Meeting of the Somerset, Wiltshire, Avon and Gloucestershire (SWAG)
Cancer Operational Group
Wednesday 7th December 2022, 10:00-11:00
MS Teams Virtual Meeting hosted by Somerset FT

Present:

Amy Smith	CAG Administrative Coordinator	SWAG CA CAG Support Service
Belinda Ockrim (BO)	Lead Cancer Nurse	Yeovil District Hospital NHS FT
Catherine Donnelly	SCR Customer Manager	Somerset Cancer Register
Chris Levett (CL)	Lead Cancer Nurse	Somerset NHS FT
Eleanor Hanman (EH)	Lead Cancer Nurse	Gloucestershire Hospitals NHS FT
George Thompson (GT)	Cancer Manager	Salisbury District Hospital NHS FT
Helen Dunderdale (HD)	CAG Support Manager	SWAG CA CAG Support Service
Julie Edwards (JE)	Cancer Services Senior Support Manager	Royal United Hospitals Bath NHS FT
Lisa Wilks (LW)	Lead Cancer Nurse	North Bristol NHS Trust
Luke Curtis	Lead Cancer Nurse	Salisbury District Hospital NHS FT
Natalie Heath (NH)	Associate Cancer Manager	University Hospitals Bristol & Weston NHS FT
Patricia McLarnon (PMcL)	Manager	SWAG Cancer Alliance
Rosie Edgerley (RE) (Co-Chair)	Cancer Programme Manager	Somerset NHS FT
Ruth Hendy (RH)	Lead Cancer Nurse	University Hospitals Bristol & Weston NHS FT
Zena Lane (ZL) (Co-Chair)	Cancer Manager	Somerset NHS FT

Apologies:

Ed Nicolle (EN)	Cancer Manager	Royal United Hospitals Bath NHS FT
Hannah Marder (HM)	Cancer Manager	University Hospitals Bristol & Weston NHS FT
James Withers	Data Liaison Manager	NCRAS
Jessica Barrett	Assistant Directorate Manager	Salisbury District Hospital NHS FT

1. Welcome and apologies

R Edgerley (RE) welcomed all group members. Apologies received prior to the meeting are noted above.

2. Notes and actions from the last meeting

There were no amendments to the minutes from the last COG meeting held on 12th October 2022. Notes were agreed.

All open actions were reviewed:

011/22: Outcomes from Teams meeting with Maidstone and Kent Cancer Services about automated data collection processes: LW has not had time to action this further. All details and links have been forwarded to HD. NDL, the company who provide the automated system, are happy to explain the work done with this group or group members as appropriate. They have worked with a number of Trusts to look at automating systems and to reduce duplication of data entry.

Action: HD to make contact with NDL and/or Maidstone and Kent Trust to action item

010/22: MDT Coordinator and administrative staffing recruitment and retention issues: A workforce strategy meeting was held on 11th October. The plan was to raise again the issue which CL has raised previously. Draft outcomes have been circulated but CL and LW could not confirm actions have made it to outcomes. The workforce plans went to the Cancer Alliance Delivery Board's last meeting. Agreed generic high level strategy plans from those discussions are awaited, although

circulated in draft format. COG will await circulation of this document before making more specific plans based on roles. Those plans will then be returned to the Delivery Board for agreement. Current action closed.

009/22: H Marder review of incentivised apprenticeships at UHBW for MDT Coordinator / Cancer Services administration recruitment: It is understood this action is for A Rossiter, Cancer Manager at NBT. NBT have been successful in retaining apprenticeships. Somerset FT MDT Coordinator apprenticeships come in as Band 2 but move on quickly.

Action: HD to raise with A Rossiter that this is an open action

008/22: Outcomes from meeting with training team to implement similar training format to one used by Eastern Cancer Alliance: RE discussed this item with Lisa Brown last week. The action is still being taken forward for scoping the training.

007/22: Cancer Managers send extra Oncotype DX test Invoice Funding Requests to SWAG Cancer Alliance: PMcL had received no further funding requests from Cancer Managers or Trusts. Labs would have difficulty in distinguishing between test types that fit the NICE criteria and for the node positive patients. No further action required as long as patients still have access to testing. COG members were reminded to request funding as necessary in future, particularly until testing is NICE approved. Action closed.

006/22: Cancer Manager Audit: This was a follow up from the Lead Cancer Nurses audit. The audit did not go to the SWAG Board. COG should wait for the final Workforce Strategy recommendations to be published. Further conversations can follow about how to tailor strategies to specific roles. Those decisions can then be taken to the Delivery Group. Action updated to reflect awaiting the outcome of the workforce review; this will include a review of the Lead Cancer Nurse roles.

002/22: Update of the MDT Mode Assessment Results for SFT Urology service: This has not moved forwards in Somerset FT because of other priorities. NBT have progressed with the Deontics project. RE will check with Mark / Deontics to discuss if further COG action is needed. She will then discuss with HD.

From the agenda:

3. Network Issues

3.1 SCR Update

CD provided an update of SCR system and future developments. The 22.2 release will go to Beta within the next week. It will be available for general release towards the end of January 2023. There will be some CWT changes but if Trusts have version 22.1 they are already CWT version 12 compliant. The release will feature some tweaks to the reports and how they are presented.

SCR are debating the number of releases for 2023. There may be no spring release but may have one release towards the beginning of July. That will help the COSD release due in 2024 as there are synching issues of 5-6 weeks.

An SCR virtual event will be held on 24th January 2023. This will run through all planned changes of the latest release. There will be no RMS event at the start of the year, although one may be organised for later in the year.

ZL thanked CD for the update. SFT and YDH upgrades will take place next week and they will begin testing. There will be a meeting at the start of the week to review changes. CD confirmed there will be a beta demonstration which should be recorded and may be made available on the SCR website. As soon as the beta release is available next week there will be 'New Release' information available on the website. There will be five weeks of Beta testing. The release should then be available to everyone from mid-January. BO confirmed YDH should be able to Beta test the RMS.

3.2 CAG Update

H Dunderdale provided an update of Clinical Advisory Group activity highlights from meetings held during the autumn 2022.

MDT Mode update:

HD completed the RUH Gynae baseline audit and submitted results to the team for discussion. HD presented MDT Mode results at the Colorectal CAG from YDH's MDT and at the Brain & CNS CAG for NBT's MDT. Useful actions have come from this work.

The next MDT Mode assessment will be a follow up of the HPB MDT meeting at UHBW. The HPB team have increased their meeting time by 30 minutes following recommendations from the baseline assessment. At baseline review they had 1.29 seconds per patient discussion time. It is now 2.22 per patient. However, this is still less time allocation than other HPB MDTs nationally in spite of similar patient numbers. RE noted they have done a lot of work and HD confirmed Jamie Skipworth has developed an MDT proforma to improve information and they have physically moved the meeting.

SACT update:

Twelve new protocols have been developed and three amendments uploaded to the website since the autumn. Many protocols are awaiting review, the majority of which are haematology protocols. These will be escalated at the next Haematology CAG meeting to be held on Thursday 23rd February 2023. HD hopes to hold more frequent Haematology CAG meetings from next year in order to tackle these. The current CAG Chair is on long-term leave, so it may involve identifying a new chair.

CAGs have raised concerns about the number of new drugs approved by NICE and the ability to offer these with current workforce. This was discussed at the end of the SWIG CAG meeting last week and had been raised as part of 'Any Other Business'. They expressed that no hospital should have to bear responsibility for refusing to give treatments, it requires much more detailed discussion and needs to be raised at the SACT meetings and at a national level. Some hospitals in the Peninsula region are not taking on any more NICE approved MABs and MIBs drugs. This will cause inequity for patients. Somerset FT are the only Trust in a current 'coping situation' as the IO service was set up over two years ago. This puts the service in a difficult situation; there is nursing support for pre-assessments but there is no endless pool of chemotherapy nurses to support the level of projected treatments. An NHS Pharmacy advisor attended the meeting and has taken that message away.

The item was also discussed at the Breast CAG in relation to Abemaciclib. This has been discussed by the pan-Cancer Alliance Breast Cancer Crisis Group that has been meeting frequently. A dataset has been circulated which HD will draw together to build a combined message of predicted problems

faced by breast cancer services for the National Cancer Board. The Skin Cancer CAG discussed the issue as related to the new melanoma drug. There is a twelve-week funding application deadline but a three month waiting list for sentinel lymph node biopsies at NBT means results might not be available to ensure funding success in a timely way. HD will write to the Clinical Prioritisation Group about this.

Other CAG meeting highlights include two OG surgeons have been to Strasbourg and received advanced endoscopy training on ESD for dysplastic Barrett's and early dysplastic Crohn's. This was funded by the SWAG Cancer Alliance. Previously this was a single-consultant service; now there are three surgeons trained, it should help streamline relevant patient pathways.

Colorectal CAG plans to standardise the Watch and Wait guidelines. There will be breakout meetings to action this. In both the Colorectal CAG and the Gynae SWAGGER meeting, the new Lynch Syndrome Service was presented. An MDT Coordinator is due to be appointed in the near future but this is pending a banding review for the post due to the role's responsibilities for tracking patient surveillance and ensure that they have aspirin treatments. The Brain and CNS CAG plans to hold breakout sessions to optimise the CNS Lymphoma pathway. A date needs to be arranged for the BNOG team to meet with the haematology team to coordinate patient information required between MDTs. The Brain CAG has two PhD projects underway: one is for quality of life and the other is for fatigue. These have been funded by the Cancer Alliance and are progressing well. HD will provide an update after the next CAG meeting. Furthermore, the Brain Prehabilitation Service has been launched.

HD recently met with Sadaf Haque, Cancer Lead for Gloucestershire ICB to try and address suspected Sarcoma referrals being referred without ultrasound imaging. It emerged that the imaging centre commissioned to provide ultrasound did not know that they were commissioned to provide this urgently for the purpose of suspected sarcoma. This has now been clarified with the imaging centre and GPs. There are still problems with Gloucestershire GPs not being able to request MRIs on the back of ultrasound results. HD has an action to raise this again with Sadaf Haque.

While most CAG meetings have been held successfully in a hybrid face to face with MS Teams format, the SACT CAG will remain a virtual meeting. Due to low attendance at the Gynae SWAGGER meeting held in October, it was agreed to hold this virtually at the next event in early October 2023. SACT are reviewing how to use the national data set in future meetings. It had been identified that a group was creating protocols outside of agreed version control routes. HD will contact the subgroup of the Haematology CAG to remind them of the governance process.

Lung CAG was held last week, Tuesday 29th November 2022. The Navigational Bronchoscopy service is now available. Regional referrals can be made by the surgeon who attends the local MDT meetings or by emailing Andy Low directly. Most regional AHP services attended to present prehabilitation options. Most services have very short-term funding. Also good news is that the Lung results from the NCPES included all organisations this time, not just Gloucestershire and Bristol results as in previous years. Somerset FT have lost their navigator, due to the fixed-term nature of funding the post.

Urology CAG has not met for quite some time. HD hopes to arrange this in early 2023. There have been a number of reasons for delays, including clashes with prostate meetings and long-term

sickness of the CNS co-chair. The Surgical Chair is moving Trusts so HD plans to meet to discuss an exit strategy and circulate an expression of interest for a new chair. Head and Neck CAG and CUP CAG also had to be postponed for various reasons. These will be held on Tuesday 17th January 2023 and Wednesday 10th May 2023 respectively. CUP is now a South-West wide meeting as there was no chair identified for the Peninsula region.

Amelia Randle has proposed meeting with the Cancer Managers to discuss improving the quality of two week wait referrals. HD sought COG opinion about this before meeting with her. CAGs have all asked for help with this for some time and they had identified the need for an educational video for GPs to watch. HD has escalated this back to Amelia again. Somerset FT echo that this has been an issue raised for some time. Data has been provided to support this and COG would ask for clarification of the aim of any meeting.

PMcL picked up the issue of Lung Prehabilitation funding. Lung was a priority in the Treatment Variation workstream for financial year 2022/23 in line with GIRFT recommendations. Henry Steer has been working on this. The Alliance is undertaking a stocktake of all the Lung services in preparation for next year's planning round. If this area of funding is shown to be a gap, it will be picked up in next year's funding as a priority. BO commented that YDH are the only service not to have had a GIRFT visit.

The Targeted Lung Health Checks service project was presented at the Lung CAG and is working well in RUH. They have diagnosed five very early-stage lung cases. The project will develop into Somerset and they are keeping an eye on downstream work created. Work has gone up and is higher than expected, particularly for Bristol surgeons as these are prime surgical candidates. Regional lung resection cases appear to have been recorded lower than expected; however, on review this appears to be due to the way performance status is audited.

Cancer Alliance Update:

There was a national face to face Cancer Alliance Leadership meeting held last week in Birmingham which PMcL attended.

The planning round is coming up. Conversations are still being held up at a national level but there were indications of particular areas of focus for the regions. The priorities will remain the same. However, recommendations for routine commissioning include:

- NSS services
- Radical treatment for lung
- Liver surveillance
- Lynch Syndrome
- GP direct access to Diagnostics

The direct access work will be led by the national Diagnostics team and work with the imaging networks but the SWAG Cancer Alliance will link in with that.

As an overview of the metrics, the national team is aware of the scale of work and difficulty to get metrics. They are looking at what exists already and is available. It is understood that any metrics

added will have much clearer definitions. However, difficulties can be due to getting data out of different systems.

The Alliance has a funding profile for 2024/25 in addition to the existing profile for 2023/24. There is a lot of advice and guidance produced on how Cancer Alliances fit within ICB structures and Cancer Alliance roles in managing/supporting operational performance. Documents will be shared when they are published. The Alliance can meet with each system individually and/or have a discussion during a COG meeting to talk through these.

A Cancer Alliance self-assessment process will happen in Q4. The last one took place approximately three years ago. There will be some organisational development support following feedback. The planning guidance is expected to be published on 23rd December. The Cancer Alliance guidance will be published early in the New Year. PMcL asked all COG members to start thinking about this. The national teams state it should not be a 'fair shares' allocation funding system but should be based on areas of most need. The SWAG Alliance has made some pre-commitments to posts or pilots and has asked all ICB Leads in Q3 returns to highlight these and to re-cost the NSS services; these may be outdated in original business plans. The message is to make posts sustainable. RE commented that due to the merger between Somerset FT and YDH, there has been a halt on business cases. RE hopes to hold a discussion with PMcL and Carmen Chadwick-Cox outside of this meeting. In other regions, Trusts do go 'at risk' for posts once Alliance funding ends. There will have to be funding arrangement agreement through the Cancer Alliance Executive Board.

There will still be a focus on Cancer Waiting Times targets but there is no certainty about having backlogs as a metric this year. There will be focus in on 31D and 31D subsequent treatments. The national team is aware there needs to be a focus on pathology and genomics, as these are areas causing delays.

In terms of recruitment, PMcL expects Nicola Gowen to return to a role within the Cancer Alliance in early 2023. She hopes to work on the earlier Faster Diagnosis workstreams. She will support Amelia and Rachana. There may be some administrative support in the New Year and the Business Support Communications role will be readvertised; previously this role was only advertised internally through NHSE.

3.3 Any Other Business

RH wanted to raise with COG members the significant concerns across many Trusts using MMR for RMS. The LCNs have produced a summary paper which has been sent to Helen Shallcross, PCS Lead for SWAG Cancer Alliance. Organisational and ICB discussions are taking place reflecting the different experiences but across SWAG there are some concerning examples of changing costs and delays in implementation with reduced MMR response capacity during this national rollout. There is an additional local complexity in interfacing Connecting Care and MMR in Bristol. This will impact RMS implementation timescales and is therefore being escalated. The MMR situation is impacting all Trusts in SWAG that are using MMR as the Remote Monitoring solution. (Somerset Foundation Trust and Yeovil are using the Somerset Cancer Register RMS option). Bristol are hoping to start implementing the colorectal remote monitoring pathways in the New Year. Glos are half-way through colorectal but will wait for firm assurance before moving other areas forward and are doing some systems investigations. They use Infoflex which is well integrated with other IT systems used and the PCS Project Manager attended a webinar delivered by them about the patient-facing follow

up platform. Bristol have had conversations around DrDoctor which can do patient portal elements but not patient tracking. The SWAG Cancer Alliance needs to be aware of this.

RH also raised an item regarding the NCPES. There had been discussions around changing the methodology to include outpatients into the next sampling phase. The only way to do this was to identify patients using the CWT 'first definitive treatment' date. Modelling done indicates there would be significantly less patients in the sample for most organisations. It would also change the direction of the survey, capturing patients at diagnosis or during initial treatment but losing patients captured later in the pathway and at follow up. The proposal due to be raised at next week's advisory group meeting (RH will be unable to attend) is it should not be changed. Other approaches will be discussed. RH will bring back updates to a future COG.

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

Date and time of next meeting: 10:00-11:00 Wednesday 8th February 2023, via MS Teams, to be hosted by RUH.

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