

Meeting of the Somerset, Wiltshire, Avon and Gloucestershire (SWAG) Cancer Operational Group

Wednesday 16th October 2019, 10:00-12:00

Board Room, Trust Headquarters, Bristol Royal Infirmary, Marlborough Street, BS1 3NU

Present:

Amy Smith	CAG Administrative Coordinator	SWAG CA CAG Support Service
Belinda Ockrim	Lead Cancer Nurse	Yeovil District Hospital NHS FT
Caren Attree	Lead Cancer Nurse	Taunton and Somerset NHS FT
Carol Chapman	Lead Cancer Nurse	North Bristol NHS Trust
Ed Nicolle	Cancer Manager	Royal United Hospitals Bath NHS FT
Emilia Scutt	Cancer Services Manager	Salisbury NHS FT
Hannah Marder (Chair)	Cancer Manager	University Hospitals Bristol NHS FT
Helen Dunderdale	CAG Support Manager	SWAG CA CAG Support Service
James Curtis	Cancer Manager	Gloucestershire Hospitals NHS FT
Natalie Heath	Operational Manager for Cancer	Yeovil District Hospital NHS FT
Ruth Hendy	Lead Cancer Nurse	University Hospitals Bristol NHS FT
Terri Agnew	Cancer Manager	North Bristol NHS Trust
Zena Lane	Cancer Manager	Taunton and Somerset NHS FT

Apologies:

Luke Curtis	Cancer Manager	Yeovil District Hospital NHS FT
Nicola Gowen	Transformation Project Manager	SW Cancer Alliances
Ousaima Alhamouieh	Transformation Project Manager	SW Cancer Alliances
Patricia McLarnon	Cancer Alliance Programme Manager	SWAG Cancer Alliance
Sian Middleton	Lead Cancer Nurse	Gloucestershire Hospitals NHS FT

1. Welcome and apologies

H Marder welcomed all group members. Apologies received prior to the meeting were noted.

From the agenda:

2. Notes and actions from the last meeting

Minor amendments have been made to the notes and actions from the meeting on 21st August 2019 as requested by C Attree and R Hendy. As there are no further amendments, the notes were accepted.

031/19 Local anaesthetic template biopsy for prostate: L Pearson is liaising with P McLarnon about funding for the service; action closed.

030/19 Circulation of Rapid Diagnostic Service slides from COG meeting, 21 August 2019: Completed; action closed.

029/19 Compilation of a collective list of data collection issues/compliance with the 28 day data collection: H Marder has circulated; action closed.

028/19 To share North Bristol Trust template letters for confirmation of benign diagnoses: Action passed to T Agnew.

028/19 Action: T Agnew to circulate

027/19 Development of emotional / psychological support roles: Clear guidelines need to be developed to define boundaries to the level of support provided by Cancer Support Workers. Lead Cancer Nurse (LCN) R Hendy is drafting a Standard Operating Procedure (SOP) in collaboration with the UH Bristol Psychology team, which will be distributed once finalised.

027/19 Action: R Hendy to circulate finalised SOP

026/19 Remote Monitoring System (RMS): Sustainable funding for the Living With and Beyond Cancer initiative needs to be established by the Clinical Commissioning Groups before a decision on the RMS can be made. Ideally all Trusts would have the same system; this is the recommendation of the SWAG Cancer Clinical Leads Group. A lawful procurement process to assess all systems on the market needs to be undertaken. Cancer Manager T Agnew is in the process of compiling a Trust specific business case which will be shared as it will include all of the relevant systems. It was noted that previous cases did not include all providers of such systems e.g. Somerset was missing, hence a more comprehensive assessment was needed.

026/19 and 036/19 Action: T Agnew to share RMS business case / to be shared with LWBC Working Group

025/19 Circulation of Living With and Beyond Cancer presentation: The slides will be circulated when the dataset has been checked for accuracy; action closed.

024/19 To build a bank of case studies/good news stories: H Dunderdale circulated J Sanders' contact details. All present will email relevant stories as and when appropriate; action closed.

023/19 Invite Head of Genomics laboratory to next COG meeting: Genetic Scientist R Butler has accepted an invitation to the December COG meeting; action closed.

015/19 Cancer Waiting Times terminology: H Marder has circulated the terminology developed by J Withers. COG members can use as appropriate; action closed.

3. Lead Cancer Nurse Update

3.1 NCPES: 2018 results/overview update from each Trust

Purpose: To identify priorities and actions for improvements

An overview of the results across SWAG was provided by LCN B Ockrim. Overall, results are similar to the national average, with some results significantly better than average. Results from the questions related to primary care showed a slight improvement, but remains the area with the most scope for improvements. Female and Black and Minority Ethnic (BAME) patients tend to record their experience as worse than white males. Site specific results have been sent to teams for more specific feedback.

NBT report a minor improvement overall in comparison with the previous year. Two results were slightly lower and six were above the expected ranges. A report and action plan is being developed for review by a patient group and presentation at the next Cancer Board.

TST reported being within the national average or above, with no areas requiring specific comment.

RUH results are within expected ranges, and the Trust has been nominated to be part of the Cancer Improvement Collaborative; the majority of service improvements actions relate to improving communication.

Salisbury results were mostly above average, with a couple of findings below by 1%. Comments have been shared with clinical teams but formal action plans are not planned until the next set of results have been published.

YDH had no concerns to report.

Although results show gradual improvement year on year, Gloucestershire still require further resources to become comparable with the national average. Three specialties in particular (Gynaecology, Head & Neck and Lung) have an insufficient workforce of Clinical Nurse Specialists. The Trust has also been without a LCN for a significant period of time; however, this will be resolved as Sally Hayes is starting in post in December 2019.

The free text commentary from the survey has been overwhelmingly positive, which is not reflected in the survey results; it is planned to develop a rating system to quantify these results.

The majority of skin cancer patients are not included as the survey is not posted to day-case patients; inclusion in the future could have a positive effect on results.

Living With and Beyond Cancer activity is also expected to continually improve communication of services and have a positive effect on results in the coming years.

Results have a tendency to be better where services have multi-disciplinary clinics and worse when services are run over separate sites.

UH Bristol results show steady progress, and some fantastic results for individual teams, despite some of the service improvements identified from previous surveys still awaiting completion, including development of the Maggie's Support Centre and renovation of the BHOC workspaces. The survey had been distributed at the time of the BHOC fire, which caused significant disruption to the service.

A representative from Weston was not available to provide feedback at the meeting today. H Marder made all aware that the merger of Weston General Hospital and University Hospital Bristol Foundation Trusts into one organisation will occur on 1st April 2020.

3.2 NCPES: Update from NCPES National Cancer Advisory Group

Purpose: To prepare for future NCPES requirements

R Hendy has joined the National Cancer Survey Advisory Group who will review the methodology and questions now that the survey is being undertaken by PICKER. Subtle changes will be made in the next iteration so that it is still comparable with previous years. Turnaround times have been reduced, with the next results due to be published in Spring 2020. COG members are to send feedback to R Hendy to share with the group.

033/19 Action: COG members to provide advice on content/methodology of NCPES to R Hendy

3.3 NCPES Presentation for the Cancer Alliance Board 06/12/2019

Purpose: To agree the priorities to feedback to the CA board

COG members are to send NCPES priorities to feedback to the CA Board by the beginning of November 2019 for collation by R Hendy 1 week prior to the meeting date.

033/19 Action: All to email R Hendy with relevant input

3.4 Personalised Care and Support (Living With and Beyond Cancer (LWBC): Update on current continuation positions/plans post March 2020

Purpose: To review LWBC activity and sustainability plan

BNSSG: An updated report that draws on the previous evidence collated by H Marder and C Mahoney is being submitted for discussion at the Acute Care Collaborative meeting tomorrow. This will cover implementation of LWBC activity across NBT, UHB and WGH, to establish if this can be incorporated into a blended outpatient tariff, comparable with a block tariff rather than funded as an individual service. If approved, LWBC activity will become 'business as usual'. Partial funding to assist with the transition period during 2020/21 will be requested from the Cancer Alliance Board.

There is concern that the report lacks evidence on the cost benefit of LWBC activity and arrangements to retain staff currently on fixed term contracts need to be expedited. R Hendy has arranged for UH Bristol to extend all contracts for 6 months, and NBT are hoping to get approval to do this today. All related employees would have to be redeployed, so it was expected that this would be agreed.

NBT are also submitting a Trust specific paper to the internal panel today prior to the meeting tomorrow. It is expected that the decision will be deferred.

It is thought that Gloucestershire Clinical Commissioning Group have agreed to commission the Macmillan 'Next Steps' community service as part of a block contract; progress will be fed back to COG.

034/19 Action: J Curtis to feedback when Gloucestershire CCG has commissioned Next Steps

Somerset is paid on a block contract with the expectation that the activity is undertaken with no extra funding.

Salisbury is in the process of undertaking a costing exercise to present to the Board to help with interim funding; Wiltshire CCG seem supportive of the initiative long term, but there is an imminent risk to retaining current staff. If interim funding is not available, the Trust may need to sign up to funding from Macmillan and the contractual obligations that this involves.

BANES CCG have a tariff in place which hopefully will continue, although there is still an element of doubt until funding is confirmed. There is a mix of staff funding streams at present, with some funded by Macmillan, RUH or the Cancer Alliance. Similarly to BNSSG, it may be decided to incorporate the tariff into a block contract.

At the next meeting of the LWBC Board, discussion on potential exit strategies needs to commence due to the possibility that funding will cease from April 2020. A paper detailing conclusions will be produced for the CA Board.

035/19 Action: H Marder to draft board paper with input from T Agnew, to be circulated to COG members for comment before submission.

4. Cancer Waiting Times

Collection of the 28 Day Faster Diagnosis Dataset

Purpose: To review data collection issues/monitor compliance

Collation of the 28 day target continues and has now commenced in NBT, involving a 'deep dive', looking at data completeness and quality.

The following common issues are to be / are in the process of being resolved:

- Standardised terminology in patient documentation
- Continued communication of requirements to the clinical teams
- Optimisation of clinic letter typing turnaround time
- Appointment of administrative staff to assist with data collection.

5. Cancer Alliance & Transformation Funding:

5.1 Cancer Alliance Update

Purpose: Agree any issues for escalation to the Alliance Board

CA Board representatives will be invited to a specific slot at the start of future COG meetings to deliver relevant information updates. A summary of the subjects discussed after this point will be fed back to the CA Board in the regular COG slot organised by H Marder. It was agreed that Cancer Managers and Lead Nurses wanted the majority of the COG meeting time to be for them only to discuss provider issues together without external attendees.

037/19 Action: Communication with P McLarnon about CA Board attendance at a scheduled slot.

Further detail is required on the level of acute sector involvement in the Rapid Diagnostics Service project.

038/19 Action: H Marder will draft an email to N Gowen highlighting COG concerns. To be circulated today to all Cancer Managers for comment before being sent

5.2 Clinical Advisory Group (CAG) Service Level Agreement (SLA)

Purpose: To agree sign off process

The CAG SLA has been circulated and signed off by Gloucestershire and North Bristol Trust to date; the remaining Trusts are asked to do the same to ensure that the costs remain in Trust budgets for the next 5 years. It has been agreed that the costs will be refunded to the Trusts each year.

039/19 Action: H Marder to resend SLA to Cancer Managers/Trusts for sign off

Information on reimbursement to Trusts for any underspend from the CAG Service budget during 2018/19 will be sought.

040/19 Action: H Dunderdale to confirm with Finance Department

6. Any other business

Macmillan Workforce Funding Support

The LCN team recently met with Macmillan for a meeting which detailed a variety of changes in

Macmillan's funding strategy to support job roles. The focus is on provision of CNS support in the acute sector. Pump priming and training opportunities are still available, although there is a waiting list of over a year. There is increased scrutiny on performance management of new and legacy roles. Recent evidence on appropriate levels of nursing workforce provision (an update from the Macmillan 2010 report) is now available.

C Chapman is representing the LCN teams at a national forum in the near future, and the next SWAG LCN event is due to convene on 20th November 2019.

Cancer Alliance Funding Surplus

Permission to spend the surplus funding allocation will be sought from Cancer Alliance Manager Sunita Berry; a Memorandum of Understanding (MoU) between the Trust and CA Board will need to be signed off.

Action: H Marder to rewrite MoU and send to everyone

Chemotherapy Service Level Agreement

Costings for the Chemotherapy SLA from April 2020-2025 have been recalculated and the updated document will be circulated for sign off once again.

Action: H Dunderdale to recirculate

Date and time of next meeting: 10:00-12:00 Wednesday 11th December 2019, Dining Room, PG Medical Education Centre, RUH, Combe Park, Bath BA1 3NG.

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