

**Meeting of the PCA CUP and AOS Site Specific Group**

*Tuesday 3<sup>rd</sup> November 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.*

**Attendees:**

<b>NDHT</b>	Amanda Skinner	Genomics Nurse Practitioner
<b>RDEFT</b>	Anne McCormack	Consultant Clinical Oncologist
<b>PCA</b>	Beth Kingshott	PCA SSG Manager
<b>NDCCG</b>	Bev Parker	Head of Planned Care Commissioning
<b>RDEFT</b>	Colette Newcombe	Lead AOS CNS
<b>UHP</b>	Geoff Cogill	Consultant Clinical Oncologist
<b>NDHT</b>	Hasib Choudhury	Consultant in Palliative Care
<b>PCA</b>	Jonathan Miller	Network Manager
<b>RDEFT</b>	Katie Lambe	AOS CNS
<b>UHP</b>	Laura Evendon	AOS CNS
<b>NDHT</b>	Naomi Clatworthy	Acute Oncology Nurse Consultant
<b>TSDFT</b>	Rebecca Stuckley	Lead AOS Nurse

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

**CUP & AOS SSG Chair:** Naomi Clatworthy (NC)

Reference	Notes
<b>1.0</b>	<b>Welcome and introductions</b>  No amendments or comments following the distribution of the notes from the meeting in May 2020.
<b>2.0</b>	<b>Trust / Service Updates</b>
<b>2.1</b>	<u>Exeter</u> AOS team is down one B6 nurse as relocated to Torbay.  The team experienced an initial dip during the first lockdown but this has picked up, and the AOS is receiving more calls and seeing more patients with late referrals/ late presentations.

<p><b>2.2</b></p>	<p>AM explained that during the second surge the communication from the hospital is encouraging people to still come in for appointments etc.</p> <p><u>Torbay</u></p> <p>Two new nurses appointed, making a team of three.</p> <p>The service has been busy and seen a lot of disease progression, with more MUOs and CUPs.</p>
<p><b>2.3</b></p>	<p><u>Plymouth</u></p> <p>Dr Cogill has taken over as clinical lead.</p> <p>Seeing an increase in MSCC and late diagnosis.</p> <p>The team is a consultant led service but teams are continuing to think about how to adapt the service due to Covid.</p>
<p><b>2.4</b></p>	<p><u>Cornwall</u></p> <p><i>No Representation present from Cornwall.</i></p>
<p><b>2.5</b></p>	<p><u>North Devon</u></p> <p>Currently four nurses within the AOS, and recently appointed an AP who is triaging along with full time admin.</p> <p>A Staff Grade has been recently appointed to take on the NSS pathway work.</p> <p>The service has seen an increase in late presentations which has been emotionally draining for the staff who are spending a lot of time with families.</p>

	<p>The team has successfully appointed an Immunotherapy CNS and a Lead SACT Nurse.</p>
<p><b>3.0</b></p> <p><b>3.1</b></p> <p><b>3.2</b></p>	<p><b>Changes/Concerns due to Covid 19</b></p> <p><u>My Care at Exeter</u></p> <p>Exeter has gone live with its electronic patient record system.</p> <p>UKONs telephone triage has been integrated into the system.</p> <p>Teams have found this challenging, especially when dealing with an upcoming surge, but can see a benefit.</p> <p>The system should allow for data to be collected.</p> <p><u>My Sunrise App</u></p> <p>This has been launched across the Peninsula and feedback in North Devon has been very positive. AOS is built into the app for each trust making it easier for patients to call the service.</p> <p>The alliance will be discussing any further developments with the My sunrise team.</p>
<p><b>4.0</b></p> <p><b>4.1</b></p>	<p><b>Peninsula Cancer Alliance Update</b></p> <p><u>RDS – NSS Pathway</u></p> <p>RDS established across the peninsula starting with patients with NSS, which GPs can refer to where a patients symptoms does not fit into a specific tumour pathway.</p> <p>Evidence that GP gut feeling is a good diagnostic tool.</p> <p>GPs will need to satisfy certain tests for example FIT/ PSA/ blood before referring to NSS pathway.</p> <p>The PCA has provided funding for CT and for staffing. Leading clinicians for this service does vary across the country, and could be Acute Physicians, GPS with a special interest, Oncologist etc.</p> <p>Purpose of the service is to shorten the referral period for this cohort of patients and to streamline the service.</p> <p>Cornwall, Plymouth and North Devon are live with this service, with Torbay and Exeter due to go live end of November.</p> <p>The PCA is also looking at individual site specific pathways to apply the principles of RDS.</p>

<p>4.2</p>	<p>JM explained that CUP/AOS will continue to be a service that GPs cannot refer into.</p> <p>The alliance is confident that this will not involve additional work as It is believed that this group of patients will already be in the system but accessing CT via a different route.</p> <p>The National team has published its monitoring criteria, which will require 16 data items in order to understand the nature of the patients being referred via the NSS pathway, and the outcomes that they are experiencing.</p> <p>Exeter and Torbay are yet to identify a lead clinician for this service, but Exeter has recruited a navigator.</p> <p>The alliance will be setting up a NSS clinical Advisory Group to provide support and shared learning across the region.</p> <p><u>Genomics</u></p> <p>JM has been helping the genomics team to write a proposal for a genomic medicine service alliance, which unfortunately was delayed due to Covid. This process has now restarted and the proposal will soon be submitted. This would provide the opportunity to run projects, look at different testing and to potentially roll out WGS to some sites. It will also help to provide education for a variety of clinicians.</p>
<p>5.0</p>	<p><b>Acute Oncology National Update</b></p> <p>AOS is nationally forming a society, with an AOS national website being created. They are requesting resources and case studies that teams might like to have available.</p>
<p>6.0</p>	<p><b>Trial Updates</b></p> <p>CUPISCO is open at Torbay. Teams not aware of any other trials at the moment.</p>
<p>7.0  7.1</p>	<p><b>AOB</b></p> <p>Exeter has been struggling to capture patient satisfaction from surveys, as they are finding that often patients do not remember their contact with the teams.</p> <p><b>ACTION</b> : Teams to Share examples of letters and questionnaires</p> <p><b>ACTION</b>: BK to resend CUP Audit request from SWAG.</p>

<p>7.2</p>	<p>Date of Next meeting: <b>ACTION:</b> next meeting due in May. BK to speak to SWAG regarding a joint meeting.  <b>END</b></p>
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