



NORTH AND EAST

London Cancer Nursing ERG

Date: **Thursday, 15 April 2016, 09:30 – 11:00**

Venue: **Meeting room 1, 3rd Floor, 170 Tottenham Court Road, London, W1T 7HA**

Chair: **Alison Hill, ERG Chair**

1. Welcome, Apologies and minutes of last meeting

AH welcomed members of the ERG, introductions were made and apologies heard. The minutes of the last meeting were accepted as an accurate record of proceedings. It was noted that there has been a lack of patient representation at Nursing ERG meetings for a while and that this needs to be addressed.

ACTION: AH to discuss lack of patient representation on Nursing ERG with Kellie Thomas

2. Updates on developments for Level 2 Supervision for CNS

Mark Barrington spoke at the last Nursing ERG. The dates of upcoming Level 2 supervision training sessions are listed on the *London Cancer* website. The Psychosocial ERG have now agreed that supervision groups can be increased to six. TS reported that PAH are now going to hold supervision meetings less frequently in an effort to improve attendance. It was highlighted that a register of attendance needs to be kept so that lead cancer nurses are aware of who has attended supervision.

The group discussed feedback that had been given on the standard of Level 2 training. PD reported that she had received feedback that training in north London was well delivered but training delivered in central London was not so highly rated.

ACTION: AH will circulate an email to the Nursing ERG group outlining Psychosocial ERG proposal to up supervision group numbers to six and request ratification.

3. Cancer Vanguard update

MR gave an overview of the cancer vanguard. UCLH will hold a system leadership role. *London Cancer* will be a key pillar of the vanguard and will be hosted by UCLH rather than UCLPartners. The four pillars of focus for the cancer vanguard will be: earlier diagnosis; centre for cancer outcomes (data to drive research and improvements in care); London Cancer pathway boards/ERGs, and new models of care.

Funding received for the cancer vanguard is less than the amount requested, at £2.3 million. A new cancer vanguard board will be formed. The first meeting of this group will be at the end of the month.

4. HENCEL Funding

CNS Succession Planning Programme:

The CNS succession programme was developed using last year's HENCEL funding. This programme will be continuing and is currently being evaluated by London South Bank University.

Trust based initiatives for HENCEL funding:

This year each trust has been given £40,000 of HENCEL funding and needs to decide how they will spend this to improve patient experience. AH invited trusts to join together to create a joint programme for staff. NMUH, Barts and BHRUT took up the offer to work together with UCLH and create a programme of courses including Advanced Communication Skills courses. AH suggested that trusts may want to join together again to create initiatives using this year's funding. It was highlighted that some trusts have had difficulty finding the funding they were given for 2014/2015.

ACTION: TS to find out if PAH have connected facilitators and invite them to attend AH's training programme.

5. Workplan items

HNA; progress and metrics:

SC gave an update on the recovery package metrics:

- Treatment summaries are poorly delivered. AH reported that she is setting up a working group at UCLH that GPs will chair. The aim of this group will be to help drive the implementation of treatment summaries.
- The number of Health and Wellbeing events are increasing. The Whittington delivered one large health and wellbeing event that led to a rise in the number of patients they had attending.
- Supported self-management is only being conducted in breast at Barts.

TS commented that the PAH HNA data is not accurate and that the trust have been reporting the number of HNA's offered rather than completed. This will need to be addressed. PAH, UCLH and BHRUT recovery package managers are going to be starting in post this summer. SC suggested that these individuals should attend the LWBC Implementation ERG.

Chemotherapy training and kitemark:

AH explained that developing this training would enable practitioners to move around trusts without being required to undertake further training. A group has been established to review this training. The BHRUT representative that was on the group can no longer attend. AH requested another representative from BHRUT or another DGH to attend instead. The group are reviewing the existing LCA document on chemotherapy training and deciding what is transferable and what will need to change. The next meeting of the group will be at UCLH on 1 June, 09:30 – 11:30. MR and TS will attend this group meeting.

AH reported that the chemo work will be the first piece of work the Nursing ERG will do as part of the vanguard.

ACTION: FS to send HNA familiarisation slides to TS and PD.

6. Update on London Cancer and Pathway Boards

It was reported that the Breast Subgroup have made progress with their work on prosthetics. This is nearly ready to be audited. The Breast Subgroup are also in the process of conducting a lymphoedema audit.

AH reported that she is pushing for all London Cancer pathway boards to have a nursing subgroup and requested the support of the Nursing ERG in this.

7. AOB

KH advised that a new CQUIN had come to her attention. This is looking at enhanced supportive care. The CQUIN encourages palliative early on for patients who may not be well enough for chemotherapy. There is money attached to the CQUIN in the amount of £500 per patient that is given enhanced supportive care.

ACTION: KH to share documents relating to enhanced supportive care CQUIN.

8. Next Meeting

Thursday 9 June, 09:30-11:30, Meeting Room 1, 3rd Floor, 170 Tottenham Court Road, W1T 7HA

ACTION LOG

Action	Owner	Date Agreed	Status
Discuss patient representative attendance with Kellie Thomas	Alison Hill	14/04/2016	Ongoing
Find out if PAH have connected facilitators and invite them to attend Alison Hill's training programme	Tina Smith	14/04/2016	Ongoing
Circulate an email to the Nursing ERG group outlining Psychosocial ERG proposal to up supervision group numbers to six and request ratification	Alison Hill	14/04/2016	Ongoing
Send HNA familiarisation slides to TS and PD	Frances Sheridan	14/04/2016	Ongoing
Share documents relating to enhanced supportive care CQUIN	Kathryn Hornby	14/04/2016	Ongoing

Attendees

Name	Role	Trust/Organisation
Kathryn Hornby (KH)	Lead Cancer Nurse	BHRUT
Philippa Dooher (PD)	Lead Cancer Nurse	The London Clinic
Tina Smith (TS)	Macmillan Lead Nurse for Cancer Services	PAH
Melanie Ridge (MR)	Programme Lead, Early Diagnosis and Straight to Test	London Cancer
Alison Hill (AH)	Trust Lead Cancer Nurse/ERG Chair	UCLH
Sharon Cavanagh (SC)	Lead for Living with and Beyond Cancer	London Cancer
Frances Sheridan (FS) (minutes)	Macmillan Project Coordinator	London Cancer

Apologies

Name	Role	Trust/Organisation
Stuart Caplan	Patient Representative	Patient Representative
Kay Eaton	Consultant Nurse	UCLH
Elizabeth Lloyd-Dehler	Patient Representative	Patient Representative
Kim Grove		BHRUT