

MECSUG


Minutes of Meeting 26th June 2015

1	<p>Apologies: John Lancaster (JL), Mike Heath(MH), Janet Hall (JH), Graham Hart (GH)</p> <p>Attendees: James West (JPW), Clive Blanchard (CB). Barbara Edwards(BE) John Hunt(JH), Paul Foulger(PF), Wendy Bailey(WB), Yemin Ampama (YA), Karen Hull(KH), Adele Wisbey (AW)</p>	
2	<p>Minutes from 29th May 2015 Minutes accepted (minor corrections included) – Matters Arising covered by agenda</p> <p>Admin Support for MECSUG KH will try and set up PC and projector to use in meetings going forward</p>	 Minutes 29 May 2015.docx
3	<p>Matters Arising</p> <p>Patient Information CRUK - Patient Portal. JPW could not attend latest CRUK meeting but is checking how NHS 'Access to Health Records' policy is implemented for Queens. Subsequently advised that maximum charge of £50 will apply – now over 4 months from original request but has received subsequent notification that records will be sent – these will be checked for completeness/accuracy against personal log. A major concern is that if more records are required in the future the process (and expense) must be repeated - also it only covers one Trust/Hospital and this specific patient has been treated at 5 - 8 if you count those that have since closed (Broomfield-inc <i>St Johns</i>, Queens - inc <i>Old Church</i> and <i>Harold Hill</i>, Ipswich, Southend, Moorfields) - this could result in charges of £250!!! CRUK and Patient Knows Best initiatives would seem to offer the best way forward to realise the recommendations from the Caldicott review! Memo – 'Under the Data Protection Act, requests for access to records should be met within 40 days. However, government guidance for healthcare organisations says they should aim to respond within 21 days' see http://www.nhs.uk/chq/pages/1309.aspx?categoryid=68</p> <p>MEHT Patient Information Copy of patient information not universal/consistent across the Trust. Default should be that all patients receive a care-plan unless they opt out and explicitly request not to receive it. Personal experience JPW/CB is of maintain a log/diary of events but this is historic and does do not show any future planning within the care-plan. Unable to plan anything, the not knowing is difficult, what is the next step? What can I expect? What will be the options? Predicted treatment of options but also the individual unique scenario for each patient should it be a written or a verbal plan? Also holistic care included in the care-plan. (WB). What can be done to improve the communication on the care-planning process? Holistic Needs Assessment (HNA) is an important part of the process and should be undertaken. Experience of HNA not a good experience, CB took home, filled in the form sent back with main concern regarding wound care but received no response from a neighbouring hospital. London Cancer Alliance are coming up with an HNA for all Trusts on Skin – CB to keep MECSUG informed</p> <p>Macmillan do have a HNA. Looks at the whole pathway, not tumour site specific. 10 minute assessment, the assessments converted into care plans, which can become</p>	


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	<p>problematic due to resourcing, etc. WB noted that Spiritual and financial support were flagged up as very important from the DGH's using the HNA. WB not sure how long the pilot will run for but being piloted in Southend and Basildon.</p>	
<p>4</p>	<p>Patient Surveys National Cancer Patient Experience Survey Finer analysis approved by KH for upload on MECSUG website by GH – no concerns as all data is anonymous.</p> <p>MEHST Survey Survey ready to go but general concern on methodology, which questions will be included and how to ensure actions are taken on results – needs commitment from MEHT that an action plan will be developed from the results. Meeting subsequently confirmed for 10:00-12:00 Friday 10th July in Interview Room on the first floor of the MAU.</p> <p>Initial thoughts were to base the questions on the NCPES feedback but perhaps it may be better to follow the pathway to end of care. For example, experience of diagnostics, appointments, access to information especially with patients who use more than one site.</p> <p>Trust to say where we need to focus and to give a steer/lead Comparison with a Peer Review, go out and talk to the patients, how was self - assessment from your perception? How did the patient interpret their experience? Macmillan may be able to offer some guidance on the survey - WB to try and contact and explore which department/project team to link with and gain intelligence Governance support for the team and Clinical audit involvement mandatory via KH. Key to the success/relevance of the survey is the target number of patients be included in the survey to gain meaningful information to analyse.</p>	<p style="text-align: center;">GH</p> <p style="text-align: center;">JL</p>
<p>5</p>	<p>Cancer Services Management Board (CSMB) June meeting was disappointing Denise Gale's short term contract as Cancer Programme Manager has now ended. Mr Simon Smith resigned from Lead cancer clinician 2 months ago and a replacement process is in place.</p> <p>Two Skin CNS currently (hopeful for a 3rd). Carol Hughes and Elizabeth Dust. Both Band 7. If not fully experienced enter at Band 6 level and trained to Band 7</p> <p>Cancer Action Plan - not available - KH to request a copy</p> <p>HALO: Funding was approved but KH to find out if funding is still available as funding was for 2014 not 2015).</p> <p>Patient Transport concerns - Request from CSMB to liaise with Sonia Pocock who is the Trusts transport officer.</p> <p>MEHT's position re new private RT providers in Essex to be clarified - KH met with Paul Forden (PF) CEO. PF explained that Specialist Commissioning Group is</p>	<p style="text-align: center;">JPW/KH</p>

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	<p>reviewing all radiotherapy across Essex. PF could not state the outcome of the review that is taking place as it is in progress and would to keep KH and the team updated on progression.</p> <p>Cancer Locality Group: The MEHT group is in the process of reforming and is seeking patient representation. Dr E. Towers request put forward by KH to attend but team would like to wait until the group is established. Draft Terms of Reference distributed and included again for completeness.</p> <p>WB to feedback who sits on the meeting CLG at Colchester to enable patient rep to speak to the team on their experience within the group.</p> <p>MECSUG Priorities for 2015 Better Patient Information – inconsistencies within MEHT to be addressed (discharge letters, diagnostic results etc). Draft ‘new patient’ document for consideration by MEHT prepared by MH – electronic version has been be sent to JPW to be raised again at next PEG <i>(c/f to Next meeting)</i></p>	 Agenda Item 11 Mid Essex Cancer Locality
6	<p>CHUFT RT Travel Survey – Survey finished end April. CB has prepared report and JPW/CB will meet with Sonia Tankard (ST) on 13th July. Travelling is mostly by private transport, family, friends, recent experience for an elderly infirm patient from Writtle was not best practice and they were advised ‘to get a taxi’. It appears there is a commissioning issue between providers. Should now be a better and more flexible transport system. Matthew Carter (Mid Essex CCG) is going to create a flow diagram (decision table?) to decide patient transport – JPW awaiting details via email dialogue. Northern approach road is now open which has improved access and the northern approach route has saved approximately 2 miles per journey. (CB) Another incident occurred with transport for brain patient, this was resolved.</p>	CB/JPW
7	<p>Local Cancer Forum Documents SCN Cancer Priorities, Minutes and Action Log distributed for general information.</p>	JPW
8	<p>PEG JPW unable to attend latest PEG meeting as it was rescheduled and clashed with the MECSUG meeting.</p>	JPW
9	<p>Appointment System (Netcall) No further problems reported. JPW asked that as patients often have appointments as different hospitals within Essex (e.g. latest patient had appointments at Broomfield and Colchester) there was an opportunity to standardise the system between these trusts – IH agreed to follow up. C/F to Next Meeting Concern was raised re internal ‘cross referrals’ between disciplines (e.g. H&N patient presenting and Upper GI concern identified). AW to clarify current MEHT practice and whether this is possible WITHOUT referring back to GP and subsequent delays. C/F to Next Meeting</p>	IH AW TJ/KH

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	<p>Specific concerns raised with late phone messages advising of appointment, multiple conflicting letters rescheduling/cancelling appointment, disparity with info at consultation and that advised to GP, confirmation of future appointments. TJ to pass details to KH for follow up – CB to feedback on his latest experiences.</p> <p>KH liaised with Penny Pickman (PP) and PP to feedback to TJ. TJ to confirm that this occurred. Follow up KH no contact with TJ yet.</p> <p>Latest Patient experience: Patient changed address on PAS and the information came through to the patient address correct, however the report from flexi sigmoidoscopy had a different address. There is inconsistent patient information on MEHT's internal systems – to be raised at next PEG?</p>	
<p>10</p>	<p>AOB</p> <p>Cancer Support Groups – Patient has expressed interest in a Testicular Cancer support Group but the low number of patients means that a group is not viable.</p> <p>Efficacy of MECSUG – Raised at CSMB on MECSUG presenting their findings on what is working well and not so well, MECSUG to decide frequency.</p> <p>Subsequent to meeting JPW advised that CSMB meetings cancelled until October</p> <p>Provide: offer FREE cancer rehabilitation programme. Appears similar to other Health and wellbeing initiatives such as anti-smoking support and living with cancer. Patients can refer themselves or via health care professionals. There are large array of different support packages.</p> <p>There will be a H&Wellbeing event at MEHT later in 2015.</p>	<p style="text-align: center;">All</p> <p style="text-align: center;">All</p> <div style="text-align: center;">  Provide Flyer.pdf </div>
	<p>Next meeting: 10:00-12:00 31 July 2015 Venue: Olga Rippon Room, MAU - Broomfield</p>	