



**Wessex Cancer Alliance Board Meeting
Wednesday 7th December 2022, 2.00pm to 4.30pm
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
- CS Chris Scally, Strategic Partnership Manager – South West England, Macmillan Cancer Support
- CT Christopher Tibbs, Medical Director, Specialised Commissioning (South East)
- DF David French, Executive Chair, Wessex Cancer Alliance
- JH Jane Hayward, Planned Care and Networks Programme Director, Hampshire and Isle of Wight Integrated Care System
- 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

In Attendance

- AB Ali Beg, Project Manager, Awaaz FM Community Radio (for agenda item 6)
- BF Becky Foster, Evaluation Research Fellow, University of Southampton (for agenda item 6)
- DW David Wright, Senior Research Fellow, University of Southampton (for agenda item 6)
- JHo Jane Horne, Consultant in Public Health, Public Health Dorset attended on behalf of Simon Bryant, Director of Public Health, Hampshire County Council and Isle of Wight Council
- JG Juliet Gray, Associate Professor and Consultant in Paediatric Oncology, University Hospital Southampton NHS Foundation Trust (for agenda item 3)
- LB Laura Bengree, Lead Nurse Paediatric Oncology, University Hospital Southampton NHS Foundation Trust (for agenda item 3)
- LH Louise Hooker, Clinical Advisor - Children and Young People, Wessex Cancer Alliance (for agenda item 3)
- RW Rachel Wensley, Head of Programmes, Health Education England (South East) attended on behalf of Siobhan O’Donnell, Programme Lead for Cancer and Diagnostics, Health Education England (South East Region)
- SWt Stephanie Witts, Business Support Assistant, Wessex Cancer Alliance (Minutes)

Apologies

- BG Bill Gillespie, Chief Executive, Wessex Academic Health Science Network (AHSN)
- DS Derek Sandeman, Chief Medical Officer, Hampshire and Isle of Wight Integrated Care System
- SH Siobhan Harrington, SRO for Cancer, NHS Dorset

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

Item	Subject	Action
	<p>The minutes from the last meeting held on 14th September 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>Capacity issues in HIOW Trusts around data extraction</u> Main issues have now been resolved – now have data extractions for all six provider Trusts across Wessex.</p> <p><u>Staging data</u> Action: Early detection, including staging data, to be the focus of the next Board meeting</p> <p><u>WCA and ICBs – synergistic working</u> Governance frameworks have been agreed.</p> <p><u>Radiotherapy Operational Delivery Network (ODN)</u> Discussions are taking place between HEE and the ODN around the radiotherapy workforce. There is a plan to recruit someone to specifically focus on radiotherapy workforce. MW provided feedback on his meeting with Dasa Miklosovicova around patient and public involvement and engagement – plan for informed patient representative to join the ODN. DF comments – recommendation to next ODN – significant support for LINAC provision at Basingstoke to continue.</p> <p><u>Upper and lower GI combined pathway</u> This was not taken any further at the colorectal SSG meeting in September – current focus is on FIT. Action: Service Improvement Team to look at the potential to combine the upper and lower GI pathways</p> <p><u>Specialised commissioning – lung cancer</u> Mechanism has been secured to financially compensate for the surgical work undertaken as a consequence of the Targeted Lung Health Checks (TLHC) programme. Currently, this agreement with the national programme does not include systemic anti-cancer therapy (SACT) or radiotherapy.</p> <p><u>Future hosting of the alliance team</u> Letter has gone out to providers from Vaughan Lewis, South East Regional Medical Director, for expressions of interest to host the alliance team.</p> <p>All other actions closed.</p>	<p>MH/SR</p> <p>Kelly Spiller</p>

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<p>2.</p>	<p>Alliance performance, risks and mitigations <i>Slides attached for reference</i></p> <p>SR presented the current performance data for Wessex.</p> <p>Key points highlighted:</p> <ul style="list-style-type: none"> - Nationally no single ICS is achieving the 62 day standard of 85% - Few providers are sustainably achieving FDS despite lower than expected target of 75% - National focus has shifted to achievement of 6.4% PTL or less over 62 days - Urology is the most challenged pathway in Wessex currently and is the main cause of the backlog in both Dorset and HIOW. <p>SR described the Alliance’s approach to try to achieve the 6.4% PTL or less backlog target and summarised the winter plans for Dorset and HIOW.</p> <p>AG raised capacity issues with RARP (Robotic Assisted Radical Prostatectomy) and issues with availability of seeds for brachytherapy across Dorset. MH said RARP was also a pressure point in HIOW, but mutual aid could still be possible. CT commented that the issue with seeds for brachytherapy has not been highlighted to him as an issue.</p> <p>Actions: WCA to facilitate mutual aid discussions around RARP CT to find out if a shortage of seeds for brachytherapy has been highlighted elsewhere and consult with Michael Marsh in the South West</p> <p>AG commented that the Dorset Integrated Care Board have agreed to go ahead with the recent NHS England guidance and will remove skin patients from the backlog if they are waiting for histology results.</p> <p>DF queried whether the backlog percentage is being tracked over time. SR responded that the Alliance does have a trend over time and a new tool has just been built using statistical process control to help to understand variation.</p> <p>RS raised local anaesthetic transperineal biopsies – DCH are keen to develop this service. MH said the Alliance were very happy to support this.</p> <p>JH comment re data – worry if we are all looking at the same challenge. Slide 6 - HIOW at 8.6%, Dorset at 7.2% - region don’t recognise these numbers – believe at 11.6% in September.</p> <p>The Board were supportive of the following proposals:</p> <ul style="list-style-type: none"> - A Wessex-wide focus on urology pathways with local focus on gynae, head and neck and upper GI where capacity allows - Implementation of FIT<10 pathway for all new colorectal referrals - WCA review and reallocation of funding to provide immediate resource to support tackling current backlog and sustaining timely access to diagnosis and 	<p>MH CT</p>

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	<p>treatment over winter, including where necessary, short term Independent Sector capacity.</p>	
<p>3.</p>	<p>Children’s Cancer Services <i>Slides attached for reference</i></p> <p>LB gave an overview of the children’s cancer services offered across Wessex.</p> <p>The service consists of a Principal Treatment Centre in Southampton and 12 POSCUs (Paediatric Oncology Shared Care Units) located across the region.</p> <p>LB described the successes of the service over the past couple of years, the challenges that were highlighted following a national benchmarking audit and gap analysis, and the action plan to address these challenges.</p> <p>MW raised the importance of patient and public involvement. There is some good practice around Our Cancer Our Way and the national collaborative – needs to be part of everything.</p> <p>There was a discussion about POSCUs. CT interested to receive feedback on the right compromise between concentration of expertise and access. SR keen to make sure there are adequate resources in West Dorset and on the IOW. DF – from a UHS perspective and a family and patient perspective, we need to protect the resource and expertise in the POSCUs.</p> <p>The Board discussed the importance of the Paediatric Oncology Lead Nurse role at UHS and the funding for the post, which is due to run out in April.</p> <p>Action: Funding for Paediatric Oncology Lead Nurse role to be secured</p>	<p>DF</p>
<p>4.</p>	<p>GP Direct Access to diagnostics</p> <p>SW explained the current situation in Dorset in relation to GP direct access to diagnostics.</p> <p>GPs can currently refer directly for X-ray and ultrasound only. CT scans for non-specific cancer symptoms can be accessed via the Rapid Investigation Service (RIS). GPs are currently unable to request MRI’s.</p> <p>Some GPs are very keen for enhanced access to diagnostics whilst others are concerned about the implications in terms of workload and managing incidental findings.</p> <p>JH described the work undertaken to date to determine what is currently offered to GPs in HIOW.</p>	

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	<p>JM commented on the variation in access to chest x-rays across HIOW following the pandemic and that the wait for ultrasounds can be up to 12 weeks. Some GPs in HIOW do have direct access to CT scanning.</p> <p>There were discussions around the need to get the basics right i.e. to ensure equality across Wessex in access to chest x-rays and ultrasounds – and the need for clear pathways/guidance about positive test results and incidental findings.</p> <p>The Alliance will continue to work with the Wessex Imaging Network specifically to address existing inequity in access, alongside CDC developments.</p>	
<p><u>5.</u></p>	<p>Increase uptake of FIT <i>Slides attached for reference</i></p> <p>SW gave an overview of the current practice of Faecal Immunochemical Testing (FIT) in Wessex and described the Alliance’s approach to embedding FIT in the symptomatic lower gastrointestinal pathway in response to a growing body of evidence that shows FIT is a valid and reliable triage tool for colorectal cancer.</p> <p>JM presented the new Wessex FIT <10 Safety Netting Pathway, which is due to go-live at the beginning of January 2023 and will run for approximately 12 months until updated NICE guidance is published. This new pathway has been developed in line with the recommendations in the guidance published by the British Society of Gastroenterology and Association of Coloproctology of Great Britain and Ireland in July, which have been endorsed by NHS England.</p> <p>SR confirmed the Alliance have provided funding to cover the cost to the labs for the increase in FIT sample numbers.</p> <p>JHo queried whether primary care has the capacity to check the results and action. SW answered that some areas have completely transferred responsibility for FIT <10 patients to primary care, however the WCA were keen not to do this and wanted to support primary care by implementing the new pathway.</p> <p>Action: Interim evaluation to be brought back to a future meeting</p>	<p>SW/JM</p>
<p><u>6.</u></p>	<p>Communities Against Cancer evaluation <i>Slides attached for reference</i></p> <p>DW described the aims and design of the Communities Against Cancer (CAC) evaluation and presented the findings of the process evaluation and the outcome evaluation.</p>	

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	<p>BF and AB presented two case studies to highlight the impact of the CAC grants on seldom-heard communities:</p> <ul style="list-style-type: none"> - Case study 1 - Cancer awareness sessions attended by asylum seekers and refugees in Southampton - Case study 2 – Awaaz FM aired a series of programmes on cancer which included cancer experts and people with lived experience. <p>JH comment re language – battling, fighting – don’t use that language for other diseases. Should focus on recovering from cancer. AB – Asian community are scared - don’t know/haven’t heard of people who survive cancer. No word for cancer in Asian community.</p> <p>AW queried how the grant process worked. AB responded that it worked very well, and Action Hampshire were very supportive throughout.</p> <p>The Board discussed the ongoing funding of the project.</p> <p>It was agreed that, although the evaluation has shown positive outcomes, further information regarding cost effectiveness was needed before a decision to continue funding could be made.</p> <p>Action: Cost effectiveness review to be brought back to the next WCA Board meeting</p>	<p>DW</p>
<p><u>7.</u></p>	<p>Any other business</p> <p>Budgets have been confirmed for cancer alliances nationally for the next two years, including implementation of TLHC and GRAIL. For this financial year the alliance national funding was £370m – for 2023/24 national funding is £627m and for 2024/25 it is £780m.</p>	

Next meeting: Tuesday 14th March 2023, 9.30am – 12.00pm