

**Meeting of the Somerset, Wiltshire, Avon and Gloucestershire (SWAG) Cancer Operational Group
Wednesday 8th December 2020, 10:00-11:00**

MS Teams Virtual Meeting hosted by Musgrove Park Hospital

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	Somerset NHS FT
Caroline Gilleece (CG)	Lead Cancer Nurse	Royal United Hospitals Bath NHS FT
Claire Milne (CM)	Deputy Cancer Manager	Gloucestershire Hospitals NHS FT
Ed Nicolle (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 & Weston NHS FT
Helen Dunderdale (HD)	CAG Support Manager	SWAG CA CAG Support Service
Luke Curtis (LC)	General Manager Oncology, Haematology & Cancer Services	Yeovil District Hospital NHS FT
Lynn Pearson (Co-Chair) (LP)	Head of Operational Performance & Interim Cancer Programme Manager	Somerset FT
Nicola Gowen (NG)	Project Manager	SWAG Cancer Alliance
Ousaima Alhamouieh (OA)	Project Manager	SWAG Cancer Alliance
Patricia McLarnon (PM)	Cancer Alliance Programme Manager	SWAG Cancer Alliance
Ruth Hendy (RH)	Lead Cancer Nurse	University Hospitals Bristol & Weston NHS FT
Tariq White (TW)	Cancer Alliance Managing Director	SWAG Cancer Alliance
Terri Agnew (TA)	Cancer Manager	North Bristol NHS Trust
Zena Lane (Co-Chair) (ZL)	Cancer Manager	Somerset NHS FT

Apologies:

Charlotte Kemp (CK)	MDT & Cancer Performance Manager	North Bristol NHS Trust
Claire Smith (CS)	Matron	Salisbury District Hospital NHS FT
James Curtis (JC)	Cancer Manager	Gloucestershire Hospitals NHS FT
Lisa Wilks (LW)	Lead Cancer Nurse	North Bristol NHS Trust
Natalie Heath (NH)	Operational Manager for Cancer	Yeovil District Hospital NHS FT

1. Welcome and apologies

LP 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 21st October 2020 were accepted with no amendments requested.

010/20 MDT Mode assessments. HD confirmed that she has not revisited MDTs due to changes to MDT format during the pandemic. This item will be ongoing and there will be updates at future meetings.

009/20 Test requirements for transferring lung cancer patients. BO raised this as an AOB item during the last Lung CAG, held on 24th November. However, no one from UHBW was present to provide real update. The next Lung CAG is due to be held in May 2021. This item needs action before then. In the meantime HD has emailed the surgical team and HM has also provided reasoning for need for clarity.

Action: HD and NG will work together to pull together different perspectives. Updates on progress will be given at subsequent COG meetings.

The 2019 open actions were discussed:

041/19 Development of a formal list of data requests to structure Cancer Managers' data workload. ZL confirmed this was a request for structure to plan workloads and has largely been resolved. Action closed.

034/19 Gloucester Next Steps Commissioning. This action is with JC who was unable to attend this meeting. Action will remain open for his update.

032/19 Attendance at National Cancer Advisory workshops. RH confirmed that dates had not been circulated but NHS England emailed invitations to attend workshops. These were held in September 2020 and members from this COG meeting had attended. Action closed.

027/19 Development of emotional/psychological support roles. RH confirmed a SOP document had been developed and that no further action was required by COG members. Action closed.

From the agenda:

3. Cancer Alliance Updates

3.1 Cancer Alliance Update / Urology End to End Pathway Review

TW confirmed that the Cancer Alliance is in the process of closing Phase 3 planning actions. Completed templates were due to be returned yesterday, Tuesday 8th December 2020. The Alliance will now confirm allocations as soon as possible.

NG discussed items from the Performance Leads Group and the Urology End to End Pathway Review. Regarding the Performance Leads call, the Faster Diagnosis 28D standards will continue to be shadow tracked during the first six months of financial year 2021/22. The 75% target will remain but systems will not be held to account during this time. At some point after this, it will move to a Performance Improvement item. Tumour specific RAG rating will be reviewed as there are different ratings locally across the region for different tumour sites. It is not appropriate under current circumstances of the COVID-19 pandemic to action this. CWT guidance, including treatment of COVID positive patients, will be published shortly. 62D upgrades will be included with the other 62 day standards. Removal of 2WW as a performance standard requires an Act of Parliament. Teledermatology will be supported. The GRAIL Trial researching circulating DNA is open: this is effectively two research trials; the first is symptomatic patients in targeted high risk groups; the second is targeted lung groups.

NCRAS are about to produce information which will be less validated but more time efficient. NG has liaised with James Withers. Currently there are site access issues which she hopes will be resolved soon.

Regarding the urology end to end pathway, NG cited issues of not seeing high levels of treatments but there are more urology patients in the long waiters category. As part of NG's recovery modelling, she asked Cancer Managers to review data locally to check if there is recovery or if there is likely to be a surge in treatments during February or March next year.

Action 018/20: Cancer Managers to review high level urology data; NG will circulate current slides; any concerns bring to the next COVID-19 System Call

The Performance Improvement Group subset of the Cancer Alliance Board is in development and is due to hold its first meeting on 21st January 2021. NG welcomes all COG members' input into how to make this group most effective. One priority focus will be to reduce variation in experience for cancer patients.

3.2 CTF Posts Associated with Timed Pathways / Operational Performance

TW confirmed that providing all templates had been submitted, the Cancer Alliance will review and turn around confirmation of this year's funding as soon as possible.

COG members raised concerns about next year's funding as one-off posts are an area for concern. There needs to be better long-term funding for substantive posts. CM requested clarification of the Alliance's strategy as GICS has a number of fixed-term posts and they need to understand if they have to absorb funding as a cost pressure or whether there will still be transformation funding during 2021/22. TW confirmed there will be pre-allocated funding as part of Personalised Care & Support. However, the funding will reduce year on year over the next three years. The Alliance will begin the planning process after Christmas but TW assured COG members there would be service development funding and Rapid Diagnostic Service funding. CM confirmed teams need certainty and the ability to plan.

EN stated all commissioners had been emailed regarding the challenge to make posts permanent when posts have been created and become essential. RUH have a single point of access role and RDS activity recorder which are of concern for the long-term. Evaluation of navigator posts is underway but more thought is needed about the effectiveness of administrative posts. TW felt this needed a more detailed discussion outside of the COG meeting. Alliance funding is always time limited (typically to about two years) so focus should be on exit strategies and developing business cases. The Alliance will support with evidence to support local funding business cases. LP summarised that a separate meeting should take place during the next quarter, to include commissioners.

Action 019/20: Cancer Alliance to arrange a meeting with Cancer Managers and System Leads to discuss post funding long-term strategies. Meeting to take place during Q4 2020/21.

4. Lead Cancer Nurse Update

4.1 Update on Local Arrangements for PCS Funding

RH reported that UHBW Executives approved making PCS clinical posts permanent last week. This includes legacy shortfall posts from Weston. They acknowledge the continued tapered funding but will pick up full-time posts long-term.

BO reported YDH has approved this year and next year's clinical posts across Somerset. There was a conversation yesterday with the CCG about Somerset PCS Project Management (new post to be recruited for next year) and the existing Remote Monitoring Officer position. At the moment, funding will continue into next year for this post, and both posts will cover the whole of Somerset. CA confirmed all Support Worker posts had been made permanent across Somerset. Allied Health Professional (AHP) post funding is agreed also.

TA confirmed LW's apologies and said all Cancer Support Workers are fully funded. AHP post funding is agreed.

CG said at RUH Personalised Care & Support substantive funding had been agreed for Cancer Support Worker posts. Funding for the Band 6 post which supports both hospital and community activities has gone awry in budget setting short-term. RUH aim to address this but have advertised as a Fixed-Term post while it is addressed.

CM stated GICS are working through the process but posts are not substantive yet.

ES stated Salisbury are in a similar position to most other hospitals; all AHPs, Project Leads and Cancer Support Worker posts are now substantive.

TW thanked all members for their hard work. He acknowledged there had been a lot of uncertainty for staff and so the situation will now be reassuring.

4.2 Planned LCN Role Audit

RH explained that the regional SWAG work which LCNs had been working on is now a national process. RH thanked TW for his help in generating a regional template. This includes compiling Job Titles, Banding and Operational Responsibilities. This will provide a sense of how roles are interpreted and can support colleagues with any alterations needed to job descriptions. Most returns have been received so these will be pulled together and brought back to COG and also submitted to the national team. TW confirmed he was very supportive of this audit.

LP asked the reason for the national project. RH understands the different remits and interpretations which have been seen regionally are also a national problem. Quite a few LCNs now have Deputy LCN roles. The national team will be able to see what the core principles are and generate a set of national principles from these.

BO commented that in the last CSU report for Personalised Stratified Follow Up management was squarely placed with LCNs and this needs to be recognised in Job Descriptions and raised in the Lead Cancer Nurse Forum. LP acknowledged this was a huge piece of work.

Action 020/20: Bring LCN Audit Results back to COG for analysis of role interpretation

5. Network Issues

5.1 Prostate Pathway Database

This item was discussed as part of the Cancer Alliance slot. PM requested any feedback from COG members about the dashboard. John Miller has indicated this has been generally quite well received with only one service pushing back. Somerset FT confirmed they are keeping up and have no concerns. No further discussion needed.

5.2 Remote Monitoring Progress

RH raised for clarification about the onus for certain RMS specialty services, particularly as part of Somerset Cancer Register templates. Some specialties are clear; for example UHBW are not setting up a template for prostate as this service lies in other hospitals. However, where services may be cross-covered clarity was sought for who would be responsible for the service.

BO stated that the templates were to add to RMS to ensure the right investigations and blood tests were correct and being performed at roughly the right time. It is a system checklist only. LP

confirmed Somerset FT are using RMS for colorectal and prostate cancer pathways only; however SCR are developing a template for testicular cancer and other tumour sites which will be added in future.

Action 021/20: BO to write to Somerset Cancer Register representatives for clarification

5.3 SWAG SACT Protocol Service

HD confirmed that a new network pharmacist, Kate Gregory, has replaced Sarah Murdoch. Her email contact details are Kate.Gregory@uhbw.nhs.uk. Kate will be supported by oncology consultant Jeremy Braybrooke.

HD presented the new SWAG Cancer Alliance Clinical Advisory Group website to COG members. <https://swagca.littlesitepreview.com/wp-admin/> The front page has a drop down index for 'SWAG Clinical Advisory Group' notes and for 'Guidance & Protocols'. There is one amendment to make from transferring 305 protocols. HD is expecting that the CAG team will have to field a lot of queries during 'Go Live' and the cross-over one month timeframe during which the old website will remain accessible. HD will circulate instructions on how to use the website at 'Go Live'. RH thanked HD for her hard work in completing this huge piece of work.

Action 022/20: HD to circulate SWAG CAG website instructions at 'Go Live'

The SACT CAG group has been set up and will include pharmacists, Clinical Lead, oncologists, nurses. The first CAG meeting will be held on 22nd January 2021. HD has circulated meeting invitations already. LC had been added as COG representative and he confirmed he is happy to attend meetings. He would like to be put in contact with other oncology managers, notably in Bristol, at RUH and GICS. HD will arrange this.

Action 023/20: HD to email Oncology Manager contact details to LC prior to SACT CAG 22nd January

6. Any other business

LC asked TW where £4million funding would be allocated. TW will investigate.

ZL asked NG whether the CWT reviews would be circulated before Christmas or in the New Year. NG confirmed this would happen in the New Year.

RH discussed L2 training and advanced communications as part of Personalised Care & Support with BO. This included psychological services. UHBW local intention is psychological training is part of L2 training, depending on funding and capacity locally. The conversation will be picked up outside of this meeting and there is a meeting next week which will discuss making more of advanced communications for training. BO confirmed that Somerset Personalised Care & Support clinical posts included psychological funding supervision. There are nurse counsellors at Musgrove Park. There will be no L2 training in-house at YDH as there are no teams. There needs to be equity across the Alliance. Psychological services access should be discussed between YDH and Somerset FT. CS, Matron at SDHFT, was unable to attend this meeting but provided an update about psychology skills training. In the New Year the Trust will train in-house facilitators to roll out the advanced communication course; CS will be one of these facilitators.

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

Date and time of next meeting: 10:00-11:00 Wednesday 10th February 2021, Gloucester, MS Teams virtual meeting.

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DRAFT