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

**Wednesday 18h August 2021, 10:00-11:00**

**MS Teams Virtual Meeting hosted by University Hospitals Bristol & Weston, Bristol**

**Present** :

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| Amy Smith | CAG Administrative Coordinator | SWAG CA CAG Support Service |
| Belinda Hill | Rapid Diagnostics Service Project Manager | SWAG Cancer Alliance |
| Belinda Ockrim (BO)  | Lead Cancer Nurse | Yeovil District Hospital NHS FT |
| Caren Attree (CA) | Lead Cancer Nurse | Somerset 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)(Chair) | Cancer Manager | University Hospitals Bristol & Weston NHS FT |
| Helen Dunderdale (HD) | CAG Support Manager | SWAG CA CAG Support Service |
| Natalie Heath (NH)  | Assistant Cancer Manager | University Hospitals Bristol & Weston NHS FT |
| Ousaima Alhamouieh (OA) | Project Manager | SWAG Cancer Alliance |
| Rosalie Helps (RH) | Lead Cancer Nurse | Royal United Hospitals Bath NHS FT |
| 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 (ZL) | Cancer Manager | Somerset NHS FT |

**Apologies:**

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| Claire Milne (CM) | Deputy Cancer Manager | Gloucestershire Hospitals NHS FT |
| Claire Smith (CS) | Matron | Salisbury District Hospital NHS FT |
| Elaine Farley (EF) | SCR Data Analyst Coordinator | Somerset Cancer Register |
| James Withers (JW) | Data Liaison Manager | NCRAS |
| Lisa Wilks (LW) | Lead Cancer Nurse | North Bristol NHS Trust |
| Luke Curtis (LC) | General Manager Oncology, Haematology & Cancer Services | Yeovil District Hospital NHS FT |
| Sarah Mather (SM) | Lead Cancer Nurse | Gloucestershire Hospitals NHS FT |

**1. Welcome and apologies**

HM 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 16th June 2021 were accepted but two amendments highlighted in red made by BO need to be accepted and changed.

**006/21** Change of diagnosis issues and clarification of cancer diagnoses in data registries. JW was on leave and did not attend this meeting. All Cancer Managers agreed they had not received an update or email circulation of example patients. However, several Trusts have known issues of patients who do not have cancer appearing in registry data summaries; this is an issue across all tumour sites and potentially for all Trusts. With the NCPES patient quality of life survey results due in December, it is critical that only patients with cancer diagnoses are contacted and patient data submissions are fully accurate. This is not just a regional issue but a national one and needs contact and support from national cancer teams. BO had already discussed with contacts at NHS England but had no feedback to report. RH will take responsibility for discussing with Helen Shallcross. TW confirmed this would be the best approach from a Cancer Alliance support perspective. RH confirmed the SWAG region is amongst the highest performing regions for NCPES data returns and consistency.

**Action: RH will pick up with Helen Shallcross, Cancer Alliance Personalised Care & Support Lead, to raise as a national issue**

**005/21** HD to send RH and BO the website locations of new treatment summaries. HD confirmed she had emailed these before this meeting. Action closed.

**004/21** Amendments to Terms of Reference. HD needs to make some further amendments. These will be circulated before the next COG meeting on 13th October.

**003/21** RH to feedback to Ed Murphy need for COG input into the adult SWAG Psychological Support Service group which is due to relaunch. RH has discussed with Ed and Jonnie Raynes. Further discussions are needed to clarify what the priorities are for psychological support. Catherine Zollman will join the Cancer Alliance as Personalised Care and Support Lead in the near future and will be involved in reinstatement of these groups. This action will remain open until there is clarification.

**020/20** LCN Role Audit Results. The item was missed as an agenda item for this meeting. Results can then be shared with COG members at the next COG meeting. This action will remain open.

**019/20** Cancer Alliance to arrange a meeting with Cancer Managers and System Leads to discuss post funding long-term strategies. As Nicola Gowen has left her role as RDS Programme Manager, TW confirmed that he will take over this action. The Cancer Alliance continues to support all sustainable funding and there is still Transformation money available for short-term funding. This action remains open.

**010/20** MDT Mode assessments results. HD confirmed MDT-Mode assessments are ongoing. She is currently undertaking assessments at Somerset FT and will report back results to COG as appropriate. Action ongoing.

**009/20** Test funding allocation for transferring lung cancer patients. HD confirmed Nicola Gowen had emailed about this before she left her post as RDS Programme Manager in July. As the next Lung CAG will not take place until 28th September, HD will arrange to meet Adam Dangoor and Tim Batchelor before this date. This action remains open.

The remaining 2019 open action is:

**034/19** Gloucester Next Steps Commissioning.This action was with James Curtis who has just been seconded from his Cancer Services Manager role; his deputy, Claire Milne, will replace him but was unable to attend today for clarification and update. This action will remain open for update.

**From the agenda:**

**3. Cancer Alliance Updates**

**3.1 Cancer Alliance Workforce Update**

TW informed COG members of all recent and expected changes to the Cancer Alliance team.

Helen Winter is in post as Clinical Director, working two days per week and with a focus primarily in secondary care but also working closely with primary care. Amelia Randle remains in post one day per week, with focus on out of hospital primary care issues. This includes a PCN DES focus and work around targeted lung health checks.

Belinda Hill has replaced Nicola Gowen as Rapid Diagnostics Service Project Manager. Alice Street works for the Alliance in a Business Intelligence capacity; her role is funded to include working for the SWAG Cancer Alliance two days per week, for the Peninsula Alliance two days per week and for NHS England one day per week. Patricia McLarnon, Alliance Manager, remains on long-term sick leave but may return in September. Sarah Moore, Band 5 Administrative support, is also on long-term sick leave. Catherine Zollman will join the team one day per week from September, with a clinical focus on the Personalised Care agenda; she will work closely with Helen Shallcross and Ed Murphy. The Band 8b Programme Manager post has been offered to Helen Robertson, from Somerset CCG, and negotiations are underway for her start date. Alexendria Vassiliou has recently been appointed as Band 6 Business Communications and Support Officer, replacing Eleanor Hunt; she will be in post from 20th September. The Macmillan Patient Involvement and Inequalities Lead role is being advertised currently; interviews will take place at the end of August and the successful candidate should be in post by December.

**4. Lead Cancer Nurse Update**

**4.1 Immunotherapy and Nursing Workforce**

BO confirmed there is a massive shortfall in senior nursing staff across all specialties. There is an aging experienced workforce nearing retirement and problems with retaining staff. A SWAG-wide strategy is needed. Immunotherapy services roles were always thought of as prescribing roles but a range of staff are needed to support treatment developments, such as advanced nursing practitioners and assistant doctors. These need to integrate with nursing roles and their support of patients through all systemic anti-cancer therapies. Follow up care for these patients can be extremely complex and can take a lot of time with intensive management.

The workforce issues will be discussed at the next Lead Cancer Nurse forum, which will be held on 22nd September. Julian Backhouse, Partnership Manager at Macmillan, will attend to discuss how they will be able to support workforce development. Macmillan funds are starting to increase but are not at pre-pandemic levels, so support will be caveated. The focus will probably be on retaining and supporting existing staff development through training.

RH commented that Lead Cancer Nurses would like to link in with the Immunotherapy Clinical Advisory Group, which Clare Barlow is chairing. This would help to develop consistency. HD stated the second South West Immunotherapy Group (SWIG) meeting would take place on Tuesday 7th September 2021.

**Action 007/21: H Dunderdale to invite all Lead Cancer Nurses to the South West Immunotherapy Group meeting; one nurse will be nominated to attend**

A lot of detail came out of the Lead Cancer Nurse audit. Trusts are working to make sure there is a divide between Matron and Lead Cancer Nurse roles, as the burden of the Personalised Care and Support work for LCNs makes a dual role impossible. Nationally LCN roles are generally an 8b band and each Trust needs at least one WTE role; larger Trusts may need one WTE and a deputy. Generally across SWAG the matron and LCN roles are now being separated out.

**4.2** **UGI and Macmillan Workforce Issues**

RH summarised that there are similar workforce issues and vacancies for UGI services across the region. All Trusts are trying to recruit and UHBW is still going through this process. It is important to remind clinical teams across all specialties of the pressure points within services. For UGI, HD will raise the lack of nursing staff with the chair and make sure all members are aware where there is no extra capacity.

BO emphasised that this is not purely a UGI issue but affects many services. Notably recently the pressure NBT’s two week wait Breast service experienced and the lack of extra capacity within regional Breast services to support this. There are similar issues in Gynae services, where nursing workforce levels are tight. All Trusts are adding issues to their risk registers but each CAG chair needs to be aware of workforce shortfalls, particularly within nurse specialist and senior nursing areas. Junior nurses join teams where more senior members may have moved on and do not have the experience so need team support.

TW confirmed the Cancer Alliance would be very supportive in assisting with workforce issues. There have been conversations within the Delivery Group about this. Contact and emphasis within each Clinical Advisory Group is important.

**Action 008/21: H Dunderdale to raise specific specialty workforce issues with the chair of each Clinical Advisory Group**

**5. Network Issues**

**5.1 Clinical Advisory Groups Update**

HD informed COG members that Clinical Advisory Group (CAG) meetings would be reinstated as face to face meetings from this autumn; in most cases this would involve a hybrid element of virtual access for those who prefer this method. Three South-West wide meetings would be held virtually: the Gynae SWAGGER, the Immunotherapy SWIG and the Lung group. A lot of MDT meetings remain virtual, so teams are keen to meet in person outside of these where possible.

There have been two new CAGs set up. The Systemic Anti-Cancer Therapies (SACT) Group met on 23rd July. The group agreed it would be beneficial to meet again at a future date and continue to hold meetings as was felt necessary. The UGI group has no meeting date arranged yet, as Richard Krysztopik has stepped down as chair; the group has been split into a new Hepatobiliary group, which will be chaired by Stephen Falk, and an oesophagogastric (OG) group.

The Childrens, Teenage and Young Adults groups (CTYA) have now been handed over to Amanda Saunders, the new Network Manager for the CTYA Operational Delivery Network.

HD is in the process of updating all clinical guidelines; this should be completed by September but was delayed by not wanting to add to work pressures of the clinical teams post-pandemic. Also there is no current indication about when peer review will be reinstated.

The old SWAG website has now been taken down. The new site is currently receiving in the region of 250 visits per day.

In terms of MDT Mode Assessments, HD is in the process of assessing the Taunton urology service. She will give feedback on this at the next COG meeting in October.

**Action 009/21: H Dunderdale to provide an update of the Taunton Urology Service MDT Mode Assessment findings**

HM confirmed she had heard that peer review is unlikely to restart before April 2022. Indications are that standards are unlikely to change. There will be a change from the QSys computer system to a new system; there are webinar updates about this available but not much detail yet.

**Action 010/21: H Marder to circulate slides with current Peer Review update / computer system changes details**

TA stated NBT had taken the decision to complete peer review across all specialties this year, as there had been an update expected in October. The process has proved to be effective in picking up changes services have made during the COVID pandemic; therefore when services are asked to upload information they will be ready. Gail Kemp has been working with TA to do this.

**Action 011/21: Peer review to be an agenda item at next COG meeting, 13th October 2021**

**6. Any other business**

BO informed COG members she had attended the first CPES webinar recently. Attendance was fairly good, at around 150 people. The need to submit data for the beginning of September was raised and attendees were told that a person within each cancer team should be responsible for checking that patients with submitted data had a cancer diagnosis; this was considered an impossible request by clinical teams who have been severely overworked during the pandemic. At the second webinar, the tone was more sympathetic but the expectation of submitting information against tight deadlines remained. The timescale for the last data submission was by last Friday, 13th August 2021.

TA raised two points. Firstly, Lisa Wilks will return as NBT Lead Cancer Nurse after personal leave during the first week of September. She will need support of the LCN team and particularly RH and BO during her phased return to work. Secondly she wanted to raise that there are currently eight administrative vacancies within NBT Cancer Services. The Trust is struggling to fill vacancies with calibre candidates for a range of support worker, administrative and MDT Coordinator roles and there has been limited response to advertisements. This is impacting the ability to track patients and is affecting the size of PTLs. Charlotte Kemp’s role, as Band 7 MDT & Cancer Performance Manager, is expected to be filled shortly. EN and RH confirmed there are similar issues at RUH and UHBW. TA also confirmed that NBT will merge the Weston urology services into existing NBT services and recruitment is also expected to be difficult. TA confirmed that she will be leaving her post on 11 March 2022.

No further items were raised by COG members present. HM thanked all members for attending and confirmed the date of the next meeting.

**Date and time of next meeting: 10:00-11:00 Wednesday 13th October 2021, via MS Teams, hosted by Somerset FT**

**-END-**