Wessex Cancer Alliance Board Meeting
Wednesday 18th December 2019, 2pm to 4.30pm
Axis Conference Centre, University of Southampton Science Park

Notes

Board Members Present

BG	Bill Gillespie, Chief Executive, Wessex Academic Health Science Network
CS	Chris Scally, Strategic Partnership Manager – South West England, Macmillan Cancer Support
DH	Deborah Haworth, Regional Manager (Facilitator Programme), Cancer Research UK
JW	Jane Winter, Macmillan Nursing/AHP Lead, Wessex Cancer Alliance
MH	Matt Hayes, Medical Director, Wessex Cancer Alliance (Chair)
NW	Nigel Watson, CEO of Wessex Local Medical Committees, LMC
PH	Paula Head, Executive Lead, Wessex Cancer Alliance
RS	Richard Sim, Consultant ENT Surgeon, Dorset County Hospital NHS Foundation Trust
SR	Sally Rickard, Managing Director, Wessex Cancer Alliance
SW	Sarnia Ward, Primary Care Lead, Dorset Cancer Partnership
SH	Sue Hill, Workforce Transformation Lead, Health Education Wessex
SN	Sue Newell, Project Manager, Wessex Voices

In Attendance

EW	Emily Watts, NHS England and Improvement (Observer)
JMA	Jacqui McAfee, Director of Operations (Elective Care and Cancer), University Hospital Southampton NHS Foundation Trust
JE	Jane Eshelby, Project Manager (Rapid Diagnostic Service), Wessex Cancer Alliance (Observer)
RW	Ruth Wilcockson, Cancer Programme Manager, NHS England and Improvement (South East) attended on behalf of Amanda Lyons, Locality Director (Hampshire and Thames Valley)
SD	Stefanie Dimov, NHS England and Improvement (Observer)

Apologies

AW	Alex Whitfield, Chief Executive, Hampshire Hospitals NHS Foundation Trust
CT	Christopher Tibbs, Medical Director, Specialised Commissioning (South East)
CSF	Cindy Shaw-Fletcher, Programme Lead, Dorset Cancer Partnership
CY	Constantinos Yiangou, Associate Medical Director, Portsmouth Hospitals NHS Trust
DF	Debbie Fleming, Joint Chief Executive, Poole Hospital NHS Foundation Trust and Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust
MM	Maggie MacIsaac, Chief Executive, Hampshire and Isle of Wight Partnership of CCGs, Southampton City CCG and West Hampshire CCG
SB	Simon Bryant, Consultant In Public Health, Hampshire County Council

Item	Subject	Action
1.	**Welcome and introductions** MH opened the meeting and introductions were made around the room. The notes from the last meeting held on the 10th September 2019 were reviewed. SW commented the Dorset Cancer Partnership (DCP) did not feel their concerns regarding the Rapid Diagnostic Service, and how strongly they had objected to the virtual model approach due to the IT operability vulnerabilities, were accurately reflected in the notes. MH acknowledged the comment from the DCP. **Update on actions from last meeting** **Cancer Waiting Times:** The decision had been made to not establish another forum regarding system wide cancer management in Hampshire. The existing Wessex Cancer Waiting Times Board reports to the Wessex Cancer Alliance Board. **SSG Clinical Leadership:** RS had attended the SSG chairs meeting on the 6th November, chaired by MH, and there is a new SSG co-ordinator in Dorset.	
2.	**Update from the National Cancer Programme** PH provided feedback from the National Cancer Alliance Leadership Forum which had taken place on the 29th November; the day had included a talk from Peter Johnson on his new role as National Clinical Director for Cancer at NHS England and Improvement (NHS E/I), and the expectation of Alliances in relation to early diagnosis and the reduction of emergency presentations. PH referenced the presentation from Michelle Mitchell, CEO at Cancer Research UK (CRUK), which had looked at the approach of the Faster Diagnosis Standard; DH summarised the data included in the presentation. **Action: Graph and waterfall diagram from Michelle Mitchell's presentation to be circulated.** The Chief Executive of Health Education England (HEE), Ian Cumming, will be leaving at the end of March 2020. The future direction of HEE is still to be determined.	**DH**
3.	**Cancer waiting times standards** The Alliance were approached to support University Hospital Southampton NHS Foundation Trust (UHS) who are particularly challenged in	

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	achievement of the 62 day waiting times standard. Working in partnership with executive leads, clinical teams and NHS E/I, improvement expertise support is in place and a revised trajectory for recovery. JMA presented the changes that had been implemented at UHS to improve cancer waiting times. These included performance reporting, increasing nurse-led clinics and changes in practice (e.g. time to attend MDTs). A visit from NHS E/I had been extremely useful. Future work includes MDT changes, budget setting and the roll out of the Somerset registry across the region (UHS to support Portsmouth with this in January 2020). MH added the work done at the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust regarding tracking had been extremely valuable also. RW added the National team would support continuation of resource for this work and would encourage other Trusts to avail themselves of the NHS E/I service improvement offer. NW challenged whether the work done so far at UHS would significantly change the timed standard in 6 months' time; JMA said the trajectories indicated a significant change and gave the example of the opening of the urology centre which reduced three steps in the pathway to one. PH commented that the future for the Alliance and NHS E/I would be to seek system solutions rather than individual ones for acute Trusts. **Timed pathways implementation** MH reminded the Board of the requirements for the implementation of timed pathways for colorectal, prostate, lung and oesophageal (OG) cancer nationally. SR informed the Board that a gap analysis had been performed for OG as there had been some concern about the Wessex wide implementation of this pathway. The Board were asked to be clear to their colleagues what the ask is and that it is nationally mandated, and support conversations. MH reminded the Board of the support available from the Alliance for implementation by provider Trusts. **Action: SR to link RS with Rob Radford regarding the OG pathway in Dorset** **IPT policy for Wessex** The final draft of the Wessex IPT policy (which had been co-produced with cancer managers at Trusts) had been reviewed by the Board members prior to the meeting and they agreed that it could be signed off.	**SR**

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4.	**Long Term Plan** SR summarised the Alliance's 5-year strategy in response to the NHS Long Term Plan, including the core programmes of work and cross-cutting work that will be undertaken. The draft strategy will be updated to include a patient population perspective at the end of each section i.e. what this means for patients. The Board were asked to provide any comments/amendments to the strategy by the 31st December. The final draft of the strategy will inform discussions at the launch event on the 22nd January, with publication timed to coincide with ICS/STP plans. **Action: Comments/amendments to the draft strategy required by the 31st December.** SR described the Alliance's trajectories for survival and early diagnosis. JW described the projections for improving early diagnosis for colorectal cancer, along with the proposed interventions and predicted additional numbers of early diagnosis cases. JW explained this data had been taken to the HIOW colorectal SSG; the SSG had discussed ways the trajectories could be achieved and were implementing this as part of their work plan. The Alliance will require each SSG to take a similar approach and this has been prioritised for future SSG agendas via SSG chairs. SR suggested a data dashboard to track progress against the trajectories. The Board were supportive of this approach. BG requested additional narrative for each metric to contextualise. SN reminded the Board of the need to involve patients and engage with seldom heard groups in the above. **Action: SR to draft data dashboard for next meeting in conjunction with BG** **CRUK response to LTP** DH summarised CRUK's strategy in response to the LTP and described the projects the facilitator programme was involved in across Wessex. 54 practices had registered to take part in the 2019 National Cancer Diagnosis Audit. Alliance-level reports were due to be issued shortly, which would highlight local referral patterns. SW commented that although it was an excellent tool for gathering primary care data it was very time consuming for practices and queried whether CRUK were able to offer	**All** **SR/BG**

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	incentives to practices. DH replied that CRUK could not offer a financial incentive, but the facilitator programme could support in other ways. DH referenced the Very Brief Advice for smoking project in Portsmouth. NW commented that he could understand why they were investing in Portsmouth, but other areas of rural and urban deprivation shouldn't be forgotten. **Macmillan response to LTP** CS summarised Macmillan's strategy in response to the LTP, which focuses on the point of diagnosis. The strategy includes more investment in Macmillan Online Support (the website has been completely refreshed) and the telephone support line (which is now 24/7). It also includes an affiliate workforce offer of 80,000 roles nationally (heavily focused on primary care), which is due to be rolled out in the middle of 2020. CS described the Macmillan Right By You Integrated project, which includes Wessex as a test site. It is a boundary spanning project across primary and secondary care, involving UHS, Dorset County Hospital and GP practices in Southampton and West Dorset initially. There was a discussion about whether Primary Care Networks (PCN) should be involved from the beginning, rather than just individual practices. **Action: RBY briefing paper to be circulated**	**WCA Team**
5.	**Rapid Diagnostic Service (RDS)** SW provided an update on the progress of the RDS since the last meeting and informed the Board that the funding had been received by the Alliance from the national team. Four task and finish groups have been established: 1) Referral and Triage group – have met twice to-date and have produced a draft referral form. Core filter tests and optional tests, and the make-up of the triage team, have been determined. Workshop planned for the 30th January to gather views of wider clinical audience. Working with SN to design a questionnaire to determine what patients want to be informed of and when. 2) Digital group – have met twice and have identified tactical solution and longer-term solution. Need joined up imaging sharing and referral mechanisms. 3) Demand and capacity group – have met once to-date 4) Commissioning and finance group – have met once – a lot of their tasks will be determined by the other groups.	

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	JE has started as project manager for the RDS and will link all the task and finish groups. The RDS will initially be designed to provide a new pathway for the investigation of patients presenting with non-specific symptoms, along with a new pathway (symptom specific) for pancreatic cancer. SW summarised the risks of the RDS which includes the various states of readiness of PCNs. SW proposed a phase 1 pilot in Poole to speed up the RDS process and explained what this would look like (virtual Poole hub). The Board discussed the proposal and its advantages/disadvantages. Concerns were heard as to whether it was a good idea to test a concept in one area that may not be possible to replicate in another part of Wessex. SR suggested a phased pilot involving more than one PCN, as the ask from the national team is availability to 20% of the Wessex population by April 2020. PH acknowledged all the work that had been done in Dorset and Poole in respect of RDS. **Actions:** **MH/SR/SW to discuss whether the Poole pilot was deliverable and congruent with what has already been signed off.** **WCA to formally invite proposals to host virtual service hub function.** BG questioned the use of certain language e.g. 'virtual pathway/centre' and suggested engagement with patients regarding this language. SN referenced national wording that does not use 'virtual'.	**MH/SR/SW** **WCA Team**
6.	**Updated MDT guidance** This item was deferred to the meeting in March 2020 due to time constraints.	
7.	**Radiotherapy network** This item was deferred to the meeting in March 2020 due to time constraints.	
8.	**Any other business** MH referenced an email from Peter Johnson regarding his concern about ovarian cancer outcomes in the region (Wessex is at the bottom of the survival figures list – 20% lower than highest performing alliance). MH added a response was about to be engendered. NW highlighted the	

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	significant difference in population between the highest performing alliance and Wessex. **Action: MH to approach gynae SSG chairs and offer data analytical support in the first instance to inform next steps.** **There will be a Board pre-meet from 12pm to 1.30pm on Wednesday 22nd January 2020, where the Alliance will present the detail of their response to the NHS Long Term Plan prior to wider stakeholder discussion.**	**MH**