Meeting of the Somerset, Wiltshire, Avon and Gloucestershire (SWAG)
Cancer Operational Group
Wednesday 13h October 2021, 10:00-11:00
MS Teams Virtual Meeting hosted by Somerset FT, Taunton

Present:

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
Catherine Donnelly (CD)	Senior Analyst	Somerset Cancer Register
Chris Levett (CL)	Lead Cancer Nurse	Somerset NHS FT
Claire Milne (CM)	Interim Cancer Manager	Gloucestershire Hospitals NHS FT
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
Hannah Marder (HM)	Cancer Manager	University Hospitals Bristol & Weston NHS FT
Helen Dunderdale (HD)	CAG Support Manager	SWAG CA CAG Support Service
James Withers (JW)	Data Liaison Manager	NCRAS
Jonnie Raynes (JR) (Guest)	Consultant Clinical Psychologist	University Hospitals Bristol & Weston NHS FT
Luke Curtis (LC)	General Manager Oncology, Haematology & Cancer Services	Yeovil District Hospital NHS FT
Natalie Heath (NH)	Assistant Cancer Manager	University Hospitals Bristol & Weston NHS FT
Rosie Edgerley (RE) (Chair)	Cancer Programme Manager	Somerset NHS FT
Ruth Hendy (RH)	Lead Cancer Nurse	University Hospitals Bristol & Weston NHS FT
Terri Agnew (TA)	Cancer Manager	North Bristol NHS Trust
Zena Lane (ZL)	Cancer Manager	Somerset NHS FT

Apologies:

Ousaima Alhamouieh (OA)	Project Manager	SWAG Cancer Alliance
Sarah Mather (SM)	Lead Cancer Nurse	Gloucestershire Hospitals NHS FT
Tariq White (TW)	Cancer Alliance Managing Director	SWAG Cancer Alliance

1. Welcome and apologies

RE 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 18th August 2021 were accepted.

011/21 Peer review to be discussed. Item is an agenda item at this meeting. Action closed.

010/21 H Marder to circulate current peer review slides to all members. This has been done. Action closed.

009/21 H Dunderdale to provide an update of MDT mode assessments for Somerset FT urology services. This item is an agenda item at this meeting. However, as MDT mode assessment is ongoing the action will remain open.

008/21 H Dunderdale to raise specific workforce issues with each Chair of the Clinical Advisory Groups. This will be done during the next cycle of meetings. Action closed to COG.

007/21 H Dunderdale to invite Lead Cancer Nurses to the South West Immunotherapy Group meeting of 7th September. The invitation was circulated but the meeting was subsequently cancelled due to the Chair being on long-term sick leave. HD is awaiting their return to arrange a meeting and will recirculate dates. Action closed.

006/21 Change of diagnosis issues and clarification of cancer diagnoses in data registries. JW was present at today's meeting. The issues have largely been resolved but HM queried some UHBW patients. The issue may be that patients are coded on the Trust patient system in a way which the registry picks them up; however, they may never be known to Cancer Services and will not be flagged.

Action 012/21: JW will contact HM regarding UHBW cases

004/21 Amendments to Terms of Reference. These were circulated before this COG meeting for final agreement via email. Action closed.

003/21 COG input into the adult SWAG Psychological Support Service group which is due to relaunch. Jonnie Raynes has been invited to attend this meeting for discussion. Action closed.

020/20 LCN Role Audit Results. The item was raised as an agenda item for this meeting; however, some results are to be added. This action will remain open for inclusion as an agenda item for the next COG meeting to be held 8th December.

019/20 Cancer Alliance to arrange a meeting with Cancer Managers and System Leads to discuss post funding long-term strategies. The Cancer Alliance continues to support all sustainable funding and there is still Transformation money available for short-term funding. TW was unable to attend for update, so action remains open.

010/20 MDT Mode assessments results. HD continues to undertake assessments. An update report presentation is on an agenda item today. However, this action remains ongoing but has been merged into action 009/21. 2020 action is closed.

009/20 Test funding allocation for transferring lung cancer patients. HD confirmed she is arranging a meeting with Tim Batchelor and Andy Low. This action remains open.

The remaining 2019 open action is:

034/19 Gloucester Next Steps Commissioning. This action was with James Curtis who was seconded from his Cancer Services Manager role; there was no further information and as services have moved on due to the COVID-19 pandemic this item will be closed. Action closed.

From the agenda:

Somerset Cancer Registry (SCR) Update

CD attended the start of this meeting to highlight SCR developments. The next release is due in mid-December. All systems interested in this update should contact SCR. The new Rapid Diagnostics Centre elements will be incorporated within the release. It is anticipated that, as a consequence, there will be a significant increase in two week wait referrals.

A demonstration of the software is scheduled for November. Invitations to this are due to be circulated on Friday, 15th October. Information is also available on the Somerset Cancer Register Events page on the website.

3. Cancer Alliance Updates

TW was unavailable to attend today's meeting and there were no updates forwarded for BH to raise.

4. Peer Review

4.1 Peer Review Update

Although there is no new QSP process to discuss, COG members discussed approaches taken during the COVID-19 pandemic.

TA confirmed that NBT took the decision to complete a full peer review although this was not required. They are completing peer reviews and will then draw up an action plan. This will be a shared learning experience.

RE stated that Somerset FT are taking a similar approach. They are pulling together action plans and meeting with clinical teams.

EN said there is an intention to complete six monthly reviews. These will have a broader focus than peer review alone. It is anticipated that RUH will start these in new year 2022 in conjunction with the cancer triumvirate. There is nothing in action currently however.

5. Lead Cancer Nurse Update

5.1 SWAG Nursing Model for Immunotherapy Support

This item was substituted for the planned LCN audit update which will be discussed at the next COG meeting in December.

RH confirmed that the Lead Cancer Nurses had agreed an approach to addressing the nursing workforce requirements with regards to immunotherapy support and wider Systemic Anti-Cancer Treatments (SACT). They had drafted a document which will be circulated after this meeting.

In summary, LCN recommendations are that there is no need for separate nursing support for immunotherapies. Nursing workforce requirements should be considered as part of the overall SACT workforce requirement. There is a broad need for workforce SACT training. These treatments involve multi-modal treatments which have a requirement for skills in assessment, prescribing and symptom management. This would fit with Advanced Nurse Practitioner (ANP) or Certified Nurse Practitioner (CNP) roles. There is no specific focus on holistic needs, which are a large part of the Clinical Nurse Specialist role but there are clear links with oncology and there should be clear onward referral processes.

Action 013/21: LCN IO Recommendations document to be circulated after this COG meeting and recirculated with October COG meeting notes

BO confirmed LCNs are keen to articulate this opinion through the South West Immunotherapy Group (SWIG). The meeting which had been planned for Tuesday 7th September 2021 had to be

cancelled due to long-term sickness of the Chair. HD confirmed there will be an invitation circulated to LCNs to attend the meeting when it is scheduled.

5.2 SWAG Psychology Support Group Update

Presented by guest Jonnie Raynes

Jonnie Raynes is Consultant Clinical Psychologist at UHBW. Together with Ed Murphy, Cancer Alliance SWAG Project Manager, he has been reviewing the psychological support model and service specification. A draft discussion paper has been submitted to the SWAG Cancer Alliance. This document will be agreed shortly but cannot be shared at this meeting.

The current picture is there is variable workforce provision, ranging from 3.8 WTE at UHBW, 1.6 WTE at NBT, 0.5 WTE at RUH but no psychological support available in Yeovil. There is no standardised commissioning and support has been funded from little bits of ad-hoc funding available.

The SWAG proposal has drawn upon a two-year project based in London, which was funded by Macmillan. This has been tweaked but reviews the following support requirements:

- Universal support – available to everyone
- Enhanced support – which does not require specialist psychological staff
- Specialist intervention

These have been reviewed from both a hospital level and a community level to understand what the pathway looks like and what needs to be added. NICE guidance is 17-years-old and the focus was distinguishing between staff qualification for L3 and L4 support. Current focus is on what requires specialist intervention and what needs to happen in the existing system to prevent distress and harm.

As part of all clinical training and education, there should be a focus that physical health and mental health are linked. This approach should improve patient outcomes. There has been a lot of LWBC/Personalised Care & Support work around Holistic Needs Assessments and Health & Wellbeing events. The next focus should be to address how patients access services when affected by anxiety or depression. This will involve assessing symptom management, prehab and rehab and improved communication to affect the patient experience. The Mental Health Liaison teams and Psychiatric Support will have a role additional to the psychology support group remit. End of Life and Teenage & Young Adult specialist needs are also not included but there are existing commissioning routes for these.

There is no planning inclusion for third sector support. Although there are some very good charities and supports locally and/or regionally, these groups change rapidly and do not have the range of experience to support a core service. Third sector support would be seen as an add-on to the commissioned core pathway.

The Cancer Alliance is trying to define the funding and staffing requirements needed. 7.4 WTE support per 1,000 patients would indicate the service needs 19 staff as a minimum. This suggests current SWAG services are short by 11-12 members of staff.

BO asked for clarification of timeframes for the psychology support group to be set up. This needs to be part of the SWAG Delivery Group and should be contained in the Somerset Personalised Care & Support remit with some urgency. Ed Murphy's view is this should be part of the Cancer Alliance Personalised Care and Support Group activities. The paper is ready for dissemination to get wider input and to review if funding will be available. BO confirmed that Andrew Brittle from Macmillan

had presented the electronic Holistic Needs Assessment at a recent Clinical Leads meeting held on Friday 2nd July. Psychological aspects are the first or second reported concerns for patients. However, it was agreed there is difficulty in setting up a new group during phase 3 recovery after the COVID-19 pandemic.

RH thanked Jonnie for this update and the work involved. COG concluded that this needs to be integrated into the wider work paper and be raised on the SWAG Delivery Group agenda.

6. Network Issues

6.1 MDT Mode Assessment Update

HD gave a presentation update of MDT mode assessment work undertaken to date.

Baseline assessments are a three-part process: there is an initial test run to meet the MDT members, followed by two further assessments. Assessments are not done alone: HD has worked mainly with support from AS and on a few occasions with Consultants Deepak Mannari, Sarah Platt and Venkat Iyer to reduce potential observer bias. HD has performed 24 assessments so far.

Once initial assessments have been completed, HD writes up a report of potential improvements and feedback. These are non-punitive but presented to the Clinical Lead and if agreed, to the Clinical Advisory Groups with the aim of supporting performance adjustments. Results can support any service requests sent to Medical Directors. Interventions can include restructuring the MDT or incorporating AI and other technology to streamline current processes.

The process involves a re-assessment after the MDT has responded to improvements or interventions and these have been embedded. One follow up assessment has been completed to date.

Examples of an MDT with no job planning time versus one with job planning time included were presented. When the lead has planning time of between 30 minutes to 1 hour, there are richer discussions about patients selected; the individual patient discussion time increases from 1.29 minutes to 3.04 minutes. 22% of the total discussion in the example of the planned meeting involved clinical research trials, in comparison with 0-2% for the other meetings assessed to date. There is also a reduction in deferred cases.

When CNS contributions increase, so does the quality of patient focused information.

MDT reforms is a long term rolling project of work. Outcomes so far are that all CAGs are looking at appropriate ways to triage patients. Improvements are reliant on individuals and there is a need to look at staff retention measures for MDT Coordinators, as staff turnover has a direct effect on streamlining processes. EN agreed there are difficulties in recruiting MDT Coordinators at RUH currently. It may require Cancer Alliance involvement to make roles more attractive.

It would be beneficial to organise additional MDT-Mode training sessions for Data Managers. Although the first session for MDT Leads was useful to get acceptance and support for the project, it is too time-consuming for MDT members to undertake the assessments.

HD confirmed she has completed three assessments of the Urology MDT at Somerset FT. . The next invitations are to assess Urology at RUH, all regional Haematology services and the Gynae MDT.

Action 014/21: HD to circulate MDT Mode Assessment Update slides to COG members after the meeting

6.2 Any Other Business

There were no other items to raise at this meeting. RE thanked members for attending.

Date and time of next meeting: 10:00-11:00 Wednesday 8th December 2021, via MS Teams, hosted by NBT

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