

London Cancer Living with and Beyond Cancer Implementation ERG

Date: **Thursday 2nd March 2017**

Venue: **Ground Floor Central Meeting Room, 250 Euston Road, NW1 2PG**

Chair: **Sharon Cavanagh, ERG Chair**

1. Welcome, Introductions, Apologies and minutes of last meeting

SC welcomed members of the group, introductions were made and apologies heard. Minutes of last ERG meeting were approved.

One action point from previous meeting ongoing; group members to share patient quotes/case studies regarding how Treatment Summaries have benefited patients.

ACTION:

- **SC to send out a reminder to ERG members to share patient experience of Treatment Summaries**

2. London Cancer and the UCLH Cancer Collaborative Update (SC)

SC informed the group that the NHSE New Care Models team have confirmed investment for the National Cancer Vanguard for 2017/18.

A National Cancer Vanguard Event to be held on Thursday 23rd March. It aims to share learning with emergent Cancer Alliances to support them in local service development/improvement. SC will circulate event information and draft programme.

Cancer Transformation Fund Bid Update

In December 2016 NHS England invited bids for Cancer Transformation funding. Bids were invited to support implementation of the Five Year Forward View vision to deliver better health, better patient care and improve NHS efficiency. This funding will enable local areas to deliver on key ambitions identified by the Independent Cancer Taskforce.

SC presented detail overview of the pan-London bids to accelerate improvements the Recovery Package and stratified follow-up. These bids articulate a 'once for London' model with a designated organisation taking a lead role for each of the RP and Stratified Follow-up work streams.

Following meetings with NHSE London and Financial Due Diligence it was agreed that UCLH Cancer Collaborative would take a leadership role for Recovery Package and RM Partners for stratified follow-up.

SC explained that the Recovery package project specific ambitions to be achieved Pan-London by 2020 are;

- 70% of patients will receive a HNA and Care plan within 31 days of decision to treat
- 70% of patients will receive a HNA and Care Plan within 6 weeks at end of treatment
- 70% of patients will receive a Treatment Summary at end of treatment
- 70% of patients will attend a Health and Well-Being Event

SC explained how the transformation funding will provide Clinical Leadership, support IT infrastructure and development of a Rehab and supportive care needs assessment and plan. Projects also include creating a HWBE website to serve as a pan-London HWBE hub choose with functionally for CNSs to ‘choose and book’ events closer to where they live.

The Stratified Follow-up project specific ambitions to be achieved Pan-London by 2020 are;

- 70% of eligible breast patients will be transferred to a supported self-management pathway
- 40% of eligible prostate patients will be transferred to a supported self-management pathway
- 40% of eligible colorectal patients will be transferred to a supported self-management pathway
- Embed six nurses in community hubs to support MDT patients returning home on stratified follow up pathway

The final proposal for the £7.6 million bid was submitted on 24th February. The Vanguard Team are now awaiting feedback from NHSE. SC will keep the ERG updated.

SC explained that more complex discussions will take place if the bid money is secured regarding areas such as IT implementation, giving a choice to individual trusts whether they implement the suggested IT tools or prefer to utilise their own configurations and methods. The aim is to get the best for the population in a way that is fair to individual trusts taking into account the challenges they face. Southampton have developed a very successful model to remotely monitor patients. SC will circulate information from the Southampton IT lead about this.

ND and DE made the group aware of a London Digital Cancer Collaboration Group (LDCCG) that they recently attended. ND will email SC details about this meeting and will let SC know when the next one will take place.

ACTION:

- **SC to Circulate information & programme for National Cancer Vanguard Event**
- **SC to Circulate Cancer Transformation Fund Bid Presentation**
- **SC to Circulate information on Southampton’s IT model**
- **ND to send SC LDCCG meeting details**

3. London Cancer LWBC priorities and progress (SC)

Workplan

SC gave a brief overview of the updated workplan with key points;

Embedding Recovery Package

- In Q2 BHRUT and The Whittington almost hit the 70% target of patients receiving HNA’s - both achieved over 60%. Across our geography 27% of patients were reported to have received an HNA (Cf. 23.6% in Q1)
- Only 3 Trusts reported that were conducting TS in Q2. There was an increase in the number of TS provided from Q1 to Q2 in two trusts (UCLH & North Mid)
- The number of patients attending Health and Wellbeing Events has increased slightly between Q1 (n. 538) and Q2 (n.544)

Implementing Stratified follow up

- In Q2 42 patients were reported as being on a self-management pathway (cf. 96 in Q1), 38 have prostate cancer and 4 have breast cancer

- Work is processing to implement primary care led stratified follow-up solution in NCL with an aim to be up and running by April 2017
- Breast Open Access Follow-up Service launched at BHRUT in January

Consequences of treatment

- Phase 2 of Lymphoedema audit has now begun with a focus on melanoma; discussions are currently underway with CNS sub groups
- The finalised pathway for colorectal stratified follow up is almost complete and will be circulated once it has been signed off by the board

Q2 LWBC Metric Results

SC presented Q1/2 2016/17 Recovery Package Data Metrics presentation to the group.

It was agreed that the data received from Stephen Scott is helpful to the group being used locally. It is also very useful to be able to look at progress against previous quarter and track this over time.

SC thanked all the trusts who submitted Q3 data metrics; we will circulate the results once they have been received by Stephen. ERG members were reminded that from Q4 data on numbers of HNAs being conducted at end of treatment to be collated.

ACTION:

- **SC to circulate March LWBC ERG Workplan**
- **SC to circulate Q1/2 2016/17 Recovery Package Data Metrics Presentation**
- **SC to circulate Q3 2016/17 Recovery Package Data Results**

4. LWBC Metric Collection Standardising Processes

AVL shared her 'Recovery Package Data' presentation with the group to discuss the methodology she adopts to collect RP data for UCLH. This discussion provides an opportunity for discussion around feasibility of rolling out standardised processes on a Pan-London level.

Holistic Needs Assessment

As AVL is in a dedicated post she has time to collect data in a very meticulous manner that includes pulling up a list of the 31 day reported treatments (by NHS number). AVL then checks on Infoflex if a HNA has been carried with each of the individuals. AVL also reviews their local Electronic Patient Record system in the event that an HNA has been uploaded onto this rather than Infoflex.

e-HNA: Currently 4 teams are using e-HNA's within UCLH. AVL able to pull off data re. numbers of HNAs conducted by point in pathway. The outcome of this methodology is the HNA numbers are increasing each month as AVL is liaising with nurses more frequently about how they capture data and explores rationale for HNAs not being conducted with some patients..

AVL discussed the support required to help each MDT to realistically achieve a 70% HNA output and if not find out what the challenges are. It is essential that the data is accurate and not based on estimates. The possibility of linking into COSD could be explored.

The group discussed the need for clarity on data definitions re. HNA. The current guidelines state that HNA's should be carried out at diagnosis within one month however this may change to 6 weeks in 2018. SC to keep the group updated as the definitions will be updated by a subgroup of the London LWBC Board.

GR spoke about the methods used by GSTT to capture data, almost all CNS's are using e-HNA (only exception is when there are technical issues and they may be unable to complete or upload paper versions to MOSAIQ). They match their cancer waiting times data to e-HNA website. This single source of conducting HNAs and collating data is a robust method that is time efficient.

Treatment Summaries

AVL explained that at UCLH, TS's are more challenging to locate on their CDR/EPR systems and there will always be more treatments than end of treatment summaries as more than one Treatment Summary may have been conducted. So thought needs to be given to how clinicians conduct these are where these are held in electronic IT systems.

GR shared that they utilise MOSAIQ (EPR system) for data storage of Treatment Summaries. MOSAIQ has functionality to list documents uploaded by consultants. The data team then go through this list and note who has uploaded a Treatment Summary.

Health & Wellbeing Events

AVL stated that HWBE attendance is recorded as a clinic attendance. AVL runs a report on attendees at these clinics, and is able to ascertain how many patients attended the HWBE whilst checking that no double counting occurring.

Other trusts raised the issue that there is currently no way simple to record a patient as just one single attendance if they attend multiple HWBE's which can lead to inaccurate data recording.

SC will collate the Pan-London questions raised during this discussion and bring them to next LWBC Board meeting.

SC concluded that the group will continue this discussion on standardising processes to obtain robust data in the next LWBC ERG meeting and she will present the new data metrics definitions. SC advised group members to reflect and explore local use of a similar data collection methodology.

ACTION:

- **SC to collate Pan-London questions raised and bring them to next LWBC Board meeting**
- **Circulate AVLs Recovery Package Data presentation**

5. AOB

- MNP notified the group that Barts will shortly be advertising for a new Recovery Package Project Manager and she will circulate information on this once available.
- There will be a follow up meeting in April to discuss data collection methods in relation to new data definitions for 2017/18.
- SC to take Pan-London questions that arose during today's meeting to London LWBC Board Meeting.

ACTION:

- **MNP to Circulate Recovery Package Project Manager job advertisement**
- **Extraordinary meeting re. data standardisation to be organised**

6. **Future Meeting Dates: Thursday 20th April 10am – 12pm 10am – 12pm**, 51 Wimpole Street, 1st Floor Boardroom, London, W1G 8YG.

ACTION LOG

Action	Owner	Date Agreed	Status
Send request to ERG members to share patient experience of TS	SC	02.03.2017	
Circulate information & programme for National Cancer Vanguard Event	SC	02.03.2017	Done – 02.03.17
Circulate Cancer Transformation Fund Bid Presentation	SC	02.03.2017	Done – 10.03.17
Circulate information on Southampton's IT model	SC	02.03.2017	Done – 06.04.17
Circulate LDCCG meeting details	ND	02.03.2017	
Circulate March LWBC ERG Workplan	SC	02.03.2017	Done – 10.03.17
Circulate Q1/2 2016/17 RP Data Metrics	SC	02.03.2017	Done – 10.03.17
Circulate Q3 2016/17 RP Data Results	SC	02.03.2017	Done – 20.03.17
Collate Pan-London questions raised and bring them to next LWBC Board meeting	SC	02.03.2017	
Circulate Recovery Package Data presentation	SC/AVL	02.03.2017	Done – 10.03.17
Circulate Recovery Package Project Manager job advertisement	MNP	02.03.2017	
Extraordinary meeting re. data standardisation to be organised	SC	02.03.2017	Done – will be 20.04.17

Attendees

Name	Role	Trust/Organisation
Sharon Cavanagh (SC)	Lead for Macmillan Integrated Cancer Programme, Living with and Beyond Cancer and Allied Health Professionals	London Cancer/UCLH Cancer Collaborative
Ashley Bowcock	Survivorship Pathway Tracker	GSST
Avril van der Loo (AVL)	Macmillan Recovery Package Programme Manager	UCLH
Azmina Verjee (AV)	Recovery Package Project Manager	HUH
Carmel Devine-Judge	Project Lead, Macmillan Recovery Package	PAH
Claire Barry	Macmillan Programme Lead LWBC	Imperial
Daniel Thomson	Macmillan Primary Care Project Manager	London Cancer/UCLH

Name	Role	Trust/Organisation
		Cancer Collaborative
Daphne Earl	Patient Representative	
Jackie Hamid	Lead Breast CNS	Kingston
Graham Roberts (GR)	Cancer Information Manager	GSTT
Jenny Watmore-Eve (JWE)	Programme Manager for Cancer Patient Experience	BHRUT
Karen Phillips (KP)	Macmillan Lead Cancer Nurse	WH
Lallita Carballo	Clinical Head for the Macmillan Support and Information Service	UCLH
Mary Newell-Price	Macmillan Programme Manager	Barts
Michelle Kenyon	Post BMT CNS	Kings
Natalie Doyle	Nurse Consultant LWBC	RM Partners
Roxanne Payne	Macmillan Project Coordinator	London Cancer/UCLH Cancer Collaborative
Saskia Krijgsman (SK)	Survivorship Coordinator	GSTT
Tee Fabikun	Patient Representative	
Tina Smith	Lead Cancer Nurse	PAH
Vanessa Brown	LWBC Senior Project Manager	RM Partners

Apologies

Name	Role	Trust/Organisation
Liz Price	Senior Strategy Lead (Living with and beyond cancer)	TCST
Lucy Brooks	Macmillan Recovery Package Project Lead	BHRUT
Linda Athey	Lead Cancer Nurse	HUH
Lucy Brooks	Macmillan Recovery Package Project Lead	BHRUT
Alia Nizam	Pharmacy	UCLH
Flo-Panel Coates	Chief Nurse	UCLH
Elizabeth Shaw	Psychologist	NMUH
Kathryn Hornby	Lead Cancer Nurse	BHRUT
Sarah Pearson	Senior Nurse for Cancer	Barts
Anne Brewer	Project Manager - Breast Open Access Follow Up	Barts