



**Wessex Cancer Alliance Board Meeting
Wednesday 21st June 2023, 11.00am to 1.30pm
Via Microsoft Teams**

Minutes

Board Members Present

- AG Alex Geen, Head of Service for Cancer, Dorset Integrated Care Board
- 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)
- CS Chris Scally, Strategic Partnership Manager – South West England, Macmillan Cancer Support
- DF David French, Executive Chair, Wessex Cancer Alliance
- JM Jane McLeod, Primary Care Clinical Lead for Hampshire and Isle of Wight
- JW Jane Winter, Nursing/AHP Lead, Wessex Cancer Alliance
- LD Lyn Darby, Deputy Director Acute Services, Hampshire and Isle of Wight Integrated Care Board
- 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, Clinical Lead for Planned Care, Dorset Integrated Care Board
- SB Simon Bryant, Director of Public Health, Hampshire County Council and Isle of Wight Council
- SO Siobhan O’Donnell, Regional Programme Lead for Cancer and Diagnostics, NHS England (South East Region)

In Attendance

- CG Christine Glew, Wessex Cancer Alliance Macmillan GP (Observer)
- ND Nicola Duffield, Programme Manager (Prevention and Earlier Diagnosis), Wessex Cancer Alliance (for agenda item 2)
- RC Robert Chambers, Head of Programmes, Wessex Cancer Alliance (for agenda item 4)
- SWt Stephanie Witts, Business Support Assistant, Wessex Cancer Alliance (Minutes)

Apologies

- CT Christopher Tibbs, Medical Director, Specialised Commissioning (South East)
- JH Jane Horne, Consultant in Public Health, Public Health Dorset
- LA Lara Alloway, Deputy Chief Medical Officer, Hampshire and Isle of Wight Integrated Care Board
- 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.</p> <p>MH congratulated SW on her new role and thanked her for her support of the Alliance’s work through the Board. SW will continue as a Board member until a new Primary Care Clinical Lead for Dorset has been appointed.</p> <p>The order of agenda items was amended to better aid discussions. These minutes reflect the order of the discussion.</p> <p>Minutes and matters arising</p>	

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	<p>The minutes from the last meeting held on 14th March 2023 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>Shortage of seeds for brachytherapy</u> Seed supply remains an issue nationally. The Alliance will be undertaking a prostate pathway deep dive over the next few months.</p> <p><u>Funding for Paediatric Oncology Lead Nurse role</u> Funding has been secured for 2023/24.</p> <p><u>Increase uptake of FIT</u> Interim evaluation of the FIT<10 pathway was shared prior to the meeting. The pathway has been successfully introduced, although there is variation in terms of uptake and application across Wessex. Next step is the clinical evaluation of patient outcomes.</p> <p><u>Alliance performance – action recommendations</u> Governance is emerging for both Integrated Care Systems (ICS) – WCA collaboration and accountability is becoming clearer. There was a discussion about escalating the need for IT resource as a priority. Trusts have not taken up the Alliance’s offer of funding for a dedicated cancer IT post previously. RS highlighted the need to understand what will make it an attractive post.</p> <p>Action: SR to follow up with Trust Chief Operating Officers / IT teams regarding a dedicated cancer IT post</p> <p><u>Final approved plans</u> Final approved plans for 2023/24 were shared prior to the meeting. SR asked the Board for feedback on this year’s work plan process. LD commented that it felt like a much better process than in previous years and suggested quarterly Alliance/ICS work plan meetings going forward. LD also commented on the need to ensure the Alliance plans align to regional priorities.</p> <p><u>Communities Against Cancer (CAC)</u> HIOW – Investment to continue as planned with Action Hampshire for another year. Dorset - Budget and approach have been agreed. Dorset ICS cancer team will deliver the programme themselves. It has been agreed that an equalities and engagement team will sit across Wessex.</p> <p>All other actions closed.</p>	<p>SR</p>

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<p><u>2.</u></p>	<p>Earlier Diagnosis Deep Dive <i>Slides attached for reference</i></p> <p>ND presented an overview of the work plans for the Earlier Diagnosis (ED) work programme.</p> <p>MH thanked ND and the ED team for their hard work.</p> <p>There were discussions around late-stage diagnosis inequalities, prevention, screening uptake, deprivation, support from HEE for the work plan and community food pantries.</p> <p>AG commented that the Dorset ICB is in the early stages of developing a 5 year forward plan. Two of the five priorities include cancer. AG is happy to share learning at a later stage.</p> <p>SR commented that access to data is improving. Board members should contact SR or ND if they would like access to the cancer dashboard.</p>	
<p><u>3.</u></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"> • 7.1% patients waiting over 62 days currently (348 people) • Greatest pressure remains urology, but backlog building in multiple tumour sites. • Noted performance of FDS and 62 days waiting times have improved. • Q4 position looks to have significantly improved, with DCH achieving FDS and UHD ongoing improvement, whilst sustaining backlog position. • Known risk of pathology and dermatology particularly at DCH and ongoing sustainability of resource at UHD to maintain position. <p>SR summarised the recovery plans for Dorset and HIOW and the current risk areas.</p> <p>RS queried whether there is enough breakdown within the data e.g., can maxillofacial be taken out of ENT? SR commented that a lot is done manually currently but the Alliance is pushing for the functionality of Somerset to be improved.</p>	
<p><u>4.</u></p>	<p>Review of WCA 2022/23 <i>Slide attached for reference</i></p> <p>RC presented the achievements of the five WCA work programmes for 2022/23.</p>	

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<p><u>5.</u></p>	<p>Update from ODNs</p> <p>DF gave an update on the Radiotherapy Operational Delivery Network (ODN).</p> <p>Discussions on the future of the linac accelerator in Basingstoke have been taking place over the last few months. The ODN feel that there should be between 1 and 1.5 linacs in Basingstoke. The existing linac will need to be replaced when it comes to the end of its life in 2025, which is before the new hospital is built. Linac replacement takes around six months. UHS will work with HHFT regarding the logistics of moving patients around during this time.</p> <p>Demand vs capacity – all radiotherapy providers are struggling with capacity but particularly PHU and UHS. This is resulting in delays in treatment. Mutual aid has been agreed between UHD and UHS – short term mitigation. The ODN have had broader conversations around workforce training and radiographer recruitment, and whether there needs to be clinical prioritisation e.g., de-prioritising palliative care patients.</p> <p>AW queried whether the main issue with capacity was staffing or equipment; DF said the bottleneck is staffing currently.</p>	
<p><u>6.</u></p>	<p>Review and stakeholder feedback of WCA</p> <p>A questionnaire devised by the National Cancer Team was sent to over 100 WCA stakeholders in April. 19 responses were received; most other cancer alliances received about 3.</p> <p>The WCA completed a self-assessment framework report based on the stakeholder feedback received. This was sent to the regional team for review and assurance.</p> <p>The Alliance will work with the National Cancer Team around support for areas that were highlighted as needing improvement.</p> <p>SR summarised the stakeholder feedback.</p> <p>SR and MH thanked all those that had completed the survey.</p> <p>BG commented that he found the questionnaire frustrating to complete and said he was interested to know what NHS England are going to do with the information. SR said the national team are going to come back with an action plan.</p>	
<p><u>7.</u></p>	<p>Any other business</p> <p><u>Private GP providers</u></p> <p>JM led a discussion around private GP providers.</p>	



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	<p>The issue with private GPs was first raised a few months ago following a significant event involving a delayed breast cancer diagnosis due to a delayed referral.</p> <p>Private GPs don't have access to e-RS - the mechanism by which Trusts receive 2 week wait (2ww) referrals - and although 2ww forms are on the WCA website, there is not clear signposting to these.</p> <p>SW has written a letter from the Dorset ICS to go out to private GPs which emphasises that the onus is on GPs to act on red flag symptoms (GMC guidance), and details where 2ww forms can be found and how they can make referrals into each Trust. HIOW ICS will adopt this.</p> <p>The Board agreed that a WCA webpage for private GPs should be developed.</p> <p>There was a discussion around virtual digital services. SW suggested signposting as to how services in Wessex can be accessed for digital services on the WCA webpage.</p> <p><u>Actions:</u> WCA webpage for private GPs to be developed WCA to work alongside Wessex LMCs to progress</p>	<p>SR JM/SR</p>

Next meeting: Wednesday 20th September 2023, 9.30am – 12.00pm