

Manchester Cancer Children's pathway board Minutes

Held on Friday, 14 November 2014
Ward 84 Seminar Room
RMCH

Present: Dr Bernadette Brennan (Chair- Children's Cancer Pathway Clinical Lead),
Dr Guy Makin
Dr John Grainger,
Dr Vanessa Holme
Mrs Melissa Wright
Mrs Sarah Murphy
Mrs Heather Houston

Apologies: Mrs Chris Lowe
Mrs Sue Crook
Mrs Susan Kafka

1. **Minutes of last meeting – Agreed**
 - a. **Matters arising not on the agenda - none**
2. **Objective no 1 – Improving outcomes / survival rates**
 - a. **Survival data –** In the past this data was easily presented but due to re-organisation we do not have the facility anymore. BB informed the Group that this is an agenda on NCIN and the National Commissioning Group are looking at it. The Group felt it is important to have the information though it is difficult to get hold of. One year survival data is meaningless for paediatric oncology, who normally have 3 or 5 year survival data. It would be hard to produce the data unless it was produced nationally.
 - b. **2 week wait patients for Central Audit -** Medical Student from The Christie, supervised by Mr Craigie, has undertaken an audit of paediatric HSC205 pathway for this Trust, looking at referrals in the last year of which there were 113. Of these 113 referrals, only 2 cancers were diagnosed (1.77%). Referrals received outside of the HSC205 pathway resulted in 110 new cancer diagnoses from April 2013 to March 2014. The Group felt that this shows that the HSC205 is not an appropriate/effective pathway for paediatric cancer referrals.
 - c. **Data for 2 week wait for referral in region –** presented by MW.
 - d. **GP Education –** BB asked if the Group could look at possible projects with regards to time to referral pathways etc. JDG and Dr Kilday have this in hand. They plan to develop a proforma to capture this information. MW informed the Group that Manchester Cancer are looking at developing GP Education information.
 - e. **Timely access of new patients to PTC – Med Student Project JG/GM**

3. Objective no 2 – Improving the patient experience

- **Current patient experience exercise** - BB presented Steven Jackson's data. Paediatric Oncology Patient Experience Survey for 2014/2014 is underway. 25 questionnaires have been completed, with 25 more to be completed. No refusals to participate so far. The Group felt that there should be no timeline on this and that all new patients should be approached to take part in the survey.
 - a. **POSCU patient experience** – VH reported there is a plan to develop a questionnaire to survey the end of treatment for POSCU patients at Blackburn. They would then share this questionnaire with Preston and Blackpool. From the questionnaires Blackburn have analysed so far, they have had very positive feedback.
 - b. **Chemotherapy audit** – Unfortunately SK was not at the meeting to feedback. ? The original endpoint was 2 weeks but GWM to confirm whether this had changed to one month. The plan was for a medical student to then re-audit.
 - c. **Patient info needs** – Unfortunately, SC not at the meeting to feedback. BB shared Dr Kwak's leaflet 'Welcome to Ward 84 Outpatients'. The Group felt it would be a good idea to develop a similar leaflet for the Ward and also for further ward information regarding X-rays, biopsies, bloods, lines etc. **Action – SM to contact Dr Kwak to discuss**

4. Objective no 3 – Research and clinical innovation

- a. **Trial access/PTC performance**- BB reported that we perform well. Usually, if a patient is not on a trial it means there is not one available. Most patients are eligible for studies.
- b. **Non-trial research**
- c. **Interaction with Zoe Coombe, CLRN** – GM has met with ZC. They discussed capacity and enrolling more patients on to study. Also, how to attract more commercial trials. Research Nurses were looking at comparing with other centres - ? had more Research Nurse time in order to put more patients on trial.
- d. **Interaction with NIHR** - Amos Burke is visiting RMCH next week.
- e. **Innovation in Practice** - VH reported that blood tests for leukaemia patients was very ad hoc. CL to liaise with VH. This is still a pilot at the moment. BB asked how this could work for the PTC, not just through shared care but also with other DGH's. The service would need formalising and an SOP. The benefit would be a reduced number of patients travelling to Manchester for blood counts however would this affect our tariff. **Action – HH to provide cost of tariff for attending a leukaemia clinic and FBC. ?Is this classed as a day case admission.**

5. Objective no 4 – Improving & standardising high quality care across the whole service

- a. Capacity - Recently agreed by Senior Management to provide 3 extra beds for BMT.
- b. POSCU

MBHT – BB had initial discussions with Clinical Lead but nothing further.

- c. **Audits - ?lines/biopsies** - BB asked if there was anybody available to look at audits – suggested audits – how long patients wait for lines/biopsies etc, availability of lists etc. PEP in February (may still be a possibility) **Action – Proforma to be developed and Steven Jackson to look through casenotes for information.**

- d. **Peer Review** – VH discussed the recent peer review. Blackburn were 83% compliant at MDT and 92.3% compliant at Core. Blackpool and Preston were around 75%.
6. **POSCU – issues not addressed** VH has asked that the POSCU meetings be re-established in the New Year. **Action – HH to circulate dates**
 7. **Patient/GP Representatives** – no update provided
 8. **Pathway Board Report** – Attached
 9. **Any Other Business** - no
 10. **Date and time of next meeting** 6th or 13th February 2015