









# MECSUG

## Minutes of Meeting 30<sup>th</sup> January 2015

1	<p><b>Apologies:</b> Mike Heath(<b>MH</b>), Matt Riddleston(<b>MR</b>), Dan Matthews (<b>DM</b>), Graham Hart(<b>GH</b>), Carol Boyce(<b>CB</b>), Mark Angus(<b>MA</b>)</p> <p><b>Attendees:</b> James West(<b>JPW</b>), Sue Piper(<b>SP</b>), Adele Wisbey(<b>AW</b>), John Hunt(<b>JH</b>), Clive King(<b>CK</b>), John Lancaster(<b>JL</b>), Neil Harris(<b>NH</b>), Paul Foulger(<b>PF</b>), Clive Blanchard(<b>CB</b>), Barbara Edwards (<b>BE</b>), Paul Forden – part (<b>PF2-CEO</b>)</p>	
2	<p><b>Minutes from 28<sup>th</sup> November 2014</b> Accepted – see Matters Arising for details of ensuing discussion</p>	 Minutes 28 November 2014.pdf
3	<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. Papers have been distributed to Simon Smith and Mark Angus for discussion at the CSMB (<i>C/F from Nov 2014 meeting</i>)</p>	<p><b>CB</b></p>  Explanatory Note NCPES Analysis 01.11  MEHST v Nat Averages 2013-14.px
4	<p><b>Cancer Services Management Board (CSMB)</b> <b>The role/future of MECSUG?</b> Concerns were expressed re the efficacy of the CSMB and MECSUG’s contribution. <b>NH</b> said that actions were needed to ensure appropriate CSMB attendance as the current 8am schedule clashed with clinics which take priority. <b>PF-CEO</b> asked that MECSUG continue in its current role/format through 2015 as it was the appropriate forum for cancer patients. <b>JPW</b> will continue to Chair the group for this period. Admin support for MECSUG was promised but is inconsistent – the group’s success depends on this being available. <b>MA</b> is arranging support from Lauren Hider – to be confirmed.</p> <p><b>MECSUG Priorities for 2015</b> There was general consensus on the following:  <b>Better Patient Information</b> – inconsistencies within MEHT to be addressed (discharge letters, diagnostic results etc). Examples of good/bad practices to be advised to <b>NH</b> for consideration by CSMB. (also see 8 below)  <b>Cancer Patient Survey</b> – lack of progress on earlier proposal to be addressed at next MECSUG meeting. Previous MECSUG survey method and format to be used as starting point. Survey to be based upon NCPES analyses and comments by patients. 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. <b>NH</b> to circulate patient comments from NCPES and subject to be focus of next MECSUG meeting in February (Lynne Thomas to be invited).  <b>Additional Support Groups</b> – clarification required on how/when/where patients can access support groups and how these groups can feed back to MECSUG. <b>JL</b> and Robert Harness to establish a Pancreatic support group. <b>JL</b> to establish a definitive list of support groups – Jane Young (Lead Diabetes) suggested as contact for this.</p>	<p><b>PF-CEO/NH/JPW</b></p>  MECSUG report to CSMB 16 Jan 2015.px  <p><b>NH/JPW/JH/CB</b></p>  MECSUG Priorities 2015.pdf <p><b>SP/JL/NH</b></p> <p><b>All</b></p>

## MECSUG

<b>5</b>	<p><b>EoE SCN –Essex Local Cancer Forum</b> (see item 4 above - MECSUG report to CSMB). Next meeting on 4<sup>th</sup> February – <b>JPW</b> unable to attend but has asked group to consider</p> <ul style="list-style-type: none"> <li>Impact of proposed private cancer centres in Chelmsford</li> <li>Opportunities for SRS/SRT following NHS briefing event on 13<sup>th</sup> Jan 2015</li> </ul>	<p><b>JPW</b></p>  Proposed Cancer Centres Chelmsford.t
<b>6</b>	<p><b>CHUFT RT Travel Survey</b> - final version of form agreed and survey to run for 3 months starting Monday 3<sup>rd</sup> February. <b>CB/JPW</b> will support data capture and analysis.</p>	<p><b>CB/JPW</b></p>  CHUFT RT Access Survey.pdf
<b>7</b>	<p><b>CDU Review</b> <b>SP</b> reported that Breast support group had excellent experience of CDU and had no immediate concerns or recommendations. <b>CB</b> expressed serious concern re lack of feedback/replies to emails – <b>PF-CEO</b> will ensure that this is resolved. Opportunities for expanding or relocating the CDU are not possible in the current financial climate. <b>PF-CEO</b> proposed that the ‘workshop’ meeting with Carin Charlton still go ahead and he would expedite it.</p>	<p><b>SP/CB</b></p> <p><b>PF-CEO</b></p>
<b>8</b>	<p><b>CRUK</b></p> <ul style="list-style-type: none"> <li><b>Patient Information Portal.</b> Progress on the pilot is slow and excludes Breast &amp; Lung. Personnel changes imminent in CRUK team. Pilot has been extended to 2016.</li> <li><b>Research Opportunities</b> <b>JL</b> is advocating Pancreatic cancer as a priority.</li> </ul>	<p><b>JPW/JL</b></p>  CPP Summary Jan 2015.pdf
<b>9</b>	<p><b>AOB</b></p> <ul style="list-style-type: none"> <li><b>Urology Review</b> – update – <b>C/F</b></li> <li><b>HALO project Broomfield</b> – update – <b>C/F</b></li> <li><b>ARU MedTech</b> – update – <b>C/F</b></li> <li><b>H&amp;N Centre</b> – personnel changes &amp; their impact at MEHT – <b>C/F</b></li> <li><b>Appointment System</b> – details of new appointment system to be advised. Concern expressed over lack of patient input into ‘bespoke’ solution. Group felt that priority should be given to mobile voice/text over WiFi. Attempts to progress this via PEG have been unsuccessful but will try again!</li> <li><b>Two Week Wait (2WW)</b> - <b>AW</b> &amp; <b>NH</b> confirmed that a standard letter is in use by local GPs for referrals to MEHST, however less certainty about an advice letter for patients. <b>CB</b> to forward copies of those in use at London Cancer Alliance</li> <li><b>Liaison to Other Involvement Groups</b> MECSUG sends representatives to EoE SCN CPP<sup>i</sup> group, EoE Essex LCF<sup>ii</sup> and LCA<sup>iii</sup> but has concerns over the ability of these groups to effect any changes. Repetition and duplication is a particular concern (e.g. 2WW guidelines)</li> </ul>	<p><b>MA/NH</b></p> <p><b>AW</b> <b>NH</b></p> <p><b>CB</b></p> <p><b>All</b></p>
	<p><b>Next meeting:</b> 10:00-12:00 27 February 2015 Venue: Olga Rippon Room, MAU - Broomfield</p>	

<sup>i</sup> EoE SCN CPP – East of England, Strategic Clinical Network, Cancer Patient Partnership

<sup>ii</sup> EoE LCF - East of England, Strategic Clinical Network, Essex Local Cancer Forum

<sup>iii</sup> LCA – London Cancer Alliance