

Acute Oncology, CUP & NSS Forum Tumour Site Specific Group meeting
Wednesday 1st May 2024
Mercure Great Danes Hotel - Maidstone
13:30-17:00

Final Meeting Notes

| Present | Initials | Title | Organisation |
|------------------------------|-----------------|-----------------------------------------------|-----------------------------|
| Tracey Spencer-Brown (Chair) | TSB | Head of Nursing for Oncology & Haematology | MTW |
| Colin Chamberlain (Notes) | CC | Administration & Support Officer | KMCC |
| Annette Wiltshire | AW | Service Improvement Lead | KMCC |
| Samantha Williams | SW | Administration & Support Officer | KMCC |
| Karen Glass | KGI | Business Support Manager | KMCA/KMCC |
| Chris Singleton | CS | Senior Programme Manager – KMCA Commissioning | NHS Kent & Medway ICB |
| Suzanne Bodkin | SB | Cancer Service Manager | MFT |
| Laura Burns | LB | Acute Oncology Associate Nurse | DVH |
| Carrie Barton | CBart | NSS CNS | DVH |
| Stacie Main | SMa | Acute Oncology CNS | DVH |
| Lucy Page | LP | Acute Oncology Navigator | EKHUFT |
| Jennifer Jewell | JJ | Lead Acute Oncology Nurse Practitioner | EKHUFT |
| Claire Whiteley | CWh | NSS/Acute Oncology Lead Nurse Practitioner | EKHUFT |
| Declan Cawley | DCa | Consultant in Acute Oncology/Palliative Care | EKHUFT |
| Carole Grey | CG | FDS NSS Team Lead | MTW |
| Natasha Ives | NI | Acute Oncology Triage Nurse | MTW |
| Corinna Baring | CBari | Acute Oncology Support Worker | MTW |
| Hannah Taylor | HT | Medway NSS GP Lead | MFT |
| Ifeoluwa Alayo | IA | NSS CNS | MFT |
| Jacob Verghese | JV | Cancer Pathway Navigator | MFT |
| Annaselvi Nadar | AN | Faster Diagnosis Matron | MFT |
| Carlo Nunes | CNu | NSS Consultant | EKHUFT |
| Emma Hughes | EH | FDS Senior Team Lead | MTW |
| Victoria Earl | VE | NSS Navigator | MTW |
| Jade Barton | JBa | NSS FDS Admin Lead | MTW |
| Mayank Patel | MP | NSS Consultant | MFT |
| Deirdre Cooke | DCo | Acute Oncology & CUP CNS | MFT |
| Jo Carrim | JC | Specialist Doctor | Medway Community Healthcare |
| Cherie Neill | CNe | Acute Oncology & CUP CNS | MFT |
| Charlotte Moss | CM | Consultant Medical Oncologist | MTW |
| Evelyn Bateta | EB | Macmillan Lead for Information & Support | MTW |
| Megan Lumley | ML | Acute Cancer Presentation CNS | MTW |

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| Louise Farrow | LF | Head of Nursing for Cancer Services | MFT |
| Jonathan Bryant | JBr | Primary Care Cancer Clinical Lead | KMCA |
| Ritchie Chalmers | RCha | Medical Director | KMCA |
| Jennifer Pang | JP | Consultant Clinical Oncologist | MTW |
| Jane Webb | JW | Principal Computer Scientist - Kent Oncology Centre | MTW |
| Gina Madera | GM | Acute Oncology Education Project Manager | The Christie NHS Foundation Trust |
| Claire Pegg | CP | Regional Chief Research Nurse Lead | NIHR |
| Justine Robinson | JR | Therapies and Wellbeing Manager | Pilgrims Hospice |
| Apologies | | | |
| Stephanie Goodchild | SGo | Macmillan Lead CNS - Haemato-oncology and Lymphadenopathy | EKHUFT |
| Kerry Arnold | KA | Acute Oncology Nurse Practitioner | EKHUFT |
| Jin Lindsay | JL | Consultant Haematologist | EKHUFT |
| Karen Griffin | KGr | Acute Oncology Nurse Practitioner | EKHUFT |
| Kerry Harrison | KH | Patient Services Director | Heart of Kent Hospice |
| Serena Gilbert | SGi | Cancer Performance Manager | KMCA |
| Ian Vousden | IV | Programme Director | KMCA |
| Sharon Middleton | SMi | Partnership Manager for Kent & Medway | Macmillan Cancer Support |
| Rosemary Chester | RChe | Consultant in Palliative Medicine | Medway Community Healthcare |
| Denise Thompson | DT | Project Manager - Non-Specific Symptoms Service | MFT |
| Afroditi Karathanasi | AK | Consultant Medical Oncologist | MFT |
| Vicky Kidner | VK | Macmillan Lead Nurse for Chemotherapy/Matron for Cancer | MFT |
| Riyaz Shah | RS | Consultant Medical Oncologist | MTW |
| Clare Wykes | CWy | Consultant Haematologist | MTW |
| Steve Dann | SD | Consultant Radiographer in Palliative Care | MTW |
| Jeanette Smith | JS | Metastatic CNS | MTW |
| Steph McKinley | SMc | Matron - Faster Diagnosis | MTW |
| Catherine Harper-Wynne | CHW | Consultant Medical Oncologist | MTW |
| Mathilda Cominos | MC | Consultant Clinical Oncologist | MTW |
| Ola Okuwa | OO | Senior Oncology Pharmacist | MTW |
| Alison Watkins | AWa | Faster Diagnosis Team Leader | MTW |
| Deborah Willcox | DW | Lead Haematology & Lymphoma Research Nurse | MTW |
| Amit Goel | AG | Consultant Histopathologist | MTW |

| Item | Discussion | Action |
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| 1 | <p>TSSG Meeting</p> <p>Apologies</p> <ul style="list-style-type: none"> The apologies are listed above. <p>Introductions</p> <ul style="list-style-type: none"> TSB welcomed the members to the meeting and asked them to introduce themselves. | |

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| | | <p><u>Action Log</u></p> <ul style="list-style-type: none"> The action log was reviewed, updated and will be circulated to the members along with the final minutes from today's meeting. <p><u>Previous minutes</u></p> <ul style="list-style-type: none"> The previous minutes were not reviewed but had previously been agreed as a true and accurate record. | |
| 2 | ICB Role | <p><u>Update provided by Jonathan Bryant</u></p> <ul style="list-style-type: none"> JBr stated that pathways predominantly begin in primary care and it is therefore important for identified areas of concern to be discussed and work undertaken to address the challenges which exist. JBr highlighted the importance of ensuring patients are aware they are being referred in to secondary care to rule out cancer. He has regular conversations with his fellow primary care colleagues and this is something he discusses with them. GP updates are also shared on a regular basis highlighting key cancer-related messages from secondary care. JBr is aware that there needs to be an improvement in the quality of referrals being sent in to secondary care. JBr believes there is variation across the patch in terms of understanding of the NSS service but it is being embedded well in East Kent (where he practices as a GP). There is, however, more information and education needed for GP practices. JBr highlighted the benefits of having Cancer Care Coordinators within PCNs. To have one is not mandatory for PCNs but can be beneficial for both clinicians and patients. | |
| 3 | MUO/CUP Initial findings from the NSS | <p><u>Presentation provided by Claire Whiteley</u></p> <ul style="list-style-type: none"> CWh provided the group with an overview of: <ul style="list-style-type: none"> The NSS cancer team referral responsibilities. The way in which the NSS pathway operates at EKHUFT. NSS referral routes and contacts. Referrals can be made from primary care, inpatient teams as well as outpatient teams, ED, SDEC and SEAU. The Sunrise internal referral process. The cancer upgrade form which goes on to the PTL. MUO/CUP internal exclusion criteria. The internal MUO/CUP MDM referral form. The total number of referrals to MUO/CUP from April 2020 to March 2024. There has been a drop in referrals – this is due to better screening and pre-referral testing cutting down the time and multiple referrals for the patients. MUO referral outcomes. MUO and CUP diagnosis numbers from April 2020 to March 2024. Histology and treatments for the 15 CUP cases EKHUFT identified. Referral numbers for the NSS service since go live on 26.02.2024. Successes and issues identified. | |

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| | | <ul style="list-style-type: none"> - Incidental findings. EKHUFT saw an increase then a decrease in incidental findings reported after they worked with radiology regarding the accuracy of flagging, but also saw an improvement in the recommended actions being completed by the requesting team promptly. - Future plans. • An incidental findings list is sent to the team on a weekly basis. • There is very good patient feedback for the NSS service. Patients receive a card, website details and leaflets with lots of support. • IT issues have now been addressed. • There is no radiology agreement in place as yet and there is a need to agree a timeline with them and block out slots. • The service is looking to implement a bone lesion pathway and are working closely with Stanmore on this. • With regard to incidental findings, a safety net is in place and this is working well. • The service has close links with the Acute Oncology team. | |
| 4 | MSCC Pathway | <p><u>Presentation provided by Jennifer Pang</u></p> <ul style="list-style-type: none"> • JP, who is the MSCC Lead based at MTW, provided the group with an overview of: <ul style="list-style-type: none"> - The NICE initial assessment and management of spinal metastases guidance. If patients have neurological symptoms or signs, contact is to be made with the MSCC Coordinator immediately. - The NICE radiotherapy and invasive investigations for spinal metastases guidance. - The NICE initial assessment and management of metastatic spinal cord compression guidance. - The SINS score. Patients are deemed stable with a score of 0-6, potentially unstable with a score of 7-12 and unstable with a score of 13-18. - The NICE radiotherapy and invasive investigations for metastatic spinal cord compression guidance. - The updated KOC MSCC pathway. • Following discussion around admittance of MSCC-suspected patients, it was identified that there is some variation in terms of understanding of which team should admit such patients – medics or the orthopaedic team for example. TSB stated that the Alliance could support in moving these discussions forward if required. • TSB believes it could be of benefit to arrange a meeting with the Kent & Medway Acute Oncology leads in order to discuss any concerns their teams may have with the pathway and to ensure there is clarity in terms of their understanding of it. If the members believe this would be useful, they are asked to contact TSB so this can be arranged. | |
| 5 | MFT-NSS Presentation | <p><u>Presentation provided by Mayank Patel</u></p> <ul style="list-style-type: none"> • MP provided the group with an overview of: <ul style="list-style-type: none"> - The NSS team at MFT. - The MFT NSS patient pathway. - The number of referrals in to the NSS service between June 2023 and March 2024. Most referrals come from GPs. - The reasons for referral. | |

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| | | <ul style="list-style-type: none"> - The final diagnosis following referral. Eight patients were diagnosed with cancer (two of them did not get referred to a specialist and one of the two did not want any further investigations). - Challenges the service have identified. - Future plans for the service. • MP stated that the NSS service receives good support from the Acute Oncology team. • The main reasons for referral include weight loss, anaemia and night sweats. • The main challenges the service have experienced include the lack of knowledge within the community about the NSS service, available clinic space and poor quality referrals. • There have been delays and breaches due to issues with imaging and reporting, interventional investigations, patient cancellations and annual leave for the NSS Leads. | |
| 6 | MTW-NSS Presentation | <p><u>Presentation provided by Carole Grey</u></p> <ul style="list-style-type: none"> • CG provided the group with an overview of: <ul style="list-style-type: none"> - The NSS team at MTW. - MTW's FDS NSS service purpose and provisions. - The NSS referral suitability flowchart. - Referral criteria for the service. - The NSS pathway for MTW following referral. - The fact that all patients referred and accepted on the NSS pathway will be under the care of the NSS team until: <ol style="list-style-type: none"> 1. The patient is transferred via onward referral to an alternative FDS NG12 pathway. 2. Cancer is assessed as inappropriate for the pathway and the patient is discharged back to the GP/referrer. 3. A cancer diagnosis is confirmed and the patient is transferred to MDM/oncology. - The NHS Faster Diagnosis Framework and the Faster Diagnostic Standard. - NSS numbers to April 2024 (the service went live in December 2023). - Reasons for referral to the NSS service. - The seven principles of FDS and the achievements in meeting these principles. - Challenges with the NSS service. - Next steps for the NSS service. • As the NSS pathway continues to develop they are working with oncology teams to provide the best treatment and outcomes for their patients. • CG believes MTW need a second Consultant in place to provide a more robust service, especially when the Consultant is on leave. • The upgrade form will be on Sunrise from 08.05.2024. | |
| 7 | KOMS Updates & Triage | <p><u>Update provided by Jane Webb</u></p> <ul style="list-style-type: none"> • In October 2023 a new alert was added to KOMS for those patients who had received immunotherapy with potential toxicities from checkpoint inhibitors. | |

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| | | <ul style="list-style-type: none"> • There have been some changes made including: <ul style="list-style-type: none"> - To the telephone triage screen. - A change history to indicate what changes have been made to the system and when. - To the immune checkpoint inhibitors assessment tool. - To the 'Filter List' functionality. • JW confirmed all KOMS user documentation is now online and the alerts are also in place on web KOMS. • TSB feels it is helpful to have alerts in place to support the teams. • Action: Comms to be sent to Heads of Nursing across Kent & Medway highlighting the changes made to KOMS for cascading to their teams. | JW |
| 8 | AO Education Passport | <p><u>Presentation provided by Gina Madera</u></p> <ul style="list-style-type: none"> • GM provided the group with an overview of: <ul style="list-style-type: none"> - The overall project aim - to develop a knowledgeable and skilled UK workforce for all health professionals who treat and care for patients with an acute oncology indication to ensure cancer services are fit for purpose and optimise safe outcomes for patients with cancer. - The process involved in developing the Passports under Phase 1 of this project. - The pilot of the project which came under Phase 2. A comprehensive pilot and evaluation has been undertaken across all four nations of the UK with multidisciplinary professionals involved in caring for patients with cancer. - The evaluation of the project which came under Phase 2 of this project. - The number of responses across levels 1 to 4. - Data on the learner level of confidence in level of knowledge and skills. - The overall learner evaluation which came under workstream 1 of this project. - What people found positive about completing the Passport. - What benefits people experienced assessing the Passports. - What challenges people experienced completing/assessing the Passport. - The evaluation piece which came under workstream 2 of this project. - The ACCEND mapping overview. - Workstream 3 recommendations. - Assessor training in development. - Links to resources. • MTW piloted the Passport and TSB confirmed staff had been given protected time to complete their Passports Module 2. | |
| 9 | Research | <p><u>Presentation provided by Claire Pegg</u></p> <ul style="list-style-type: none"> • CP provided the group with an overview of: <ul style="list-style-type: none"> - Cancer recruitment in commercial studies from FY 2018/19 to FY 2022/23. There was a dip in research studies during the pandemic, however this has started to pick up recently. - Cancer recruitment in all studies from FY 2018/19 to FY 2022/23. - The growing importance of research. UK research plays an essential role across the health and social care sector. | |

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| | | <p>There is political commitment to supporting the life-sciences industry. NIHR support and promote research in all aspects of health and care.</p> <ul style="list-style-type: none"> - Future plans for research. - The whys and why nots for NMAHPs. - The Research Capabilities Framework which was published in February 2024. - External training and development opportunities. • Research led by nurses and the contributions they make as members of multidisciplinary research teams can drive change. • Evidence from research influences and shapes the nursing profession and informs and underpins policy, professional decision-making and nursing actions. • There is a positive association between engagement in research by healthcare organisations and improvements in healthcare performance. • There is significant association between clinical research activity, academic output and reduced patient mortality. • The relationship between nursing education and research with quality patient outcomes is clearly recognised. • Academic-clinical collaborations promote a culture which challenges the status quo. • CP encouraged the members to get in touch with their R&I teams to engage with research and to advocate for protected time for research. • CP encouraged the members to speak to their fellow ACPs or the leads for their Trust to discuss research opportunities further and to consider signing up to a Community of Practice. • Members can also speak to the NIHR CRN who would be happy to discuss further. • For FY 2023/24, KSS had the best recruitment for oncology studies ever due to screening studies coming through. | |
| 10 | <p>NSS update</p> <p>Overview of next steps re substantive commissioning</p> | <p><u>Update provided by Chris Singleton</u></p> <ul style="list-style-type: none"> • All four Trusts are now live with the NSS service. CS thanked the teams for their hard work in making this happen. • CS stated that the NSS service set-up in Kent & Medway is attracting positive national interest for the way in which they operate, particularly the MDT structure. • CS highlighted the importance of stabilising the NSS services and the need to move towards having them substantively commissioned – something which is being discussed with the ICB. • Work is being undertaken with pathology regarding the filter function tests being in place for primary care. | |
| 11 | <p>Trust AO &CUP Updates</p> | <p><u>DVH</u></p> <ul style="list-style-type: none"> • A 7- day service is in place. • There are three full-time Band 7s, one part-time Band 7, one Band 6 and a Band 4 Nursing Associate in place for the service. • There is currently no Consultant in place for the service. • There will soon be two non-medical prescribers trained as part of the team. | |

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| | | <p><u>EKHUFT</u></p> <ul style="list-style-type: none"> • A 7- day service is in place. • The service comprises of JJ, CWh, seven Band 7s, four Band 4s and two Acute Oncology/Palliative Care Consultants. Four of the seven Band 7s are non-medical prescribers. • The team are currently two Band 7s down. • The service also manages the Cancer Care Line. <p><u>MFT</u></p> <ul style="list-style-type: none"> • MFT have a 7- day service in place (08:00-18:00 Monday to Friday and 09:00-17:00 over the weekend). • A new Band 7 is in post. • A number of staff have left since the last meeting. • The CNS' are working alongside the SMART team and work closely with the NSS team. • DCo introduced LF as the new Head of Nursing for Cancer Services. • The team have led four cases for full genome sequencing. <p><u>MTW</u></p> <ul style="list-style-type: none"> • The service has employed a new Band 6 and Band 4 in order to support the team/SDEC. • Andrew Brown is now the Lead Nurse for the team. • Two Acute Oncology nurses are currently on maternity leave. • A 7 day service is in place. • The SDEC service went live yesterday. | |
| 12 | Trust NSS Updates | <p><u>DVH</u></p> <ul style="list-style-type: none"> • There are currently two clinics in place for the NSS service. The service is looking to implement a dual clinic with both the GP and Consultant present. • The service has a Pathway Navigator but this person is currently on compassionate leave. • Two NSS CNS' are in place for the service. <p><u>EKHUFT</u></p> <ul style="list-style-type: none"> • No further updates to provide. <p><u>MFT</u></p> <ul style="list-style-type: none"> • No further updates to provide. <p><u>MTW</u></p> <ul style="list-style-type: none"> • EH thanked CB and CWh for their support in the establishment of the NSS service at MTW. | |

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| <p>13</p> | <p>Immune Checkpoint Inhibitors toxicity & CUPISCO trial</p> | <p><u>Update provided by Charlotte Moss</u></p> <ul style="list-style-type: none"> • CM highlighted the importance of being aware of/recognising new toxicities in order to educate physicians and other clinical colleagues. • More people are living with and beyond cancer either on systemic anti-cancer therapy (SACT) or following SACT. New biological therapies are widely used as a standard of care. • New toxicities may affect any/multiple organs and may begin with non-specific symptoms but can become life-threatening. The affect of the new toxicities may occur months following treatment. • Neutropenic sepsis has been established in clinical pathways across ED and medical teams, however new toxicities are not well established. • CM made reference to particular toxicities: <ul style="list-style-type: none"> - Immune Checkpoint Inhibitors (ICI) Immunotherapy toxicities affecting all body systems. - Antibody drug conjugates with very toxic payloads e.g. TDxD, (trastuzumab deruxtecan “Keytruda”) – causing pneumonitis. - Bivalent Antibody Drug conjugates which have the potential to cause cytokine release syndrome and ICANS (Immune effector cell-associated neurotoxicity syndrome). • CM provided the group with a summary of where staff should refer patients when they are experiencing the effects of toxicities. • The UKONS Acute Oncology Initial Management Guidelines are useful for grading the severity of toxicity and the management of patients within the first 48 hours. • The KMCC website has links to ESMO Clinical Practice Guidelines for the Management of Immunotherapy Toxicities for immune checkpoint inhibitors (ICI), in addition to other specific toxicity guidelines. • Oncologists/Acute Oncology need to work in partnership with ED/Acute Physicians/speciality teams to build expertise in Acute Oncology, SACT toxicity and survivorship. • Specialist Guidelines produced by various societies need translation into local clinical practice. Oncologists also need advice regarding local resources, feasibility and implementation. • CM encouraged the members to feedback on whether services/communication is working to provide best practice for patients and to join the local Chemotherapy Group, AO Group and IO Group in order to develop services. • CM made reference to: <ul style="list-style-type: none"> - Immunotherapy education resources as outlined in the presentation. - The Acute Care Toolkit 7 on the RCP website. - The Keytruda patient card. • CM highlighted that there is an immunotherapy working group in place at MTW and encouraged colleagues who are interested in this to join the forum. | |
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| | | <p><u>CUPISCO trial</u></p> <ul style="list-style-type: none"> CUPISCO is an ongoing randomized phase II trial comparing molecularly guided therapy versus platinum-based chemotherapy in patients newly diagnosed with "unfavourable" cancer of unknown primary (CUP). <p><u>SDEC</u></p> <ul style="list-style-type: none"> The SDEC service at MTW commenced yesterday. The service is in place two days a week and has already seen a couple of patients. | |
| 14 | Online Fatigue Workshop pilot | <p><u>Update provided by Justine Robinson</u></p> <ul style="list-style-type: none"> Approximately 18 months ago, KMCA conducted a survey on the needs of people with cancer, their symptom management and what they felt was lacking. It was identified that fatigue is one of the most distressing symptoms people with cancer experience, and in view of this, KMCA have been looking at ways they can support people with their fatigue. It was highlighted that a one size fits all approach would not work. The Pilgrims Hospice already operate a 3 week face-to-face fatigue management group which is run by their Occupational Therapists, however this is specifically for people who are already under hospice care. Joining forces with KMCA, JR agreed a fatigue management pilot could commence for anyone with stage four cancer/the equivalent if the person does not have a stageable tumour group in this way. This has been delivered virtually via Zoom and presents those with these advanced stage cancers the opportunity to learn about fatigue and how it can be managed. The workshops take place on a monthly basis and last for two hours. The sessions normalise the experience of fatigue, explain what fatigue is, its possible causes and why it can be quite complex in its presentation. Staff talk about practical steps those with cancer can take such as keeping a diary, learning about patterns, when the fatigue might be better and when it might be worse, what might affect a person's fatigue and how to manage what they describe as a person's 'battery'. Discussions at the group also include what can help with fatigue such as diet, exercise and relaxation techniques (all of which have good evidence bases). The pilot has been operating since September 2023, runs until July 2024 and numbers are consistently low. Some of those who attended the workshops stated they would prefer face-to-face sessions. <u>Action:</u> JR stated she will circulate some literature on how referrals can be made to the service. In terms of feedback, patients have been very appreciative of the workshops and are grateful for the opportunity to be in a forum where other people can relate to their issues with fatigue. JR summarised by encouraging teams to send referrals to the service for appropriate patients. | JR |
| 15 | AOB | <p><u>AOB</u></p> <ul style="list-style-type: none"> <u>Action:</u> Ca 125 in non-ovarian cancers to be an agenda item for the next meeting. | AW |
| | Next Meeting Date | <ul style="list-style-type: none"> Thursday 3rd October 2024 (13:30-16:30) – Mercure Great Danes Hotel, Maidstone | |