**Royal Marsden NHS Foundation Trust**

**Patient and Carer Advisory Group**

**Thursday 23 July 2020, 1200-1300, Zoom meeting**

**Present**:

**In attendance**: Drew Rayner (DR; Divisional Nurse Director, Clinical Services), Kayleigh Sanderson (KS; Head of Assurance), Dr Markella Boudioni (MB; Patient and Public Involvement & Engagement Lead) and Craig Mortimer (CM; Quality Officer)

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| **28/20** | Welcome and ground rules for management of the Zoom meeting |  |
|  | XX (Chair) welcomed members of the Patient and Carer Advisory Group (PCAG) and staff.  Fiona described the protocol to follow to support the effective functioning of the meeting online. |  |
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| **29/20** | Notes of June 2020 for agreement |  |
|  | The meeting agreed the notes as correct for the June meeting, split between Wednesday 17 and Friday 30 June 2020. |  |
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| **30/20** | Matters arising |  |
|  | *None* |  |
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| **31/20** | Covid-19 service changes - maintaining good patient experience |  |
|  | XX invited Drew Rayner to update the meeting about the Trust’s response to the Covid-19 pandemic.  Urgent surgery has not been delayed. There are waits for non-clinically urgent surgery including plastic surgery. The Trust has been able to carry out surgery throughout the pandemic so far. There is not a big backlog for radiotherapy. There is a backlog for surveillance scanning which will take 6-8 weeks to recover from. There is not a significant backlog for chemotherapy. There is a backlog for endoscopy caused by closing the service for 8 weeks due to the particular risk of the procedure which produces an aerosol that could aid Covid-19 transmission. A lot of endoscopy is for surveillance. Urgent cases have restarted with enhanced personal protective equipment (PPE) for staff and shielding of the patient for 2 weeks before the procedure. There is a 2-week backlog for urgent diagnostic endoscopy. The non-urgent and surveillance backlog has been risk assessed and rated.  Patients are less fearful now than initially in the pandemic. Face-to-face contacts have been reduced through the use of telephone and video calls for consultations, which continue to be used. However, most initial appointments are held face to face and patients can be invited in for a face-to-face appointment particularly if the patient is anxious. A friend /carer is now allowed to support anxious patients. Clinical Nurse Specialists and the psychological care team have also increased support for anxiety. Members noted that patients are not necessarily against receiving bad news by the telephone rather than in person. All patients should ideally be able to choose the format of consultation they prefer if clinically acceptable. Markella Boudioni noted that two PCAG reps are members of a newly formed virtual consultation group, with more patient involvement welcomed.    Written information is posted out on request.  The segregation of the hospital was described with the Green pathway for planned care arranged on a priority basis. The blue pathway is for non-planned care. Screening and temperature checks are for Green pathway patients.  The meeting expressed the view that continuity of clinician is even more important when carrying out consultations by telephone or online video. Drew will ask the Divisional Director for Cancer Care whether the clinical teams are trying to have the same clinician contacting individual patients.  Most support services such as physiotherapy are running for inpatients, but not yet for outpatients. Physiotherapy will start to be reintroduced for outpatients when gyms are allowed to reopen. Lymphoedema therapy is harder to provide virtually with exercises sent out.  Use of the Royal Marsden Macmillan Hotline has increased during the pandemic from 2600 to 3700 calls a month at the pandemic peak.  There was discussion of transport services, parking, refreshment provision and availability of sanitiser dispensers. Toilets are now being cleaned at double the rate of that before the pandemic.  A reduction in number of international patients has made more space available for NHS patients and separation of clinical pathways.  Drew will share with PCAG a wall infographic that outlines what happens at each stage of the chemotherapy treatment pathway.  Drew will also check what information is being given to patients before visiting about non-clinical services such as availability of catering.  Recycling is still happening, but excess PPE waste is making it difficult to recycle all possible items.  The great amount of learning by the Trust was noted with the hope that it is used to make positive changes. Drew acknowledged the very challenging time. The Trust will be more prepared for any second wave. | **DR**  **DR**  **DR** |
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|  | **Any other business** |  |
| **32/20** | Chair and Deputy-Chair elections |  |
|  | The ballot for the Chair and Deputy-Chairs of the group was noted and members were urged to vote before the deadline. |  |
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| **33/20** | Date of next meeting |  |
|  | Tuesday 18 August 2020, 1800-1900, as a Zoom meeting. |  |