



**Meeting of the Somerset, Wiltshire, Avon and Gloucestershire (SWAG)
Cancer Operational Group
Wednesday 20th April 2022, 10:00-11:00
MS Teams Virtual Meeting hosted by RUH, Bath**

Present:

Amy Smith	CAG Administrative Coordinator	SWAG CA CAG Support Service
Anna Rossiter (AR)	Cancer Manager	North Bristol NHS Trust
Catherine Donnelly (CD)	Senior Analyst	Somerset Cancer Register
Ed Nicolle (EN) (Chair)	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
Julie Edwards (JE)	Cancer Services Support Manager	Royal United Hospitals Bath 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
Natalie Heath (NH)	Associate Cancer Manager	University Hospitals Bristol & Weston NHS FT
Rosie Edgerley (RE)	Cancer Programme Manager	Somerset NHS FT
Ruth Hendy (RH)	Lead Cancer Nurse	University Hospitals Bristol & Weston NHS FT

Apologies:

Belinda Ockrim (BO)	Lead Cancer Nurse	Yeovil District Hospital NHS FT
Chris Levett (CL)	Lead Cancer Nurse	Somerset NHS FT
Claire Smith (CS)	Matron	Salisbury District Hospital NHS FT
Helen Dunderdale (HD)	CAG Support Manager	SWAG CA CAG Support Service
James Withers (JW)	Data Liaison Manager	NCRAS
Jessica Barrett (JB)	Assistant Directorate Manager, Medicine	Salisbury District Hospital NHS FT
Patricia McLarnon (PMcL)	Cancer Alliance Manager	SWAG Cancer Alliance
Rosalie Helps (RH)	Lead Cancer Nurse	Royal United Hospitals Bath NHS FT
Sarah Mather (SM)	Lead Cancer Nurse	Gloucestershire Hospitals NHS FT
Tara Harris (TH)	Cancer Pathway Manager	Salisbury District Hospital NHS FT
Tariq White (TW)	Cancer Alliance Managing Director	SWAG Cancer Alliance
Zena Lane (ZL)	Cancer Manager	Somerset NHS FT

1. Welcome and apologies

EN 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 8th December 2021 were accepted.

017/21 UHBW concern over potential HEE education/training funding withdrawal. The issue was resolved in mid-December 2022 when RH confirmed with the Finance team the money had been removed in error. Funds were reinstated before financial year 2021/22 end. Action completed.

016/21 Audit of Cancer Manager roles across the SWAG region. This action was raised at COG meeting 8th December 2021 following Lead Cancer Nurses role audit. T Agnew has left the role of Cancer Manager at NBT and it is uncertain if this had been actioned before her departure. RH confirmed that the outputs from the LCN audit are still to be presented at the next Cancer Alliance Board meeting. When high level points have been discussed and agreed, this could act as a template for a Cancer Manager roles audit. This action will remain open.

015/21 Circulation of Somerset Cancer Register (SCR) RMS update documents. This was for sense checking ahead of the Beta version 21.2 and spring 2022 updates. All documents were circulated in mid-December 2022. Action completed.

009/21 H Dunderdale to provide an update of MDT mode assessments for Somerset FT urology services. The MDT mode assessment process is ongoing a general update action will remain open.

From the agenda:

3. Lead Cancer Nurse Updates

3.1 UHBW Neuroendocrine Audit Results

RH summarised an audit of neuroendocrine tumour (NET) patients' treatment pathways and Clinical Nurse Specialist involvement in their care. This had been undertaken by her at UHBW, as there is no specialist Neuroendocrine Clinical Nurse Specialist role at the Trust to support the MDT or the whole pathway of patient care. Access to NBT data was possible and participation from other LCNs at regional hospitals, helped to clarify support received by transferred patients.

Action 001/22: RH to provide updates at future COG meetings on audit outcomes and Trust discussions for funding a Neuroendocrine CNS post within Oncology services

RH provided the following summary for inclusion in COG meeting notes:

UHBW Neuroendocrine Tumour (NET) Audit

Retrospective Audit of all NET patients that attended UHBW 1/1/18 – 30/9/21.

Aims:

1. To quantify the caseload (grouped into anatomical sub-specialities eg. lung, Upper GI (HPB and OG), colorectal, gynae, prostate, head and neck etc)
2. To identify how many had recorded contact with existing site-specific Clinical Nurse Specialist teams
3. To identify how many had recorded discussions at the existing NET advisory MDT (as well as site-specific MDTs)

Patients were identified from SCR using SNOMED / ICD10 neuroendocrine codes.

182 patients were identified, grouped into the anatomical locations of their NETs.

- 73(40%) Upper GI (OG and HPB), 50 (27%) colorectal, 30 (16%) lung

Clinical Nurse Specialist contact:

- 85% had recorded CNS contact with existing CNS teams (133 UHBW and NBT, 22 had documented CNS contact at their referring hospital eg. Bath, Taunton and Yeovil).
- 12% (22) local Bristol NET patients, but had no recorded CNS contacts on Bristol SCR.

MDT attendance:

- All patients had been discussed at site specific MDTs (either at UHBW or at their local provider Trust).
 - 10% (19/182) had discussion at three or more different MDTs (eg. UGI, colorectal and NET; urology, CUP and NET; lung, UGI and NET).
 - 3 had been discussed at 5 different MDTs (eg. UGI, colorectal, H&N, NET and brain)

- 49% of these NET patients (90/182), had no documented discussion at the formal NET MDT, only site-specific MDTs. Though there was narrative provided to describe that some 'NET MDT' members were also present at site-specific MDTs

Recommendations:

- Specialist and holistic support for 'UHBW' NET patients (ie. those identified at UHBW site-specific MDTs and being diagnosed and having surgery at UHBW) should continue to be provided by the site-specific UHBW cancer CNS teams. They have demonstrated they have the expertise and capacity to continue this.
- Specialist and holistic support for 'Tertiary referred' NET patients (ie. those referred directly to the UHBW NET MDT from other Trusts and having their initial diagnosis and surgery at their local provider Trusts) can continue to be provided by the local 'referring' site specific CNS teams.
- Further quantify the unmet need for specialist and holistic support on site in Oncology at UHBW, for NET patients receiving oncological treatment and progressing into longer term monitoring and surveillance follow-up.
- All UHBW NET patients should be reviewed by members of the specialised NET MDT.

Next steps:

- Further discussion with SWAG Lead Cancer Nurses to agree and formalise the continuation of the cross-site model of CNS / CSW support, being provided by the local site-specific teams through diagnosis and surgery.
- The development of a specialised Oncology NET CNS service at UHBW (closely aligned to an existing oncological CNS team, to provide resilience), to receive referrals from site-specific CNS teams (from UHBW and across SWAG), when patients are referred to the UHBW NET MDT.
- Quantify the number of NET patients receiving oncology treatment and surveillance / follow-up at BHOC (across all anatomical NET sites) and scope the need for a NET coordinator / Oncology NET CNS to provide pathway coordination, specialist and holistic support throughout the oncological NET pathway.
- Explore the perception of inconsistent onward referral of UHBW NET patients from site specific MDTs to the specialist NET MDT. Ensure all NET patients receive a comprehensive specialist NET review and this is documented.

3.2 IO / ACP Recommendations Update and Feedback from the South-West Immunotherapy Group (SWIG) CAG Meeting

CL had been unable to attend this meeting. LCN feedback of the inaugural SWIG CAG meeting (held on 30th March 2022) response to LCN recommendations for types of nursing roles within Immunotherapy and Systemic Anti-Cancer Therapies services will be rolled to the next COG meeting in June 2022.

4. Network Issues

4.1 CAG Update

HD had sent apologies and the item will be rolled to the next COG meeting in June 2022.

4.2 Any Other Business

EN confirmed that consultation on the new Cancer Waiting Times (CWT) guidance had ended recently. No issues were raised from the consultation or guidance at this meeting.

CD asked members for feedback about timed pathway requirements for the next data update of the Somerset Cancer Register. The current plan is to go to Beta by mid-May 2022 and the system upgrade will be available from the end of June. SCR wanted to clarify whether there is a requirement to include elements of the 28D timed pathway CQUIN into the upgrade to support any regional or Cancer Alliance reporting requirements.

EN stated there are no significant additions to make. RUH was informed that the 28 Day CQUIN was mandatory. However, HM confirmed UHBW were given a choice to apply and include this. UHBW have taken the decision not to do it, due to data collection issues. Conversations with Lisa Brown have fed back that data collection would be burdensome for Cancer Services and would involve estimates, rather than accurate confirmed data, based on current 28D and first appointment standards. Services should aim to improve performance to meet current 28D standards; if they fail to meet these then there may be more questions around pathways.

EN will feed this back to RUH management. Any reporting would be extracted from RUH's Millennium software but would involve considerable manual validation, as dates of triage are not routinely recorded. The CQUIN targets for Prostate state triage should occur by Day 3 and an MRI and/or biopsy undertaken by Day 9. These are impossible to achieve (particularly related to imaging at Day 9) within the current pathway and would be unrealistic even with a One Stop Clinic in place.

CD asked members to contact SCR if any structured reports are requested by the Cancer Alliance and stated it would be useful to have sight of reports.

Lastly, Anna Rossiter was welcomed to COG as the new Cancer Manager for NBT. She has been in post for three weeks.

Date and time of next meeting: 10:00-11:00 Wednesday 15th June 2022, via MS Teams, provisionally to be hosted by YDH. LC replacement uncertain and check with BO if able to chair.

-END-