



**Wessex Cancer Alliance Board Meeting**  
**Wednesday 20<sup>th</sup> September 2023, 9.30am to 12.00pm**  
**Via Microsoft Teams**

**Minutes**

**Board Members Present**

- AG Alex Geen, Head of Cancer Programme, Dorset Integrated Care System
- BG Bill Gillespie, Chief Executive, Health Innovation Wessex
- CT Christopher Tibbs, Medical Director, Specialised Commissioning (South East)
- EL Emma Leatherbarrow, Equality Lead, 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
- LA Lara Alloway, Chief Medical Officer, Hampshire and Isle of Wight Integrated Care Board
- LD Lyn Darby, Deputy Director Acute Services, Hampshire and Isle of Wight Integrated Care Board
- MH Matt Hayes, Medical Director, Wessex Cancer Alliance (Chair)
- 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
- SH Siobhan Harrington, SRO for Cancer, NHS Dorset

**In Attendance**

- AW Anna Wykes, Programme Manager – Cancer Innovations, Wessex Academic Health Science Network and Wessex Cancer Alliance (for agenda item 4)
- CS Cassie Staines, Regional Advocacy Lead, Macmillan Cancer Support attended on behalf of Chris Scally, Strategic Partnership Manager – South West England, Macmillan Cancer Support
- DP Daniel Parr, Senior Programme Manager (Planned Care), Hampshire and Isle of Wight Integrated Care System
- EA Emily Arbuthnot, Head of Cancer Services, Hampshire Hospitals NHS Foundation Trust attended on behalf of Alex Whitfield, Executive Lead for Cancer, Hampshire and Isle of Wight Integrated Care System
- KS Kelly Spiller, Head of Faster Diagnosis, Wessex Cancer Alliance (for agenda item 3)
- ND Nicola Duffield, Programme Manager (Prevention and Earlier Diagnosis), Wessex Cancer Alliance (for agenda item 4)
- RF Rebecca Furlong, Senior South East Cancer Programme Manager, NHS England
- RC Robert Chambers, Head of Programmes, Wessex Cancer Alliance
- SM Stephanie Moore, Business Support Assistant, Wessex Cancer Alliance (Minutes)
- TC Tessa Candy, Programme Manager for Cancer and Diagnostics, NHS England (South East) attended on behalf of Siobhan O’Donnell, Regional Programme Lead for Cancer and Diagnostics, NHS England (South East Region)
- VT Vinay Takwale, Medical Director, NHS England (South West region) (for agenda item 5)

**Apologies**

- DF David French, Executive Chair, Wessex Cancer Alliance
- JH Jane Horne, Consultant in Public Health, Public Health Dorset
- SB Simon Bryant, Director of Public Health, Hampshire County Council and Isle of Wight Council
- SS Sue Sutton, Deputy Chief Operating Officer, NHS Dorset

<u>Item</u>	<u>Subject</u>	<u>Action</u>
<u>1.</u>	<b>Welcome and introductions</b>	

Item	Subject	Action
	<p>MH opened the meeting. Introductions were made and apologies were noted.</p> <p><b><u>Minutes and matters arising</u></b> The minutes from the last meeting held on 21<sup>st</sup> June 2023 were agreed as an accurate record of the meeting.</p> <p><b><u>Update on actions from last meeting</u></b> The following updates were provided on actions not covered under the main agenda:</p> <p><b><u>Alliance performance – action recommendations</u></b> Previous Action: SR to follow up with Trust Chief Operating Officers / IT teams regarding a dedicated cancer IT post – closed.</p> <p><b><u>Communities Against Cancer (CAC)</u></b> <b>Action:</b> <b>Dorset update to be an agenda item for December’s meeting</b></p> <p><b><u>Private GP providers</u></b> WCA webpage has been developed – not yet live.</p> <p><b>Action:</b> <b>SR to follow up with LD regarding the letter to be sent from HIOW ICB to private GPs</b></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>AG</p> <p>SR</p>
<p><b><u>2.</u></b></p>	<p><b>Alliance performance, risks and mitigations</b> <i>Slides attached for reference</i></p> <p>SR presented the current performance data for Wessex and summarised the current risk areas.</p> <p>With specific and understood exceptions, performance has held steady at a time of industrial action and rising pressures. The greatest pressure remains urology, but there is ongoing pressure in gynae and colorectal.</p> <p>DP queried if there is provider engagement for prostate cancer improvement in HIOW. SR commented that providers have been very positive and emphasised the Alliance are keen that this work is undertaken in partnership with ICSs.</p> <p>BG queried if there is leading-edge practice in Wessex for benign urological conditions that could release capacity for urological cancer work.</p>	

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	<p>There was a discussion around the need to look at urology as a whole speciality. Proposed urology area network models, centralising different aspects of care, may offer a way forward.</p> <p>SR summarised the changes in national reporting for the cancer waiting times standards from next month and highlighted the importance of retaining a focus on screening. MH informed the Board that the WCA Clinical Reference Group approved yesterday the use of the term fast track suspected cancer referral to replace 2 week wait referral.</p>	
<p><b><u>3.</u></b></p>	<p><b>Faster Diagnosis Deep Dive</b></p> <p><b><u>Review of investment and impact</u></b></p> <p>KS summarised the Service Improvement Investment review and highlighted the UHS Gynae Pathway Triage Project as an example of the impact and value of the work of the Service Improvement Team (SIT).</p> <p>The Board were asked to support a permanent, reduced size service improvement resource as the current temporary resource ends in March 2024.</p> <p>There were discussions around how the SIT’s areas of focus are determined, engagement with Trusts including Trust improvement teams, and how the model has worked in Dorset.</p> <p>Both Dorset and HIOW ICBs requested a further discussion to reflect on the proposals locally and update on ICB preference, in terms of hosting, ICB alignment and benefits of cross cover.</p> <p>The Board agreed the principle of investing in the Service Improvement Team as proposed with the detail to follow.</p> <p><b>Action:</b>  <b>Review SIT proposal and confirm or amend ICB support for recruitment by 24/11</b></p> <p><b><u>Update on NSS pathway (RIS service)</u></b></p> <p>KS gave an update on the Wessex Rapid Investigation Service (RIS).</p> <p>Although the Board agreed that the RIS is a great service and has transformed the pathway for patients with non-specific symptoms, concerns were raised about the lack of face-to-face contact and whether the cost per patient can be justified.</p> <p>Opinions were divided on whether the commissioning of the RIS should continue or whether alternative models should be considered.</p>	

Item	Subject	Action
	<p>It was agreed that the best approach was a joint Alliance/commissioners options appraisal.</p> <p><b>Action:</b>  <b>Alliance/commissioners options appraisal to be developed to support ICBs to confirm a clear decision around commissioning of RIS for 24/25 and in future.</b></p>	<p><b>KS, AG, LD</b></p>
<p><b><u>4.</u></b></p>	<p><b>NHS Galleri GRAIL Implementation</b>  <i>Slides attached for reference</i></p> <p>ND gave a presentation on the Galleri® Interim Implementation Pilot.</p> <p>The Board discussed the pilot. Concerns were raised about costings and the management of incidental findings. The importance of psychological support for participants was highlighted.</p> <p>Suggestions were made for additional steering group members - more primary care representation, the Wessex Local Medical Committees, and counselling/patient expertise.</p> <p>The Board agreed in principle engagement with the pilot as proposed pending clinical and financial sign off within the two systems.</p> <p><b>Action:</b>  <b>WCA to support ICBs to reach a decision to progress with participation in the pilot, and then to identify key steps to delivery</b></p>	<p><b>ND</b></p>
<p><b><u>5.</u></b></p>	<p><b>Specialised Services Review</b></p> <p>The responsibility for commissioning of some specialised services will be delegated to Integrated Care Systems in future.</p> <p>The Board discussed how the configuration/re-configuration of services could be approached.</p> <p>CT - setting the scene – oesophagectomies in London – poor outcomes. Four services became one service improving quality outcomes for patients and cross cover capacity for clinical teams. There is an opportunity for clinical teams to come together to consider how they might provide a joined up service for an area rather than competing with each other for limited resources with separate services.</p> <p>LA – in HIOW we are doing a very large piece of work - acute clinical service review – clinically led, gathering pace. We need to make sure we have the right engagement – data being used to prioritise our opportunity. Aware we need to involve spec comm appropriately.</p>	

Item	Subject	Action
	<p>SH – outcomes for patients are consistently better – in Dorset completing re-configuration of services over the next two years – Paul Johnson is developing a clinical strategy in Dorset – there is an opportunity for us to work in our systems to deliver better outcomes for patients and better value financially – we do need to do this work, should be driven at a local level and clinically led.</p> <p>CT – agreed with SH, needs to be inter-ICB working as no service in the South East covers only one ICS. Need to concentrate on the pathway for the patient. Very happy to be involved in facilitating conversations.</p> <p>VT – response to SR– can’t wait for 2 years. We must look now at fragile services and how they might better be supported in a networked approach.</p> <p>MH asked the two ICSs how they would like to see the Alliance work to support system review? SH proposed connecting with the medical directors in the two systems – align resource. MH and SR to be included in HIOW CRG.</p> <p><b>Actions:</b>  <b>Alliance to look at data to support a case for change and clinical prioritisation to feed into system discussions</b>  <b>Alliance to join system discussions to discuss how best to support reviews</b></p>	<p>MH / SR LA / SH</p>
<p><u>6.</u></p>	<p><b>Teledermatology</b>  <i>Slide attached for reference</i></p> <p>AG presented the Dorset teledermatology plan for 2023/24 to 2024/25. This comprises two pilots:</p> <ol style="list-style-type: none"> <li>1) Pilot pre-referral CDC (non-AI) pathway</li> <li>2) Pilot Skin Analytics post referral AI</li> </ol> <p>SR described the HIOW practice-based model. All but one Trust is now live.</p> <p>It is anticipated that both approaches will improve the backlog for dermatology services within the next twelve months.</p> <p>LD commented on the possibility of a single provider for dermatology for HIOW in the future.</p> <p>JM emphasised the importance of education for primary care, including non-GPs.</p>	
<p><u>7.</u></p>	<p><b>Any other business</b></p> <p>MH thanked SW and JM for their contributions to the Board.</p>	

**Next meeting: Monday 11<sup>th</sup> December 2023, 10.30am – 1.00pm**