

## MECSUG

### Minutes of Meeting 28<sup>th</sup> November 2014

<b>1</b>	<p><b>Apologies:</b> John D Smith (<b>JDS</b>), Matt Riddleston (<b>MR</b>), Sue Piper (<b>SP</b>), Dan Matthews (<b>DM</b>), John Lancaster (<b>JL</b>), Neil Harris (<b>NH</b>)</p> <p><b>Attendees:</b> James West (<b>JPW</b>), Adele Wisbey(<b>AW</b>), Barbara Edwards (<b>BE</b>), Mike Heath (<b>MH</b>), John Hunt (<b>JH</b>), Clive King- part (<b>CK</b>), Mark Angus-part (<b>MA</b>), Janet Hall (<b>JH</b>), Paul Foulger (<b>PF</b>), Clive Blanchard (<b>CB</b>), Graham Hart (<b>GH</b>)</p>	
<b>2</b>	<p><b>Minutes from 31 October 2014</b> Accepted – see Matters Arising for details of ensuing discussion</p>	
<b>3</b>	<p><b>Matters Arising</b> <b>National Cancer Patient Experience Survey</b> A finer analysis of the base data has been carried out by Clive Blanchard to produce a ‘one page’ summary identifying opportunities for improvement. Paper to be distributed to Simon Smith and Mark Angus for discussion at next CSMB. <b>Recruitment</b> - Newly recruited posts are: 2xOncologists (shared with Southend) and following CNS positions: 2xLung cancer, 1xHaematology. A position of Cancer Services Manager has been approved and candidate interview is imminent.</p>	<p><b>CB</b></p> <p><b>MA/AW</b></p>
<b>4</b>	<p><b>Cancer Services Management Board (CSMB)</b> <b>The role/future of MECSUG?</b> Following on from the drop off in support for MECSUG from MEHT serious concerns were expressed re the viability/effectiveness of the group. Mark Angus assured the group that MEHT considered its purpose meaningful but found it difficult to answer the critical questions: 1 – What has MECSUG achieved in 2014? 2 – What can MECSUG contribute/achieve in 2015? CB gave examples of where opportunities for MECSUG and/or its members were to be involved, but subsequently there has been no action. MA requested details by email - CB to action. Essex Cancer Services Provider Trusts are jointly planning a strategy for delivering improved cancer services. COOs are meeting in December 2014 (Mark Angus to lead) to determine next steps and the outcome of this meeting is to be advised to MECSUG at the January meeting by Mark Angus and Paul Forden. CB suggested that a structure similar to the London Cancer Alliance would probably be the best way forward, because that seems to work for 17 Trusts and should be easy in terms of on-going management with only 4-5 Trusts involved in Essex. CB also noted there should be patient involvement in the setting-up of any proposed new Network. However, reservations were expressed by the group members as ‘we have heard all this before from previous CEOs!’ MECSUG was very grateful for the admin support it had received from Lauren Hider but noted that this type of support was needed regularly to keep the group going. Mark Angus undertook to review this with Danielle Latham to see what could be provided.</p> <p><b>Peer review Action Plan</b></p>	<p><b>MA/JPW</b></p> <p><b>CB</b></p>

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	<p>Serious Concerns (RED) re CNS and Oncologist vacancies have been addressed (see Recruitment in 3 above).</p> <p>Lack of Radiotherapy is under the remit of coordinated actions planned by Provider Trusts.</p>	
5	<p><b>EoE SCN –Essex Local Cancer Forum</b></p> <p>November meeting deferred to 7 Jan</p>	JPW
6	<p><b>CHUFT RT</b></p> <p><b>Travel Survey</b> status (slow progress ) – on 21 November, Jo Tonkin (Associate Director of Nursing and Therapies, Cancer and Clinical Support Services ) sent approval form to Dr Gillian Urwin, Divisional Clinical Director for authorisation so survey can proceed.</p> <p>CB reported he had given Sonia Tankard an undertaking that MECSUG would provide a "number crunching"/analysis service to CHUFT when this survey eventually starts.</p> <p><b>NHS England Survey - Options for change: stereotactic radiosurgery and stereotactic radiotherapy services</b></p> <p>CHUFT looks well placed to provide these sorts of services for Mid Essex etc patients</p>	<p>JPW</p> <p>CB</p>
7	<p><b>CDU Review</b></p> <p>CB has been actively pursuing this matter and reminded members that the team meeting held at the beginning of July agreed a three months delay for the Cancer Strategy Review (CSR) and to meet again early in October. Unfortunately there had been no CSR and the project has stalled. There is general consensus that there is insufficient space in the waiting area, which is claustrophobic also more space is needed for patients undergoing treatment.</p> <p>Email dialogue between CB and Carin Charlton (Dir of Estates &amp; Facilities) has focussed on 3 options - 1) do nothing, 2) relocate to Braintree - this is not viable and 3) a move to the West wing, which has been rejected by Lisa &amp; Matt. Estate constraints means there is no possibility for increasing the space of the existing CDU and at the moment nothing is planned to improve the environment. CB expressed his frustration and reminded the group that these limitations were identified by MECSUG representatives during the original PFI review but were ignored by the Trust. AW has recently met with Lisa Villiers, Matt Riddleston and Carin Charlton to progress the matter and a working group is to be set up with MECSUG representatives actively involved - CB will follow up with CC re the proposed "workshop".</p> <p>Existing capacity issues have been exacerbated by an increase in referrals - need to understand if this increase is a 'spike' or permanent. Any changes in configuration/location must take into account associated services such as pharmacy and access for clinicians.</p> <p>Recent survey has indicated that patients may prefer same day blood test and 3 hr wait for treatment rather than blood test and next day treatment (saves repeating journeys). This will require significant improvements in waiting area. Janet Hall noted that some patients may prefer CDU to be 'separate' from main hospital and offered to join the work group.</p>	<p>CB</p> <p>AW</p> <p>JH</p>
8	<p><b>CRUK</b></p> <ul style="list-style-type: none"> <li>• <b>Patient Information Portal.</b></li> </ul> <p>portal video to show to clinical teams who are interested in joining:</p>	JPW

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	<a href="http://youtu.be/YLaaVmR6olg">http://youtu.be/YLaaVmR6olg</a> Nov 2014 meeting postponed to Jan 2015	
<b>9</b>	<b>AOB</b> <ul style="list-style-type: none"> <li>• Urology Review – update – <b>C/F</b></li> <li>• HALO project Broomfield – update – <b>C/F</b></li> <li>• ARU MedTech – update – <b>C/F</b></li> <li>• Non Attendees Feedback</li> </ul> <p><b>Sue Piper</b> - Breast Cancer Support Group – no issues – CDU ok</p> <p><b>John Lancaster</b> – Upper GI NCG questionnaire ready to go. CRUK £20m ‘Grand Challenge’ – John is advocating Pancreatic Cancer Research as a priority. Carbon Ion Radiotherapy (CIRT) new technique may have application in the NHS.</p> <p><b>John D Smith</b> – problems recurring with Broomfield Appointments system – to be raised with PEG etc</p>	<p><b>MA</b></p> <p><b>JPW</b></p>
	<b>Next meeting:</b> 10:00-12:00 30 January 2015 Venue: Olga Rippon Room, MAU - Broomfield	

DRAFT