



**Wessex Cancer Alliance Board Meeting  
Wednesday 10<sup>th</sup> March 2021, 11.00am to 1.30pm  
Via Microsoft Teams**

**Minutes**

**Board Members Present**

- AW Alex Whitfield, Executive Lead for Cancer, Hampshire and Isle of Wight Integrated Care System
- BG Bill Gillespie, Chief Executive, Wessex Academic Health Science Network
- CT Christopher Tibbs, Medical Director, Specialised Commissioning (South East)
- CSF Cindy Shaw-Fletcher, Head of Programme, Dorset Cancer Partnership
- DFr David French, Interim Executive Chair, Wessex Cancer Alliance
- DFI Debbie Fleming, SRO for Cancer, Dorset Integrated Care System
- 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, Primary Care Clinical Lead, Hampshire and Isle of Wight
- RSi Richard Sim, Cancer Acute Clinical Lead, Dorset
- SR Sally Rickard, Managing Director, Wessex Cancer Alliance
- SW Sarnia Ward, Primary Care Clinical Lead, Dorset Cancer Partnership
- SB Simon Bryant, Director of Public Health, Hampshire County Council and Isle of Wight Council
- SO Siobhan O’Donnell, Programme Lead for Cancer and Diagnostics, Health Education England (South East Region)
- SN Sue Newell, Patient and Public Involvement Programme Manager, Wessex Cancer Alliance

**In Attendance**

- AM Alex Mirnezami, Consultant surgeon, University Hospital Southampton NHS Foundation Trust (for agenda item 3)
- AB Ashleigh Boreham, Lead for Diagnostics, Dorset Integrated Care System (for agenda item 4)
- KN Kate Nash, Consultant hepatologist, University Hospital Southampton NHS Foundation Trust (for agenda item 5)
- KD Keith Douglas, Lead for Diagnostics, Hampshire & Isle of Wight Integrated Care System (for agenda item 4)
- RSa Richard Samuel, Director of Development and Transition, Hampshire & Isle of Wight Integrated Care System attended on behalf of Maggie MacIsaac, Chief Executive, Hampshire and Isle of Wight Partnership of CCGs, Southampton City CCG and West Hampshire CCG
- SP Sinead Parry, Partnership Manager (Hampshire, Isle of Wight and the Channel Isles), Macmillan Cancer Support attended on behalf of Chris Scally, Strategic Partnership Manager – South West England, Macmillan Cancer Support
- SWt Stephanie Witts, Business Support Assistant, Wessex Cancer Alliance (Minutes)

**Apologies**

- CY Constantinos Yiangou, Cancer Acute Clinical Lead, Hampshire and Isle of Wight

Item	Subject	Action
<u>1.</u>	<p><b>Welcome and introductions</b></p> <p>MH opened the meeting. Introductions were made and apologies noted.</p>	

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	<p>MH informed the Board that the order of agenda items had been amended due to alterations in members availability. These minutes reflect the order of the discussion.</p> <p>The minutes from the last meeting held on the 9<sup>th</sup> December 2020 were reviewed. Two inaccuracies were highlighted:</p> <ol style="list-style-type: none"> <li>1) It was stated under agenda item 2 (Primary care strategy) that Macmillan GP funding had been terminated nationally. SP explained that this was not accurate; Macmillan have not terminated all funding for GPs. The contract in Wessex ended at the end of December, but it has been possible for Macmillan to utilise underspend and continue to fund four Macmillan GP posts in 2021. The funding for each post ends at varying points during the year.</li> <li>2) SB raised that his role was incorrect; it should be 'Director of Public Health, Hampshire County Council and Isle of Wight Council'.</li> </ol> <p><b><u>Post meeting note</u></b> The above inaccuracies have been corrected within the previous minutes.</p> <p>All previous actions were closed.</p> <p><b><u>Update on Endoscopy review at PHU</u></b> Progress at PHU has been positive – figures for December and January reported single biggest closure of gap in backlog of endoscopy patients nationally. Conversations are taking place with UHS and the Dorset ICS to translate this work to other parts of the Wessex geography.</p> <p>SO commented that HEE are awaiting confirmation of funding for training academies for endoscopy.</p> <p><b><u>Update on Innovations Fund</u></b> Community of Practice has been set up to provide support/enable shared learning between project teams. Project timelines have changed due to competing demands.</p> <p><b>Action:</b> <b>Project timelines, quarterly reports and shared learning to be circulated</b></p> <p>In addition to the 10 successful bids, the Alliance has contributed to the ongoing work around FIT across Dorset and HIOW via the innovation funding.</p> <p><b><u>Communications and Engagement strategy</u></b> The Board discussed the amended version of the WCA Communications and Engagement strategy that had been shared prior to the meeting.</p> <p>SB commented that further information on inequalities was needed. DFI commented that there needed to be a more explicit explanation of how the aims of the strategy will be achieved, along with details of the communications arrangements within the systems.</p>	<p>JW</p>

Item	Subject	Action
	<p><b>Action:</b> <b>Strategy to be updated and re-circulated</b></p> <p><b><u>WCA website and Cancer Matters Wessex website</u></b> The Board discussed the two websites and suggestions were made on additional content that could be added to them both.</p> <p><b>Action:</b> <b>SR to link with SB and Patricia Miller, CEO of DCH and Inequalities lead for Dorset ICS, regarding inequalities content for the WCA website</b></p> <p>CSF gave an update on the Cancer Matters Wessex (CMW) website. CSF explained that there are business intelligence teams who have started working on cancer health inequalities, and a mock-up has been drafted.</p> <p><b>Action:</b> <b>CSF to send cancer health inequalities mock-up to SR</b></p> <p>Dfr requested website traffic data be shared with the Board at regular intervals. SR informed the Board that the CMW website had received over 1000 individual user hits in February.</p>	<p><b>SN / Jemma Jones</b></p> <p><b>SR</b></p> <p><b>CSF</b></p>
<p><b><u>2.</u></b></p>	<p><b>Performance – current position</b> <i>Slides attached for reference</i></p> <p>DfI reflected on the challenges everyone has faced since the last meeting in December and shared how proud she was of all organisations, teams and individuals within Dorset and HIOW.</p> <p>DfI presented the current performance data for Dorset. Key points to note:</p> <ul style="list-style-type: none"> <li>• Q3 - All key cancer performance areas remain challenged due to capacity not being at pre-COVID levels.</li> <li>• Overall number of 2WW referrals continues to be below that of pre COVID levels. Higher referrals than previous years for breast, head and neck, colorectal and gynaecology.</li> <li>• Pressure on hospitals as patients are reluctant to attend diagnostic appointments until they have been vaccinated. This is being shown in 62 day pathway delays.</li> <li>• The backlog of patients continues to decrease steadily; at present there are 96 patients at UHD and 52 patients at DCH. Across Dorset the number of backstops remains static.</li> <li>• Biggest challenge currently is with breast services – task and finish group are continuing to look at this.</li> </ul> <p>AW presented the current performance data for HIOW. Key points to note:</p> <ul style="list-style-type: none"> <li>• 2WW referral rate continues to track at 10 % below pre COVID level, in line with the national picture. Referrals are rising, but huge variation between tumour sites.</li> </ul>	

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	<ul style="list-style-type: none"> <li>• 31 day - Strong performance in 3 Trusts; IOW have had issues with lung and urology pathways.</li> <li>• 62 day - HIOW aggregate performance for Q3 is 81.7%, below standard with significant pressure on the Isle of Wight.</li> <li>• Total backlog is currently 233 people (now equal to pre COVID position).</li> <li>• Backstops total currently 48 - below 1% aggregate of all PTL.</li> </ul> <p>The Board discussed the 2WW figures from a primary care perspective, the breast service workforce and the potential inequalities of patients waiting.</p>	
<p><b>3.</b></p>	<p><b>Cancer Surgical Hub</b> <i>Slides attached for reference</i></p> <p>AM reminded the Board of the background of the Wessex Cancer Surgical Hub, which became operational in May 2020.</p> <p>The first referrals were received in January 2021, and 25 have been received to date. Nearly half of the referrals have been urology patients.</p> <p>Patient outcomes so far include:</p> <ul style="list-style-type: none"> <li>- All cases R0 resection</li> <li>- No COVID-19 infections post operatively</li> <li>- To date no reported mortality or morbidity</li> <li>- Excellent feedback from incoming patients and surgeons and teams</li> </ul> <p>AM described a few of the lessons learnt along the process.</p> <p>The Board acknowledged and thanked AM for his hard work; DFr added his thanks to the UHS team and the team at the Spire.</p>	
<p><b>4.</b></p>	<p><b>Diagnostic services strategy</b> <i>Slides attached for reference</i></p> <p>KD described the set-up, key areas of focus and the immediate priorities of the South East 3 Diagnostic Imaging Network.</p> <p>The network's governance structure has not been formalised yet.</p> <p>Discussions are taking place around Salisbury, which has opted to sit within the Bath, Swindon and Wiltshire network, and whether there are benefits to the SE 3 imaging network joining up with the pathology network.</p> <p>National funding has been agreed but the funding for each region has not yet been defined.</p> <p>DFI commented on the need to be mindful of the two system footprints in Wessex, both in terms of the governance structure of the imaging network and</p>	

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	<p>the likelihood that there will only be one Community Diagnostic Hub (CDH) per network.</p> <p>AB summarised the South East Region Diagnostics Governance Framework and the Dorset ICS Diagnostics Governance Framework. AB also described the planned timeline for the delivery and the four possible levels of CDHs.</p> <p>The Board discussed CDHs.</p> <p>NW commented on the need to be clear on the function and purpose of CDHs, as messaging to primary and secondary care has been different.</p> <p>CT commented further conversations were needed on the diagnostic process and the pathway of results back into primary/secondary care.</p> <p>Primary care input - Karen Kirkham is executive lead for this work in Dorset. KD is going to have conversations with interested people to get them involved for H10W.</p> <p>SR, AB and Sally Bannister have connected around the possibility of resource from the Alliance for Dorset. The same offer could be made for H10W. DFI explained it has been agreed that the programme sits under the Elective Care Board oversight.</p>	
<p><b><u>5.</u></b></p>	<p><b>Rapid Investigation Service (RIS)</b></p> <p>KN, Clinical Lead for the RIS, provided an update on the progress of the service and explained the name had been changed from Rapid Diagnostic Service to manage the expectations of patients.</p> <p>Over 110 referrals have been received; 3 cancers have been confirmed, along with other significant medical findings.</p> <p>KN described the potential future pathways that are currently being scoped: breast, skin, and lumps and bumps.</p> <p>SW highlighted that patients weren't being seen face-to-face and queried whether this was a concern. The Board will continue to monitor this.</p> <p>BG commented about having an offline discussion with Anna Wykes and Anu Dhir regarding AI.</p> <p>SN informed the Board that 41 patient interviews had taken place; feedback had been positive about the speed of the service via the telephone – barriers for people with learning disabilities and the deaf community are being investigated.</p>	
<p><b><u>6.</u></b></p>	<p><b>Recovery planning</b> <i>Slides attached for reference</i></p>	

Item	Subject	Action
	<p>MH summarised the findings of the recently published CABS paper, ‘Cancer symptom experience and help-seeking behaviour in the UK adult population during the COVID-19 pandemic’.</p> <p>MH described the work that has been carried out in Wessex towards the three national aims of cancer recovery:</p> <ul style="list-style-type: none"> <li>- restore urgent referrals at least to pre-pandemic levels</li> <li>- reduce backlog at least to pre-pandemic levels</li> <li>- ensure sufficient capacity to manage increased demand moving forwards</li> </ul> <p>Wessex was the best performing Alliance nationally for the 28 day Faster Diagnosis Standard in Q3 2020/21, and is in the top 3 Alliances for both 62 days and 104 days (% change of each between March 2020 and January 2021).</p> <p>MH described the Alliance’s recovery plan actions going forward and the risks to the delivery of phase 3 recovery.</p> <p>NW commented that more data on the number of cancers diagnosed was needed for a complete picture. SR provided an example of the difference between referral numbers and treatment numbers at HHFT and explained that work is being carried out to understand the patients that are not being seen.</p> <p>SW commented on the need to get ahead of the predicted national surge in urgent referrals in September and hospital appointments in October, and to encourage patients to come in now. SW queried how the huge uptake of COVID vaccinations could be capitalised on to get patients to come forward with their cancer symptoms. DFI added there was a need for more thought on how areas of deprivation can be targeted.</p>	
<p><u>7.</u></p>	<p><b>Year-end summary of Alliance work 2020/21</b> <i>Slides attached for reference</i></p> <p>SR gave an overview of the activity of each of the Alliance work programmes over the past year.</p> <p><b>Action:</b> <b>Full end of year report to be circulated when finalised</b></p> <p>Dfr commented that the tone of the report should reflect the pride of the Alliance but also recognise how difficult and challenging the year has been. DFr also suggested specific stories/examples should be included.</p> <p>Board members acknowledged the huge amount of work carried out this year and congratulated the wider Alliance team on their achievements.</p>	<p>SR</p>



<u>Item</u>	<u>Subject</u>	<u>Action</u>
<b><u>8.</u></b>	<b>Any Other Business</b>  The Board agreed that the Cancer Surgical Hub should be formally stood down at the end of March when the contract with the independent sector ends.	

**Next meeting: Wednesday 16<sup>th</sup> June 2021, 2.00pm to 4.30pm, via Microsoft Teams**