Meeting of the Somerset, Wiltshire, Avon and Gloucestershire (SWAG)
Cancer Operational Group

Wednesday 8th February 2023, 10:00-11:00
MS Teams Virtual Meeting hosted by RUH Bath

Present:

Belinda Ockrim	Lead Cancer Nurse	Yeovil District Hospital
Chris Levett	Lead Cancer Nurse	Somerset
Ed Nicolle	Cancer Manager	Royal United Hospital Bath
Eleanor Hanman	Lead Cancer Nurse	Gloucestershire Hospitals
George Thompson	Cancer Manager	Salisbury District Hospital
Helen Dunderdale	Clinical Advisory Group Manager	SWAG CAG Support Service
Lisa Wilks	Lead Cancer Nurse	North Bristol NHS Trust
Luke Curtis	Lead Cancer Nurse	Salisbury District Hospital
Natalie Heath	Associate Cancer Manager	University Hospitals Bristol & Weston
Nicola Gowen	Programme Manager	SWAG Cancer Alliance
Patricia McLarnon	Manager	SWAG Cancer Alliance
Rachana Shah	Project Manager	SWAG Cancer Alliance
Rosie Edgerley	Cancer Programme Manager	Somerset
Ruth Hendy	Lead Cancer Nurse	University Hospitals Bristol & Weston
Zena Lane	Cancer Manager	Somerset
George Brighton	Guest	My Sunrise

Apologies:

Anna Rossiter	Cancer Manager	North Bristol Trust
Hannah Marder (HM)	Cancer Manager	University Hospitals Bristol & Weston

NOTES

1. Welcome and apologies

Chair E Nicolle welcomed all group members. Apologies received prior to the meeting are noted above.

2. Network updates

2.1 My Sunrise

Presented by G Brighton

My Sunrise is an application that has been rolled out in the Peninsula Cancer Alliance which was set up in response to the increasing demands on cancer services. The presentation today is to see if there is sufficient interest for it to be made available in the SWAG Cancer Alliance.

There has been continual evaluation of the project which has shown good outcomes in terms of patient experience and cost saving for the cancer centres.

It may be able to help with the extra demands caused by the roll out of multiple different immunotherapies without any increase in resources.

The app has been running for 5 years and started in Cornwall as a simple information tool for patients starting treatment, including oncology phone numbers and radiotherapy videos, and has

subsequently been developed into a cancer companion for patients, given at the start of diagnosis, which is configured with local information updated by local clinical teams. It is free for patients and helps support them along the personalised care pathway.

It has been configured to include the SACT pathways for the following cancer sites: Breast, Colorectal, Head and Neck, Endometrial, Lung and Prostate, which have been signed off by the Cancer Clinical Advisory Groups.

Some digital tools have been integrated that enable video consultations, access to prehab resources, completion of electronic Holistic Needs Assessments etc. to be made via the app.

The main features include sharing all the information from the cancer information centres, and then the treatment pathway which splits into 4 sections:

- Diagnosis
- Preparing for treatment
- Treatment
- Support after treatment.

A virtual pre-assessment checklist developed in the app has also been found to be really useful. Once they have completed the checklist, a button can be pressed which will take the patient to a virtual waiting room coordinated through their appointment. The nurse allocated to virtual appointments that day will then pick up the call and go through the list to see if any issues need to be addressed. This has been very well evaluated in Cornwall, with 74% of patients preferring the system rather than travelling to the clinic, and has reduced nurse clinic time by 2 hours. Peninsula Cancer Alliance are now supporting its roll out to all SACT centres in the region.

Another feature is the wellness tracker which is a way for patients to track symptoms and is cancer pathway specific. Patients are prompted to complete the wellness questionnaire twice a week to see how they are progressing. It is being further developed to allow the patient's clinician to log in and see how they are doing.

Cost savings are estimated at 150,000 per 1000 patients per Trust per year. There are hidden cost savings as well such as a Trust not having to print patient information leaflets, and patients reporting that they have avoided going to A&E as supported by the app.

It is believed that it can help improve outcomes with patients being able to start treatment earlier. It was very helpful during COVID-19 to provide fast information on changes to services.

My Sunrise is now undertaking further evaluations in partnership with Exeter University and is also working with UKONS.

Prehabilitation advice is also incorporated.

The cancer pathways will continue to be developed to include surgical pathways.

Access to the app is given in the letter prior to the first appointment.

A PIFU pathway for endometrial cancer has been incorporated, and it is planned to do the same with End of Treatment Summaries and GP Cancer Care Reviews.

My Sunrise would like to work with 3 pilot sites, one of which would ideally be Taunton due to the crossover with patient pathways in the Peninsula.

Action 01/23: The Lead Cancer Nurses and Cancer Alliance will arrange another meeting with My Sunrise to discuss further prior to the next COG meeting.

Action LCNs/P McLarnon

2.2 Notes and actions from the last meeting

COG members are invited to provide any comments on the accuracy of the previous notes by Friday 10th February 2023, after which they will be considered as agreed.

Action 11/22: To contact Maidstone and Kent Cancer Services about automated data collection 2WW processes.

It is hoped to arrange a demonstration of the system at the next COG meeting. The automated triage software system works alongside ESR and comes with cost savings as it negates the need for individuals to triage. The duration of the COG meeting will be extended by 30 minutes when this is arranged.

Action: H Dunderdale

Action 09/22: A Rossiter to provide information on incentivised apprenticeships at NBT for MDT Coordinator / Cancer Services administration recruitment

The MDT Performance Manager at NBT will ask A Rossiter for an update on this action if relevant.

Action 008/22: R Edgerly to liaise with L Brown about arranging an MDT Coordinator Training opportunity similar to an event held by the Eastern Cancer Alliance.

To remain open as awaiting feedback from L Brown.

Action 006/22: Cancer Leadership roles: review of LCN and CM job descriptions

This action is on hold awaiting results from the Cancer Alliance Workforce Strategy Delivery Group. It has been specifically flagged to the workforce group by P McLarnon.

Action 002/22: MDT-Mode Assessment updates and SFT Urology MDT participation in DEONTICS project

To be discussed further outside the meeting today.

2.3 Clinical Advisory Group updates / delays caused by phlebotomy

Since the most recent COG meeting Head and Neck and HPB CAGs have been held, plus a breakout Haematology and Brain meeting to discuss management of CNS Lymphoma.

Head and Neck are working towards being able to offer a Sentinel Lymph Node Service and are progressing with opening the PETNEC feasibility trial which will investigate the safety of risk stratified follow up for early Head and Neck Cancer. NCPES data was presented and GP G Beard came to the meeting to explain the current pressures on Primary Care, which she then also presented at HPB CAG. HPB are now offering a full package of treatments for unresectable HCC, including TACE and

SIRT. There were several complex case discussions and the follow up MDT-Mode results were discussed. This showed that the reforms that have been put in place since the baseline survey have improved the quality of decision making.

The Haem and Brain teams are collaborating to put together guidelines for the initial management of CNS Lymphoma which, once ratified, will be disseminated to Medical Directors across SWAG for the attention of general medical teams.

New CAG Chairs are currently being sought for Haem, Urology and Lung.

A meeting was held before Christmas with R Shah and A Randle to request help with managing the delays caused by GP access to phlebotomy.

A Randle requested evidence of the delays from Cancer Management teams and suggested that all relevant referrals received over one day without phlebotomy could be tracked to show how this impacted the patient pathway, so that she can then provide this feedback to the Primary Care Networks.

This data has been collected for years in SFT, with 28% of referrals coming without bloods.

Action 02/23: R Edgerly will send the data directly to A Randle. RUH are collecting this data as well and
E Nicolle will share some examples

CAG Administrative Coordinator A Smith has now left the role; the post will be advertised in the near future. There is a slight delay due to internal administrative processes.

The next tranche of CAG meetings will be late spring/early summer after H Dunderdale catches up with a backlog of work in early Spring.

Funding for the CAG service is still being reimbursed to the Trusts by the Cancer Alliance for 2023/24.

Action 03/23: The MUO for the CAG Service needs to be updated to include 2024/25 and 2025/26 by H Dunderdale, P McLarnon and H Marder now that a further 2 years of funding has been secured.

3. Operational updates

3.1 National Planning Guidance

Ideas to facilitate performance against the three key metrics outlined in the national planning guidance will be shared outside the meeting due to time constraints. In particular, RUH have commenced a project to improve recording of cancer staging.

Action 04/23: RUH to share the plan to improve staging data.

3.2 Cancer workforce updates

UHBW have a new CNS post to provide support for those patients that sit between Head and Neck and Skin Cancer Services.

There was a recent LCN meeting, primarily to look through the low scores from the National Cancer Patient Experience Survey (NCPES) and priorities for improvements. Feedback will be provided to Picker who supply NCPES, as R Hendy sits on the advisory board.

Workforce planning and education needs were also discussed. There is an urgent need to develop the junior workforce with many retirements pending.

LCN L Wilks is retiring on 22nd March 2023; interviews for the post will be held next week.

The ACCEND Programme, which is to attract nurses and other allied health professionals into the cancer workforce, was introduced to the group by representatives from the University of the West of England. A lot of in-depth work has gone into the programme, which is also very focused on supporting and developing the Cancer Support Worker and Navigator roles. As these are roles that NBT are looking to refine at present the ACCEND work will be very helpful.

NBT have a gap in provision of Upper GI CNSs which is currently being covered by Acute Oncology and the non-cancer Upper GI Surgeons in clinics. It is hoped that this will be resolved soon. L Wilks is linking in with the division on a weekly basis to help mitigate any associated risks.

The ACCEND Programme and Cancer Alliance Workforce Strategy are not aligned at present, but this should be possible as LCN representatives are involved in both groups.

Salisbury have appointed a Lead AHP, S Garrett, in a substantive post on the 20th March.

There is a newly funded post in the SACT team for a prescriber and pre-cycle of treatment assessor, but it has not been possible to recruit despite advertising on several occasions.

All other vacant posts have been filled, and a large project is underway to review CNS job plans to make them consistent across the organisation.

LCN E Hanman had also found that the presentation at the National Lead Cancer Nurse Forum on CNS job planning demonstrated the different aspects of the role and a need to focus on this area, in particular on the amount of non-CNS work undertaken to fill the gaps in the administrative workforce.

In GRH, E Hanman is increasingly finding that the CNS teams are being pressured to provide ward based clinical work. This is felt to have been driven by the strike action and there has also been mention in Salisbury that all CNSs may be asked to do one ward shift a week to maintain competencies.

Action 05/23: CNS teams are already overstretched with their existing workload and need to be protected from this practice. To be escalated to a future Cancer Alliance Board / Workforce Strategy for a SWAG position statement

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

Date and time of next meeting: 10:00-11:00 Wednesday 19th April 2023 via MS Teams, to be hosted by Somerset FT.

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