



Wessex Cancer Alliance Board Meeting
Monday 11th December 2023, 10.30am to 1.00pm
Via Microsoft Teams

Minutes

Board Members Present

- AWr Adam Wright, Senior Manager (products and programmes), Cancer Research UK
- AG Alex Geen, Head of Cancer Programme, Dorset Integrated Care System
- AW Alex Whitfield, Executive Lead for Cancer, Hampshire and Isle of Wight Integrated Care System
- BG Bill Gillespie, Chief Executive, Health Innovation Wessex
- 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
- JW Jane Winter, Nursing/AHP Lead, Wessex Cancer Alliance
- MH Matt Hayes, Medical Director, Wessex Cancer Alliance (Chair)
- RR Richard Roope, Primary Care Clinical Lead for Hampshire and Isle of Wight
- SR Sally Rickard, Managing Director, Wessex Cancer Alliance
- SW Sarnia Ward, Clinical Lead for Planned Care, Dorset Integrated Care Board
- TC Tessa Candy, Programme Manager for Cancer and Diagnostics, NHS England (South East)

In Attendance

- CW Carla Whitbread, Patient representative (for agenda item 2)
- DP Daniel Parr, Senior Programme Manager (Planned Care), Hampshire and Isle of Wight Integrated Care System attended on behalf of Lyn Darby
- NB Nicola Bent, Deputy Chief Executive, Health Innovation Wessex
- ND Nicola Duffield, Programme Manager (Prevention and Earlier Diagnosis), Wessex Cancer Alliance (for agenda item 7)
- PJ Paul Johnson, Chief Medical Officer, NHS Dorset attended on behalf of Sue Sutton
- PW Peter Wilson, Chief Medical Officer, University Hospitals Dorset NHS Foundation Trust attended on behalf of Siobhan Harrington
- RC Robert Chambers, Head of Programmes, Wessex Cancer Alliance
- SHo Sharon Hodgson, Associate Director of Strategy and Transformation, Specialised Commissioning (South East)
- SM Stephanie Moore, Business Support Assistant, Wessex Cancer Alliance (Minutes)
- SN Sue Newell, Inclusion and Involvement Lead, Wessex Cancer Alliance attended on behalf of Emma Leatherbarrow

Apologies

- EL Emma Leatherbarrow, Equality and Involvement Lead, Wessex Cancer Alliance
- KA Kathryn Armitage, Primary Care Clinical Lead for Dorset
- 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
- RS Richard Sim, Cancer Acute Clinical Lead, Dorset
- SH Siobhan Harrington, SRO for Cancer, NHS Dorset
- SS Sue Sutton, Deputy Chief Operating Officer, NHS Dorset

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

Item	Subject	Action
	<p>MH informed the Board that BG will soon be retiring and thanked BG for all his contributions to the Board and the Alliance’s work in general.</p> <p><u>Minutes and matters arising</u> The minutes from the last meeting held on 20th September 2023 were reviewed. AW requested notes state her apologies had been received as well as noting how she was represented at the meeting. Minutes format has been amended in line with this request as per these minutes. All other areas 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>Private GP providers</u> All but one Trust have now set up a generic email address for referrals from private providers.</p> <p>Action: SR to update WCA website and support communications to private providers via ICBS</p> <p><u>SIT proposal</u> Service Improvement Team (SIT) proposal has been reviewed and discussions have been taking place with the ICBs about recruitment. Recruitment supported by both ICBs and the posts will be out to advert imminently.</p> <p><u>RIS commissioning</u> Options appraisal has been shared with both ICBs. Both ICBs continuing to review the RIS Service commissioning in the light of the GRAIL project and potential wider application.</p> <p>Action: DP and AG to obtain update from HIOW and Dorset respectively</p> <p><u>Specialised Services review</u> WCA are developing proposals with LA to review HIOW and potentially Wessex wide Head and Neck cancer services in the light of ongoing pressure across elective and cancer pathways and imminent release of the new H&N Cancer Service Specification.</p> <p>For HIOW this progresses actions from the last board meeting to build a case for change and to join system discussions to ensure system reviews are aligned with wider ICB clinical strategy.</p> <p>All other actions closed.</p>	<p>SR</p> <p>DP, AG</p>

Item	Subject	Action
<p><u>2.</u></p>	<p>Right by You <i>Slides attached for reference</i></p> <p>JW presented an overview of the Right by You (RbY) project and detailed the key impacts at both a system level and an organisational level.</p> <p>Carla Whitbread shared her experience of metastatic breast cancer and how RbY would have really helped her if it had been in place at the time of her diagnosis. Carla has been involved with the project since it began.</p> <p>SR described the proposal for the Alliance to fund the project for another year to enable more longitudinal economic analysis to take place, recognising the potential financial benefits of the intervention across a broader spectrum of disease areas than just cancer.</p> <p>The Board discussed the proposal. Discussion points included:</p> <ul style="list-style-type: none"> - the alignment with but not comparison to new primary care roles – e.g. ARRS, cancer care co-ordinators and how the RBY service differs. - how embedded the RbY staff are within the cancer team. - the capacity of the service. - whether this service can become universally available using the existing workforce. <p>Action: JW to share level of need and service model data</p> <p>The Board agreed to fund RbY for another year but requested early sight of economic analysis as it emerges.</p>	<p>JW</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 and summarised the current risk areas and associated mitigations.</p> <p>Performance is no longer steady because of rising demand and potential further industrial action. The greatest pressure remains urology, but there is ongoing pressure in skin and colorectal.</p> <p>Whilst performance in four trusts has remained strong, both IoW and UHD continue to experience significant challenge in FDS and 62 day position. Ongoing work in UHD is starting to reap benefit, however additional support is being offered to IoW in the light of recent service challenges in colorectal and skin.</p> <p>PW commented on the most challenged pathways at UHD currently – gynae, skin and colorectal – and the plans regarding performance recovery. AG added that the planned decommissioning of the FIT <10 pathway should help the colorectal pathway.</p>	

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<p>4.</p>	<p>Update on budget position and impact on performance</p> <p>MH referenced the recent letter from Dame Cally Palmer regarding the review of uncommitted expenditure for 2023/24.</p> <p>DF and SR led a discussion on whether the Alliance should release identified underspend now or wait until February to make a decision when the Alliance can be confident performance has/will be achieved (and if not, use the underspend money to improve performance).</p> <p>The Board agreed to hold the decision until the performance picture is clear recognising potential impact of industrial action and ongoing challenges to cancer services and their patients.</p> <p>Action: DF to review position of performance and funding release with ICB exec and finance leads in February</p>	<p>DF</p>
<p>5.</p>	<p>Equality – Dorset update</p> <p><u>C the Signs</u> <i>Slides attached for reference</i></p> <p>SW gave a presentation on the implementation of C the Signs in Dorset.</p> <p>MH congratulated the Dorset team on a successful launch.</p> <p>SN queried whether the tool addresses inequity issues. SW commented that the aim of the tool is to remove some of the human bias.</p> <p>C the Signs will be incorporated into Dorset’s commissioning intentions for next year; currently working with the Dorset Intelligence and Insight Service (DiiS) and Roche to produce the evidence to support that.</p> <p>Action: AG requested impact data be shared at a future WCA board meeting</p> <p><u>Community equality</u> AG informed the Board of a project planned for Dorset to provide training, support and education around early cancer diagnosis to carers.</p> <p>The aim of the project is to train 1000 carers by March 2025. A draft service specification has been developed but this is currently on hold due to system finance discussions.</p> <p>SN confirmed a similar project is underway led by the Communities Against Cancer (CAC) team and there is potential for the existing project to expand into Dorset if the alternative proposal is not currently active.</p>	<p>SW / AG</p>

Item	Subject	Action
	<p>Action: SN to explore potential for CAC carers project to expand to Dorset to replace proposed plans if supported by ICB</p>	<p>SN/EL/SS</p>
<p>6.</p>	<p>CRUK Cancer Strategy <i>Slides attached for reference</i></p> <p>AWr gave a presentation on the Cancer Research UK manifesto that was published last month, which is aimed at policy makers.</p> <p>The manifesto contains five missions:</p> <ol style="list-style-type: none"> 1) Rebuild the UK's global position in research 2) Prevent thousands more cancer cases 3) Diagnose cancer earlier and reduce inequalities 4) Bring tests, treatments and innovations to patients more quickly 5) Build a national movement to beat cancer, together <p>AWr summarised the offer that the CRUK Health Systems Engagement Team are currently developing for health systems.</p> <p>The Alliance will incorporate CRUK aspirations as much as possible into the next WCA five-year strategy.</p>	
<p>7.</p>	<p>NHS Galleri GRAIL Implementation</p> <p>ND gave an update on the progress of the NHS Galleri® Interim Implementation Pilot in Wessex and detailed the upcoming key milestones.</p> <p>In Dorset, the phlebotomy will be delivered through Community Diagnostic Centres - sites to be determined.</p> <p>Action: AG to share contact details to enable ND to help take conversations forward regarding Dorset CDC sites</p> <p>In HIOW similar proposals are being explored to utilise CDC sites, however there is concern around accessibility and equity for some areas of the geography, so this model is still under consideration. Details to be confirmed ASAP to ND.</p> <p>Action: DP to continue to support ND in development of the phlebotomy service for HIOW</p> <p>MH thanked ND for her hard work.</p>	<p>AG</p> <p>DP</p>
<p>8.</p>	<p>Any other business</p>	



<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<p>SR informed the Board that the WCA, in partnership with Health Innovation Wessex and a private company, are organising a conversation with industry around the next five-year strategy. This will also include the other cancer alliances in the South East. Board members to email SR if they would like to be involved in the discussions.</p> <p>Future agenda items:</p> <ul style="list-style-type: none">• ToR review• 5 year plan• 24/25 plan	

Next meeting: March 2024