

MECSUG

Minutes of Meeting 27th February 2015

1	<p>Apologies: John Lancaster(JL), Matt Riddleston(MR)</p> <p>Attendees: James West(JPW), Clive Blanchard(CB), Paul Foulger(PF), Ingrid Hyde(IH), Alayne McCabe(AM), Wendy Bailey(WB), John D Smith(JDS), Mike Heath(MH), Kelly Mullery(KM), Sue Piper(SP), Janet Hall(JH), Graham Hart(GH) Clive King(CK), Adele Wisbey(AW)</p> <p><i>WELCOME WENDY BAILEY & INGRID HYDE</i></p>	
2	<p>Minutes from 30th January 2015</p> <p>Accepted – see Matters Arising for details of ensuing discussion</p>	
3	<p>Matters Arising</p> <p>Admin Support for MECSUG – The group was pleased to welcome <i>Kelly from Patient Experience Dept</i> as admin support for the meeting. Although only temporary it was hoped to make this more permanent in the future.</p> <p>National Cancer Patient Experience Survey</p> <p>A finer analysis of the base data has been carried out by Clive Blanchard to produce a ‘one page’ summary identifying opportunities for improvement. Papers have been distributed to Simon Smith and Mark Angus for discussion at the CSMB. The group had been unable to discuss with the CSMB and decided to publish a ‘draft’ version of the detailed analysis on the MECSUG website</p> <p>MEHST Survey</p> <p>Neale Harris has been unable to furnish MECSUG with patients’ ‘comments’ from NCPES so no progress on MECSUG/MEHT meeting. MECSUG to establish a working group of 4-5 members to manage the survey, ie propose methodology, questions, timescales etc., and liaison with clinical staff. Kelly to escalate to Jonathan Wright.</p> <p><i>(C/F to Mar 2015 meeting)</i></p>	<p>WB</p> <p>CB</p> <p>JL/SP/WB</p>
4	<p>Cancer Services Management Board (CSMB) – Feb Meeting Cancelled</p> <p>MECSUG Priorities for 2015</p> <p>Better Patient Information – inconsistencies within MEHT to be addressed (discharge letters, diagnostic results etc). Examples of good/bad practices to be advised to NH for consideration by CSMB. (also see 8 below)</p> <p><i>(c/f to Mar 2015 meeting)</i></p> <p>Additional Support Groups – clarification required on how/when/where patients can access support groups and how these groups can feed back to MECSUG. JL and Robert Harness to establish a Pancreatic support group. JL to establish a definitive list of support groups – Jane Young (Lead Diabetes) suggested as contact for this. Macmillan has a list of ‘Support Groups’ with contact details (may not be up to date and 100% accurate) – these to be advised to MECSUG for reference/follow up.</p> <p>Macmillan Patient/User Involvement Coordinator</p> <p>Wendy Bailey explained her role as coordinator covering Essex, Suffolk, Hertfordshire and Bedfordshire with Cambridge and Norfolk covered by an associate thereby matching the existing East of England Strategic Clinical Network (EoE SCN). Wendy explained the opportunities groups had for ‘set up’ grants (up to £500) and ‘development grants’ once the group was established. Experience of MECSUG members showed that this was rarely used (for example, only ‘CHANGES’ the Head and Neck Cancer Support Group’ was known to participate) a notable</p>	<p>NH</p> <p>All</p> <p>WB/JPW</p>

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	<p>non participant being the Stoma support group. Wendy suggested that a 'Focus Group' approach could be used to identify and prioritise the efforts of MECSUG and that there are Macmillan courses available to help with this. ('2015 Regional Programme of FREE courses for the Cancer Workforce').</p> <p>Another opportunity existed via 'Cancer Voices' where experiences could be shared and problems/improvements identified with the 'cancer journey'. Only Clive King knew of this and had any experience of it – he spoke highly of the various seminars and workshops that he had attended.</p> <p>There was considerable concern expressed about 'information overload' or lack of information for patients at their initial diagnosis. Although 'Key Worker' and 'CNS' contact details were desirable at this point, resource constraints mean that sometimes only an impersonal phone number was all that was possible.</p>	
5	<p>EoE SCN –Essex Local Cancer Forum (see item 4 above - MECSUG report to CSMB). Next meeting on 4th February – JPW was unable to attend but had asked group to consider the following</p> <ul style="list-style-type: none"> • Impact of proposed private cancer centres in Chelmsford • Opportunities for SRS/SRT following NHS briefing event on 13th Jan 2015 <i>(not in the minutes so assume they didn't get discussed!)</i> <p>Minutes and attachments from the meeting indicate that there in considerable restructuring of cancer services within London and West Essex. E.g. Rationalisation of Head and Neck surgery (Broomfield is currently a centre for this) and Urogenital surgery (currently under review, with Colchester and Southend existing centres to be replaced by a single centre) are two areas that may impact on Broomfield services. Urology awareness meeting is scheduled for 18 March and JPW and JL plan to attend.</p>	JPW
6	<p>CHUFT RT Recent Patient Experience John D Smith reported that his recent experiences re Prostate cancer had been excellent from both Broomfield and Colchester. There was still a concern with appointment system and problems specifics would be advised to Ingrid Hyde. Travel Survey – Survey started Monday 3rd February – initial responses are being analysed and the figures are very much in line with those gathered by BRAG. Janet Hall expressed serious concerns with travel access on the Colchester site and the difficulties encountered with parked cars ignoring double yellow lines. Also the route from the main entrance to the Radiotherapy dedicated parking was difficult to negotiate. Janet was unaware of the Travel Survey and a copy of the form will be mailed to her and also put on the MECSUG website. Other Updates – Parking Improvements, Urology Awareness</p>	<p>JDS</p> <p>CB</p> <p>JH/JPW/GH</p>
7	<p>Patient Information MEHST proposals - concern was to be taken to Feb CSMB – now deferred (for info see recent experience with Queens) CRUK - Patient Information Portal. Progress on the pilot is slow and excludes Breast & Lung. Personnel changes imminent in CRUK team. Pilot has been extended to 2016.</p>	JPW/NH
8	Appointment System (Netcall)	

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	<p>MEHST version to go live 1st March.</p> <p>Ingrid Hyde gave a detailed verbal presentation on the new Appointment Reminder System as she was unable to give a demonstration. The main feature of the new system is an 'automated reminder system' that will enable patients to either 'cancel', 'defer' or 'rebook'. The verbal reminder call will be sent to 1) a mobile number or 2) a landline number and will be identified at the start via 'this is Broomfield Hospital' to avoid being interpreted as a 'cold call'. Reminders will be sent at 7 days, 6 days and 5 days before the appointment and between 11:00 and 20:00 on weekdays. 2 days before the appointment a text message will also be sent (where a mobile number is available). The pilot will run for 6 months.</p> <p>JPW asked that as patients often have appointments at 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.</p>	<p>IH</p>
<p>9</p>	<p>AOB</p> <ul style="list-style-type: none"> • Urology Review – update – C/F • HALO project Broomfield – update – C/F • ARU MedTech – update – C/F • H&N Centre – personnel changes & their impact at MEHT – C/F • Non Attendees Feedback – update • Liaison to Other Involvement Groups • Chemotherapy Day Unit - update - C/F <p>Breast Cancer patients have expressed an interest in getting involved with MECSUG</p>	<p>NH NH AW JPW All CB</p>
	<p>Next meeting: 10:00-12:00 27 March 2015 Venue: Olga Rippon Room, MAU - Broomfield</p>	