

Meeting of the PCA CUP and AOS Site Specific Group

Wednesday 6th May 2020

MS Teams Conference Call

FREEDOM OF INFORMATION

This group will observe the requirements of the Freedom of Information Act (2000) which allows a general right of access to recorded information including minutes of meetings, subject to specific exemptions. No one present today had any objections to their names being distributed in the minutes.

Draft Notes (to be ratified at the next SSG meeting)

CUP SSG Chair: Naomi Clatworthy (NC)

Reference	Notes
1.0	<p>Welcome and Introductions – NC</p> <p>Please refer to the separate attendance record.</p>
2.0	<p>The minutes were considered from the meeting held on the 12th November 2019 and ratified.</p> <p>(Ref 2.2) New Peninsula Website due to be launched soon, BK will keep the group updated</p>
2.2	<p>Clinical Guidelines</p> <p>These were circulated following the last meeting for feedback.</p> <p>The following points were raised :</p> <p><u>(Ref 4:0) Fast Track Clinics</u> These clinics have changed and would not be necessary as not all the trusts have this facility.</p> <p>ACTION: BK to remove from draft guidelines.</p> <p>(Ref 7.2) Chemotherapy regime. The group agreed all options should be listed.</p> <p>ACTION: NC to amend regimes as per DS' email.</p> <p>Example pathway (Appendix) RD&E focused.</p> <p>ACTION: BK to label as a Peninsula example as trusts use very similar pathways</p>

	<p>Once the above changes have been made the group would be happy to approve these Peninsula guidelines.</p> <p>ACTION: BK to schedule reviews of these at future meetings where appropriate.</p> <p>ACTION: BK to send agreed guidelines to the group and CSM wants finalised.</p>
<p>2.3</p>	<p>Trust Updates</p> <p><u>Exeter</u></p> <p>AOS running as normal during Covid but the team has seen a drop in referrals. However, they are still receiving a reasonable number of calls which are being dealt with as outpatients where possible.</p> <p>AOS team comprises of 4 nurses (Band 8a (PT), 2 x Band 7 (PT) and a band 6).</p> <p><u>Torbay</u></p> <p>The service has funding for 2 x Band 7 nurses, of which one post is currently vacant. The team has produced business cases for expansion to 3 further posts but due to Covid this has been paused. The service does not have AOS funded consultant time which has also been included in the business case.</p> <p>Cancer services/ Oncology has moved to Newton Abbot community hospital in order to keep a clean safe site. Therefore the service remains busy.</p> <p>The group expressed concern that services are beginning to pick up patients that are presenting with symptoms very late.</p> <p><u>Plymouth</u></p> <p>The service currently has 4 PT Band 6 nurses one of which has been redeployed due to Covid as well as a full time band 7 & 8.</p> <p>The oncology service has moved across to the Nuffield, and referrals are picking up. The Nuffield does not have the facility to deal with escalation patients therefore teams are still having working across the two sites.</p> <p><u>Cornwall</u></p> <p><i>No representation from Cornwall</i></p> <p><u>North Devon</u></p> <p>The service has 4 CNS and a Band 3 HCA post going to advert. Triage is in place for Covid patients and the team is beginning to swab patient's pre first cycle. Swabs now have a 45 minute turnaround.</p>

<p>2.5</p>	<p>Rapid Diagnostic Service (Vague Symptoms)</p> <p>Joe Mays provided the group with an update.</p> <p>The purpose of the service is to make it clearer for GPs where they have patients with concerning symptoms that do not fit into a site specific pathway.</p> <p>The alliance is supporting trusts to move towards implementing an RDS by adopting the Oxford Scan Model.</p> <p>GPs will have a set number of tests that they will need to complete before they can refer into the service, usually allowing direct access to CT. The GP will keep clinically responsibility until a specific site is identified.</p> <p>JM explained that this is not a CUP service as the alliance is aware that the service would not have the capacity to deal with this patient cohort. However, CUP patients may contribute to a very small percentage of the RDS workload.</p> <p>NHSE is aiming to integrate this service into every pathway within the next 5 years.</p> <p>There is concern that the RDS will have a knock on effect to the AOS/CUP service and therefore some investment would be needed in the service in order to assist with any capacity increase.</p>
<p>3.2</p>	<p>Research and Audits</p> <p>The CUPISCO trial opened in the Peninsula a week before Covid but Louise Medley will email the group when it is ready to take referrals.</p> <p><u>Abnormal CRP /Raised CRP and Low Albumin Audit</u></p> <p>Audit completed by North Devon.</p> <p>CRP higher than 10/Albumin less than 35</p> <p>19 confirmed CUP/MUO patients April 2019 - April 2020. 2 patients still alive (within 3 months from diagnosis) 17 have died.</p> <p>12 patients died within 30 days - all had a MGPS of 1 or 2. 3 patients died within 3 months - all had a MGPS of 1 or 2 2 patients died within 6 months - all had a MGPS of 1 or 2</p>
<p>11.0</p>	<p>Date of next meeting</p> <p>ACTION: BK and NC to liaise regarding next meeting. A joint meeting with SWAG will be held in November.</p>