

## Palliative Care Board – Minutes of Meeting

22<sup>nd</sup> May 2014

Location: Birchwood Conference Centre, Warrington, WA3 6YN

Chestnut Room

Time: 4 to 5pm

<b>Attendance</b>	<b>Representation</b>
Carole Mula	Pathway Director
Dr Barbara Downes	Consultant at FT and Bolton Hospice
Dr Ashique Ahamed	Consultant in Palliative Medicine CMFT
Dr David Waterman	Consultant in Palliative Medicine Stockport NHS Foundation Trust
Hayes Margaret	Macmillan Team leader, Tameside
Dr Sophie Harrison	Consultant in Palliative Medicine UHSM
Dr Phil Lomax	Consultant in Palliative Medicine, SRFT/Medical Director St Ann's Hospice
Dr Stephanie Gomm	Consultant in Palliative Medicine SRFT
Julie Whitehead	Pharmacist, East Cheshire NHS Trust
Jennifer Gallagher	Macmillan Palliative Care team Leader WWL FT
Hodan Noor	Pathway Manager
<b>Apologies</b>	
Dr Iain Lawrie	Consultant Lead Clinician for Specialist Palliative and End of Life Care, PAT
Wendy Allen	Patient Lead
June Law	AHP WWL FT

### In attendance

Nicola Cheetham, Macmillan CNS

Elaine Parkin, Palliative & EoL Programme Manager SCN

Abdul Amin, Palliative & EoL Quality Improvement Manager SCN

Dr Samantha Kay, Consultant UHSM

Alice Davies, Palliative Care Lead Nurse, PAHT

Kim Wrigley, GML & SC SCN's

# Manchester Cancer

Agenda Item	Action
<p>1. Apologies</p> <p>Apologies were noted</p>	
<p>2. Welcome and Introductions</p> <p>CM welcomed everyone to the meeting and members were invited to introduce themselves and highlight interest or representation in other Manchester Cancer Pathway Boards.</p> <p>SH and SK are members for Manchester Cancer Brain CNS Pathway Board            AA interested in Haematology and HPB            JW interested is Oncology and chemotherapy, colorectal, lung and haematology            SH and SK are members of Brain CNS board            JG interested in communication and the experience of patients and families/carers developing generic communication eLearning training package in WWL</p> <p>It was noted that the current board representation need to take into consideration and reflect the whole palliative care pathway and Trust activity. Membership will be reviewed once the work programme of the board is formalised to ensure effective representation.</p>	<p><b>Jane Younger to be invited as a member at the next board meeting to represent Psychological support services.</b></p>
<p>3. Background to Manchester Cancer</p> <p>CM gave a presentation on the background to Manchester Cancer and its aims to increase cancer survival, improve patient experience and achieve over and above all national standards for Cancer.</p> <p>The focus of Pathway Boards will be on all areas of the patient pathway and the five cross cutting themes (living with and Beyond, Palliative Care, Systematic anti-cancer therapies, radiotherapy , Preventing, Screening and Awareness) will inform and take forward clinical pathway board needs to support the overall objectives of Manchester Cancer.</p> <p>This work will be documented in an annual work plan, which will form part of a three-year plan. CM also provided information on the Manchester Provider Board, made up of the 10 CEO's of the acute Trusts in Manchester along with representatives from the Strategic Clinical Network, patients and local commissioners.</p> <p>Greater Manchester SCN Palliative Care Board will work closely with Manchester Cancer Palliative Care Board to complement the work and share resources to optimise outcomes.</p> <p>Representation at the Manchester Cancer education/training arm was highlighted as a need to address the national requirements for mandatory training.</p> <p>GP representation has been sought by Manchester Cancer Medical Director, expression of interest has been sent to GP lead at CCG level and Macmillan GPs.</p>	<p><b>HN to clarify opportunity for Palliative care board member to attend Manchester Cancer Education board.</b></p> <p><b>Identify GP representation for Palliative Board</b></p>

<p>4. Terms of Reference</p> <p>CM explained that each Pathway Board would sign up to the Manchester Cancer Terms of Reference (ToR). These can be amended to reflect specific pathway areas. Particular areas of the ToR were discussed within the meeting:</p> <p>In section 4.1 and 4.2: include “support for carers” in the sentences.</p> <p>In section 5: need to include community providers (Pennine Care and Bridgewater) and hospice representation</p> <p>Query on the number of years members sit on the board has been raised, although there is no definitive perimeters set the group agreed to review membership periodically to represent the work programme of the board.</p> <p>In principal once the above changes are made the board are in agreement to accept the ToR as final to be reviewed periodically.</p>	
<p>5. Work programme ideas for discussion</p> <p>CM introduced the following key themes for members to discuss in groups and identify potential work programme for the board to take forward. Below is the feedback from groups;</p> <p>- <b>Interface between palliative care and oncology</b></p> <p>Communication –</p> <ul style="list-style-type: none"> <li>○ EPaCCS compliance</li> <li>○ Difficulty in receiving oncology outpatient letters</li> <li>○ facilitate access to electronic records including Christie portal across all care service remotely (i.e. Hospice)</li> <li>○ Information sharing – how can we improve</li> <li>○ People who have died in Hospice – reporting information back to providers due to difficulties in meeting the requirements of Access to the Health Records Act</li> <li>○ MDT representation: How can small specialties represent all of the disease groups? E.g. specialist palliative care</li> <li>○ Acute oncology – access to this specialist service is key</li> <li>○ Access to Radiotherapy and chemotherapy.</li> </ul> <p>Query in relation to the work programme was identified and how the board will influence commissioning was raised. HN described the process pathway boards need to undertake including a thorough analysis and recommendations to the provider board. It is then up to the provider board to raise the potential resource gap and discuss with local and specialist commissioners of cancer services to identify resource solutions.</p> <p>There is also the opportunity this board can put forward an idea/feedback presentation to the provider board in future meetings.</p>	<p><b>HN to share Manchester Cancer membership of all boards for information</b></p>

<ul style="list-style-type: none"> <li>- <b>Complement the work of SCN and support the identification of variation in service provision specialist palliative care: referral criteria; areas of good practice etc.</b></li> <li>o Use existing mapping findings such as DEARDEN, NCDAAH and Organix KPIs, Voices.</li> <li>o CCG commissioned services outline identify what they are spending on specialist palliative care services</li> <li>o Liaise with GM Cancer patient partnership group .</li> <li>o DW proposed SCN mapping incorporates separation of Cancer and non-cancer at reporting stage.</li> </ul> <p>All of the above may identify variation of services.</p> <ul style="list-style-type: none"> <li>- <b>Communication with other pathway board : Strategy and Subgroup liaison with LW&amp;BC and representation in other disease group</b></li> <li>o Mechanism to communicate across pathways</li> <li>o Using education as opportunity</li> <li>o Use existing links members representing other boards</li> <li>o Use natural linkages of colleagues working together locally</li> <li>o Use the conference or online meeting</li> <li>o Share core information for all pathways</li> </ul> <ul style="list-style-type: none"> <li>- <b>Education Programmes</b></li> <li>o Using existing expertise in education of palliative and EoL and commission those providers</li> <li>o Identify education needs of specific tumour groups</li> <li>o Acute oncology education in primary care needed</li> <li>o Basic EoL pharamalogical education across tumour groups</li> <li>o Different points of referral and clear guidance including education on specialist palliative care for all tumour groups.</li> </ul>	
<p>6. Peer Review :</p> <p>CM shared with members Manchester Cancer Briefing on peer review, the Pathway Boards will take the responsibility of the peer review which was previously the network responsibility. It is recognised the peer review briefing is generic to represent all pathways and cross cutting theme boards need to take this into consideration.</p> <p>New measures for Palliative care will be published next year, following on from this the palliative care board will identify the approach and process to take forward the cancer elements.</p> <p>There needs to be a mechanism where collective reports from the Trusts are shared with this board, this is currently uploaded in the CQUIN website.</p>	

# Manchester Cancer

<p>EP from SCN highlighted they are awaiting clarity with regards to SCN and Manchester cancer responsibility in relation to peer review, however for cross cutting groups the documents have been sent to the provider board.</p> <p>In relation to representation from MDT query to Manchester Cancer regarding point 19 and 20 of the peer review briefing for cross cutting themes and can we share the role and designated MDT leads. Manchester Cancer to check with the national cancer action team regarding peer review and representation at Palliative care board.</p> <ul style="list-style-type: none"> <li>- Responsibility for reviewing of palliative care guideline for pain and symptom control</li> </ul> <p>CM Queried who (SCN or MC) is reviewing and the deadline for reviewing including the work required. DW suggested to create a subgroup made up of SCN and MC members.</p> <p>However Lancashire and Cumbria has already reviewed their guidelines and any review need to be in synergy with the Northwest colleagues to ensure consistency. Proposal to extend the existing Greater Manchester and Cheshire guidelines until January 2015 all members agreed.</p> <p>SG proposed, once agreed to share guidelines of Lancashire and Cumbria to potentially adopt rather than rework the current guidelines.</p> <p>SCN to share all documents including guidelines, referral criteria, constitution once uploaded on the SCN website to share with MC website.</p>	<p><b>Manchester Cancer to check with the national cancer action team regarding peer review and representation at Palliative care board.</b></p>
<p>7. Website</p> <p>The website has been launched and all documents including minutes once agreed will be uploaded on the site.</p>	
<p>8. A.O.B.</p> <p>HN requested to be in attendance at GM SCN Palliative Care Board meetings, SG, chair for the board agreed.</p> <p>Times of meeting reviewed and slots for SCN and MC board meeting to be 1.30hr each 3-6pm and alternate start with MC or SCN.</p> <p>Clarification on meeting time and can the representation on the board be shared?</p>	<p><b>HN to clarify with Core team at MC on representation being shared by board members.</b></p>
<p>9. Date of next meeting</p> <p>4.30 to 6pm, 8<sup>th</sup> July, The Centre, Birchwood Conference Park, Warrington, WA3 6YN</p>	