Meeting of the Somerset, Wiltshire, Avon and Gloucestershire (SWAG) Cancer Operational Group
Wednesday 16th June 2021, 10:30-11:30
MS Teams Virtual Meeting hosted by Yeovil District Hospital

Present:

Amy Smith	CAG Administrative Coordinator	SWAG CA CAG Support Service
Belinda Ockrim (BO) (Chair)	Lead Cancer Nurse	Yeovil District Hospital NHS FT
Caren Attree (CA)	Lead Cancer Nurse	Somerset NHS FT
Charlotte Kemp (CK)	MDT & Cancer Performance Manager	North Bristol NHS Trust
Claire Smith (CS)	Matron	Salisbury District Hospital NHS FT
Ed Nicolle (EN)	Cancer Manager	Royal United Hospitals Bath NHS FT
Emilia Scutt (ES)	Cancer Services Manager	Salisbury District Hospital NHS FT
Helen Dunderdale (HD)	CAG Support Manager	SWAG CA CAG Support Service
James Curtis (JC)	Cancer Manager	Gloucestershire Hospitals NHS FT
James Withers (JW)	Data Liaison Manager	NCRAS
Natalie Heath (NH)	Assistant Cancer Manager	University Hospitals Bristol & Weston NHS FT
Nicola Gowen (NG)	Project Manager	SWAG Cancer Alliance
Rosie Edgerly (RE)	Cancer Programme Manager	Somerset NHS FT
Rosalie Helps (RH)	Lead Cancer Nurse	Royal United Hospitals Bath NHS FT
Ruth Hendy (RH)	Lead Cancer Nurse	University Hospitals Bristol & Weston NHS FT
Sarah Mather (SM)	Lead Cancer Nurse	Gloucestershire Hospitals NHS FT
Zena Lane (ZL)	Cancer Manager	Somerset NHS FT

Apologies:

Hannah Marder (HM)	Cancer Manager	University Hospitals Bristol & Weston NHS FT
Lisa Wilks (LW)	Lead Cancer Nurse	North Bristol NHS Trust
Luke Curtis (LC)	General Manager Oncology, Haematology & Cancer Services	Yeovil District Hospital NHS FT
Lynn Pearson (LP)	Head of Operational Performance & Interim Cancer Programme Manager – no longer attending on RE's return	Somerset FT
Ousaima Alhamouieh (OA)	Project Manager	SWAG Cancer Alliance
Tariq White (TW)	Cancer Alliance Managing Director	SWAG Cancer Alliance
Terri Agnew (TA)	Cancer Manager	North Bristol NHS Trust

1. Welcome and apologies

BO 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 9th December 2020 were accepted with no amendments requested.

023/20 HD to email Oncology Manager contact details to LC. The list is compiled and available. The inaugural SACT Clinical Advisory Group meeting scheduled for 22nd January 2021 was cancelled; this will be held on 23rd July 2021. Action closed.

022/20 HD to circulate SWAG CAG website instructions at 'Go Live'. SWAG Website is an agenda item at this meeting. Action closed.

021/20 SCR RMS Specialty Templates Responsibilities. BO communicated the need for individual representation. There has been a lengthy email trail but no further action needed through COG. Action closed.

020/20 LCN Role Audit Results. RH confirmed the audit had been completed and summarised. Results were shared with the SWAG Cancer Alliance. RH may share highlights at the end of this meeting if time permits but results will be discussed at next week's Lead Cancer Nurse event. Results can then be shared with COG members at the next COG meeting

Action: BO and RH are leading a session at the Lead Cancer Forum to be held on 23rd June. Full audit results will be fed back at next COG meeting.

019/20 Cancer Alliance to arrange a meeting with Cancer Managers and System Leads to discuss post funding long-term strategies. NG confirmed this had not happened yet due to the COVID pandemic. This remains an action for financial year 2021/22. RDS post funding feeds into the National Commissioning Framework so there is focus on this. Action ongoing.

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. NG confirmed at this meeting that COVID System calls had ended. Urology information was circulated to COG members and urology/prostate services continue to be monitored. No further action needed through COG meetings. Action closed.

010/20 MDT Mode assessments results. HD confirmed MDT-Mode assessments are ongoing and have been undertaken during the pandemic for the Bristol Neuro-Oncology MDT and YDH Colorectal MDT meetings. HD has also assessed and presented results at NBT's Urology MDT. She has a number of invitations to assess other MDTs including Somerset RUH and Gloucestershire Urology MDTs, plus two haematology MDTs. This is a huge piece of ongoing work. The item will be kept open and reflected upon through COG meetings as appropriate following completion of audit cycles. ZL requested that she and RE are kept up-to-date with Somerset FT's findings. Action ongoing.

009/20 Test requirements for transferring lung cancer patients. BO raised this as an AOB item during the Lung CAG held on 24th November 2019. However, no one from UHBW was present to provide real update. This item has remained ongoing since, with email correspondence between HD and the thoracic surgeons. In the meantime HD has emailed the surgical team and HM has also provided reasoning for need for clarity. NG stated the Pathway Analyser Tool may help with further clarification. Clarification of the need for an Echo remains the main issue as all surgeons have a different requirement. EN stated it would be useful to discuss with Adam Dangoor, Lung Cancer CAG Chair and Tim Batchelor, thoracic surgeon. As the next Lung CAG will not take place until 28th September, this will be actioned via email.

Action: HD to recirculate test list agreed by UHBW thoracic surgeons.

Action: HD to email Adam Dangoor and Tim Batchelor for clarification, cc B Ockrim and EN.

The remaining 2019 open action is:

034/19 Gloucester Next Steps Commissioning. This action is with JC who joined this meeting a little later. Action will remain open for his update.

From the agenda:

3. Cancer Alliance Updates

3.1 Advice and Guidance Recommendations for Cancer Pathways

NG had circulated the Advice and Guidance recommendations before this meeting. There was no requirement to discuss this further during the meeting. Any queries NG is happy for people to contact her while she remains in post. This can also be discussed further at the Lead Cancer Nurse Forum on 23rd June. She advised members to send all data queries to the generic SWAG email: england.swagca@nhs.net .

4. Lead Cancer Nurse Update

4.1 Immunotherapy and Nursing Workforce

A SWAG Clinical Advisory Group IO CNS paper, aimed at addressing the need for specialist Immunotherapy nursing support from Clinical Nurse Specialists / Advanced Nursing Practitioners was discussed. This had been circulated by HD before this meeting and had been drafted by HD in collaboration with the South West Immunotherapy Group Chair and Helen Winter, new Clinical Director for Secondary Care at the SWAG Cancer Alliance.

RH stated this was a helpful summary. More support will be needed with the growing immunotherapy treatments model. However, it could be questioned whether to follow the Somerset FT service model (who CA stated have had an Immunotherapy CNS in post for almost a year). The role would need to link in with other site specific roles, so there is a lot of complexity. There is a need for all specialists to fit together, so the workforce needs to comprise people with the right skills and specialties, rather than particular immunotherapy complex specialty.

BO commented it is difficult to support immunotherapy patients in Outpatients when they have ongoing toxicities. CA agreed with RH in that practitioners should fit as part of the SACT team rather than within chemotherapy/immunotherapy services.

This item will be discussed at the Lead Cancer Nurse Forum next week. The item should then be discussed as an update at the next COG meeting.

Action 001/21: LCN to update COG about Nursing workforce requirements to support Immunotherapy treatments

Amongst other workforce issues to be raised is the lack of UGI CNSs across the entire SWAG region. BO queried whether this should be added to a risk register. HD commented that risk registers are held at each individual organisation; BO confirmed this issue has been raised locally but there is a huge implication regionally. This will be raised as an agenda item at the next UGI CAG meeting. NG stated this can be raised on the RDS UGI risk register. NG would welcome any ideas for workforce development for that.

CS stated this is a bigger workforce piece of work. Each Trust needs a Gap Analysis. There is a senior oncology gap at SDHFT but also a generic risk within the AHP and Nursing workforces.

RH agreed that RUH are undertaking a big workforce review. There is a problem with UGI; with only one CNS, the whole service fails when they are on leave or off sick. BO stated this is a historic problem. Some UGI CNSs are required to perform and provide endoscopy cover as well. will do UGI and endoscopy cover too. The Macmillan CNS census documentation will be discussed at the Lead Cancer Nurse Forum. Therefore workforce issues should be brought back to COG at the next meeting for further update. RH commented that one factor is that these specialists do not exist; therefore focus should be on what services need.

Action 002/21: LCNs to update COG about UGI and Macmillan Workforce Issues identifying risk following LCN Forum discussions.

4.2 Gap Analysis for the Provision of Psychological Support Services

BO raised concerns of big gaps and a bigger squeeze on psychological support services. Somerset are an outlier for not having a psychologist in services. A PCS specification gap analysis was to be undertaken across SWAG. HD state the TYA team had undertaken a gap analysis of Children's and Young Adults services but was not aware of this being done in Adult Services.

JC confirmed GICS had just done this. Gaps in workforce should be presented from both a quality and an operational performance perspective. A lot of colleagues have been recruited through timed pathways, which focus on diagnostics. Other areas have trackers.

RH stated from discussing with Ed Murphy, Patient and Public Engagement Project Manager for SWAG, the Psychology SWAG group will be relaunched soon. UHBW caseload workings can be shared for benchmarking. BO has previously asked for this to be added to the re -formed psychological network group and raised that Helen Shallcross, SWAG Personalised Care and Support Lead, had shared patient feedback. Patients want psychological support earlier and throughout their treatment pathway. NG stated BNSSG Cancer Managers were working to sustain the workforce to avoid big gaps; therefore, some forward planning is being initiated.

Action 003/21: RH to feedback to Ed Murphy. The Adult SWAG Psychological Support Services group is being relaunched and focus should be on COG input mentioned here.

5. Network Issues

5.1 COG Terms of Reference

HD had circulated COG ToRs before this meeting. B Ockrim asked for comments from this. HM, who was unable to attend today, had sent comments around the value of COG meetings as a discussion forum.

COG members discussed the need for a risk register or clarity on how to escalate risks. There is the Cancer Managers Board which has a risk register but raising a risk requires developing an action plan. EN thinks the ToRs are not wildly out of synch and holding reasonably informal meetings is beneficial for shared learning and dissemination of information. Items for escalation could link to the Cancer Managers Board meetings.

RH said there is mileage about the collective view and escalating through COG gives a different approach to Trust escalation. There is some accountability at an organisational level but with support, where necessary, from the Cancer Alliance.

ZL agreed to the inclusion of a comment about risks as long as it is not too burdensome. Some risks would be unique to a Trust perhaps. COG meetings are informative to get consensus. JC agreed with ZL but the risk language should reflect key risks around delivery programmes. These should be focused to operational delivery, quality or personalised care. Current risks around imaging and workforce, for example, should turn into key plans/enablers.

CK confirmed TA, NBT Cancer Services Manager, had checked through ToRs but had no comments about these. Her view is COG is quite useful. CS thinks it helps in forming consensus views around responsibilities and could include risk.

EN and JC had commented on spend of transformation funding and long-term funding elements to highlight escalations. Any mitigations could be escalated to the Cancer Alliance Executive Board and NHSE. BO said funding is not all front end. There are PSFU issues. JC agreed it is a struggle to work according to cancer pathways currently. There are complexities of demand working from referral to follow up. Regional issues should be in the forefront of people's minds. In terms of Endoscopy issues the RDS CRC pathway, where endoscopy is key, may help. It will highlight where there is inability to meet 20 day targets.

Action 004/21: HD to make minor amendments to ToR to reflect risk comments. ToRs to be recirculated with the minutes from this meeting.

5.2 SWAG Website

HD informed COG members that despite the understanding that the SWSCN website was to be deactivated from 31st March 2021 it is still live. HD had been expecting a significant number of queries in the change to the new website, which did not occur. Currently 400-500 people per day are using the old website, compared to around 200 people using the new one. Because of this HD is keeping protocols updated on both websites.

The website developer has confirmed the SWSCN website will be deactivated from 31st July. HD is anticipating a lot of queries then. RH and BO asked for clarification on location of the new treatment summaries. HD will email the link to these.

Action 005/21: HD to email RH and BO website location of new treatment summaries

6. Any other business

RH stated that she and BO had been working with Ed Murphy on a submission for the Patient Experience awards. This is connected with work around CPES and the submission deadline is 17th June 2021.

RH also presented the three main highlights from the LCN audit. Firstly the LCN/Matron is not a dual role. Secondly there is consistency in 8b banding. Thirdly there is WTE working or as close to as possible.

JW raised concerns from the Quality of Life survey. There is diagnostic confusion for some patients, who believe they do not have cancer; this suggests that patients may not understand their diagnosis. Additionally, a number of patients appear to have changed diagnosis, from cancer to non-cancer. There is no auto-generated way to collect this information on systems such as SCR and is unlikely to be one for some time. Therefore please email JW securely via NHS mail with details of any patients where diagnoses change. RH queried whether members could think of particular cancer specialties where this occurs most to pull together a supporting document. BO and JW both stated this tends to

occur most in clinically diagnosed prostate cases. BO also confirmed that after July QoL surveys will be rolled out to all other tumour sites

Action 006/21: Change of Diagnosis Patient Cases to be raised as an agenda item at next COG. JW to compile a list of example cases for circulation before the meeting.

NG confirmed that Belinda Hill will replace her as RDS Project Manager for SWAG Cancer Alliance soon. Her role will cover site and non-site specific items. Also the Gynaecology timed pathway will be for all gynaecological patients not just cervical cases.

No further items were raised by COG members present. BO thanked all members for attending, sent good wishes to NG and to RH who has been honoured with a British Empire Medal for her work in Cancer Services in the Queen's birthday honours list.

Date and time of next meeting: 10:00-11:00 Wednesday 18th August 2021, via MS Teams, hosted by UHBW

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