



**Meeting of the Somerset, Wiltshire, Avon and Gloucestershire (SWAG)
Cancer Operational Group
Wednesday 8th December 2021, 10:00-11:00
MS Teams Virtual Meeting hosted by NBT, Bristol**

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
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
Lisa Wilks	Lead Cancer Nurse	North Bristol NHS Trust
Luke Curtis (LC)	General Manager Oncology, Haematology & Cancer Services	Yeovil District Hospital NHS FT
Patricia McLarnon (PMcL)	Cancer Alliance Manager	SWAG Cancer Alliance
Rosie Edgerley (RE)	Cancer Programme Manager	Somerset NHS FT
Ruth Hendy (RH)	Lead Cancer Nurse	University Hospitals Bristol & Weston NHS FT
Sarah Mather (SM)	Lead Cancer Nurse	Gloucestershire Hospitals NHS FT
Terri Agnew (TA) (Chair)	Cancer Manager	North Bristol NHS Trust
Zena Lane (ZL)	Cancer Manager	Somerset NHS FT

Apologies:

Claire Smith (CS)	Matron	Salisbury District Hospital NHS FT
James Withers (JW)	Data Liaison Manager	NCRAS
Natalie Heath (NH)	Assistant Cancer Manager	University Hospitals Bristol & Weston NHS FT
Rosalie Helps (RH)	Lead Cancer Nurse	Royal United Hospitals Bath NHS FT

1. Welcome and apologies

TA 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 13th October 2021 were accepted.

014/21 MDT Mode Assessment update slide circulation. HD circulated a presentation update on 29th November 2021. Action closed.

013/21 SWAG nursing model for immunotherapy support. RH circulated a LCN IO Recommendations document after the COG meeting 13th October 2021; a recirculation was actioned with COG meeting notes 25th November 2021. RH has discussed this with Helen Winter, Cancer Alliance Clinical Director, and Tariq White, Cancer Alliance Managing Director. They ask for LCN attendance at education forums during 2022. Recommendations will also be picked up through the South West Immunotherapy Group (SWIG) CAG; a date for this meeting is still to be arranged. CL will be Immunotherapy LCN representation and will pick this up. COG action closed.

012/21 and 06/21 Change of diagnosis issues and clarification of cancer diagnoses in data registries. Follow up specific clarification of UHBW cases. JW has liaised with HM. HM completed a change

request which was submitted and accepted. The registry now includes a warning message that states if information is submitted to the national registry, please inform data liaison manager. This may not appear in the December release but will be in the spring release. Actions closed.

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

020/20 LCN Role Audit Results. This is an agenda item at this meeting. Action closed.

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. As PMcL has just returned to her role, there may be discussions about this during this meeting. Action closed.

009/20 Test funding allocation for transferring lung cancer patients. HD circulated a ratified document from the SWAG Lung Cancer MDT Leads to all COG members on 29th November 2021. Action closed.

From the agenda:

Somerset Cancer Registry (SCR) Update

CD attended the start of this meeting to highlight SCR developments. The new Rapid Diagnostics Centre elements will be incorporated within the December SCR and RMS release to support teams in actioning timely 28D responses to patients. CD will circulate changes to COG members so they can ensure they make sense. The aim is for all tests to be recorded on SCR to give DTT dates. System adjustments will then use the DTT date.

Action 015/21: CD to circulate spec changes

HM at UHBW has been involved with Beta testing during the last two weeks, and Beta version 21.2 will be live from week commencing 20th December. HM confirmed changes in the latest version are minor, so minimal training or adjustments will be needed.

The spec will be further developed into the spring release, due in April/May 2022. New server specifications are needed to support the spring release but IT departments and Server teams within Trusts should be aware of these and will make changes to systems accordingly. Microsoft are retiring some products in 2023, so SCR changes in the spring will futureproof for these planned changes. CD understands most systems are up-to-date across the region.

TA and HM thanked CD for this very useful update.

3. TYA ODN Request: Ensuring 16-25-year-olds are flagged

A Saunders had not received a meeting invitation. She has agreed to attend the next COG meeting, Wednesday 9th February 2022 to discuss this item.

4. Review

4.1 C the Signs – Somerset – Referral Forms

RE had proposed this agenda item. Somerset FT are currently making amendments, in liaison with YDH, to two week wait referral forms. This is in line with the October launch of C the Signs. She sought agreement and clarification from Cancer Managers whether any modifications or changes made would need to be communicated to all members.

COG agreed that if only minor modifications were made, such as making fields mandatory, there would be no need for involvement of all members. However, if changes to terms of contact were needed, these should be discussed. Members have already discussed their Trust referral forms with Tanisha Greenwood, Somerset CCG Cancer Transformation Project Lead, which may be needed in patient transfer processes.

RUH use Ardens Plus to capture patient data and add referral forms. As agreed with Tanisha, they will continue to use existing referral forms for transferring patients. This will only be applicable for Frome patients.

FIT management was discussed. RE confirmed this is a different referral form. If a patient transfers to RUH, Somerset FT would use the other referral form. It won't be a mandatory field for C the Signs.

5. Lead Cancer Nurse Update

5.1 LCN Audit Update

The LCN audit document had been circulated to members before this meeting. RH outlined highlights and recommendations from it.

Three LCNs had been in post for 5-10 years and three had been in post for less than six months. One post is defined as Matron, with no mention of Lead Cancer Nurse role in the job description. Post holder bandings ranged between 8A and 8B.

Dependent on each Trust's geography, depth and breadth of services, roles are aligned with national senior nursing posts which involve intra- and inter-organisational working. Some roles are centralised within the corporate divisions as strategic roles, while some are still aligned in clinical services hosting cancer specialisms. The region lacks Deputy Lead Cancer roles and in many cases a band 8A support role is warranted.

LW stated this had been discussed at the LCN Forum and she was in agreement. However, the audit was a snapshot in time and now other projects have been added to the work remit which will need to be embedded.

CL highlighted the split roles point. The Somerset FT LCN role is still split; he leads on RDS as well as being LCN. This is challenging so the audit is an important piece of work. The recommendations highlight that all Trusts should have a dedicated 1.0WTE Lead Cancer Nurse, dedicated to the strategic leadership and service development agenda.

BO confirmed that initial discussions have taken place with the SWAG Cancer Alliance. The LCN view is this should be discussed through both Trust and Alliance routes, however main discussions should be with internal organisations. COG fully supports actions to bring roles and nursing leadership in line with recommendations. Where some members have concerns that roles do not align within SWAG, the document could be used to support difficult conversations with Trusts.

P McL indicated the next step would be to take this recommendation to the Cancer Alliance Executive Board for ratification. The financial year workforce strategy has already been agreed.

Members thanked RH for her hard work in compiling this.

Cancer Managers agreed that a similar audit of their roles would be appropriate. TA will discuss this with Tariq White, Cancer Alliance Managing Director.

Action 016/21: Initial discussions around Cancer Manager role audit; TA to discuss with Tariq White

5.2 CAG Update

HD gave an overview of autumn/winter CAG activities. Meetings had resumed for several specialties from September 2020.

Overarching agenda items include, research recovery; J Chambers, Cancer Alliance patient representative, has been able to attend many meetings to discuss the Quality of Life surveys. B Hill has also been able to attend many meetings to discuss developments within the Rapid Diagnostics Service project. MDTs remain a recurrent theme at meetings; HD continues to assess MDT meetings she is invited to, as and when time permits.

The inaugural South-West Lung CAG Education event was held on Tuesday 28th September. 86 members attended. A range of Improving Services and Service Developments topics were presented. These included Getting It Right First Time (GIRFT) (from which additional provision of smoking cessation training was a quick win that can be addressed via the CAG), a genomics update, early lung cancer detection, targeted lung health checks, and provision of a navigational bronchoscopy service, which is now progressing and will hopefully be available in UHBW in the near future

Both the Gynae and the Colorectal CAGs, held in October -discussed pathway developments and introduced the setting up of the South-West Lynch Syndrome team for endometrial and colorectal cancer. Most centres across the region now have a Lynch Syndrome Lead. A regional MDT Coordinator will be recruited, hosted by NBT.

The Sarcoma team met virtually on Tuesday 19th October and continue to work on optimising the straight-to-biopsy pathway and GP access to MRI after indicated on ultrasound pathway in Somerset.

Following the meeting of the CUP CAG, the following needs were re-escalated:

- GP direct access to CT in Somerset
- An Acute Oncology CAG, supported by the Cancer Alliance (HD does not have capacity to support an additional group)
- An Enhanced Supportive Care Service with parity across the region.

The Urology team held the first hybrid face-to-face and virtual event. Some members were able to attend at Engineers' House in Bristol and this proved successful regarding connectivity for all members. The group discussed innovative biomarkers for bladder cancers. HD will circulate these to clinical leads, as they may help to reduce two week wait pressures. The NBT QI MDT project using a Deontics AI platform was discussed and is now set up and due to start in the next few weeks; there

are plans to set this up in Taunton, but it is still at the stage of making amendments to the contract. HD will keep Cancer Manager R Edgerley -aware of set up details.

The Head and Neck meeting, held on Tuesday 23rd November, was the second hybrid meeting arranged. Most members attended the face-to-face meeting at Chapter House Lecture Theatre. The group discussed a range of research, audit and pathway optimising initiatives.

The SACT group held a second meeting on Wednesday 24th November. HD has actioned a process to send notification details of website amendments of protocols to the SACT pharmacists.

The Brain CAG, scheduled for Wednesday 10th November, had to be cancelled due to team work pressures. There are plans to reschedule this for early 2022.

The date for the inaugural South-West Immunotherapy Group (SWIG) CAG has yet to be arranged. The Chair has just returned from sick leave and a date will be circulated, including to LCNs, in the near future.

Meetings already scheduled for early 2022 include: Haematology on Wednesday 12th January; the OG/HPB CAG, which Paul Wilkerson has agreed to Chair, will be held on Friday 21st January; the Skin CAG on Wednesday 9th February; and the Breast CAG on Friday 18th March. The next CUP meeting is expected to be held in May 2022.

In the New Year, the opinion of the MDT Leads to be sought to see if a meeting for the purpose of sharing MDT reforms should be held in the summer.

There are 325 protocols live on the new SWAG Cancer Alliance website. The site is receiving around 250 views per day; this is down marginally on the old website stats but HD anticipates these will increase.

TA thanked HD for a very comprehensive update.

5.3 Any Other Business

Open action 019/20 funding of long-term activities was discussed. P McL indicated there had been a significant SWAG underspend in the financial year to date. This will be rectified and Helen Robertson, Programme Manager, has been meeting with teams to discuss requirements. There may be some Transformation budget to finance transformation items/roles. However, there is no budget for nursing roles/LCN Deputy roles. She would be happy to meet with any COG members over the next two weeks if requested.

HM sought clarification over budget limit for each equipment item. The usual minor capital funding limit was confirmed as £5,000. However, acquiring some items may involve internal discussions with Finance teams.

RH raised concerns of potential HEE funding withdrawal for CNS training courses. This had been raised through email communication with UHBW Finance team. Other LCNs and COG members were not aware of this. £50,000 had been allocated to UHBW already, with a further £50,000 assigned to UHBW for distribution to other teams. NBT had received further finance.

Action 017/21: RH/COG send to PMcL. Cancer Alliance to raise with Mark Wilson at HEE for clarification.

There were no other items to raise at this meeting. TA thanked members for attending and wished everyone a Merry Christmas.

Date and time of next meeting: 10:00-11:00 Wednesday 9th February 2022, via MS Teams, hosted by UHBW

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