

Meeting of the Somerset, Wiltshire, Avon and Gloucestershire (SWAG) Cancer Operational Group
Wednesday 21st October 2020, 10:30-11:30
MS Teams Virtual Meeting

Present:

Amy Smith	CAG Administrative Coordinator	SWAG CA CAG Support Service
Belinda Ockrim (BO)	Lead Cancer Nurse	Yeovil District Hospital NHS FT
Caren Attree (CA)	Lead Cancer Nurse	Taunton and Somerset NHS FT
Catherine Donnelly	Senior Analyst	SCR
Ed Nicolle (Chair) (EN)	Cancer Manager	Royal United Hospitals Bath NHS FT
Emilia Scutt (ES)	Cancer Services Manager	Salisbury District Hospital NHS FT
Hannah Marder (HM)	Cancer Manager	University Hospitals Bristol NHS FT
Helen Dunderdale (HD)	CAG Support Manager	SWAG CA CAG Support Service
James Curtis (JC)	Cancer Manager	Gloucestershire Hospitals NHS FT
Kelly Spiller	Rapid Diagnostic Service Programme Manager	University Hospitals Southampton FT / Wessex RDS
Lynn Pearson (LP)	Head of Operational Performance & Interim Cancer Programme Manager	Somerset FT
Natalie Heath (NH)	Operational Manager for Cancer	Yeovil District Hospital NHS FT
Nicola Gowen (NG)	Project Manager	SWAG Cancer Alliance
Patricia McLarnon (PM)	Cancer Alliance Programme Manager	SWAG Cancer Alliance
Ruth Hendy (RH)	Lead Cancer Nurse	University Hospitals Bristol NHS FT
Terri Agnew (TA)	Cancer Manager	North Bristol NHS Trust
Zena Lane (ZL)	Cancer Manager	Taunton and Somerset NHS FT

Apologies:

Lisa Wilks	Lead Cancer Nurse	North Bristol NHS Trust
Luke Curtis	Cancer Manager	Yeovil District Hospital NHS FT

1. Welcome and apologies

E Nicolle welcomed all group members. Apologies received prior to the meeting were noted.

2. Notes and actions from the last meeting

Notes from the last meeting held on 17th June 2020 were accepted with no amendments requested.

017/20 Personalised Care and Support. This was with PM and the LCNs. Conversations are ongoing, an update on funding will be given during the meeting but the main actions are complete. Action closed.

016/20 Update of changes to NCPES. RH will provide a presentation during this meeting. Action closed.

015/20 Macmillan and CNS post funding. This item is on the agenda. Action closed.

014/20 QS recommencement after COVID-19 suspension. There was a discussion with Lucy Evans who confirmed QS is not a focus this year but will restart next year. Action closed.

013/20 CWT Local access policy. This has been circulated during the summer and signed off. Action closed.

012/20 CWT guidance and changes summary. This is an agenda item today. Action closed.

010/20 MDT Mode assessments. HD confirmed that she has not revisited MDTs due to changes to MDT format during the pandemic. However, two further baseline assessments have been completed

and Somerset FT made initial plans for invitations during this meeting. This item will be ongoing and there will be updates at future meetings.

009/20 Test funding allocation for transferring lung cancer patients. This remains a clinical issue and needs to go through the Lung CAG. The National Optimal Pathway guidance gives general indications but further details of which tests apply and which are not necessary in each patient's case are clinical decisions which need to be documented for clarity and accurate administrative recording of the IPT. This does not represent a clinical risk but is a quality issue.

Action: HD to discuss with Lung CAG Chair and team, create a document outline to be ratified during the next Lung CAG on 24th November 2020

007/20 Clarification of Lead Cancer Nurse and Matron roles. RUH's position is changing as an LCN role is due to be advertised in the near future. There is still inconsistency across the region and are still acute challenges. Somerset FT and Salisbury highlighted difficulties with workloads. As Carol Chapman retired during the summer, RH and BO will pick this up and liaise with Lisa Wilks, new LCN at NBT for her perspective. This will now be picked up during LCN meetings regionally and nationally.

006/20 National optimal timed pathways. This has been delayed by COVID-19. Action closed.

005/20 Mapped diagnostic capacity and demand. This item is with Tariq White, Cancer Alliance Managing Director. Action closed to COG.

003/20 COG Terms of Reference and membership/attendance. These were circulated and signed off via email during the summer. Action closed.

002/20 Update development of emotional /psychological support roles. There have been conversations about this. Action closed.

001/20 List of operational data requests and returns. Requests are ongoing but do not require any actions. Action closed.

COG members were asked to review remaining 2019 open actions to see which could be removed.

From the agenda:

3. Somerset Cancer Registry Update and Wessex RDS

It has been challenging to get version 20.1 in place during the year but C Donnelly indicated that beta testing of the next SCR updates will take place between 6th November and 25th November 2020. This is being arranged today and all beta test sites should be aware already. The next upgrades are due in December and January.

Wessex RDS presented by Kelly Spiller

Kelly provided a brief summary of setting up the virtual Wessex non site specific RDS service. This is a virtual service hosted by UH Southampton Foundation Trust but is a separate service with its own Somerset Cancer Registry system as PAS. The service staff are all employed in RDS hub posts but contracts are with UHS.

The service is based on the seven principles of RDS which underpin coordination of patient care. The main hub takes GP referrals after mandatory filter tests have been done. The hub virtually manages patients and links with seven regional hospital centres to access other tests.

The Somerset Cancer Register enables linking with GPs to access patient histories and IPT version 20.1 enables multiple transfer of patients. There is also a clinical review function for onward patient management. SCR also offers a range of data reporting options and patient tracking ensures timeliness of patient care. System 1 enables recording of any clinical activity, such as MDT outcomes.

Slides were circulated via MS Teams during the meeting. Any questions please contact kelly.spiller@uhs.nhs.uk

4. Cancer Alliance Updates

4.1 Governance and Reporting

There were no governance and reporting issues to discuss at this meeting.

4.2 Site Specific Rapid Diagnostic Service: How to Transform Your Pathway

Presented by N Gowen

Slides had already been circulated to COG members previously and can be recirculated following the meeting. RDS has become a priority during the COVID-19 pandemic, as a Cancer Alliance remit is that all Alliances should achieve full population coverage for non-specific symptoms by 2024.

The main site specific focus for this financial year is to take up the ~~seven~~ principles of RDS and have better engagement with Primary Care. Timeframes discussed are that plans for implementation of a revised Lung pathway should be in place by Christmas and a Colorectal pathway by mid-February 2021. NG will speak with individual Cancer Managers to discuss existing Lung cancer pathways and assess whether they meet the criteria for funding and to determine where modifications are needed. PM emphasised that plans on a page will be required quickly. Somerset FT highlighted that for non-site specific activities, they will be starting a pathway from scratch. It was confirmed that the 'Go Live' date submitted to the National Team is February 2021. The National Team have indicated they would like this date to be sooner.

PM confirmed that full year funding allocation of £3.6million is sitting with host service BNSSG. Allocations have been outline for each system/provider and are with the new Cancer Alliance Executive Board for sign off this week or next week. £35K has been allocated to each provider for BI activities. The new Board has agreed to the tapered funding for Personalised Care & Support as outlined previously at the Alliance Board meeting held in March 2020. £1.5million will be cut by fair shares across each of the four systems.

Action: NG to recirculate slides and discuss pathways with CMs

Action: PM to confirm funding with CMs once agreed by Cancer Alliance Executive Board

5. Lead Cancer Nurses Update

5.1 Macmillan New and Existing Post Adoption

A complete review of Macmillan post-holders has been undertaken at UH Bristol. There are 85 posts, but a lot are out-of-date. It should be possible to slot in some people waiting to be adopted to reduce the waiting list. Some posts could be unadopted if not considered a priority. Criteria have been written by R Hendy, and will be shared.

5.2 National Cancer Patient Experience Survey (NCPES) Update

NCPES has subdivided into 4 main workshops. R Hendy attends the sampling and reporting subgroups. The next set of results will be available in May/June 2020, and will include a more formalised comments report with a 'strength of sentiment' analysis of the comments. Reports could be presented across pathways in future. It is planned to capture more information on primary care and hard to reach groups, and hopefully lengthen the distribution period for rare cancer sites. The new survey will ask the approximate year when people were diagnosed. Dates for provider workshops will be circulated when available.

6. Cancer Waiting Times

There are issues with the new prostate guidance, particularly relating to the active monitoring of a wider cohort of patients. Somerset FT raised this to see if was a regional issue. NBT also noted some confusion and there will be a meeting with the Urology team to discuss this next week. Somerset FT also plan to meet in the next couple of weeks. YDH and Glos both report implementing the guidance. Somerset FT will liaise with YDH to discuss further.

7. Any other business

No further business was raised. E Nicolle thanked all COG members present for attending.

Date and time of next meeting: 10:00-11:00 Wednesday 9th December 2020, Taunton, MS Teams virtual meeting.

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