



**Wessex Cancer Alliance Board Meeting
Wednesday 16th June 2021, 2.00pm to 4.30pm
Via Microsoft Teams**

Minutes

Board Members Present

- CS Chris Scally, Strategic Partnership Manager – South West England, Macmillan Cancer Support
- CT Christopher Tibbs, Medical Director, Specialised Commissioning (South East)
- CSF Cindy Shaw-Fletcher, Head of Programme, Dorset Cancer Partnership
- DFr David French, 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
- SR Sally Rickard, Managing Director, Wessex Cancer Alliance
- 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

- DR Deborah Rose, Wessex Cancer Alliance Macmillan GP attended on behalf of Sarnia Ward, Primary Care Clinical Lead, Dorset Cancer Partnership and Richard Sim, Cancer Acute Clinical Lead, Dorset
- ND Nicola Duffield, Programme Manager (Prevention and Earlier Diagnosis), Wessex Cancer Alliance (for agenda item 4)
- RR Robert Radford, Faster Diagnosis Programme Lead, Wessex Cancer Alliance (for agenda item 5)
- SWt Stephanie Witts, Business Support Assistant, Wessex Cancer Alliance (Minutes)

Apologies

- 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
- CY Constantinos Yiangou, Cancer Acute Clinical Lead, Hampshire and Isle of Wight
- MM Maggie MacIsaac, Chief Executive, Hampshire, Southampton and Isle of Wight Clinical Commissioning Group

| Item | Subject | Action |
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| 1. | <p>Welcome and introductions</p> <p>MH opened the meeting. Introductions were made and apologies noted.</p> <p>Minutes and matters arising</p> <p>The minutes from the last meeting held on the 10th March 2021 were agreed as an accurate record of the meeting.</p> <p>All previous actions were closed.</p> <p>Innovations Fund</p> | |

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| | <p>JW gave an update on the progress of the 11 projects that were awarded funding from the Wessex Cancer Alliance Post COVID Innovation Fund 2020/21.</p> <p>Two spin off special interest groups have been set up – one focused on nutrition and the other on psychological support.</p> <p>A proposal is currently being drafted for the next round of bids. NW and SB commented that the current projects were dominated by secondary care and there was a need to think more broadly for the next round to attract bids from primary care and public health.</p> <p>Action: NW to take to Wessex Primary Care meeting and feedback to Alliance Senior Leadership Team</p> <p><u>WCA website and Cancer Matters Wessex website - Inequalities</u> The Alliance has linked with the Inequalities Boards in both HIOW and Dorset. No additional content to go onto the WCA website at the present time.</p> <p>An inequalities dashboard has been drafted – Dorset data only at the moment but will be developed to include HIOW data.</p> <p>Action: Inequalities to be an agenda item at the next Board meeting</p> | <p>NW</p> <p>MH/SR</p> |
| <p><u>2.</u></p> | <p>2020/21 End of year report</p> <p>SR summarised the key achievements of the Alliance’s Personalised Care, Treatment and Workforce programmes in 2020/21.</p> <p>Earlier Diagnosis and Faster Diagnosis were not discussed as they appear later in the agenda.</p> <p>DFI and DFr commented that it was important to pause and reflect on the Alliance’s achievements over the past year. DFI thanked SR and the WCA team for their hard work.</p> <p>The Board discussed the publishing of the report. It was agreed that a one-page poster summary would be the best format for the information to be shared. Poster to include performance data and a thank you message. DFI highlighted the need to focus on the 20/21 timescale i.e. it is a stocktake at this point in time.</p> <p>Action: End of year report to be published as a one-page poster summary</p> | <p>SR</p> |
| <p><u>3.</u></p> | <p>Summary of planning submission for 2021/22</p> <p>SR summarised the Alliance’s planning submission for 2021/22.</p> | |

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| | <p>The Alliance consulted the Senior Responsible Officers in Dorset and HIOW prior to submission but were unable to consult all Board members due to the tight deadline.</p> <p>DR raised inequalities in IT access. SR explained the Alliance are undertaking scoping work to understand where the biggest gaps are. SN described other work that has been done around this issue.</p> <p>DFI raised concerns about the workforce and the shortage of oncologists. SO explained HEE have been aware of the issues for some time and have increased training numbers this year for medical and clinical oncology across the South East and are starting to think about new roles/ways of working. MH acknowledged the issue and the need to find different solutions whilst new people were being trained e.g. network working.</p> <p>Action: SO to share a summary of HEE training numbers and where they are being held</p> <p>SO informed the Board that HEE has confirmed funding this year to support cancer Clinical Nurse Specialists and chemotherapy and to develop and implement an endoscopy training academy and imaging academy.</p> <p>Action: Summary of HEE work to be an agenda item at the next Board meeting</p> <p>CSF raised the shortage of pharmacists supporting chemotherapy which is beginning to have an impact on treatments. MH acknowledged this has been an area that has been under pressure for some time.</p> <p>Action: SR, MH and SO to discuss shortage of cancer pharmacists</p> <p>The Board approved the Alliance's work plans for 2021/22.</p> | <p>SO</p> <p>SR/MH</p> <p>SR/MH/ SO</p> |
| <p>4.</p> | <p>Earlier diagnosis – position across Wessex and plan for this year <i>Slides attached for reference</i></p> <p>ND described the work being undertaken to meet the national ambition that 75% of cancer is detected at stage 1 or 2 by 2028.</p> <p>CS queried the implications for personalised care should the staging targets be met. ND explained this was not part of the earlier diagnosis work plans, but work would be done with the other Alliance programmes around the potential impacts to later in the pathway. JW commented on the link between early stage and outcomes; evidence suggests earlier diagnosis does not always mean a better outcome - self-efficacy, social support and psychological support have a big impact on outcomes.</p> | |

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| | <p>CSF commented on the positive connectivity between the Alliance and Dorset around prevention and earlier diagnosis.</p> <p>SR informed the Board that a staging dashboard is being developed by the team that created the PTL dashboard. Currently between 60 – 65% of patients in Wessex are being diagnosed at stage 1 or 2.</p> <p>The Board discussed cancer diagnoses following an emergency presentation. Data validation is required as national data reports 25% for Wessex whilst work undertaken by the analysts across the patch reports around 9 -10%. DR commented that Sarnia Ward is doing some work in Dorset around 2WW referrals via emergency departments and urgent treatment centres. NW added that emergency presentation information is being collected by the primary care team as part of their PCN visits.</p> <p>Action: Update on emergency presentation work in Dorset to be given at a future meeting</p> <p>SN informed the Board the Alliance is taking part in a literature review of breast cancer screening in the South East.</p> <p>Action: SN to share breast screening literature review when published</p> <p>The Board approved the earlier diagnosis workplan for 2020/21.</p> | <p>DR/Sarnia Ward</p> <p>SN</p> |
| <p>5.</p> | <p>Faster diagnosis – performance across Wessex <i>Slides attached for reference</i></p> <p>RR informed the Board that the cancer waiting times data for April was published last week. Wessex are the best performing Alliance for the Faster Diagnosis Standard and 31 day standard and has the lowest number of patients waiting over 62 days.</p> <p>Wessex was the only Alliance in the country to achieve the 62 day standard in April.</p> <p>The 2WW target was not met.</p> <p>There is £911k of additional funding available to each Alliance this year from the National Cancer Programme to support improvement of the front end of the cancer pathway and enable management of high referral volumes. The funding is non-recurrent and is revenue only. The deadline for submissions is next week.</p> <p>1,674 fewer cancer treatments took place in Wessex in 2020/21 compared to 2019/20 – breast and prostate pathways accounted for 77.4% of the shortfall. The Board were asked to consider using the additional funding to focus on these two pathways as this would have the greatest impact.</p> | |

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| | <p>RR described the requests for Board input to enable delivery of the faster diagnosis plan for this year.</p> <p>The Board discussed the additional funding available for this year.</p> <p>MH explained that the funding must be focused in five potential ways:</p> <ul style="list-style-type: none"> • Rapid triage for prostate cancer • Rapid access skin clinics: <ul style="list-style-type: none"> - Teledermatology - Community based rapid access diagnostic spot clinics • Lumps and bumps clinic • Triage and referral management for most challenged pathways • Cancer symptom hotline <p>NW commented on the need to be cautious regarding a cancer symptom hotline. MH agreed.</p> <p>There was a discussion about the potential for men to access PSA testing without having a GP consultation first.</p> <p>Dfr raised concerns about the non-recurrent manner of the funding and the need for long-term thinking rather than just utilising the money for overtime. MH agreed. CSF commented that training areas may provide sustainability.</p> <p>SR commented that 20 physician associates are graduating in July in Wessex – this provides a potential opportunity to explore expanding the workforce in known areas of pressure.</p> <p>The Board agreed with the Alliance’s recommendation to utilise the funding to focus on the breast and prostate pathways.</p> | |
| <p>6.</p> | <p>Future ICS improvement capacity planning in the Alliance <i>Slides attached for reference</i></p> <p>CSF described the Alliance’s proposal to:</p> <ul style="list-style-type: none"> - fund a post to be embedded in both ICSs that will be responsible for cancer performance, planning and improvement. This post implements a direct requirement from the 21/22 national planning guidance. -put a Cancer Improvement Team/Academy in place to enable, improve and transform cancer pathways. This would be a Wessex-wide resource that would be funded through the Rapid Investigation Service for a period of 24 months. <p>CS commented that Macmillan may be able to provide additional support.</p> <p>Action: SR and CS to discuss potential additional support from Macmillan</p> <p>SN requested that it be made explicit that people will be involved in reviewing</p> | <p>SR/CS</p> |



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| | <p>the pathways, in addition to patient experience.</p> <p>MH led a discussion about the evolution of the Dorset and HIOW ICSs to statutory status and the implications for ways of working for WCA.</p> <p>Action: MH and SR to present to HIOW CEG in July</p> <p>The Board agreed with the Alliance's proposal and next steps.</p> | MH/SR |
| <u>7.</u> | <p>Any other business</p> <p>No other business raised.</p> | |

Next meeting: Wednesday 22nd September, 9.30am to 12.00pm