

Meeting of the *London Cancer* AOS Expert Reference Group

Date: Tuesday 20th November 2018, 4-6pm

Venue: Meeting room 5, 4th floor B, Maple House, 149 Tottenham Court Road, London W1T 7NF

Chair: Katia Boleti

1. Welcome and introductions and Minutes from last meeting

- KB welcomed the team and introductions were made. The previous minutes were signed off as accurate.

2. MSCC Audit

- KB and SW presented the data received by all Trusts regarding MSCC referrals and confirmed MSCC patients.
- The results showed that Royal Free has the most cases of suspected MSCC and therefore the highest number of confirmed MSCC patients.
- It was tough to feedback robust results from the end of the treatment pathway due to the lack of information received in the audit spreadsheets. SW will be writing to teams to request further information which is missing from the audit, such as rehabilitation and post treatment outcomes (mobility and continence).
- The group discussed their MSCC services;
 - RFL have streamlined their service with Stanmore.
 - Whittington link in to Queens Square. PL felt it would be good to know how many patients are still alive after a year.
 - BHRUT have new nurses and have been redeveloping the service. Currently MSCC referrals aren't electronic and tend to be discussed face to face.
- The group felt it would be useful to know the number of days patients have waited for their scan, diagnosis and treatment.
- UCLH will send their data to SW on the correct template.

ACTION:

- SW will be writing to teams to request further information which is missing from the audit
- UCLH will send their data to SW on the correct template

3. Neutropenic sepsis

- The group has adopted the Ukons guidance regarding neutropenic sepsis.
- The team discussed possibly conducting a network audit but decided against this as each site audits at separate times throughout the year. They also audit using different inclusion criteria. Some sites use sepsis 6 as a guide while others don't.
- KE has just started the Barts annual 6 month audit (starting November) and will send the previous audit document to SW.

UCLH Cancer Collaborative brings together hospital trusts, GPs, health service commissioners, local authorities and patients across north and east London and west Essex.

- The group discussed the issues with patients presenting in A&E. Teams have been struggling with engagement from the clinical team in the emergency department. The door-to-needle times (patients being given antibiotics within an hour of presenting) are not at a suitable level.
- UCLH said their door-to-needle time is approx. 29%.
- It was suggested to introduce a league table of door-to-needle times for the network in order to highlight the need to improve on this target. This information can then be presented to A&E leads and at clinical induction/education days. KB could also write to the hospitals with very low numbers.
- EK also discussed whether this could be part of e-learning although this wouldn't be mandatory training.
- AOS CNS's at NMUH tend to go to A&E throughout the week; they have a 50% door-to-needle rate. On weekends there isn't anyone available.
- Teams will send their data on neutropenic sepsis to SW in order to create a league tables

ACTION:

- KE to send Barts Health neutropenic sepsis audit to SW
- Teams will send their data on neutropenic sepsis to SW in order to create a league table

4. Service achievements and future goals

- EK queried whether Trusts are having nurse led or consultant led reviews/ward rounds. The group feel that nurse led services are appropriate. The group discussed whether there is data regarding patient activity and length of stay.
 - Barts; has had a nurse led service for a long time. The consultant does the ward round once a week. KE has audit data but isn't able to compare this to the previous consultant led service. They have put in a business case and will have more consultant input so will be able to compare when this is in place.
 - Whittington; started as consultant led now there is a consultant and nurse rota. It's important to embed pathways that suit your Trust.
- PL explained a project she won an award for in 2014 in combination with the London Ambulance Service.
 - When a patient was at high risk for neutropenic sepsis their contact details were given to London Ambulance Service, a PSP was in place. The consultant filled in a form if the patient had more than a 20% risk of having febrile neutropenia. The clerk uploaded to PSP. This was piloted for 6 months.
 - When the patient called an ambulance while at home the ambulance service would be alerted that the patient was a high risk patient. The hospital team would also be aware of the patient's cancer diagnosis and would be prepared. PL will present this work at the next ERG meeting for further discussion about whether this can be adopted throughout the network.
 - PL explained that this only worked when patient was at home as it was linked to their address.
 - PL will share the contact details from London Ambulance service (Prinella Wright) regarding this project.
- At a recent Ukons event there was a talk from an ambulance service. 10% of patients who call have cancer.

ACTION:

- PL will present the London Ambulance project at the next meeting
- PL will share the contact details from London Ambulance service (Prinella Wright)

5. AOB

- The group discussed the peer review new standard. The group discussed whether they have acute oncology nurses on the wards on weekends. The group explained whether consultants are available for ward rounds on weekends.
 - Barts; they have an oncologist on call but don't have someone on site.
 - BHRUT; business plan for weekend cover. They have a consultant to do the ward rounds on weekdays.
 - NMUH; the service is consultant led on weekdays. On the weekends the consultants do the ward rounds.
 - RFL; the consultants attend ward rounds on the weekends.

6. Next Meeting

Thursday 28th March 2018, 3-4pm, Ground Floor Central meeting room, 250 Euston Road, London NW1 2PG

ACTION LOG

Action reference	Action	Owner	Date Due	Status
Nov01	SW will be writing to teams to request further information which is missing from the audit	SW		
Nov02	UCLH will send their data to SW on the correct template	SL		
Nov03	KE to send Barts Health neutropenic sepsis audit to SW	KE		
Nov04	Teams will send their data on neutropenic sepsis to SW in order to create a league table	ALL		
Nov05	PL will present the London Ambulance project at the next meeting	PL		
Nov06	PL will share the contact details from London Ambulance service (Prinella Wright)	PL		

Attendees

Name	Initials	Trust/Organisation
Katia Boleti	KB	ERG Chair / Royal Free
Kate Earwicker	KE	Barts Health
Emily Wang	EW	Homerton
David Feuer	DF	Homerton
Tony Ndlovu	TN	NMUH
Emily Keen	EK	RFL (Barnet)
Mark Quitlen	MQ	BHRUT (Queens)
Faz Hussain	FH	Patient representative
Sarah Loizou	SL	UCLH
Annabelle Lau	AL	UCLH
Pauline Leonard	PL	Whittington
Sherrice Weekes	SW	<i>London Cancer</i>

Apologies

Name	Initials	Trust/Organisation
John Bridgewater	JB	UCLH
Katie Peduto	KP	PAH
Manish Desai	MD	RNOH
Jackie Newby	JN	RFL
Kai-Keen Shiu	KKS	UCLH
Chrissie O'Leary	CO	UCLH
Monica Castro	MC	NMUH