

Wessex Cancer Alliance, proposal for Cancer Tumour Site Specific Groups (SSGs)

The cancer site specific groups (SSGs) are the clinical arm of the Wessex Cancer Alliance, supporting the delivery of the cancer elements of the NHS Long Term Plan in each cancer pathway across Wessex.

These groups act as the source of expert clinical opinion for a wide range of clinical service issues including best practice clinical guidelines, optimum treatment pathways and patient focused care.

Some SSGs are currently Dorset or Hampshire and Isle of Wight specific, others are advisory across Wessex as a whole.

SSGs adopt an evidence-based approach and regard the National Institute for Healthcare and Clinical Excellence (NICE) guidance as their reference for determining common standards and pathways for cancer patients.

The role of the SSG is to ensure co-ordination of the cancer pathway, consistency of clinical practice and to achieve the best possible outcomes and experience for patients, irrespective of where their treatment and care is provided. The role and work programme of the SSG includes delivering improvements in

- Prevention and Earlier Diagnosis
- Faster Diagnosis
- Treatment
- Personalised care

This should be underpinned by:

- Workforce development
- IT
- Research and development/adoption of innovative technologies/treatment

These will form the basis of a summary work programme for the SSG which should be agreed and reviewed annually.

As the NHS moves towards Integrated System leadership these groups will be instrumental in leading change to ensure the provision of high quality and sustainable cancer services fit for the future, ensuring improvements in both outcome and experience are equally valued.

The SSGs should ensure a multi-professional membership made up from all multidisciplinary team (MDT)/nominated service leads from the relevant constituent organisations, with invited representation from other key stakeholders (including for example primary care, service users, Cancer Alliance team). Cross-cutting clinical groups should have nominated representation from all NHS Trusts providing cancer services across Wessex.

Meeting Frequency

SSG meetings will be held three times per year, either face-to-face or virtually (eg MS Teams) Additional meetings may be necessary for short term task and finish projects. The meeting will be quorate when 50% of the MDTs are represented at the meeting. Where SSGs are Dorset or HIOW specific an annual combined meeting is advised, to ensure educational, training and research best practice is shared.

Support for SSGs

SSGs will be led and meetings chaired by an experienced clinician from the relevant cancer pathway. Nursing and allied health professionals are encouraged to consider taking on this role to facilitate a multi-professional approach to decision making. SSGs will be supported by administrative staff who will distribute agendas, arrange meetings, take and distribute minutes/action notes. Resource to support this will be assured by the Wessex Cancer Alliance.

SSG Chairs

SSGs chairs will serve for a term of three years. Each chair will be offered an opportunity for annual review with the Cancer Alliance Clinical Director. Chair succession will be either by election or other competitive selection.

A key part of the role will be to ensure effective engagement of constituent members and communication with stakeholders, and to ensure that the work of the SSG is aligned to the ambitions of the NHS Long Term Plan.

An annual chairs' conference will be convened by the Alliance team. This will be used to showcase the work of the SSGs and to ensure progress on the SSG work programmes. Training in chairing meetings/leading teams will be provided for those clinicians with less experience in this area.

Communication

The SSG Chair will

- be entitled to a 0.5PA allocation (within SPA)
- provide feedback to the Wessex Cancer Alliance and may be invited to present key areas of work as required at Board level.
- will act as the named representative of the Cancer Alliance appropriately, including at a regional and national level, where required.
- ensure that an annual summary report from the SSG is produced providing an overview of work completed.

Key Responsibilities

The responsibility of the SSG is to:

- Agree referral and clinical guidelines and review these on a regular basis.
- Consider the impact of national guidelines/standards published by NICE, Department of Health, Royal Colleges and other professional bodies/committees setting out best practice.
- Review clinical outcome and performance data identifying and addressing variation.



- Review approved clinical trials and other research & development initiatives and encourage patient entry with its constituent MDTs.
- Undertake one network wide audit per annum and provide a forum for the wider discussion of local audits as part of its role in education and development.
- Develop and deliver education programmes which include specialists, primary and community care colleagues and the voluntary sector.
- Ensure patient and carer involvement in service issues and in the development of plans related to the SSG.
- Ensure functionality of MDT working across the SSG, including introduction of MDT streamlining (using agreed standards of care where appropriate) .
- Supporting the future development of cancer pathways across primary, secondary and tertiary care to ensure sustainable and high-quality clinical services.
- Identifying workforce recommendations in response to service developments, recruitment difficulties and emergent technologies.
- Focus creative energy on delivering the ambition to diagnose 75% of all cancers at an early stage (stage 1 or 2) by 2028

Next steps

This proposal will be shared with medical directors, clinical leaders and WCA board membership for comment.

The WCA will then work with clinical leaders across the ICSs to implement the recommendations as set out above with the aim of the first SSG conference by summer 2022, with representation from all SSGs across the geography.