

Meeting of the SWAG Area Cancer Operational Group
Held on Wednesday 12th December 2018, 10.00-12.00
Room A, Education Centre, Royal United Hospital Bath, Combe Park, Bath, BA1 3NG

Present:	Asha Sahni	SSG Support Administrative Coordinator SWAG CA SSG Support Service
	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
	Helen Dunderdale	SSG Support Manager SWAG CA SSG Support Service
	Michelle Gregory	Deputy Cancer Manager University Hospitals Bristol NHS FT
	Natalie Heath	Operational Manager for Cancer Yeovil District Hospital NHS FT
	Patricia McLarnon	Programme Manager SWAG Cancer Alliance NHS England South, South West
	Zena Lane	Cancer Manager Taunton & Somerset NHS FT
 Apologies:	Belinda Ockrim	Lead Cancer Nurse Yeovil District NHS FT
	Claire Smith	Lead Cancer Nurse Salisbury NHS FT
	Deirdre Brunton	Lead Cancer Nurse Weston Area Health NHS Trust
	Hannah Marder (Chair)	Cancer Manager University Hospitals Bristol NHS FT
	James Curtis	Cancer Manager Gloucestershire Hospitals NHS FT
	Jessica Barrett	Assistant Directorate Manager Salisbury NHS FT
	Jonathan Miller	South West Cancer Alliance Manager NHS England South, South West
	Lisa Castellaro	Acting Lead Cancer Nurse University Hospitals Bristol NHS FT
	Luke Curtis	Cancer Manager Yeovil District Hospital NHS FT
	Nicola Gowen	Project Manager SWAG Cancer Alliance NHS England South, South West
	Samuel Wadham	Assistant Director of Operations, Cancer & Emergency Planning North Bristol NHS Trust
	Sian Middleton	Lead Cancer Nurse Gloucestershire Hospitals NHS FT
	Suzanne Priest	Cancer Manager Weston Area Health NHS Trust
	Tara Harris	Cancer Information Manager Salisbury NHS FT

1. Welcome and apologies

The chair welcomed all group members. Apologies received prior to the meeting were noted.

2. Notes and actions from the last meeting

As there were no further amendments or comments following distribution of the minutes from the meeting on Wednesday 24th October 2018, the notes were accepted.

Actions:

034/18: Rebranding of Site Specific Groups (SSGs). The SSG Support Manager has researched terms used in other Cancer Alliances (CAs) – groups are often called either Clinical Expert Groups or Clinical Advisory Groups. Terms of Reference have been requested from another CA.

033/18: Genomic Medicine Centre upskilling training for Clinical Nurse Specialists (CNSs). C Carpenter-Clawson is conducting interviews with Lead Cancer Nurses (LCNs) on CNS genomics training requirements. Information on education and training packages will be available shortly and will be circulated to LCNs and Cancer Managers (CMs). Consultant Urologist John McGrath from Royal Devon & Exeter Hospital is the south west Genomics lead. Chris Wragg from North Bristol Trust (NBT) – who won the bid to host the regional genomics lab – is the Pathology genomics lead. Tracie Miles from RUH plans to deliver training on genomics consenting. Action closed.

032/18: Cancer Transformation Fund (CTF) 2017/18 funds accountability. Bath and North East Somerset, Swindon and Wiltshire (BSW) Sustainability and Transformation Partnership (STP) submitted a return which was signed off on Friday. Somerset STP's submission is under review and close to sign off. Gloucestershire STP's submission will be reviewed over the next few days. A few points need to be followed up before Bristol, North Somerset and South Gloucestershire (BNSSG) STP's submission can be signed off. It was agreed at the CA Board meeting last Friday that going forward quarterly reports would be submitted for CTF spend and activity. National Support Fund (NSF) short term funds will be reported monthly. The deadline for the next CTF and NSF reports is 18th January 2019.

031/18: Prostate dataset. At the last COG meeting it was asked that the project group define the core dataset needed as the current spreadsheet is a huge dataset, far more information than is required for lung. The project group are meeting this evening (P McL and R Rowe plan to dial in). SJ Davies will be asked for an update on the outcome of discussions.

030/18: NCPES results. On agenda. Action closed.

029/18: J Withers has fed COG comments back to NCRAS management. They are already aware that the changes to CWT are putting an increased burden on Trusts which is impacting on COSD. Action closed.

026/18: COG Terms of Reference (ToR). Updated COG ToR have been circulated and uploaded to the website. Action closed.

024/18: 28 Day Target Pilot findings. Findings have been circulated. Action closed.

021/18: Non patient identifiable lung data. Use agreed at last meeting. Action closed.

017/18: South West Access Policy. A revised final version has been circulated by E Derrick. Action closed.

015/18: Prostate patients who do not fit referral to MRI criteria. Information will be circulated when available.

009/18: CNS pay and staffing levels. The CA Board will be reviewing the cancer nursing workforce as part of the CA workforce strategy. J Miller emailed LCNs yesterday about the best way to approach this work. It was noted that it could be useful to include LCN and possibly CM roles in this review. In future it may be appropriate to review how these roles can be protected in light of increasing CA requirements. Action closed.

007/18: Regional parity in reconstructive breast surgery post cancer commissioning. R Rowe is waiting for information from Yeovil before this issue can be presented at Somerset CCG. Feedback will be provided on this issue through the CA Board. Action closed.

002/18: Prostate pathway delays. This is still a concern for NBT who have escalated the issue to Ruth Card at Royal Cornwall Hospital; the issue should be picked up through prostate steering group. Action closed.

001/18: Cystectomy referral rates. Related to action 002/18. Action closed.

005/17: Pharmacology and oncology posts. Feedback on the SLA has been received from YDH. The SLA will be resent to Cancer Managers giving a deadline for feedback to allow time to secure funding if any issues need escalating.

005/17 Action: H Dunderdale

037/17: Chemotherapy protocol transfer to new website. The SSG service will continue to use the current website until the new website is live – designs and web companies are under review. Action closed.

3. Lead Cancer Nurse Updates

North Bristol Trust (NBT). NBT are currently establishing how best to provide the reporting information needed for transformation funded work. Project managers from across SWAG are sharing ideas and working closely together. NBT is using a combination of transformation and Macmillan funding for dietician, physiotherapy and psychology posts. The posts are fixed term and match CA funding timeframes and activity will therefore contribute to SWAG wide CA evaluation of transformation work.

A draft evaluation toolkit has been produced by the new Macmillan Recovery Package Evaluation and Commissioning Project Manager; it includes some information which is already being collected. SWAG CA hope to complete a draft evaluation during October 2019 with the final version published in early 2020 in time for commissioning rounds. RUH's evaluation of the tariff their CCG provides for the recovery package will be included in this work.

Taunton and Yeovil District Hospital (YDH). Having a LWBC Project Manager based at the CCG means that it is more difficult to access information than if based within a trust environment. The LCN in Yeovil is providing clinical leadership and Taunton has a Band 5 on site.

RUH. A metastatic breast oncology CNS is now in post. There are still some areas which have minor/no CNS cover including melanoma and brain – the latter service may not continue long term at RUH. It could be helpful as part of workforce planning to look at CNS FTEs in relation to new diagnosis and follow up numbers.

UH Bristol. Lisa Castellaro is still acting up 3 days per week. Ruth Hendy is due back in early February.

Weston General Hospital (WGH). CNS cover is poor across sites at WGH.

4. National Cancer Patient Experience Survey (NCPES) Results

RUH. D Goddard is leading on analysis of results which are presented to the Board annually.

NBT. Results are similar to last year. Administration of cancer care received a low score. An action plan is being produced, focusing on areas where there is capacity to improve such as financial help and care plans.

UH Bristol. Results showed a marked improvement on previous years.

Taunton. Taunton & Somerset NHS Foundation Trust ranked third in the country. 25 answers were above the expected range and all others were within the expected range.

Some NCPES responses may be due to understanding of terminology, for instance a patient not equating a keyworker with a CNS, or a clinical trial with research. Yeovil's LCN noted that responses about having a care plan from lung cancer patients were low and has thus decided to rename the information pack given to patients Your Care Plan.

NBT and UH Bristol have organised a joint event supported by Macmillan for patients to discuss all aspects of their patient journey. Final action plans from this event will be shared with K Horton-Fawkes.

035/18 Action: C Chapman

It was agreed that a presentation on NCPES will be given by the LCN representative at the CA Board meeting in March.

036/18 Action: LCNs

5. Cancer Alliance Update

Recruitment and staffing. The SWAG wide performance project manager post will be re-advertised in the new year. If there is a failure to recruit discussions with NHSI and NHSE will help define next steps. Providers are in the process of getting pathway project support managers in place. A Job Description is being developed for a SWAG data analyst (a national team requirement). SWAG CA core team posts have been extended to September 2019.

MDT reform. Devon has approved a directory of diagnostics whereby all named reporters (radiology and pathology) are accepted as accredited reporters, thus negating the need for unnecessary repeat imaging. John Renninson and Steve Falk are going to talk through the model to assess the viability of it being introduced in SWAG.

Steering groups. Prostate and lung steering groups have been extended, as have contracts for radiology, surgical and clinical leads. Expressions of interest have been requested for a

histopathology lead for the prostate pathway, a lead for the lung pathway and scoping radiology across SWAG.

Colorectal. Mike Thomas is the colorectal lead and will be establishing a colorectal steering group. The South West Senate have asked for a review of the whole colorectal pathway including prehab – CSU are being approached for pathway support. All providers are now compliant with straight to test provision but equity is still needed in relation to percentages offered.

Lung. All 8 providers are offering chest x-ray to CT without going to outpatients. PMcL and N Gowen will review next steps to meeting the national optimal lung pathway with providers.

Prostate. All providers are compliant with MRI before biopsy but 2 do not offer mpMRI; this will be discussed at the project group today and picked up by the regional team. Some magnets are not up to mpMRI standards and there are issues with the diagnostic quality of some MRI scans. Peninsula audit data indicated that 40% of scans were not diagnostic.

LWBC. The CA core team are waiting for LWBC plans on a page and revised trajectories from Gloucester, Salisbury, Taunton and Yeovil. Breast risk stratification information is outstanding from WGH and Glos. The steering group agreed that the £150K CTF allocated to LWBC would be spent on primary cancer care improvement; Lucy Thompson will present this proposal at the January meeting.

NSF Q3 & 4 plans. As soon as plans have been approved money can be released – final versions are still needed from BNSSG, Gloucestershire and Somerset.

Prevention and early diagnosis. N Gowen is supporting this group. Spend of the unexpected £150K CTF allocation will be decided by the steering group. Partial spend is likely to involve an online primary care toolkit to support GPs with symptom recognition, referral and direct access. MECC has been agreed as a CA priority but is difficult to influence. MECC leads have presented at 4-5 SSGs to date. N Gowen and S Haque will be given feedback on SSG reactions to CRUK leaflets about avoiding cancer.

037/18 Action: H Dunderdale

Dermatology. At the CA Board dermatology services were raised as a significant issue. J Miller will be scoping existing provision in the south west and reviewing potential support with a focus on teledermatology.

CA Bulletins. The new communications officer will be producing CA bulletins. COG members were asked to send any local news they would like included in the bulletin to PMcL by 28th December. Providers were asked to run any publicity badged as SWAG CA past clinical leads before circulation

038/18 Action: All

6. 62 Day update by Trust

RUH. 62 day performance was achieved for November but failed in October. Prostate has posted the largest challenge, together with some colorectal patients and more complex pathways where patients frequently travel to Bristol. The biggest challenge is radiology capacity. 62 day activity has significantly increased - c20% higher than last year. A 28 day working group is being established, to be led by the Deputy Medical Director who is a radiologist. CTF projects are progressing with colorectal straight to test due having commenced in December and to be furthered in the new year following a NSF Q3 and Q4 bid for staff to deliver this more robustly. Patients are still waiting longer

than ideal for mpMRI for prostate and CT for lung; dedicated scanning and reporting slots for both have been created to help speed up the pathways. Some NSF/NHSI funding may be used to reduce the backlogs thus making the pathway sustainable. RUH failed 2ww for dermatology and gynae last month – a surge in gynae referrals has been mirrored at Taunton and UH Bristol.

UH Bristol. A marked increase in performance means that the 62 day target has been achieved since June. A meeting has been arranged between MDT managers, radiologists and the SWAG clinical MDT lead to discuss procedures for the CX3 pathway versus incidental findings from other pathways. There has been a substantial increase in 2ww gynae referrals. It was noted that there has been a delay in the implementation of the breach reallocation target; UH Bristol's Cancer Manager has raised this issue with the NHS England national team.

YDH. Yeovil hit the 62 day target in October with 85% and should achieve November. Radiology provision is likely to deteriorate as 2 radiologists are moving on. 28 day mapping sessions have been held for colorectal, urology and Upper GI.

NBT. There is a substantial 2ww breast backlog due in part to reduced consultant capacity. NBT is hoping to recruit nurse practitioners to help with assessments at one stop clinics. Limited oncology capacity is impacting on lung. New skin guidance recommends that melanoma patients have immunotherapy or best supportive therapy rather than surgery – this will impact on oncology. The Upper GI 2ww form does not reflect practice at NBT – this has resulted in a lot of inappropriate referrals; Gloucester has a form more in line with NBT's practice. The issue will be discussed at the next Upper GI SSG and N Gowen and S Haque will be kept informed of progress.

039/18 Action: H Dunderdale

Taunton. There have been increases in 2ww referrals for lung, colorectal and gynae. Taunton has met the 2ww target for the last few months. The prostate 62 day target is the biggest issue; the majority of November prostate breaches look like patient choice. Themes over the past few months have included diagnostic waits and outpatient capacity; delays for patients having RALP in Exeter are being addressed. CT waits are down and clinical appointments are booked shortly after CX3s. Z Lane has presented the COG work on 28 day data collection definitions to the local cancer steering group.

The team that piloted 28 day data collection in Bournemouth are hoping to attend the next COG meeting. They will be asked about how pilot sites have been performing and exclusions.

040/18 Action: H Dunderdale

7. Living With & Beyond Cancer

RUH have been piloting a recovery package tariff which will be under review regarding extension to cover the next financial year. HNAs are being reviewed to ascertain whether the tariff reflects the work involved. Delivery of treatment summaries has been impacted by IT challenges. RUH runs site specific and generic Health & Wellbeing events; the event model will be reviewed to ensure content, delivery and time of offer match patient need across the trust.

NBT aim to invite every patient to a Health & Wellbeing event at diagnosis; these events will be run by CSWs weekly; it is hoped to run them twice a week next year. Dietetic and other referrals are rising as a direct result of these events. UH Bristol and WGH are considering adopting this model.

Taunton offer generic Health & Wellbeing events; breast run their own events and currently want to remain separate. At present events are not offered at diagnosis but this will be considered if additional CSW funding can be secured. CSWs who left recently have been replaced – some part-time posts will enable CSWs to concentrate on one site only, enabling them to provide specialist information.

8. SSG update

A 'next steps' day for patients with a poor prognosis has been recognised as an area of unmet need. A project to set up such events has been underway in UH Bristol over the past year. The first pilot event, which is being promoted through the SSG meetings, will be held on Monday 4th February 2019 in the Education and Research Centre, University Hospitals Bristol NHS Foundation Trust. Clinical Nurse Specialists can refer both male and female patients treated in UH Bristol who have a prognosis of between 6-36 months. It is hoped that the event can be extended to patients across the Alliance on a regular basis once funding and an appropriate venue have been secured.

A Poor Prognosis Letter had been developed by the UH Bristol Palliative Medicine Team to ensure a more efficient way to communicate with primary care services about those patients who are considered to be in the last year of life. This improved service could be considered by the other Trusts; details will be sent to the Lead Cancer Nurses.

041/18 Action: H Dunderdale

Straight to test colonoscopy pathways are due to be discussed at the Colorectal SSG on Wednesday 16th January 2019. One Trust had raised a possible safety concern about the process which will be investigated further. Cancer Managers will encourage gastroenterologists to attend this meeting.

042/18 Action: Cancer Managers

An additional meeting of the Urology SSG is being held at the end of January 2019 to discuss results from the multi-parametric MRI reporting audit. Accuracy of reporting had been affected by the limitations of various magnets and other factors raised at the inaugural meeting to discuss implementation of the recommendations from the PROMIS trial. It is therefore not possible for surgeons to decide not to biopsy based on a PIRAD 1 or 2 report at this time.

The MDT streamlining project may have faltered for Breast MDTs due to a lack of consensus on the appropriateness of implementing predetermined standards of care for this patient group, and on the capacity to manage this within the project deadlines.

The CUP SSG have asked the Cancer Alliance to consider providing administrative support to reconvene an Acute Oncology Service Specific Group.

Development of guidelines for the management of solitary bone lesions is being undertaken by the CUP SSG in collaboration with representatives from the Haematology and Spinal MDTs in order to streamline the patient pathway.

The Lung SSG are investigating why surgical resection rates look low in comparison with other centres; this may be related to issues with the National Lung Cancer Audit data collection processes. Data from 2016 has been audited in Gloucestershire and UH Bristol and no concerns had been identified, but further analysis will continue.

The Lung SSG had discussed how the team in Wythenshawe had achieved implementation of the National Optimal Lung Cancer Pathway; centres are recommended to adopt those elements of the project where it is feasible to do so. Details are available on the SWCN website.

9. UWE update

UWE have just completed cancer care and end of life care modules for third year undergraduates. The module included a conference day with expert external speakers from UH Bristol, St Peters Hospice, Macmillan and patients. Many of the students expressed a desire to work in oncology when they qualify. The team will give a presentation on how cancer care and end of life care are represented across the curriculum at UWE at the Bristol Psychological Oncology Conference in February 2019.

Date of next meeting: Wednesday 13th February 2019, 10:00-12:00, North Bristol Trust

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