



**Meeting of the Somerset, Wiltshire, Avon and Gloucestershire (SWAG)
Cancer Operational Group
Wednesday 15th June 2022, 10:00-11:00
MS Teams Virtual Meeting hosted by YDH, Yeovil**

Present:

Amy Smith	CAG Administrative Coordinator	SWAG CA CAG Support Service
Anna Rossiter (AR)	Cancer Manager	North Bristol NHS Trust
Belinda Ockrim (BO) (Co-Chair)	Lead Cancer Nurse	Yeovil District Hospital NHS FT
Chris Levett (CL)	Lead Cancer Nurse	Somerset NHS FT
Ed Nicolle (EN)	Cancer Manager	Royal United Hospitals Bath NHS FT
Helen Dunderdale (HD)	CAG Support Manager	SWAG CA CAG Support Service
Lisa Wilks (LW)	Lead Cancer Nurse	North Bristol NHS Trust
Natalie Heath (NH)	Associate Cancer Manager	University Hospitals Bristol & Weston NHS FT
Rosie Edgerley (RE) (Chair)	Cancer Programme Manager	Somerset NHS FT
Zena Lane (ZL)	Cancer Manager	Somerset NHS FT

Apologies:

Hayley Taylor (HT)		
Luke Curtis (LC)	General Manager Oncology, Haematology & Cancer Services	Yeovil District Hospital 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

1. Welcome and apologies

RE welcomed all group members. Apologies received prior to the meeting are noted above.

2. Notes and actions from the last meeting

Notes from the last meeting held on 20th April 2022 were accepted. NH's Job title amended to Associate Cancer Manager.

001/22 RH did not attend this meeting. The action will remain open with update when appropriate.

016/21 Audit of Cancer Manager roles across the SWAG region. At today's COG meeting LW stated that the outputs from the LCN audit have been rolled to 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 until discussed at the Board level.

009/21 HD to provide an update of MDT mode assessment results for Somerset FT urology services. Discussion with Deontics is yet to take place and a change of personnel has occurred. Changes are working well at NBT.

Action 002/22: RE to pick up locally at SFT with Deontics and service contacts

The MDT mode assessment process is ongoing a general update action will remain open. At this meeting, HD confirmed a full audit cycle of assessments has been presented to and reviewed by the Head and Neck CAG. Findings led to a change to the MDT time of day. This has led to an additional 30 seconds per patient of discussion time, which has been significantly beneficial. Effects of virtual MDTs on CNS input were discussed and the team plan to address these. There are plans to

protocolise pathways for straightforward thyroid cases. HD plans to assess the NBT Breast MDT during the summer.

From the agenda:

3. Network Issues

3.1 Cancer Registry Updates

There have been SCR updates at YDH and SFT. Items for inclusion in future tests have been circulated to COG members. All Cancer Managers are advised to access the SCR website to review SCR RMS changes to timed pathways.

3.2 Regional Acute Leukaemia Group Update

Presented by guest Tom Coats

T Coats, Consultant Haematologist at Royal Devon & Exeter Hospitals Trust, attended this meeting to introduce inter-regional plans to initiate Acute Leukaemia Group meetings. These would act as a MDT decision referral path for particularly complex leukaemia patients across both Peninsula and SWAG regions.

The group would be an interdisciplinary additional resource to local MDTs, incorporating Genomics decisions. As a pilot project, the group would meet once every two weeks, from 10:00-10:45 on a Thursday. It will run for approximately six months, starting on Thursday 30th June, to determine the level of need and assess performance metrics.

The emphasis would be to discuss complex inherited gene mutations or leukaemia variants. Such cases are a relatively new problem for services but cases are increasing. There are no guidelines so the aim would be to evolve clinical practice over time. Referrals would be made by the Tuesday before the meeting ideally but there will be a flexible approach for the first few meetings. It may be most appropriate to review patients after next generation sequencing with MRD results, after 1-2 cycles of treatment.

This pilot is an additional opinion route for local MDTs and not all cases would be referred, or if missed the local team would continue with usual consultation pathways for second opinion, such as contact London hospitals. It is hoped one aim of the pilot would be to improve turnaround times of whole genome sequencing results. Genetics staff will attend meetings so will receive direct feedback about where the importance of timely results to treatment decision-making is critical.

Beth Kingshott, Peninsula CAG Manager, has agreed to provide administrative support for the pilot. Concerns were raised about the amount of her time needed. Her support will involve setting up meetings and minimal dial-in participation; the clinicians will record outcomes and document as necessary.

COG members raised concerns about training, particularly for the CNS workforce, around early conversations with patients and counselling. The Genetics Laboratory Hub (GLH) has various means of supporting staff and education events are available to strengthen communication skills.

The cancer registries should include more obvious detail of Genomics records; currently finding information involves a search through patient records. The HiLIS system is used in many Trusts across both Cancer Alliance regions; this is how the majority of genetics testing is done and details will be available on it.

Action 003/22: HD to circulate all details and attachments to relevant clinical contacts

4. Lead Cancer Nurse Updates

4.1 IO / ACP Recommendations Update and Feedback from SWIG CAG Meeting

Presented by C Levett

CL presented a summary of findings from the first South West Immunotherapy Group (SWIG) CAG meeting held on 30th March 2022.

There has been a rapid increase in immunotherapy patient numbers and discussions take place across immunotherapy modalities. It was agreed that immunotherapy is part of SACT and should not be a standalone area.

Discussion included information about how regional services are moving forwards. This involved development of nurse-led treatment clinics and follow up; there is a need for late effects clinics, as many patients on treatment have grade 3 and grade 4 toxicities. There was some focussed discussion of types of toxicity and liver toxicities were notable. COG acknowledged IO is emerging as a cancer treatment and toxicity management will impact on nurses and clinical teams.

Treatments will require a huge number of protocols which will also take workforce time to check and produce. Nurses are not working in isolation as immunotherapy specialists, their roles extend across the whole SACT service. All services agreed there is a need for multidisciplinary education. The SFT nursing team have confirmed they are holding many education events next week, commencing 20th June, including UKONS courses and study days. The main points of discussion were all in line with LCN recommendations but there needs to be equality in workforce levels across the region.

There has been a national meeting to discuss immunotherapy treatment strategy. Affiliation will be sought from all Royal Colleges and support will come from NHSE.

HD confirmed the next SWIG CAG meeting will take place in autumn 2022.

4.2 Any Other Business

COG members discussed having a breakout meeting for Cancer Managers and Lead Cancer Nurses to discuss and review regional pathways. Specifically all teams are involved in provision of Colorectal services but a face-to-face meeting would enable concerns for other areas to be discussed. It was agreed to arrange a meeting for Wednesday 21st September, 10:00-14:00 with South West House, Taunton the proposed venue. This will be an invaluable peer support first face to face meeting for new members to the Lead Cancer Nurse and Cancer Management teams.

Action 004/22: HD to circulate meeting date and arrangements

HD updated COG that the Cancer Alliance have a remit to organise and reinstate an Acute Oncology Group meeting. Patricia McLarnon has confirmed this will form part of a new Project Manager's job description.

HD also confirmed that Amelia Randle and Helen Winter are setting up a Non-Site Specific Clinical Advisory Group. Terms of Reference are currently being drafted which will be brought to COG for agreement of clinical attendance. Concerns were raised that the frequency of meetings currently proposed suggests it is an operational group, rather than a CAG which meets typically twice a year. The first meeting is scheduled for July 2022.

BO requested update of Psychological Support Group formation developments. Conclusions from a presentation by Jonnie Raynes at the COG Meeting of Wednesday 13th October 2021 were this needs to be integrated into the wider work paper and be raised on the SWAG Delivery Group agenda.

BO confirmed that LCNs and Allied Health Professional had attended a regional Macmillan meeting. This involved discussions around workforce requirements and education design. Julian Backhouse and Sarah Matthewson are the regional contacts.

EN discussed bids for funding. RE confirmed SFT STT is 'At Risk'.

Date and time of next meeting: 10:00-11:00 Wednesday 17th August 2022, via MS Teams, to be hosted by NBT. LW will be on leave so will discuss with AR.

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