology admissions to be reviewed in less than 16 hours
- GP representation on local AOS groups

These are going to be reviewed and PL is on the group to do this so can keep the ERG updated.

Tuesday 21 March 2017, 16:00 – 18:00, 6th floor East Meeting Room, 250 Euston Road.

ACTION LOG

Action reference	Action	Owner	Date due	Status
May-01	Email KKS regarding data points that NHS England wish to capture	BC		
May-05	Circulate a template for all trusts to complete with information on how they run their AOS service. <i>Update: Trusts asked to send in SOP and summary of service</i>	KB		On March agenda
Nov -01	PL to contact UKONS regarding using AOS management guidance and form a group to review these with a view to local adaptation	PL	March 17	On March agenda
Nov -02	Trusts to carry out an audit of surgical decision making with regards to AOS patients	Trusts	March 17	On March agenda
Nov -03	Review of MSCC audit tool against current quality standards	KB	Sept 17	
Nov -04	HS to circulate link to NICE guidance regarding MSCC patient information.	HS	March 17	Complete
Nov -05	HA to circulate paper validating the use of SINS	HA	March 17	

	score.			
Nov-06	SO to collate Trust policies and pathways for neutropenic sepsis	SO	March 17	On March agenda

Attendees

Name	Trust/Organisation
Katia Boleti (chair)	Royal Free
Emily Wang	Homerton
Stephanie O'Neill	UCLH
Kirsty Beaton	BHRUT
Ursula McGovern	UCLH
Hanny Anwar	RNOH
David Feuer	Homerton/Barts Health
Lindsay Farthing	Barts Health
Faz Hussain	Patient Representative
Bobbie Fordham	<i>RFH</i>
Emily Keen	<i>RFH</i>
Isham Mehta	<i>UCLH</i>
Sarah Tucker	<i>UCLH</i>
Pauline Leonard	<i>Whittington</i>
Daniel Krell	<i>RFH</i>
Tanya Ahmad	RFH
Dionysis Papadatos-Pastos	PAH
L Wray	BHRUT
L Flovos	BHRUT
Cally Bruce	PAH
Vasilios Karavasilis	UCLH
Helen Saunders (minutes)	<i>London Cancer</i>

Apologies

Name	Trust/Organisation
Sharon Cavanagh	<i>London Cancer</i>
Kai-Keen Shiu	UCLH
Kate Earwicker	Barts Health
Prof Adrian Newland	QMUL
Sugi Sivabalasingham	UCLH
David Choi	UCLH
Manish Desai	RNOH