

# Acute Oncology Cancer Pathway Board

## Annual Report 2015/16

Pathway Clinical Director: Dr Shien Chow

Pathway Manager: Rebecca Price

## Executive summary

Over the last 12 months the Acute Oncology Pathway Board has continued to make progress in the development of acute oncology services in the region. Key achievements have included:

- Successful provision of access to Acute oncology teams across the region to use The Christie Clinical Web Portal thus encouraging more efficient transfer of patient information and communication
- Development of network immunotherapy toxicity guideline and education/training programme in collaboration with regional centres to meet with rising use of this new therapy
- Improving accuracy and efficiency in minimum dataset collection through introduction of centralised web-based digital data entry form
- Made significant progress on phone-call patient satisfaction survey
- Initiated engagement with primary care and community setting on innovative and collaborative working to improve patient outcome and experience
- High impact education programmes in conjunction with the Christie School of oncology utilising up to date technology to permit live-streaming of the education event and access to international delegates on-line.

At present there remain several ongoing challenges for the Acute Oncology Pathway Board including:

- The need to identify secure recurrent funding to enable appropriate resources for the establishment of acute oncology services which meet national and regional standards and overcome the current variation in provision of services within the Manchester Cancer region.
- The need to identify secure recurrent funding for expansion of “network” services to enable greater scope in the provision of these services and improve integration of clinical services and infrastructure between the regional specialist centres and acute trusts.

# 1. Introduction – the Pathway Board and its vision

This is the annual report of the Manchester Cancer Acute Oncology Pathway Board for 2015/16. This annual report is designed to:

- Provide a summary of the work programme, outcomes and progress of the Board – alongside the minutes of its meetings, its action plan and its scorecard it is the key document for the Board.
- Provide an overview to the hospital trust CEOs and other interested parties about the current situation across Manchester Cancer in this particular cancer area
- Meet the requirements of the National Cancer Peer Review Programme
- Be openly published on the external facing website.

This annual report outlines how the Pathway Board has contributed in 2015/16 to the achievement of Manchester Cancer's four overarching objectives:

- Improving outcomes, with a focus on survival
- Improving patient experience
- Increasing research and clinical innovation
- Delivering compliant and high quality services

## 1.1. Vision

The on-going vision of the acute oncology pathway board is to establish and maintain high quality acute oncology services in all acute trusts within the Greater Manchester and Cheshire region. We aim to provide sustainable services of consistently high standards for patients who are admitted acutely due to complications of their cancer, cancer treatment or as an emergency first presentation of their cancer. In addition to delivery of acute oncology services within acute trusts across the region that are compliant to national standards, one of the pathway board's ambitions is to work closely with primary care team and community services to ensure seamless transition throughout cancer patients' journey. We are fully committed to work closely with stakeholders within national strategies to achieve excellent patient outcome and world class cancer service through integration of over-reaching services enabling effective delivery of advice, training, education and outcome monitoring for acute oncology services in Manchester.

## 1.2. Membership

The acute oncology pathway board is a multidisciplinary board consisting of members representing both their trusts and specialities. In addition to the representatives from each of the Trusts representation has been sought from relevant stakeholders' namely emergency medicine, acute medicine, primary care, the strategic cancer network and palliative medicine.

Organisation/role	Rep #	Name	Speciality
Royal Bolton Hospitals NHS Foundation Trust	Rep 1	Clare de Marco Masetti	Acute Oncology Advanced Nurse Practitioner
	Rep 2	Carmel Anandadas	Consultant Oncologist
Central Manchester University Hospitals NHS Foundation Trust & Trafford	Rep 1	Kathryn Hornby	AONS
	Rep 2	Patrick Carrington	Consultant Haematologist
East Cheshire NHS Trust (Macclesfield General Hospital)	Rep 1	John Hudson	Consultant Haematologist
	Rep 2	Anne Allen	AONS
Mid Cheshire NHS Foundation Trust (Leighton Hospital)	Rep 1	Laura Horsley	Consultant Oncologist
	Rep 2	Sophie Lloyd	AONS
Pennine Acute Hospitals NHS Trust	Rep 1	Keven White	AONS
	Rep 2	Amelie Harle	Consultant Oncologist
Salford Royal NHS Foundation Trust	Rep 1	Claire Arthur	Consultant Oncologist
	Rep 2	Vikki Tyrell	AONS
Stockport NHS Foundation Trust	Rep 1	Catherine Coyle	Consultant Oncologist
	Rep 2	Christine Griffiths	AONS
Tameside NHS Foundation Trust	Rep 1	Mel Dadkhah-Taeidy	AONS
	Rep 2	Carol Driver	Acute Oncology ANP
University Hospital South Manchester NHS Foundation Trust	former rep	Joanne Humphreys	AONS
	Rep 1	Jeena Mathew	AONS
	Rep 2	Yvonne Summers	Consultant Oncologist
Wrightington, Wigan and Leigh NHS Foundation Trust	Rep 1	Elena Takeuchi	Consultant Oncologist
	Rep 2	Ursula McMahon	AONS
	Rep 3	Barbara Hefferon	AONS
Christie NHS Trust	Rep 1	Phil Hajimichael	Critical Care Consultant
	Rep 2	Paula Hall	Acute Oncology Nurse Lead
	Rep 3	Louise Lawrence	Acute Oncology Service Manager
Palliative Care Rep	Rep 1		
Primary Care Rep	Rep 1	Sarah Taylor	Macmillan GP
Emergency Medicine Physician	Rep 1	Alan Grayson	Emergency Medicine Consultant

Acute Physician (user representative CUP)	Rep 1	Muhammad Abbas	Acute Medicine Consultant
Acute Physician (user representative CUP)	Rep 1	Tim Cooksley	Acute Medicine Consultant
MSCC Clinical Lead	Rep 1	Vivek Misra	Consultant Oncologist
MSCC Co-ordinator	Rep 1	Lena Richards	MSCC Co-ordinator
MSCC Co-ordinator/ Education Lead	Rep 1	Conor Fitzpatrick	MSCC Co-ordinator
Strategic Clinical Network	Rep 1	Sue Sykes	Quality Improvement Lead
CUP (histopathology)	Rep 1	TBC	
CUP (radiology)	Rep 1	Ben Taylor	Consultant radiologist
Pathway Manager	Rep 1	Rebecca Price	Pathway Manager
Chair / Lead for Research (AO/CUP)	Rep 1	Claire Mitchell	Consultant Oncologist
East Cheshire	Deputy/guest	Catherine Fensom	Oncology Matron
Mid Cheshire NHS Foundation Trust (Leighton Hospital)	Deputy/guest	Katie Hoyle	AOS CNS
Central Manchester University Hospitals NHS Foundation Trust & Trafford	Deputy/guest	Sarah Wilks	AOS CNS
Royal Bolton Hospitals NHS Foundation Trust	Deputy/guest	Vanya Walmsley	AOS CNS
	Deputy/guest	Leo Zachariades	Consultant
	Deputy/guest	Natalie Walker	Acute Medicine
Christie NHS Trust	Deputy/guest	Anthony McGurk	Clinical Audit Facilitator
	Deputy/guest	Lyn Bushell	Matron
Pennine Acute Hospitals NHS Trust	Deputy/guest	Tracy Wild	AOS CNS
Manchester Cancer		Lucie Fransis	Macmillan User Involvement Manager

### 1.3. Meetings

The Acute Oncology Pathway Board met on 4 Occasions on the following dates in the financial year of 2015/16:

#### 12<sup>th</sup> June 2015

[https://manchestercancer.org/services/acute-oncology/ao\\_minutes\\_12\\_jun\\_15\\_-final/](https://manchestercancer.org/services/acute-oncology/ao_minutes_12_jun_15_-final/)

#### 23<sup>rd</sup> October 2015

[https://manchestercancer.files.wordpress.com/2014/09/ao\\_minutes\\_23\\_oct\\_15\\_final1.pdf](https://manchestercancer.files.wordpress.com/2014/09/ao_minutes_23_oct_15_final1.pdf)

#### December 2015 (Cancelled)

#### 7<sup>th</sup> February 2016

[https://manchestercancer.files.wordpress.com/2014/09/ao\\_minutes\\_05\\_-02\\_16-final1.pdf](https://manchestercancer.files.wordpress.com/2014/09/ao_minutes_05_-02_16-final1.pdf)

#### 13<sup>th</sup> April 2016

To be ratified and uploaded

#### 1<sup>st</sup> July 2016 (Cancelled)

A record of the attendance at each meeting to-date is in the appendices.

Overall, the board members attendance has been very positive and each meeting has been well attended from representatives across the network.

In addition to the acute oncology pathway board sub-groups have been established to lead on specific areas within the pathway group. These are:

Sub - group	Chair
CUP (meets within acute oncology pathway board)	Dr Claire Mitchell
MSCC	Dr Vivek Misra
Education	Conor Fitzpatrick
Nurses Forum	Clare de Marco Masetti

The membership of the sub-groups is determined by each group (compliant with national standards ie peer review) to allow appropriate representation within in each meeting.

### 1.4 Acute Oncology Nurse Forum

The Manchester Cancer Acute Oncology Nurse Forum provides educational up-dates, an opportunity for sharing good clinical practice and a discussion/debate session (which participants can add topic items to) for the Acute Oncology nurses in Greater Manchester and Cheshire. Topics covered during this annual report timeframe:

**18th June 2015**

Mesothelioma treatments update - Lorraine Creech, Nurse Specialist at University Hospital South Manchester.

Bronchoscopy and recent developments - Julie Martin, Nurse Consultant at University Hospital South Manchester.

**1st October 2015**

Breast Dr Andrew Wardley, Clinical Director, The Christie Hospital/NIHR & CRUK Clinical Research Facility.

Macmillan Breast Palliative Care Project - Tracey Coleby, Macmillan Breast Palliative Care Lead at The Christie Hospital

**28th January 2016**

Unfortunately cancelled due to speaker having to withdraw at the eleventh hour

**31st March 2016**

Haematology & Acute Oncology - presented by Dr Suzanne Roberts, Consultant Haematologist at Bolton Foundation Trust.

Sarcoma & Acute Oncology - presented by Sarah Welsby, Clinical Research Nurse - Sarcoma team at The Christie Hospital.

**CVC & Portacath training and updates:****1st April 2015**

Steve Hill & Farha Hussain – The Christie Hospital Procedures team, facilitated by Kathryn Hornby.

**17th July 2015**

Steve Hill and The Christie procedure team

**1.5 Acute Oncology Education (AOE) Sub-Group**

The Acute Oncology Education (AOE) Sub-Group has been set up to ensure that the AO educational needs identified by AO teams throughout the Manchester Cancer area can be raised and appropriately managed.

The aim of the AOE group is to ensure that all AO staff working to support patients in the Manchester Cancer area are, in-turn supported in their learning and development of skills, to further improve upon patient safety, patient quality and efficiency in care. The resources available should therefore help improve staff satisfaction and job retention in AO, as well as ensure compliance with current peer review measures for Acute Oncology.

The group encourages the sharing of good practice between teams, as well as helping to highlight available and suitable education opportunities that are available for staff (at all levels) across the Manchester Cancer area. Meetings occur alongside the scheduled AO Pathway meetings in order to ensure optimal attendance.

## 2. Summary of delivery against 2015/16 plan

No	Objective	Alignment with Provider Board objectives	Tasks	By	Status Green = achieved Amber = partially achieved Red = not achieved
1	To define quality outcome measures and appropriate KPI's for acute oncology	Improving outcomes, with a focus on survival	Through the development of the regional acute oncology service specification the pathway board will work with key stakeholders and commissioners to agree standards.	June 2016	Service specification yet to be agreed by commissioners.
			To set quality standards and outcomes expected of acute oncology services in the region which in addition are in line with nationally developed standards.	June 2016	
2	To work towards development of centralised data capture and outcome monitoring	Improving outcomes, with a focus on survival	To ensure that all trusts within the region are collecting appropriate and applicable data for acute oncology patients which is reviewed and reported centrally	June 2016	Ongoing
			Collaboration with the Christie NHS trust informatics department to work towards access for acute oncology teams to CWP for outcome data capture and reporting.	June 2016	
3	To undertake a Manchester Cancer Acute Oncology patient experience survey.	Improving patient experience	To assess the experience of cancer patients who are referred for assessment from the "patient hotline" to local acute trusts.	September 2015	Completed pending analysis
			Collaboration with the Christie Acute Oncology Management service to perform a patient experience exercise	Ongoing	A questionnaire has been developed and circulated to patients for completion.

			assessing both cancer centre services and acute trust acute oncology teams.		There is a need to expand this survey however at present no identified resource to do this.
	<b>To provide opportunities for the development and sharing of good and innovative clinical practice</b>		To continue to support the Acute Oncology Nurses forum and it's collaboration with other regional forums to encourage on-going training and education.	Ongoing	Regular educational events and meetings have been held.
			An ongoing educational programme has already been established through the education group in collaboration with the Christie School of Oncology and nurses forum. This will be formally supported by inclusion of additional support within the service specification.	Ongoing	
<b>4</b>	<b>To provide opportunities for the development and sharing of good and innovative clinical practice</b>	<b>Increasing research and innovative practice.</b>	To expand the role of network based services providing the innovative MSCC service allowing expansion of the service and it's role	Ongoing	
			The MSCC service is currently based at the Christie NHS Trust – expansion of support for this service would allow improved pathway management for patients presenting with MSCC.	Ongoing	Draft specification discussed at pathway board on 12 <sup>th</sup> June and submitted to commissioners for review and approval. Response still pending.
<b>5</b>	<b>Agreement of the regional service specification to ensure high quality, consistent levels of care provided by acute oncology services.</b>	<b>Delivering high quality, compliant, coordinated and equitable service</b>	To ensure the delivery of acute oncology services within the Manchester Cancer region provide consistently high standards of care and are fully compliant with national	Ongoing	Draft specification discussed at pathway board on 12 <sup>th</sup> June and submitted to commissioners for review

			standards.		and approval. Response still pending.
			A draft service specification has now been completed and is to be presented to the Pathway board once agreed this will then be presented to the Manchester Cancer provider board and CCG's for approval.	Ongoing	
<b>6</b>	<b>Agreement of the regional service specification to ensure high quality, consistent levels of care provided by acute oncology services.</b>		To develop referral pathways with primary and secondary care for patients with a suspected cancer diagnosis who do not fulfil the criteria of 2ww pathways.	Ongoing	Submission for project to develop a vague symptoms, suspected cancer diagnosis clinic to ACE 2 project has been approved. Project is being managed by CCG leads. AO pathway manager continues to be involved as a member of this project steering group.
			Joint project with SCN, Macmillan GP's and acute oncology to form a task group focused on this strategy.		

### 3. Improving outcomes, with a focus on survival

#### 3.1. Neutropenic sepsis door-to-needle time

This continues to be one of most frequently used measure in acute oncology and all local trusts has contributed immensely to ensuring compliance in the acute management of neutropenic sepsis through on-going local awareness campaign and education. Systematic assessment of this performance indicator remains high in priority through regular audits reviews both peripherally and centrally.

#### 3.2. Progress

The board has implemented a standardised minimum dataset since June last year which was taken up well by local trusts. The challenge remains the lack of resources to collect in some trusts and to analyse the available dataset so far. While we aim to resolve this issue urgently, Table 1 outlined the average percentage of patients with suspected neutropenic sepsis receiving antibiotic within 1 hour by each trust. Month October to December 2015 was selected as this represents the period with most complete dataset submission. Due to the limited analysis, this is not a definitive representation of overall performance of the trust but more of a snapshot indicator during one of the busiest period of the year.

**Table 1**

Trusts	Average percentage ( October to December 15)
Bolton	41
Central Manchester Foundation Trust	75
Leighton	40
Penine Acute Trusts	77
Salford	35
Tameside	30
Wigan	80
Stockport	-
Wythenshawe	-
Macclesfield	-

#### 3.3. Challenges

Allowing the limited data, there is evidence of variation in this indicator between different trusts in the region. Our aim is to continue to focus efforts to raise awareness among frontline teams and to share good practice through inter-trusts collaboration. Ultimately, the board will continue to pursue the much needed service support through Manchester Cancer Service specification negotiation especially at sites where insufficient acute oncology staffing (nursing or consultant) was, and still is, the key reason for suboptimal performance.

*Along the same objective, we are in process of developing a network immunotherapy toxicity guidelines working closely with leading experts and regional centres. Education and training programmes specific to this new therapy are also being developed and carried out in stages. This is especially important given the rise of its use in recent time and likely to increase further in the future. Also the toxicity immunotherapy is less predictable and high level of awareness and education of the initial management in this setting is key to ensuring patient safety and outcome.*

## 4. Improving patient experience

### 4.1 Information

Macmillan, in partnership with Manchester Cancer have funded a team to facilitate a User Involvement Programme of work that will establish a structure and platform for people affected by cancer to influence and steer the design of cancer services locally. The Acute Board is now supported by a Macmillan User Involvement Manager who came into post in August 2015 and has been working to ensure Service User Representative (SUR) on the Board as well as linking in with wider User involvement Programme of work.

Key objectives of the User Involvement team working across Manchester Cancer up to March 2017:

- To ensure at least one person affected by cancer on each Pathway Board representing wider community and where there was already one, to recruit another.
- For People Affected by Cancer to be fully involved and treated as equals.
- To recruit patients and carers to form a wider community of people affected by cancer involved at different levels through coproducing a menu of opportunities.
- Robust UI strategy for Greater Manchester & East Cheshire, coproduced with people affected by cancer.

### 4.2 Progress

Key developments with User Involvement at the Acute Board are detailed below:

- A SUR has been recruited to the Board to advocate on behalf of people affected by cancer.
- The SUR has been fully inducted through the User Involvement Programme, to ensure they have an understanding of the Manchester Cancer Structure they are feeding into and the involvement opportunities available to them.
- The SUR is also linked in with the user Involvement Steering Group where issues relating to the Board can be taken to gain the views of wider people affected by cancer.
- The development of a jargon buster to support the SUR to remain engaged at meetings where the use of medical jargon is unavoidable.

*Structure they are feeding into and the involvement opportunities available to them.*

- *The SUR is also linked in with the user Involvement Steering Group where issues relating to the Board can be taken to gain the views of wider people affected by cancer.*
- *The development of a jargon buster to support the SUR to remain engaged at meetings where the use of medical jargon is unavoidable.*

### 4.3 Challenges

Due to the nature of Acute oncology it has been more of a challenge to recruit and engage with people affected by cancer with relevant experience to strategically feed into the Board. The User Involvement Manager will be continuing to work to address this to engage the wider views of people affected by cancer and ensure that the SUR is feeding in representative views of patients and carers.

### 4.4 Priorities

- To work to recruit another SUR to the Board
- To proactively seek out opportunities and projects within the Board the SURs can actively get involved with.
- To work to ensure the SURs are linked in with the wider views of people affected by cancer and are feeding these into the Board.
- To link in with the Education sub group and the Nurses forum

## 5 Increasing research and innovative practice

### 5.1 Information

*There are at present no active clinical trials in acute oncology presently but we are actively looking at ways to improve patient outcomes through more effective processes and innovative practice to improve patient outcome.*

*As Cancer of Unknown Primary (CUP) is incorporated in to the acute oncology pathway group there has been recruitment to CUP related clinical trials within the Manchester Cancer region.*

### 5.2 Progress

*The acute oncology pathway board is keen to continue to support and develop innovative practices within acute oncology. For example, to improve communication between the networked services, we have now rolled out access to The Christie clinical web portal for frontline staffs across the region including acute services and GPs (in progress). Also, in collaboration with The Christie Clinical Outcome Team, a centralised web-based database has now been created to collate important patient-related outcomes more effectively to allow rapid assessment of performance and quality.*

*Included within the service specification planning, we will continue to support sharing of good clinical practice through educational events such as the nurses' forum and study days.*

*At present there are no active trials in acute oncology and cancer of unknown primary. There is however a clinical study (TARGET trial) led by The Christie ECMT (Experimental Cancer Medicine Team) and may represent a possible treatment option available for fit patient with CUP. This trial is actively recruiting and involves advanced molecular profiling with the aim to personalising treatment according to tumour specific driver mutation.*

### 5.3 Challenges

*The pathway board is keen to ensure that innovative practice is supported and examples of good clinical practice are shared between services. In order to achieve this it is vital that there is an ongoing programme of education and training so that opportunities are provided for this to take place.*

*Additional resources are required to facilitate this and enable current staff to attend and benefit from educational opportunities provided both regionally and nationally.*

## **6. Delivering compliant and high quality services**

### **6.1 Cancer of Unknown Primary (CUP) Peer Review**

All our acute trusts within Manchester region and The Christie NHS Foundation Trust underwent a one day external CUP peer review between May-June 2016. High appreciation and congratulation must be extended to all trusts for the dedication in preparing the extensive evidence required prior to the review and the commitment shown towards high quality care.

### **6.2 Progress**

It was very encouraging that all sites have received overall positive feedbacks and none has any issues requiring immediate action. However, there are issues relating to variation between peripheral trusts in the referral process of provisional/confirmed CUP patient (from peripheral sites to specialist centre at The Christie). In addition, many CUP MDTs (Multi-disciplinary team) were found not adhering to the required compliance especially with regards to core member quorate. The pathway board will in time collate all formal feedbacks including individual trusts responses to all the issues raised before formulating an agreed action plan as a group.

### **6.3 Challenges**

The board views the peer review as a constructive process as it has helped measure our service against national benchmarking standards and with this, we aim to constantly improve on our processes to enhance outcomes for this challenging patient group. We will continue to optimise our referral pathway to a high standard as well as continue to pursue additional service support to ensure a functional and sustainable service provision across the region.

## 7 Objectives for 2016/17

Objective	Alignment with Provider Board objectives	Tasks
<b>To define quality outcome measures and appropriate KPI's for acute oncology</b>	<b>Improving outcomes, with a focus on survival</b>	To set quality standards and outcomes expected of acute oncology services in the region which in addition are in line with nationally developed standards. (Through the hopeful commissioning of the regional acute oncology service specification the pathway board will work with key stakeholders and commissioners to agree standards.)
<b>To work towards development of centralised data capture and outcome monitoring</b>		To ensure that all trusts within the region are collecting appropriate and applicable data for acute oncology patients which is reviewed and reported centrally.
<b>To provide opportunities for the development and sharing of good and innovative clinical practice</b>	<b>Increasing research and innovative practice.</b>	To continue to support the Acute Oncology Nurses forum and it's collaboration with other regional forums to encourage on-going training and education.
		An on-going educational programme has already been established through the education group in collaboration with the Christie School of Oncology and nurse's forum. This will be formally supported by inclusion of additional support within the service specification.
		To look at ways to expand the role of network based services providing the innovative MSCC service allowing expansion of the service and its role.
<b>Agreement of the regional service specification to ensure high quality, consistent levels of care provided by acute oncology services.</b>	<b>Delivering high quality, compliant, coordinated and equitable service</b>	To ensure the delivery of acute oncology services within the Manchester Cancer region provide consistently high standards of care and are fully compliant with national standards.
		To explore setting up a dedicated CUP subgroup that will aim to ensure CUP service compliance is sustained across the network,
<b>To continue to engage patients in a meaningful</b>	<b>Improving patient experience</b>	To work to recruit another SUR to the Board

<p><b>and productive way, ensuring patients are involved in all work the board undertakes.</b></p>		<p>To proactively seek out opportunities and projects within the Board the SURs can actively get involved with.</p>
		<p>To work to ensure the SURs are linked in with the wider views of people affected by cancer and are feeding these into the Board.</p>
		<p>To link in with the Education sub group and the Nurses forum</p>

## Appendix 1 – Pathway Board meeting attendance

Organisation/role	Rep #	Name	Speciality	12/06/2015	23/10/2015	05/02/2016	13/04/2016
Royal Bolton Hospitals NHS Foundation Trust	Rep 1	Clare deMarcoMasetti	Acute Oncology Advanced Nurse Practitioner		✓	✓	✓
	Rep 2	Carmel Anandadas	Consultant Oncologist				
Central Manchester University Hospitals NHS Foundation Trust & Trafford	Rep 1	Kathryn Hornby	AONS	✓	✓		✓
	Rep 2	Patrick Carrington	Consultant Haematologist				
East Cheshire NHS Trust (Macclesfield General Hospital)	Rep 1	John Hudson	Consultant Haematologist				
	Rep 2	Anne Allen	AONS				
Mid Cheshire NHS Foundation Trust (Leighton)	Rep 1	Laura Horsley	Consultant Oncologist				✓
	Rep 2	Sophie Lloyd	AONS		✓	✓	✓
Pennine Acute Hospitals NHS Trust	Rep 1	Keven White	AONS				
	Rep 2	Amelie Harle	Consultant Oncologist	✓	✓		✓
Salford Royal NHS Foundation Trust	Rep 1	Claire Arthur	Consultant Oncologist				
	Rep 2	Ann Davis	AONS	✓			
	Rep 3	Vikki Tyrell	AONS	✓	✓	✓	✓
Stockport NHS Foundation Trust	Rep 1	Catherine Coyle	Consultant Oncologist				
	Rep 2	Christine Griffiths	AONS	✓	✓	✓	✓
Tameside NHS Foundation Trust	Rep 1	Mel Dadkhah-Taeidy	AONS		✓		✓
	Rep 2	Carol Driver	Acute Oncology ANP	✓		✓	✓
University Hospital South Manchester NHS Foundation Trust	former rep	Joanne Humphreys	AONS	✓		✓	✓
	Rep 1	Jeena Mathew	AONS		✓	✓	✓
	Rep 2	Yvonne Summers	Consultant Oncologist	✓			
Wrightington, Wigan and Leigh NHS Foundation Trust	Rep 1	Elena Takeuchi	Consultant Oncologist				
	Rep 2	Ursula McMahon	AONS				
	Rep 3	Barbara Hefferon	AONS		✓	✓	✓
Christie NHS Trust	Rep 1	Phil Hajimichael	Critical Care Consultant				
	Rep 2	Paula Hall	Acute Oncology Nurse Lead		✓	✓	✓
	Rep 3	Louise Lawrence	Acute Oncology Service Manager				✓
Palliative Care Rep	Rep 1	Kim Steel	Palliative Care Consultant				
Primary Care Rep	Rep 1	Sarah Taylor	Macmillan GP				
Emergency Medicine Physician	Rep 1	Alan Grayson	Emergency Medicine Consultant				
Acute Physician (user representative CUP)	Rep 1	Muhammad Abbas	Acute Medicine Consultant				
Acute Physician (user representative CUP)	Rep 1	Tim Cooksley	Acute Medicine Consultant				
MSCC Clinical Lead	Rep 1	Vivek Misra	Consultant Oncologist			✓	
MSCC Co-ordinator	Rep 1	Lena Richards	MSCC Co-ordinator				✓
MSCC Co-ordinator/ Education Lead	Rep 1	Conor Fitzpatrick	MSCC Co-ordinator	✓	✓	✓	✓
Strategic Clinical Network	Rep 1	Sue Sykes	Quality Improvement Lead				
CUP (histopathology)	Rep 1	TBC					
CUP (radiology)	Rep 1	Ben Taylor	Consultant radiologist				
Pathway Manager	Rep 1	Rebecca Price	Pathway Manager	✓	✓	✓	✓
Chair / Lead for Research (AO/CUP)	Rep 1	Claire Mitchell	Consultant Oncologist	✓	✓	✓	Mat leave
East Cheshire	Deputy/guest	Catherine Fensom	Oncology Matron				
Mid Cheshire NHS Foundation Trust (Leighton Hospital)	Deputy/guest	Katie Hoyle	AOS CNS		✓	✓	✓
Central Manchester University Hospitals NHS Foundation Trust & Trafford	Deputy/guest	Sarah Wilks	AOS CNS	✓		✓	✓
Royal Bolton Hospitals NHS Foundation Trust	Deputy/guest	Vanya Walmsley	AOS CNS				
	Deputy/guest	Leo Faihariades	ONS Acute Medicine				
	Deputy/guest	Natalie Walker	Consultant		✓	✓	✓
Christie NHS Trust	Deputy/guest	Anthony McGurk	Clinical Audit Facilitator		✓		
	Deputy/guest	Lyn Bushell	Matron				
Pennine Acute Hospitals NHS Trust	Deputy/guest	Tracy Wild	AOS CNS	✓		✓	✓
Manchester Cancer	Rep 1	Lucie Fransis	Macmillan User Involvement	NA	✓	✓	✓