


MECSUG

Minutes of Meeting 27th November 2015

1	<p>Apologies:</p> <p>Attendees: J West(JPW), John Lancaster (JL), C King(CK), J Hunt(JH), W Bailey(WB), Adele Wisbey (AW), S Smith(SS), Karen Hull (KH), Maria Curtis (MC), Janet Hall (JH), Robert Harness (RH) M Shaughnessy(MS)</p> <p>Minutes: taken by Joli Green (JG) - (Work Experience)</p>	
2	<p>Minutes from 30th of October 2015 Minutes accepted as read</p>	
3	<p>Matters Arising No matters arising from previous minutes</p>	
4	<p>Cancer Services Management Board (CSMB) Feedback from 6th of November meeting</p> <ul style="list-style-type: none"> - Cancer Plan to be in place March 2016 – priority is to track 62 day targets/performance - Skin & Urology cross Trust referrals are a concern as they are impacting performance - The front of the cancer treatment pathway seems to offer the most opportunities for improvement - Each Tumour site will have its own ‘recovery’ plan - Excellent support noted from Jane Giles, Jane Renals and Peter Davis - Overview of Breaches needs more detail – separate exercise? - CSMB reporting structure (up & down) needs clarification and management agreement/support - Patient ‘backlog’ needs more detailed analysis - Extra (temporary) resource/expertise required – c.f. Ipswich and other Trusts - Cross Trust Info Sharing – RO (refer on) to PAS (patient admission system) for ‘follow up’ - ‘Success Regime’ now focusing on Broomfield/Southend/Basildon – Colchester NOT included! New person appointed - ‘Essex Cancer Alliance’ being established by Kevin McKenny? - Continuing User Representation at CSMB wanted – still early days for CSMB how is it going to look in the future <p>Cancer Plan A ‘Cancer Plan’ is being developed by all trusts with the 62 day target the priority. The plan (62 day standard) will be implemented and live in March 2016. MS to email the Cancer Plan to the group of this meeting so members of the group could view and act on anything relevant. MS has discussed how to improve patient’s journey from the GP’s referral letter to the admissions team to ensure an early diagnosis is achieved. An Adjustment Plan or mutual agreement for patient is in place as well to ensure the pathway is simple and straight forward. MS has also mentioned a new IT system HL7 which will help communicate effectively within relevant departments and it should be completed in two years’ time. RH has expressed his concern about the pathway stating that the plan is lacking communication and clarity. Robert has also highlighted that perhaps the frequency</p>	<p>ALL JPW</p>  <p>Notes from CSMB.pdf</p> <p>MS</p>

MECSUG

(monthly) and timing (10:00-12:00) of MECSUG meetings were not beneficial to the success of the group and that perhaps less frequent by-monthly for one hour would be better.

ALL supported the view that perhaps MECSUG had a 'shelf life' and that maybe a different approach was needed. **JPW** express his concern that MECSUG relaunch events had initially succeeded in getting a few new members but that lack of influence/success had resulted in even these people feeling disenfranchised. It was agreed that the group had helped with getting the Info Pod and that that by raising the issue of Radiotherapy had perhaps triggered the actions of private providers to provide local services. (but failed to get RT at MEHT) However, there was a general feeling that recent proposals/suggestions by MECSUG were being ignored perhaps due to more pressing concerns for MEHT. (Discharge letters, treatment plans, Local Patient Survey, Response to CHUF Travel Survey, Halo promise, Publicity on Hospedia etc etc).

JPW noted that the members of MECSUG had little, if any, recent experiences in the delivery of cancer services – most experiences were several if not many years ago. As such, the group could not realistically raise concerns and suggestions that were pertinent to current conditions.

JH felt that the MECSUG website could be improved so that it was a better gateway for people to join the group. (it should be noted that the website is maintained entirely by volunteers on a part time, unpaid basis!).

It was also noted that some support groups, especially BRA, had no difficulties in recruiting members but that others, such as CHANGES were in the same situation as MECSUG in that there was just a 'core' of long term members that was declining. (**BE** - this may be due to the format of the CHANGES meetings which have become more formal).

A 'Cancer Plan' is being developed by all trusts with the 62 day target the priority. MEHT's will be reviewed by the CSMB and **WB** suggested that MECSUG should have had an early site of it and not after it had been formalised (memo – at July MECSUG meeting **KH** undertook to request a copy and feedback)

WB noted that perhaps the frequency (monthly) and timing (10:00-12:00 Friday) of MECSUG meetings were not conducive to the success of the group and that perhaps less frequent and a Saturday slot would be better. **WB** to forward details of the successful West Suffolk and Bedford groups to **JPW** for info and discuss further as required.

CB and **JPW** noted that MECSUG had tried to use PEG as a forum for progressing concerns & suggestions but had found this group to have a very heavy agenda with MECSUG down on its priorities - resulting in a similar lack of success – **CB** has now resigned from PEG.

The Patient Council has 'relaunched' and is actively recruiting members – this may offer a platform for cancer patients' voices to be heard. (memo - Paul Foulger is a



CSUG November
2015 Agenda.doc



WSH CSUG Minutes
2nd Sept 2015.docx

MECSUG

	member of both MECSUG and the Patient Council)	
5	MECSUG – 2016 roles and structure	
6	<p>Holistic Needs Assessment & MEHT See PDF page #8 – ‘Recovery Package’ (CHUFT)</p> <p>Not discussed</p>	
7	<p>Surveys</p> <ul style="list-style-type: none"> • CHUFT Travel Survey – MEHT response • MECSUG Survey – latest status <p>Not discussed</p>	
8	<p>AOB JPW to propose new dates and timing for the next meeting, looking at the end of January. No other business reported.</p>	JPW
	Next meeting: date to be confirmed	