



Wessex Cancer Alliance Board Meeting
Wednesday 14th September 2022, 9.30am to 12.00pm
Via Microsoft Teams

Minutes

Board Members Present

- AG Alex Geen, Interim Head of Programme, Dorset Cancer Partnership
- 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 (AHSN)
- CT Christopher Tibbs, Medical Director, Specialised Commissioning (South East)
- DF David French, Executive Chair, Wessex Cancer Alliance
- DS Derek Sandeman, Chief Medical Officer, Hampshire and Isle of Wight Integrated Care System
- JH Jane Hayward, Planned Care and Networks Programme Director, HIOW ICS
- JM Jane McLeod, Primary Care Clinical Lead for Hampshire and Isle of Wight
- JW Jane Winter, Macmillan Nursing/AHP Lead, Wessex Cancer Alliance
- JHB Julia Hugason-Briem, Regional Relationship Manager, Cancer Research UK
- MH Matt Hayes, Medical Director, Wessex Cancer Alliance (Chair)
- MW Mike Wood, Cancer Patient and Public Involvement Head of Programme, Help and Care
- RS 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
- SH Siobhan Harrington, SRO for Cancer, NHS Dorset
- SO Siobhan O'Donnell, Programme Lead for Cancer and Diagnostics, Health Education England (South East Region)

In Attendance

- DM Dasa Miklosovicova, Radiotherapy Network Manager, Thames Valley and Wessex Operational Delivery Network (for agenda item 3)
- NK Nadine Kennedy, Policy and Campaigns Lead (London, South East and South West England), Macmillan Cancer Support attended on behalf of Chris Scally, Strategic Partnership Manager – South West England, Macmillan Cancer Support
- RC Robert Chambers, Head of Programmes, Wessex Cancer Alliance (for agenda item 5)
- SWt Stephanie Witts, Business Support Assistant, Wessex Cancer Alliance (Minutes)

Apologies

- SB Simon Bryant, Director of Public Health, Hampshire County Council and Isle of Wight Council

Item	Subject	Action
<u>1.</u>	<p>Welcome and introductions</p> <p>MH opened the meeting and acknowledged the sad death of Her Majesty Queen Elizabeth II.</p> <p>Introductions were made and apologies noted.</p> <p><u>10th Anniversary of Cancer Support Workers</u></p> <p>Today marks the 10th anniversary of the first Cancer Support Worker in Wessex. The planned celebration has been deferred due to the period of</p>	

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	<p>national mourning and will now take place later in the month. A full communication briefing pack will be shared with the meeting notes.</p> <p><u>Minutes and matters arising</u> The minutes from the last meeting held on 8th June 2022 were agreed as an accurate record of the meeting.</p> <p><u>Update on actions from last meeting</u> The following updates were provided on actions not covered under the main agenda:</p> <p><u>Innovation in the early detection of cancer</u> BG informed the Board that the Innovation, Research and Life Sciences Team have allocated £100k for each Integrated Care System (ICS) that is conditional on the uptake of innovative technology in any of the core 20 plus 5 pathways. Discussions are taking place between the AHSN and leads in the Dorset and HIOW ICSs with respect to this.</p> <p><u>Capacity issues in HIOW Trusts around data extraction</u> Action ongoing - SR to work with AW to resolve capacity issues in HIOW Trusts around data extraction</p> <p><u>Communities Against Cancer</u> Action ongoing - Bring further review of CAC service to December board meeting for confirmation or otherwise of ongoing funding of the service</p> <p>All other actions closed.</p> <p>The order of agenda items was amended to better aid discussions. These minutes reflect the order of the discussion.</p>	<p></p> <p></p> <p></p> <p></p> <p>SR/AW</p> <p>MH/SR</p>
<p><u>2.</u></p>	<p>Alliance performance, risks and mitigations <i>Slides attached for reference</i></p> <p>SR summarised the current performance for Wessex.</p> <p>Across Wessex there has been a sustained rise in 2ww referral numbers – in July Dorset saw 116% and HIOW 123% more people following a new 2ww referral as compared to 2019.</p> <p>Stage of diagnosis is later than pre-COVID with significantly more co-morbidity. Some tumour sites are more than 10% lower stage 1 and 2 as compared to 2019.</p> <p>Performance is increasingly challenged with no providers in the country achieving the 62 day standard currently.</p> <p>Dorset are the top ICS nationally for the 2ww breast symptomatic standard (96.5%) with HIOW close behind them in second place (94.9%).</p>	

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	<p>SR highlighted the colorectal pathway, which has seen a 20% increase in the number of 2ww referrals (Q1 22/23 vs Q1 21/22) and is a current area of concern. The Board supported a Wessex-wide focus on colorectal pathways.</p> <p>RS raised concerns from Dorset clinicians regarding performance and suggested it would be helpful to have an update from the Alliance to share with clinicians for reassurance. SR informed the Board that she and AG are in the process of developing a monthly high-level Local Delivery System report to be shared with Trusts.</p> <p>Action: SR and AG to share draft Local System reporting with RS for comment</p> <p>There were discussions about the IT system issues that are preventing effective service planning, the difference in 62 day performance between the Dorset and HIOW systems, the levels of late presentations via screening and GP referrals versus emergency routes, and the need for forecasting future demand.</p> <p>SW raised concerns about staging and said she was keen to explore Clinical Decision Support (CDS) tools to optimise referrals and improve the Faster Diagnosis Standard. MH supported SW's comment on CDS tools.</p> <p>AG queried whether the Alliance could support with modelling for treatment and raised some discrepancies between staging data in Dorset and the data in SR's presentation. AG keen to discuss IT upgrades available to Trusts.</p> <p>Action: SR and AG to review discrepancies in Dorset staging data and discuss IT upgrades available</p> <p>JW informed the Board that there is a Wessex-wide colorectal site specific group meeting next week which will focus on the new 2ww form and potential changes to the pathway. JW referenced the modelling carried out by the North Central London Alliance around new FIT pathways; the WCA will go out to clinical teams for expressions of interest to support a pilot across Wessex. MH thanked JW for her leadership around the potential new pathway.</p> <p>JH commented on the route for escalation of the increasing risk to cancer service sustainability and undertook to ensure appropriate such measures are put in place within ICS as it evolves.</p> <p>BG suggested engaging with industry partners and suppliers to share the current challenges and find out what they can offer. SR informed the Board that the Alliance are now in partnership with Roche – Roche are funding a person for two days a week for eight months to do some modelling around chemotherapy.</p>	<p>SR/AG</p> <p>SR/AG</p>

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	<p>DF commented on the need to ensure that the evolving relationship between WCA and the ICBs secures the necessary strategic delivery plan. DS agreed.</p> <p>Action: Further discussions to take place prior to and during the conference on the 18th October about how WCA and the ICBs will work synergistically together. Board members asked to ensure the right representatives from respective organisations are able to join the discussion.</p>	<p>All</p>
<p><u>3.</u></p>	<p>Radiotherapy Operational Delivery Network <i>Slides attached for reference</i></p> <p>DM gave an overview of the Thames Valley and Wessex Radiotherapy Operational Delivery Network (ODN) which was established in September 2019.</p> <p>The achievements of the ODN over the past three years, the annual work plan for 2022/23, and the current key issues/risks were summarised.</p> <p>DM asked the Board for their support to drive improvement in radiotherapy. The Board gave their support.</p> <p>There was a discussion about the replacement of the LINAC in Basingstoke by 2024 and the issue of capital for LINAC replacement generally. JH commented that the HIOW ICS has a Capital Board that is currently making a 3 year forward plan. MH informed the Board that the national team will be providing additional resource this year for demand and capacity analysis.</p> <p>SO queried whether the ODN is linked with Health Education England’s radiography workforce work and other funded initiatives; DM confirmed they are.</p> <p>Action: SO and DM to discuss the radiotherapy workforce data and current workforce issues</p> <p>MW raised patient and public involvement and engagement; DM commented that this had not been a focus during the pandemic but the ODN would welcome MW’s offer of support around this.</p> <p>Action: MW and DM to discuss patient and public involvement and engagement</p> <p>DF provided feedback on ODN discussions regarding the closure of the Rutherford Radiotherapy Centre – there was little appetite for the physical asset, but the local Trusts have approached the staff that previously worked at the centre.</p>	<p>SO/DM</p> <p>MW/DM</p>

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<p><u>4.</u></p>	<p>Dorset Sustainability Plan</p> <p>AG gave an overview of the pathway work undertaken in Dorset with PricewaterhouseCoopers (PwC).</p> <p>Comprehensive recovery plans have been developed for the six priority tumour sites: Lower gastrointestinal (GI), breast, gynae, urology, head and neck, and skin. These plans are aligned to the best practice timed pathways and are focused on the 28 day Faster Diagnosis Standard.</p> <p>AG described the mechanisms that have been put in place to monitor progress and support delivery of the plans.</p> <p>There was a discussion around limitations due to IT. SH commented that the newly merged Patient Administration System at UHD should improve IT capacity over the next couple of months.</p> <p>AW queried if there was similar work being undertaken in HIOW. SR explained the new Service Improvement Team will be looking at the best practice timed pathways across Wessex.</p> <p>There was a discussion about the colorectal pathway.</p> <p>Actions: Dorset colorectal e-triage pathway information to be shared JW to raise combining the upper and lower GI pathways at the colorectal SSG meeting next week</p>	<p>AG JW</p>
<p><u>5.</u></p>	<p>Specialised commissioning – lung cancer <i>Slides attached for reference</i></p> <p>RC informed the Board of the planned expansion of the Targeted Lung Health Check (TLHC) programme in 2023/24 and explained the impact of this on Specialised Commissioned Services.</p> <p>There were discussions around the challenges with commissioning PET CT and current PET CT capacity issues (HIOW is an area of concern currently), and around an economic analysis for TLHC. RC commented that the whole TLHC programme is subject to an economic evaluation which is being undertaken nationally by Ipsos Mori.</p> <p>RS raised the requirement for streamlining of MDTs in the Getting It Right First Time (GIRFT) lung cancer report and asked for there to be an ongoing push for the national guidance to be recognised and accepted.</p> <p>JH raised the proposal of a fixed PET CT in Farnborough/Aldershot within Surrey’s Community Diagnostic Centre plans. The Board were supportive of the proposal.</p>	

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	<p>Action: CT and regional specialised commissioning team to consider the resource implications of the rollout of the TLHC programme</p>	<p>CT</p>
<p>6.</p>	<p>Future role of Wessex Cancer Alliance to support our ICBs</p> <p>The Board discussed the future role of the Alliance to support the Dorset and HIOW ICBs.</p> <p>It was agreed that as the ICBs develop their strategic role in planning cancer service provision, and as devolution of regional specialised commissioning functions occurs, there will be an increasingly important role for WCA in providing the necessary expertise and bandwidth in support. Whilst ICBs and NHSE will retain statutory responsibility and accountability, WCA will ensure the necessary improvements are made across a broader geography in recognition of existing patients flows and to maximise opportunities for ensuring sustainability across both NHS regions.</p> <p>Summary of member comments:</p> <p>CT – Both ICBs benefit from having an organisation that provides an overview. It is well recognised that where clinical pathways are cut by regional boundaries the clinical pathways are more important than the regional boundary.</p> <p>SH – we need to continue to be pragmatic. There is benefit both from being part of the network and working locally and we’ve got to do both.</p> <p>BG – Continue to be impressed by Alliance’s breadth of footprint and diversity of stakeholders, this is not the same across the country, Wessex partners should really cherish this.</p> <p>MW – moment of opportunity with new guidance around involving people and communities to align the work of the Alliance with the ICBs.</p>	
<p>7.</p>	<p>Any other business</p> <p><u>Future hosting of the alliance team</u></p> <p>MH and SR led a discussion about the future hosting of the alliance team following a request from NHS England for cancer alliances to consider being hosted by another organisation.</p> <p>DF offered for UHS to host – the Trust already hosts the Wessex Clinical Research Network (CRN) and the Wessex AHSN. JH supported this.</p> <p>RS and SW raised concerns about the perception of clinicians and others working in Dorset that the Alliance is UHS focused/centric and expressed the</p>	



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	<p>need for political sensitivity and reassurance for Dorset clinicians that it is not a HIOW based service.</p> <p>The Board agreed with BG's suggestion that the Alliance should write up a specification with requirements for the future host and go out to all providers and both ICBs for expressions of interest.</p> <p>Actions: AW to share CRN specification with SR Alliance to write specification for future host and go out to all providers and both ICBs for expressions of interest</p> <p><u>WCA conference - 18th October</u></p> <p>A WCA conference is taking place on the 18th October in Southampton. The theme of the event is how the Alliance can support the ICBs. David Fitzgerald, National Cancer Programme Director, is a keynote speaker.</p> <p>Action: Board members to cascade the conference date to relevant people in their organisations</p>	<p>AW MH/SR</p> <p>All</p>

Next meeting: Wednesday 7th December 2022, 2.00pm – 4.30pm, via MS Teams