

Manchester Cancer

CUP Sub-group Board Meeting

Friday 11th December, 2-4pm

Seminar Room 4, Education Centre, Christie Hospital

Attendees: Claire Mitchell (CM), Rena Fletcher (RF), Carol Diver (CD), Melanie Dadkhah-Taeidy (MD-H), Vanya Walmsley (VM), Amelie Harle (AM), Joanne Coote (JC), Paula O'Donnel (PO'D), Barbara Hefferon (BH), Kalena Marti (KM), Catherine Cole (CC), Claire Arthur (CA), Jeena Mathew (JM), Andrea Spencer Shaw (ASS), Laura Horsely (LH).

1. Apologies – Ben Taylor, Yvonne Summers, Vikki & Ann (SRFT), Claire (Bolton)

2. Peer Review Training Feedback

- Each Trust has different submission & review dates.
- If you aren't compliant with every bullet point within each measure you will be non-compliant for the measure.
- There is an opportunity to feedback and rectify anything missed on the review day.
- Be honest if not compliant.
- The QST will assess compliance against the self-assessment provided and feedback to trusts prior to the review to highlight any specific areas of note.
- For audit provide 12 months of data – trusts can determine the exact time period as long as it covers 12 months and you provide evidence that you are working towards the next time period ie in work programme.

3. Peer Review: Section 1 - Measures - Network Group Measures

- The network will not be subjected to external peer review.
- At present there is no palliative care representation for the network. **AH** will ask Ian Lorry if he would be interested. If not there is a new palliative care consultant at Tameside that could be approached
- No user representative at present – Manchester Cancer in conjunction with Macmillan are co-ordinating user reps for boards.
- CUP Network guidelines have been updated:
 - Algorithm 1 - Patient Pathway (page 7). Ideally teams should capture data and workload of all MUO's and CUP's by putting MUOs through local CUP MDT although pathway currently suggests this is a must.
 - **CM** to alter pathway for MUO where likely primary site identified - for tumour specific MDT - move to the top as not all MUOs must go through local CUP MDT ie in cases where the primary becomes evident quickly.
- Some trusts don't have local CUP MDT set up at present – teams to look at piggybacking onto another MDT to ensure compliance.

- Teams can document in policies that decisions can be made outside of the MDT meeting ie in real time where appropriate CUP team members and clinicians in order to ensure delays in patient pathways are avoided.

4. Peer Review: Section 1 - Measures - CUP Measures for Hospitals

- 14-1D-101m – palliative care consultant cover should be a medic as defined in measure to be compliant.. The meeting recognises that in practice this is not always feasible and CNS's often fulfil this role
Need to ensure job plans of named members are in evidence file.
CNS job plan should include acute oncology and CUP.
- 14-1D-102m – once the final Network guideline is uploaded/distributed need to ensure this is in your evidence file. **CM** will amend and distribute

5. Peer Review: Section 1 – Measures - CUP MDT measures

- 14-2M-101 – ensure each bullet point is addressed - fulfil all criteria including level 2 psych, trials, user rep.
CM to amend guideline to a line to state there are no clinical trials nationally and that patients can be referred to phase 1 trials through the local cancer centre.
- 14-2M-102 – if no patients are discussed at CUP MDT ensure this is captured when presenting data and quorum attendance. Include specific reasons if an MDT was not held (e.g. should not be cancelled for annual leave). Need 2/3 attendance for core members.
- 14-2M-103 – make it clear in your documentation how you refer patients on and referral pathways in place.
- 14-2M-104 – ensure attendance is documented and clear (as above).
- 14-2M-111 – not all trusts have local CUP info leaflet. **RF** to email CNS forum to collate existing leaflets and email out to network.
- 14-2M-112 – consultation letters are generally being given out following outpatient clinics but not inpatient reviews. Discharge letter/summaries are one way of offering copy of info stipulated in measure.
- 14-2M-113 – some Trusts have specific CUP patient experience questionnaires. Can capture experience from patients and carers. Ensure these are available as evidence.
RF to email CNS forum to collate questionnaires and email out to the network.
- 14-2M-114 – network agreed audits
 - Audit 1 (see appendix 5 pg 32) - The number of patients newly referred as MUO or pCUP, to a hospital's CUP assessment service

- Audit 7 (pg 33) The time from the referral of an MUO/pCUP patient to the hospital CUP assessment service, to their being first seen by a member of the service. This should be audited separately for IP and OP.
- Each trust will be given the opportunity to discuss results at the acute oncology pathway meeting in the new year to ensure compliance with the measure. **Meeting to be held on 15/01/16 – details to be sent close to the time**
- 14-2M-115 – need to document in individual trusts annual report that there are currently no active trials nationally or locally. If any new trials are established the CUP service at the Christie would aim to be actively involved in the recruitment of patients therefore details would be shared via the network and referral pathways would enable patient involvement.

Section 2 – there are no clinical indicators or lines of enquiry for CUP at present.

6. Patient Pathways

- 14-2M-106/14-2M-107 - all trusts present at the meeting have local referral pathways for inpatients.
- Some trusts have outpatient pathways – referrals from GPs post CT, Physio, orthopods for bone mets.
- Trusts will see patients in AO clinics. No specific 2ww pathway for CUP at present.
- Issues with getting diagnostics, no admitting rights etc affect ability to provide this service.
- There are 2 diagnostic centres are being established in Pennine and South as part of the ACE project. These may be rolled out further if successful.
- Need to make it clear in trusts ops policy what the referral pathways are in your trust.
- ?need for network policy for bone biopsies for MUO/CUP patients e.g. Spinal team at SRFT do all. **CM** to discuss with Dr Misra about liaising with SRFT spinal surgeons and ?histopathologists.

7. AOB

- Peritoneal mets should be managed through gynae as specified in network guidelines
- Most CUP patients are being treated through the Christie ?Dr Hasan treating at SHH.
- If Trusts are interested in the possibility of a network CUP MDT they need to put a case forward as trusts would need to agree and fund – CCG have previously stated they are unwilling to fund a network CUP MDT
- . ?have local MDT and then sector MDT for provisional /confirmed CUP's who are fit enough to treat so not all your MUOs are being discussed in network. **CM** to speak to Christie managers about this.

8. Next Meeting

- Next meeting for CUP will be covered in the acute oncology pathway meeting?? in Jan – present CUP audit results.